



**LEGISLATIVE ASSEMBLY**  
FOR THE AUSTRALIAN CAPITAL TERRITORY

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**SELECT COMMITTEE ON END OF LIFE CHOICES IN THE ACT**

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Mrs Elizabeth Kikkert MLA, Ms Caroline Le Couteur MLA.

## Submission Cover Sheet

### End of Life Choices in the ACT

**Submission Number: 447**

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**From:** Beverley Cains  
**To:** [LA Committee - EOLC](#)  
**Subject:** Submission to End of Life Choices.  
**Date:** Friday, 23 March 2018 4:23:02 PM  
**Attachments:** [Suicide Option Would Undermine My Cancer Battle.docx](#)

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Dear Secretary,

Please find attached my submission to the Select Committee on End of Life Choices.

Beverley Mary Cains,

  
GARRAN ACT 2605.

SUBMISSION TO THE INQUIRY ON “END OF LIFE CHOICES” BY THBE ACT LEGISLATIVE  
ASSEMBLY COMMITTEE

Changes to the law to allow Euthanasia in European countries – the Netherlands, Belgium and Switzerland have led to a regular increase in the number of cases. All these countries have allowed the practices of Euthanasia to involve people with chronic, not fatal disease, disabled persons, children and patients with mental illnesses, dementia, depression and other treatable illnesses. The British(UK) may not be brilliant at cricket, but they were smart enough to throw out euthanasia 330 – 118 only votes in favour of euthanasia, in the UK House of Commons in 2015. The English, Scots and Welsh live close enough to Holland and Belgium to see and be aware of the consequences of changing a basic and fundamental law not to kill people.

As I am now in my eighties, and have become somewhat limited in my mobility, I have chosen to focus on the pitfalls – the gaping problems – for my contemporaries. I already feel that I am vulnerable in many ways because of my incapacity to walk more than 100 metres without the assistance of a walker. I have good sight and hearing that is slightly impaired. Friends and acquaintances who are also “slowing down” also feel vulnerable.

In the Australian Capital Territory medical and hospital care plus assistance in the home is available. Good Palliative Care services are available in Clare Holland House and also can be available to the home of the patient. I am grateful for what is available; **I can see the need for growth in this area, as the ageing of the population continues.**

Changing the law would put a huge pressure on many of those in their later years. I know that becoming less independent brings pressure on some; a euthanasia alternative would cause some to consider ending their lives rather than becoming a burden on others. **Our law should find its roots in the inalienable dignity of the human person.** As the law opens a window, however small, to an act which violates the dignity of the human person, there will be a risk of undermining all respect for this dignity. **Killing a human person is illegal and should stay that way.**

Those promoting Euthanasia often argue that terrible uncontrollable pain is an appalling prospect for many people. This is seen as a winning argument to gain support for a law to allow euthanasia. There are specialised pain clinics available and much help can be given with the assistance of modern drugs. In some cases, death may come quicker with the use of these drugs, but the Doctor administering the drugs is acting to relieve pain – not to kill. In Oregon recent surveys show that concern for pain, is not one of the top reasons for people to choose euthanasia. (Arguments by those in favour of euthanasia often site dire pain as a reason to allow euthanasia). The most common reasons for choosing euthanasia are “less able to engage in activities making life enjoyable (88%) losing autonomy (87%) and similar figures for loss of dignity. None of these “conditions” are terminable. They are depression related problems but not a terminal illness.

As our population ages – and this will come with a rush in the ACT – the vulnerable aged people will be augmented by the disabled- those physically disabled, culturally disabled, language disabled, socially disabled, mentally disabled ..the list goes on. Now, all these people are

obtaining care, or seeking care OR COPING WITH ABSENCE OF CARE, or battling along for themselves. But none have the thought that I can dodge all this, by choosing euthanasia. Some fall by the way-side and elect suicide- **but if euthanasia is lawful more will be tempted to suicide using the simple argument that now "killing a person" is legal. (I attach an article from USA from a person in that predicament)**

Then there are the hungry relatives who are getting impatient about their inheritance. Could be our own children, grandchildren, our nieces, nephews, carers – some who we would least expect- hankering after the property or dollars available when granny goes! And any or all could be dropping hints into Granny's ear. And how about the doctor – these hungry human "hangers-on" will be urging the once caring Doctor, to give Granny a good hint that it may be time for euthanasia.

