



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON END OF LIFE CHOICES IN THE ACT

Ms Bec Cody MLA (Chair), Mrs Vicki Dunne MLA (Deputy Chair), Ms Tara Cheyne MLA,
Mrs Elizabeth Kikkert MLA, Ms Caroline Le Couteur MLA.

Submission Cover Sheet

End of Life Choices in the ACT

Submission Number: 305

Date Authorised for Publication: 29/3/18

From: press matters
To: [LA Committee - EOLC](#)
Subject: Assisted Dying
Date: Monday, 19 March 2018 2:55:39 PM

The Committee's full terms of reference are to inquire into and report on:

1. current practices utilised in the medical community to assist a person to exercise their preference in managing the end of their life, including palliative care;
2. ACT community views on the desirability of voluntary assisted dying being legislated in the ACT;
3. risks to individuals and the community associated with voluntary assisted dying and whether and how these can be managed;
4. the applicability of voluntary assisted dying schemes operating in other jurisdictions to the ACT, particularly the Victorian scheme;
5. the impact of Federal legislation on the ACT determining its own policy on voluntary assisted dying and the process for achieving change; and
6. any other relevant matter.

Assisted dying is a humanitarian imperative.

Assisted dying should be the choice of the individual, not the state and not the church, any church. It should not be the choice of family or carers and there should be several independent and accountable authorities involved in the process, but the process should be made to be timely. It should be provided when the patient can be shown to have a clear and sound mind and possibly included in the patient's death and dying treatment plan and/or in their final will and testament.

Assisted Dying should not ever be a decision founded in financial or economic matters, or the convenience of care for carers, family or friends. If the patient freely chooses to die with dignity, forego treatment, or have assisted dying, the only ethical response to provide the necessary resources and care and support to assist the decision. There should be adequate monitoring to prevent abuses and the process should not be financially burdensome. Any financial burden associated with the process should be borne by the state, particularly if the patient's intentions are going to reduce impositions and costs to the already overburdened health care system.

Whatever scheme is adopted, participants from patients to carers and health care practitioners to family members will require legal protections. How these are structured will need careful consideration as its likely they will need to be enacted before, during and after the patients eventual death. The people involved may need protections as there will be assisted dying opponents who will respond negatively and, ironically, lethally.

It's about the provision of dignity and the liberation of the patient out of pain and suffering. It is also about the recognition of the patient's right to self-determine the most fundamental principle of life and death. An Assisted Dying Scheme is needed and will eventually arrive. The ACT should take the lead on this and ensure the process is available and convenient as soon as possible.

Sincerely
David Hutchins