



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: 158

Date Authorised for Publication: 29/3/18

INQUIRY INTO END OF LIFE CHOICES IN THE ACT

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

February 2018

Contents

1. Appropriate Terminology.....	3
2. The Need for Appropriate Protections	4
<i>Protecting Patients</i>	4
<i>Protecting Physicians</i>	5
3. Current ACT Legislative Framework and Methods for Change.....	5
<i>Withholding or withdrawing medical treatment</i>	5
4. Protections in Other Jurisdictions and their Applicability to the ACT.....	6
<i>Outline of the Victorian Procedure</i>	7
<i>Estimate of remaining life</i>	7
<i>Decision making capacity</i>	8
<i>The patient's involvement in the decision</i>	8
<i>Procedural aspects of the request</i>	9
<i>Regulatory authorities and review</i>	10
<i>Protection for physicians</i>	11
5. Conclusion.....	11

Legal Aid ACT welcomes the opportunity to make a submission to the Select Committee on End of Life Choices in the ACT. This submission is designed to outline why protections are needed if those with terminal diseases are allowed to make the voluntary choice to end their life. It is the view of Legal Aid ACT that if any voluntary assisted dying legislation is passed, appropriate safeguards must be in place to ensure patients are fully informed about voluntarily assisted dying. This submission will outline why there is a need for appropriate protections, what those protections should be with reference to other jurisdictions (particularly Victoria) and will also reference the interaction these laws have with Federal legislation.

Legal Aid ACT has an interest in contributing to this area to ensure those who are vulnerable in our society or who may have impaired decision making ability are appropriately protected and able to make informed and reasoned decisions about the end of their life. Additionally, Legal Aid ACT has prioritised combating elder abuse in the community and end of life decisions can drastically increase the risk of financial or physical elder abuse.¹ With the population of the ACT ageing rapidly,² there is a need to consider appropriate safeguards and protections as more people will be faced with the decision to enter into a voluntary assisted dying scheme.

1. Appropriate Terminology

Commonly, taking steps to end a patient's life is known as euthanasia (as demonstrated by the 1997 *Euthanasia Laws Act*)³. However, that term can also include involuntary assisted death.⁴ This is an act where the patient is not involved in the decision to end their life, rather the decision is initiated by an attending physician or family member.⁵ Legal Aid ACT submits such a form of assisted death would be contrary to sections 8 and 9 of the *Human Rights Act 2004* (ACT) and the focus that has been placed on autonomy in other jurisdictions.⁶

Therefore, as reflected by the Terms of Reference, and the Victorian Legislative framework, the preferred terminology should be voluntary assisted dying. This term reflects the importance the involvement of the patient themselves in making the decision to end their life.⁷ As a result, voluntary assisted dying or death will be used throughout this submission.

¹ This abuse can unduly influence an elderly person to consent to ending their life, see Michaela Okninski, 'Commentary on Undue Influence Provisions under Oregon's Death with Dignity Act and California's End of Life Option Act' (2017) 25 *Journal of Law and Medicine* 77, 80-81.

² From the period of 2010-2016 the 65 and over population in the ACT increased by 32%, see Australian Bureau of Statistics, *Population by Age and Sex, Regions of Australia, 2010-2016* (Catalogue Number 3235.0).

³ *Euthanasia Laws Act 1997* (Cth)

⁴ Natasha Cica, 'Euthanasia - the Australian Law in an International Context' (Research Paper No 4, Parliamentary Library, Commonwealth of Australia, 1996), v.

⁵ Ibid.

⁶ Caley Otter, 'Voluntary Assisted Dying Bill 2017' (Research Note No 1, Parliamentary Library and Information Service, October 2017) 9-15.

⁷ Danuta Mendelson, 'Legal Issues: Voluntary Assisted Dying Legislation in Victoria: What Can We Learn From the Netherlands Experience?' (2017) 25 *Journal of Law and Medicine* 30, 33.