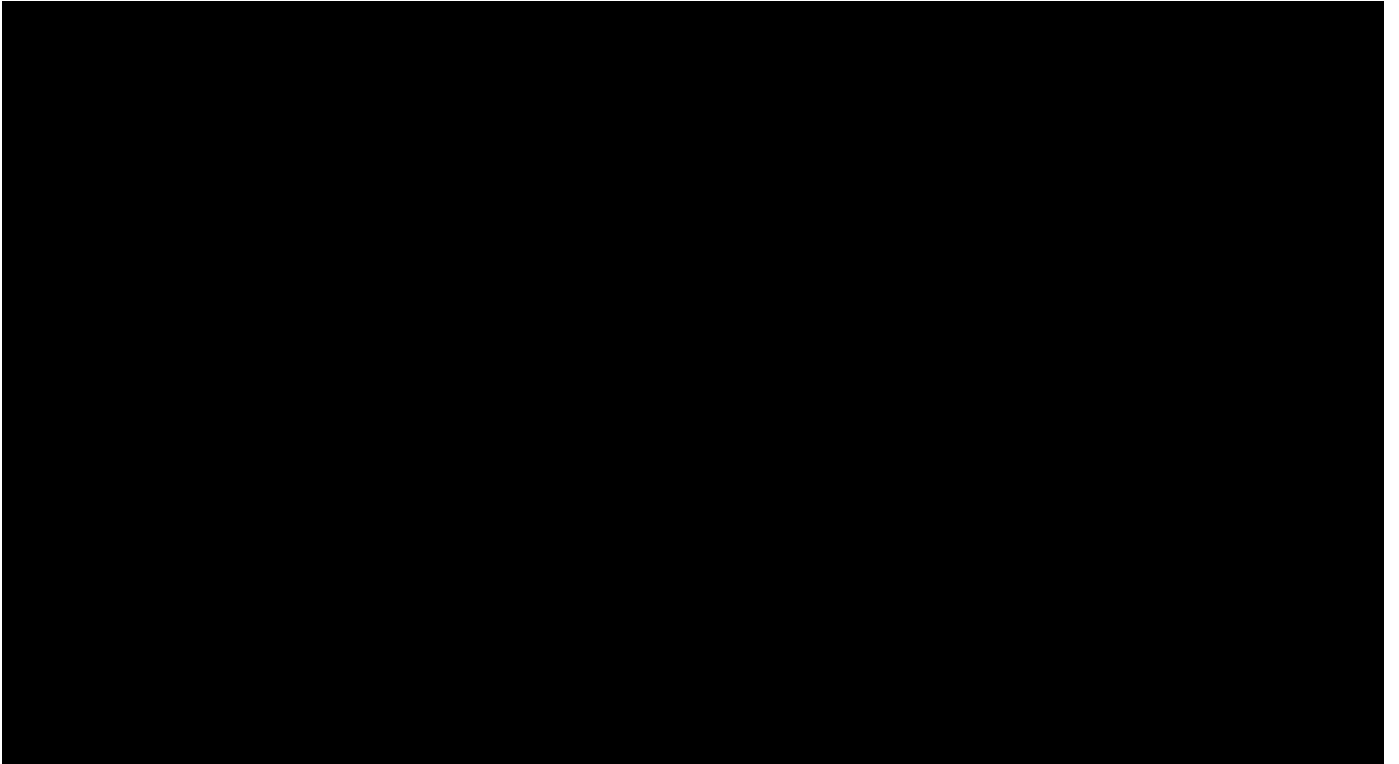
With the introduction of euthanasia (State Sanctioned Killing) the protection of vulnerable people could be forever lost and the consequences..... The real fear is that mercy and compassion would be shunned; justice is on trial; truth is but a lie; love and care become illegal; value of life hateful.

