



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: 102

Date Authorised for Publication: 29/3/18

Submission To Select Committee on End of Life Choices in the ACT

1. The Victims: among my friends, one knows she has only months to live and will die drowning in her own bodily juices. Two others are haunted by dreadful memories of the deaths of a sister and father. The disease from which a fourth suffers has so destroyed any quality of life that she longs to die.

- Why are Australians forced to suffer in this way when reputable polls show that a minimum 75% of Australians are – and have been for over a decade - in favour of *Voluntary Assistance in Dying (VAD)*?

2. Palliative care proponents concede that approximately 5% of the dying cannot be relieved of agonising pain. 5% is a small percentage, but translated into suffering people and their families, it makes a brutal impact.

3. Australia is the only democratic nation in the world without a National Charter or Bill of Rights. Our Constitution contains few protections for human rights, particularly a citizen's right to assisted suicide. The UN accepts that governments may, at wish, proscribe assisted suicide. Australia both proscribes and prosecutes. In 2015 the High Court of Canada rejected this idea, declaring that Canadian legislation prohibiting assisted suicide was invalid as it was a violation of the right to life, liberty and security of the person, under the Canadian Charter of Rights and Freedoms.

This right is also protected in the International Covenant on Civil and Political Rights (ICCPR) which Australia has adopted.

4. Victoria has legalised VAD. Three other States have been within two or three votes of doing so. Even Queensland, previously the only non-starter State is now entering the battle well funded. It is manifestly unjust that Australians working and living in the ACT do not have the same right .

5. Opposition:

(i) **Religious bodies** form the major opposition to legalising VAD. Despite widespread disrepute and decreasing membership, these often wealthy bodies still retain undue influence in the political world.

Continued...

(ii) **Abuse:** Opponents talk constantly of the danger of abuse, particularly of elderly persons, yet a few minutes reading of any local newspaper shows how much abuse already exists. Still others, conjuring up a mythical *slippery slope*, claim that if VAD were legalised, it would be quickly extended, its conditions loosened. Proof substantiating these allegations has never been produced.

(iii) By contrast, in the 20 years since **Oregon's Death with Dignity** became law, meticulous statistics have been kept on the VAD process. Official statistics up to 23 January 2017 show no irregularities. In answer to my query, an official of the Oregon Health Authority informed me on 30th October 2017 that he was unaware of any confirmed or prosecuted incidents of misuse of the Law up to that date.

6. **Safeguards:**

Reverting to Canada, the High Court Judges – commenting on opposition worries that vulnerable people could be coerced into dying - considered that the risks associated with physician-assisted death could be limited through a carefully designed and monitored system of *safeguards*. *A theoretical or speculative fear could not, in their opinion, justify an absolute prohibition.*

Any proposed ACT VAD bill must be widely circulated in draft form and the comments received taken into careful consideration in its final drafting. Strict safeguards must be written into the Bill to protect societal interests such as religious belief, the need to protect the vulnerable from exploitation, mistake or duress or the reluctance of some physicians to be involved. It should state specifically that no physician or other health carer can be penalised for refusing to take part in VAD. Age limits, medical parameters and the procedures, defences and precautions safeguarding against abuse **of any kind** must be clearly set out.

7. **Unregulated VAD** already happens frequently in Australia in different guises - including double effect and terminal coma. Those who die thus are fortunate. Less fortunate are those forced in despair to die alone, at the end of a rope, over a high cliff or in the agony of poisoning gone wrong.

Every State and the Northern Territory are battling for the legal right to Voluntary Assisted dying. The ACT should have the same right.

John D. Shannon,

██████████/Tel. 02 ██████████
 ██████████ Kincumber, NSW 2251

9.2.18