2. The Need for Appropriate Protections

It is important that if any laws are enacted, both the patients and physicians must be appropriately protected. There are inherent risks involved in enacting laws in relation to voluntary assisted dying decision, simply due to the irreversible consequence of death. Voluntary assisted dying presents a variety of ethical, legal and social dilemmas for the patient, attending physician along with friends and family.⁸ The nature of end of life choice decisions necessitate consideration of both the patients that make the decisions and the physicians who facilitate those decisions.

Protecting Patients

Coldrey J in *R v Hood* (2002)⁹ expressed why laws criminalising aiding and abetting suicide are necessary to protect those in a vulnerable state of mind:

*[outlawing aiding and abetting suicide is] designed to protect a vulnerable person who opts for suicide at a time when extreme depression, from whatever cause, may provoke an irrational and emotional decision by that person to end their life. To this extent, the law may be seen as life affirming and not life denying and directed at discouraging suicide as a response to the emotional vicissitudes of life.*¹⁰

This statement reflects the need for appropriate safeguards to ensure any decision made by a person considering voluntary assisted dying is not made as an emotional response to the issue. Legal Aid ACT is of the view any law enacted enabling a patient to voluntarily end their own life must ensure a patient is fully aware of the consequences and risks of such a decision, along with any and all alternatives, allowing them to make an informed decision.

Legal Aid ACT also wishes to express concern that laws enacting a voluntary assisted dying regime may have on the vulnerable in our community, particularly the elderly. Where there has been a history of elder abuse, great care should be taken to any decision made by a patient to voluntarily end their own life.¹¹ Vulnerable elderly people may be made to feel they are a burden by their families or care givers, and give consent solely as they have been convinced ending their life is the only option.¹² This situation is highlighted where those convincing an elderly person to consent to assisted death are beneficiaries in that person's will or hold an enduring power of attorney. Legal Aid ACT is of the firm view that special consideration must be given to these situations to ensure the decision making capacity or volitions of elderly patients is not unduly influenced, particularly by those who may stand to benefit from the end of that person's life.

⁸ Katherine Curnow, 'End-of-life decision-making in a health services setting: An access to justice lens' (2016) 23 *Journal of Law and Medicine* 864, 864.

⁹ 130 A Crim R 473.

¹⁰ Ibid 477-8 [32] (Coldrey J).

¹¹ Jeremy Prichard, 'Euthanasia: A Reply to Bartels and Otlowski' (2012) 19 *Journal of Law and Medicine* 610, 616-7.

¹² Ibid 617.

Protecting Physicians

In Australia, there have been no cases¹³ where an attending physician has been charged with a voluntary end of life related crime. Therefore, we can refer to the current English common law principle regarding the liability of physicians who assist a person end their own life expressed in *R v Cox*¹⁴. That case expressed that a doctor is not criminally liable for a person's death if the purpose of administering a fatal dose of drugs was not to end a person's life but was given for another purpose, namely relieving pain. However, it cannot be said definitely this principle applies in Australia, or indeed in the ACT.¹⁵

Enacting end of life legislation will potentially make physicians liable at criminal or civil law for complying with a voluntary assisted death request from a patient. Therefore, Legal Aid ACT submits protections similar to that of section 16 of the *Medical Treatment (Health Directions) Act 2006 (ACT)* ('the *Medical Treatment Act*') protecting health practitioners from civil and criminal liability if they honestly and on reasonable grounds rely on a patient's voluntary and informed consent to proceed with an assisted death should be considered.