Beverley Mary Cains,



GARRAN. ACT 2605.

# Suicide Option Would Undermine My Cancer Battle



The writer is seen with her husband in Hawaii in 2009. (Family photo)

By **MAGGIE KARNER** | OP-ED

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Cancer patient worries assisted suicide law would undermine resolve, support

I have been diagnosed with a terminal brain cancer — a glioblastoma. Because of my diagnosis, I would likely be eligible for the state's help to commit suicide under a bill before the General Assembly — and that is terrifying.

Like many Connecticut residents, I have wondered whether I would want my doctor to offer suicide as a treatment for deadly cancer. The out-of-state proponents of the bill regarding physician-assisted suicide suggest having the ability to end your life legally is comforting. But I can tell you from personal experience that it is nearly as troubling as the cancer itself.

### cComments

- *I am the former Chair of the International Brain Tumour Alliance (2005-2014) and was granted the Public Service award by the US Society for Neuro Oncology last year. My wife died from a glioblastoma multiforme brain tumour. I support entirely the views of this courageous woman who has the...*

**STRING**

AT 10:07 PM MARCH 02, 2015

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You see, I get strength and comfort from the knowledge that nobody is going to give up on me — medically, psychologically or holistically. Right now, I have the firm support of the state and my fellow citizens in my desire to live — no matter the cost or burden. If that were to change, the tiny knowledge that I might be straining my family, friends, doctors or community resources unnecessarily would be a heavy burden. The constant "option" for suicide would wear at my resolve and I fear, become an unspoken "duty" for me and others.

In Oregon, where assisted suicide is legal, the top reasons people give for wanting a deadly prescription are fear of losing autonomy (91.5 percent), fear of being less able to engage in activities (88.7 percent) and fear of loss of dignity (79.3 percent). These are not good enough reasons to upend the medical axiom of "first, do no harm."

I don't dismiss anyone who has seen a relative or friend in fear of pain, or witnessed an uneasy or even uncomfortable death. Both sides have compassionate people. But fear of pain ranks near the bottom of reasons people access legal assisted suicide (24.7 percent). If we really want to help more people at the end of their lives in Connecticut, assisted suicide laws

would be one of the riskiest, least effective and dishonest ideas. Not only are very few people able to navigate the necessary second opinions and referrals, or plan properly for waiting periods to obtain the drugs in time for their death, there is evidence of and ample opportunity for abuse.

In 2014, Connecticut legislators enacted a pilot program regarding medical orders at the end of life. These forms, given to medical and hospital personnel, declare in advance the level of intervention a person wants when receiving emergency or end of life care. To build on these efforts and provide laws that will actually help the most people, our legislators should increase awareness and access to hospice and palliative care, double funding for home health care and their aides (more jobs!) and require mandatory training for doctors on pain management techniques.

These measures would help many more hundreds and thousands of Connecticut people rather than undercutting the care and security of people like me who are fighting for their lives.

For me, this is a very personal fight. I find that my ongoing battle against aggressive glioblastoma multiforme brain cancer does not define who I am as a person, but instead provides me opportunities to share with others the innate value that every person can bring to society — whether infirm or able. My brain may be cancerous, but I still have lots to contribute to society as a strong woman, wife and mother while my family can daily learn the value of caring for me in my last days with compassion and dignity.

I encourage the caring voters of Connecticut to once again contact their state legislators and insist that assisted suicide has no place in our state of independent thinkers. Slogans of "right to die" are just words to people like me who need your constant and continued support to avoid a "duty to die."

*Maggie Karner lives in Bristol.*

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