



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON END OF LIFE CHOICES IN THE ACT

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Submission Cover Sheet

End of Life Choices in the ACT

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Select Committee on End Of Life Choices in the ACT

ACT Parliament

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SUBMISSION - END OF LIFE CHOICE REVIEW

I write to oppose the legalisation of voluntary assisted suicide, as I have many concerns with the dangers inherent in any such legislation.

My experience over 40 years as a specialist physician has been that really good palliative care is the answer to requests for lethal doses. Once patients have their pain and other distressing symptoms relieved (and good 2018 care can achieve this), they no longer wish to die. However, the ACT does not yet have adequate territory-wide coverage by palliative care teams. There can be delays in referrals to pain management clinics, and socially disadvantaged territorians can find blocks in accessing good palliative care. I hope your Committee will recommend more funding for improved palliative care throughout the ACT.

Overseas experience indicates that no matter what so-called safeguards are put in place, any law to permit lethal doses will be abused. In July 2014 Prof Theo Boer of Holland voiced his concern that the 2002 law in The Netherlands has gone seriously astray. He began as a believer that assisted suicide and euthanasia could be regulated, and served on the review committee. He writes - "I used to be a supporter of the Dutch law. But now, with 12 years of experience, I take a very different view." The Netherlands has seen euthanasia deaths double over 6 years and the 2014 total is reported to have reached 6,000. Lethal doses are now being given to new groups of people, to newborns and children, the depressed and demented, and to those who are simply weary of life. Mobile euthanasia vans provide for those whose local doctors are hesitant. "Don't do it", says Prof Boer. "Once the genie is out of the bottle, it is not likely ever to go back in again."

The experience in Belgium and the Netherlands indicates there is a genuine slippery slope in assisted suicide/euthanasia, and as British bioethicist Dame Mary Warnock says - "You cannot successfully block a slippery slope except by a fixed and invariable obstacle", in this case the current law that we must not intentionally kill.

Those most at risk from a law allowing lethal doses will be our vulnerable people - the sick and aged and disabled. Our Parliaments and our society have an obligation to protect these people, and assisted suicide does the opposite, it places them in danger. In legalising lethal doses we would be accepting "therapeutic homicide", and this would be a massive shift in the moral values of our society. Whether we continue to respect human life may well be seen as the most important moral decision we will make in the 21st century.

Thank you for the opportunity to make this submission. If you wish me to expand on any of the above please feel free to contact me. I agree to my submission being published in your report.

Yours sincerely,

DR ROBERT POLLNITZ