 Submission Cover Sheet

End of Life Choices in the ACT

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Submission on Voluntary Assisted Dying

Select Committee on End of Life Choices in the ACT

I am making this submission on voluntary assisted dying for the consideration of the Select Committee on End of Life Choices in the ACT, as part of the Inquiry into End of Life Choices in the ACT. I am willing to appear at a public hearing to discuss any aspect of my submission.

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I thank the ACT Legislative Assembly for the opportunity to contribute to the public debate on voluntary assisted dying as part of the Inquiry into End of Life Choices in the ACT. This is an important issue that impacts every member of our society.

On 30 November 2017, the ACT Legislative Assembly established a Select Committee to review and report on end of life choices in the ACT. The select 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.

In this submission I shall address each of these terms of reference.

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;

The ACT has an excellent medical system and a broad range of high quality medical services that can treat injury and sickness promptly. Palliative care services are among the best in Australia. The ACT medical community treats all patients with professionalism, dignity and compassion.

Sadly, some illnesses and conditions are resistant to treatment and a person will die. The reality of life is also death. When medical options are exhausted and a person is advised of a terminal condition, as well as palliative care, it must be an option for a person and their family, to have euthanasia as an option.

Denying a person in pain this option is an act of cruelty. It cannot be justified in a civilised society to prolong pain, when a person is not going to recover from a terminal illness or has exhausted every other medical option.

Voluntary assisted dying options are impermissible under the current palliative care model in the ACT. Medical professionals do however make end of life decisions for patients by removing equipment and ceasing treatment when brain death is experienced. Why can a person not then exercise their own will when medical advice
is that further treatment will not result in a cure, or management of a condition for the foreseeable future? That they will be able to ensure a person lives in constant pain, even if that is for a short time. It is cruelty that need not occur.

Our society has evolved to a point where we are not subject to the religious or societal judgements of others when receiving services from government. Medical services should be subject to the same ethos. Medical professionals should not be prosecuted when offering end of life options to terminally ill patients in great pain.

When all medical options have been exhausted and a person is able to exercise sound judgement, and their decision is to seek access to euthanasia, then that option should be made available. Although ending a human life can never be a mundane event, it can be an event handled with dignity and love. It can be an event where a person doesn’t need to covertly and messily take matters into their own hands, or impose upon another to help in a most desperate act. It can be a compassionate and merciful procedure that eases suffering.

2. **ACT community views on the desirability of voluntary assisted dying being legislated in the ACT;**

The ACT community are strongly supportive of voluntary assisted dying legislation being discussed by the community and by our elected representatives.

Although we have self government and a Legislative Assembly of twenty five members elected by the population of the ACT, these elected representatives cannot vote on this matter. Our representatives are prevented from doing so by the ‘Andrews legislation’, passed by the Federal Government in 1997 in response to the Northern Territory (NT) government’s passage of the ‘Rights of the Terminally Ill’ Act in 1996. The federal legislation impacted upon the ACT and has prevented self determination and legitimate discussion in the ACT and NT.

The federal government should immediately move to repeal this legislation and restore the ability of the NT and the ACT to legislate in the same way that Australian states can. This inability to determine our own future is out of step with the reasons self government was originally established in the ACT and NT.

3. **risks to individuals and the community associated with voluntary assisted dying and whether and how these can be managed;**

Any decision to legislate voluntary assisted dying measures should be accompanied with a robust framework to ensure that the processes are not abused. Measures must be put in place to ensure that as well as providing resources for voluntary
assisted dying, that suicide prevention measures also receive extra resources so that any scheme truly serves a broader role valuing life and dignity, as well as supporting mentally ill and depressed people with suicidal ideation.

Sensible decision making about an individuals choice to end their life, can be arrived at through community consultation and a proper study of national and international best practice. The ACT Legislative Assembly has a broad range of elected members that represent many sectors of the community, and ACT Government consultation methods are evolving to include the voices of all sectors of society.

I am confident that the select committee will receive submissions with specific suggestions on how and why a person can or cannot, or should and should not access the medical procedures required to bring about a compassionate end of ones life. The select committee must be wary of representations from religious groups seeking to impose their beliefs upon others. While these religious organisations may represent the views of their worshippers, they should not be able to impose a religious belief system on a secular progressive society.

4. **the applicability of voluntary assisted dying schemes operating in other jurisdictions to the ACT, particularly the Victorian scheme;**

The robust public discussion in Victoria, and input from a wide group of stakeholders has led to a good model for voluntary assisted dying legislation, and the ACT could use this to base a similar compassionate process on. Some international voluntary assisted dying programs have been operating for several years, and these programs can be studied with lessons learnt applied to create a fair and compassionate ACT framework, with legal protections in place for medical staff, patients and families of patients.

5. **the impact of Federal legislation on the ACT determining its own policy on voluntary assisted dying and the process for achieving change; and**

As discussed above, the federal government legislation preventing the ACT and the NT establishing a compassionate voluntary assisted dying process, must be repealed.

6. **any other relevant matter.**

Every human being is responsible for his or her own destiny. The debate about voluntary assisted dying is a debate about people deciding the destiny of others. They may do it with love, they may do it from religious conviction or belief, but it is still imposing one persons beliefs on another at a fundamentally intimate time.
When all medical options have been exhausted, and a person in pain seeks to determine their own future by voluntarily seeking access to euthanasia, it is unkind to prolong that person’s pain. With a well thought out, robust voluntary assisted dying process in place, a dignified and compassionate way to end pain and suffering can be made available in a supportive environment. The people of the ACT deserve this option.