



**LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY**

SELECT COMMITTEE ON END OF LIFE CHOICES IN THE ACT

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Submission Cover Sheet

End of Life Choices in the ACT

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The Select Committee on End of Life Choices in the ACT

Inquiry into the desirability of voluntary assisted dying being legislated in the ACT

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Dear Select Committee,

I am concerned at the prospect of any legislation favouring voluntary assisted dying.

I have a keen interest in the subject and have been tracking developments over time in Belgium, the Netherlands, Oregon and Canada. It seems clear that in these countries we have seen unrefuted evidence of the slippery slope which was forewarned.

Perhaps, one of the most concerning features is that in 2014, the law was changed in Belgium to remove any age limit. The result is any competent person/ child with parents' consent can ask for an assisted dying procedure on the premise of unbearable physical or mental suffering, and all this just 12 short years after the legalisation of euthanasia

The main drivers of traditional suicide, viz, psychological reasons, continue to manifest in assisted dying cases, that is, loneliness, hopelessness, sense of worthlessness, depression, tired of life, etc. These are all issues best responded to with counselling than terminating one's life. They are also conditions that do not serve for making wise, carefully thought-through decisions. Suicide as a result of psychological suffering is already a blight on our society. Money and resources ought rather to be going into further funding of palliative care. It is notable there is no call from our hospices to speed a process of assisted dying. Let's work on the suffering, rather than the sufferer.

An additional concern is that according to a study in the Netherlands from 2000, 5.5% of all cases of euthanasia had a technical problem while 3.7% of all PAS (physician-assisted dying) had a complication, which data suggests the common view of either of these options proving to be a quick, flawless, and painless way to die is unrealistic.

I understand a 1991 report from the Dutch Ministry of Justice showed that already at that time, over a third of deaths by euthanasia were found to be involuntary. As we know, elderly people can easily be convinced, or convince themselves that they are a burden to family, society, etc., and it would be a

mercy to end their life. Of further interest is that elderly women patients far outweigh male patients – is this because they have shown themselves to be more available to duress and coercion?

Doctors in the Netherlands have freely admitted in a number of cases to not seeking patient consent. I know that the Netherlands tends to be cited as the flag ship, but if this is the case, overseas experience would suggest where euthanasia is practised, it inevitably leads to involuntary euthanasia.

Sadly, if the above points are ignored, medical research into further developments around the alleviation of pain disappears in favour of the inclination to help people die. Our healers (doctors and physicians) become more to be feared, than revered.

I entreat the select committee to take this submission into account as it makes its deliberations.

Yours Faithfully

John Martin

14 February 2018