



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,
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Submission Cover Sheet

End of Life Choices in the ACT

Submission Number: 410

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From: David Coleman
To: [LA Committee - EOLC](#)
Subject: I am an ACT resident, here is my submission to the inquiry
Date: Friday, 23 March 2018 10:18:53 AM

Re: I am an ACT resident, here is my submission to the inquiry

Dear Secretary,

I am writing to respectfully request that you refrain from supporting any legislation to allow euthanasia, assisted suicide or assisted dying in the ACT. The Hippocratic Oath, which is focused on the sustaining of human life, has guided doctors for over 2000 years. Any form of euthanasia or assisted dying is a complete paradigm shift for both the medical profession and for society, with far reaching and undesirable consequences. Historic and international experience demonstrates that once legalised, the restrictions on state-sanctioned killing quickly fade. In Belgium it is now routine to euthanase the mentally ill and there are now protocols for children. In Oregon, almost half of those who are assisted to suicide speak of their concern of being a burden to family and friends. The 'right to die' quickly becomes the 'duty to die'. The 'choice' part quickly disappears from end of life choices. Instead, we should be bolstering our commitment to palliative care. If euthanasia is legalised in the ACT, it is very unlikely that palliative care will receive adequate funding in the future. There are also examples of misdiagnosis of terminal illnesses or recovery from them. While such cases may be in a minority, it is not reasonable to assume that such diagnosis is necessarily the end of life or that we can predict the timing. Regardless of what we call it, if suicide is made legitimate in some circumstances, it inevitably effects those contemplating suicide for other reasons. Discussion around the Victorian legislation acknowledged that extra suicides were inevitable from the legalisation of euthanasia, but they were willing to accept this as 'collateral damage'. Considering the resources and effort that goes into suicide prevention programs for the general population, this seems hypocritical. While the concept of euthanasia or assisted dying may seem attractive in some circumstances when appraised at the emotional level, as both history and overseas experience can attest, it takes us as a society to a place we don't want to go and is an inappropriate solution.

Sincerely,
David Coleman

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