



**LEGISLATIVE ASSEMBLY**  
FOR THE AUSTRALIAN CAPITAL TERRITORY

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**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: 216**

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**From: Commodore Peter B. Hatcher, CSC, FIEAust, MDA, BEng, BA, RAN Retired**

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13 March 2018

The Committee Secretary,  
Select Committee on End of Life Choices in the ACT.

Sent by email: [LACommitteeEOLC@parliament.act.gov.au](mailto:LACommitteeEOLC@parliament.act.gov.au)

Dear Sir / Madam,

Please accept the attached submission for consideration by the Legislative Assembly Select Committee on End of Life Choices in the ACT.

I hope that the deliberations of the Select Committee help put pressure on the Federal Parliament to overturn the Euthanasia Laws Bill 1996, the Andrews Bill, allowing the people of the ACT the same right as those in Australian States to make laws relating to end of life choices.

I agree to this submission being made public and am willing to appear as a witness before the Select Committee, although I do not ask to make a verbal submission.

Yours sincerely,

[Handwritten signature in blue ink]  
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## SUBMISSION TO LA SELECT COMMITTEE ON END OF LIFE CHOICES IN THE ACT

1. I submit that every person has the right to die with dignity at the time and in the manner of their choosing, provided only that, in so doing, they do not infringe the rights of another person. I believe that no government should have the authority to dictate that the only legal death of a person is from natural causes, or by painful or undignified methods of suicide.
2. Suicide is no longer illegal in Australia. However, under ACT and Federal law it is illegal to assist a person to die at their own hand by providing the means by which that death can be achieved without pain and suffering. It is illogical that the law should prevent a person from assisting another person to perform a legal act. Should we make it illegal to sell rope because some people might choose to hang themselves with it? Why then should it be illegal to supply drugs such as Nembutal to a person who wishes to use it to take their own life? The recent case in Auckland, New Zealand, where Suzy Austin was found not guilty of assisted suicide for supplying Nembutal to Annemarie Treadweel, who used it to take her own life, may be relevant. Suzy was, however, found guilty of illegally importing Nembutal.
3. Every person should have access to drugs that would enable them to painlessly end their own life at the time of their own choosing in a dignified manner in the presence of loved ones. I accept that such drugs should probably not be made available without some form of control; only because they could be mis-used as a murder instrument to take the life of a person without their consent. However, I suggest that the control should be limited to requiring that the drugs be available from a registered supplier only to the person wishing to end their own life and that the drugs be self-administered in the presence of the registered supplier.
4. Some people will argue that such a system might encourage mentally disturbed individuals to take their own lives in moments of depression. I argue that the opposite is true. Under present legislation, a disturbed or depressed person who wishes to end their own life will probably do so by any painful and degrading means available; alone and without support. In such situations it is loved ones left behind who suffer most. I believe it is better to encourage a person who wishes to take their own life to apply for access to painless drugs through the medical system. Such an application should involve a short time delay, to allow reflection, and, possibly, the requirement that the person discuss their wish with a psychiatrist, to ensure that they are not making an ill-considered, impulsive decision. I suspect that such a system would actually reduce the suicide rate in the ACT, rather than increase it. Who would commit suicide by the painful, degrading methods currently available, when they could have ready, non-judgemental access to a painless drug? In the time taken to go through the process to obtain the drug, I believe that many would change their minds and choose not to end their lives. The Netherlands experience with such a system might provide useful data in this regard.
5. I welcome the recent legislation in Victoria to allow people with terminal illnesses to receive assistance in ending their own lives. However, I do not believe it goes near far enough. Such legislation puts the onus on people who are in pain and near the end of their natural lives to justify why they should be allowed to die with dignity. Such a system will lead to complicated processes and appeal procedures and will result in many people being denied the right to end their lives without pain and mental suffering. Who is to make judgements about who has the right to live or die in borderline cases? I contend that only the individual concerned should have this right; and that the law should not deny this right, regardless of circumstances.

6. Given that it is not illegal to take one's own life, the only arguments against allowing the supply of painless, lethal drugs in a controlled manner appear to be religious, in that they reflect some people's belief that suicide is "wrong". I say it is my right to decide how I will die. I fail to see why other people should be allowed to restrict my right to choose the time and means of my death, when I am not in any way doing them harm or infringing upon their rights by so doing. I see a parallel here with the right to engage in any form of sexual activity between consenting adults. Neither harms anyone else, so why should anyone have the right to deny it through legislation? The religious lobbies will argue that both are contrary to the will of God, but this should have no bearing on law in a secular society such as Australia.

7. I do not believe that anyone should be authorised to administer a lethal drug, or any other means of death, even if asked by an individual who is unable to administer the drug themselves. This is not to say that a person wishing to die should not be assisted in setting up a system that facilitates administration of the drug, requiring only that, for example, the recipient need press a button or issue a voice command to a machine to administer the lethal dose. However, if a system cannot be devised whereby the individual can be empowered to action their own death, then another person should not be empowered to do it for them. I acknowledge that this might leave many people who are suffering, but are unable to effectively communicate, with no means to end their own lives with dignity, but this is no reason to deny that right to everyone else.

8. Finally, I would like to raise an issue that many arguing for right to die legislation avoid: money. As well as believing that I should have the right to end my own life at a time and in a manner of my own choosing, I see no financial sense in our overstretched medical system continuing to allocate vast sums to maintain the lives of people who, given the choice, would opt to end their own lives. As our population ages and life expectancies increase, we can expect to see an ever-increasing number of old, unwell and lonely people, with little or no quality of life, consuming an ever-increasing proportion of the health budget. I see no logic or moral worth in expending public monies to keep alive someone who would rather die at their own hand. The sad thing is that many such people, being in hospital or bed-bound, no longer have access to the legal, but inhumane, traditional forms of suicide, such as hanging, gassing or jumping off a cliff. Many sick people who want to live are denied expensive treatment because the health budget cannot afford it. I would rather see the money used to keep alive people who wish to die directed towards saving those who wish to live.

9. The views in this submission are, in part, based on my own experience with the deaths of my parents. My father, who died at the age of 95, after sinking slowly into dementia, repeatedly pleaded with my mother and me to be allowed to die and put an end to his suffering. This took a severe toll on my mother, who sat by his bed for many months watching him suffer. My mother died several years later, following kidney failure. Whilst she only suffered pain for a month, she would willingly have ended her own life once she knew that her condition was terminal. Aged 96, she had refused to enter hospital for dialysis, knowing that she would die painfully as a result. The sad thing is that many such people, being in hospital or bed-bound, no longer have access to the legal, but inhumane, traditional forms of suicide, such as hanging, gassing or jumping off a cliff. Many sick people who want to live are denied expensive treatment because the health budget cannot afford it. I would rather see the money used to keep alive people who wish to die directed towards saving those who wish to live.

10. I would like to raise an issue that many arguing for right to die legislation avoid: money. As well as believing that I should have the right to end my own life at a time and in a manner of my own choosing, I see no financial sense in our overstretched medical system continuing to allocate vast sums to maintain the lives of people who, given the choice, would opt to end their own lives.