3. Current ACT Legislative Framework and Methods for Change

Section 17 of the *Crimes Act 1900 (ACT)* makes any act aiding or abetting suicide a criminal offence.¹⁶ It is also possible a physician could be charged with murder under section 12 of the *Crimes Act 1900 (ACT)*¹⁷ if they were to actively assist someone end their life. Legal Aid ACT submits consideration will need to be given to creating exceptions to these offences provided a health practitioner validly, and in good faith, complied with a request to voluntarily assist a person end their life. Legal Aid ACT is of the view creating an exception to section 17 through voluntary assisted dying legislation, rather than abolishing or creating a defence, would be the best way to regulate any proposed end of life choices law. This approach would prevent a physician from facing criminal charges for honestly and appropriately following any prescribed procedure.¹⁸

Withholding or withdrawing medical treatment

Currently, a level of "passive voluntary euthanasia" is permissible in the ACT. This is where medical treatment is ceased, or forbidden from being performed, at the patient's request.¹⁹ This can be achieved through a Health Direction made under the *Medical Treatment Act*. The *Medical Treatment Act* however does not apply to palliative care.²⁰

¹³ As far as Legal Aid ACT is aware. Physicians have been investigated in relation to assisting suicide offences, however no charges have been formally laid. There have however been a number of cases where friends and family members have been charged with assisting suicide offences (*R v Hood* (2002) 130 A Crim R 473, *R v Maxwell* [2003] VSC 278, *R v Nielsen* [2012] QSC 29)

¹⁴ (1992) 12 BMLR 38.

¹⁵ Cica above n 4, 5.

¹⁶ *Crimes Act 1900 (ACT)* s 17.

¹⁷ *Ibid* s 12.

¹⁸ Ben White and Lindy Willmott, 'How should Australia regulate voluntary euthanasia and assisted suicide?' (2012) 20 *Journal of Law and Medicine* 410, 432.

¹⁹ Australian Human Rights Commission, *Euthanasia, human rights and the law*, Issues Paper (May 2016) 3.

²⁰ *Medical Treatment (Health Directions) Act 2006 (ACT)* s 6(2).

Treatment that is withheld under the *Medical Treatment Act* should not be withheld for the intentional purpose of ending someone's life. This is because section 23(1B)(a) of the *Australian Capital Territory (Self-Government) Act 1988* (ACT) ('the *Self-Government Act*') does not allow the Assembly to make laws regarding withholding or withdrawing medical treatment with the purpose of intentionally killing a patient.²¹

However, in light of the principle in *R v Cox*, where death can be an incidental consequence of a decision taken by a physician, withholding medical treatment is possible so long as the primary purpose is to withhold or withdraw treatment on the basis of a Health Direction. In this circumstance a physician would not be liable for the patient's death which may follow. This is corroborated by s 16 of the *Medical Treatment Act* which protects physicians from civil or criminal liability solely for withholding or withdrawing medical treatment in compliance with a Health Direction.²²

4. Protections in Other Jurisdictions and their Applicability to the ACT

In Australia, Victoria is the only jurisdiction to enact voluntary assisted dying legislation – the *Voluntary Assisted Dying Act 2017* (Vic)²³ – following the Northern Territory's ill-fated attempt in 1995.²⁴ Legal Aid ACT is of the view, should the ACT introduce legislation, the Victorian legislation provides a sound framework on which to base the protections and safeguards necessary to accompany any voluntary assisted dying legislation.

Legal Aid ACT would like to stress that Victoria is the only other Australian jurisdiction with a human rights act,²⁵ and therefore any legislation must be consistent with the rights contained within that act.²⁶ The Victorian *Charter of Human Rights and Responsibilities 2006* (Vic), like the *Human Rights Act 2004* (ACT) is heavily influenced by the International Covenant on Civil and Political Rights,²⁷ and therefore any legislation introduced by the Assembly could likely mirror the Victorian framework to ensure human rights compliance. Legal Aid ACT submits any legislation enacted regarding end of life choices should be drafted with close regard to the Victorian legislation. Please see the flow chart outlining the procedure in Victoria (*Outline of the Victorian Procedure*).

Furthermore, the United Nations Human Rights Committee have noted the importance of appropriate safeguards in voluntary dying legislation to protect the right to life.²⁸ To this end, the safeguards must ensure patients make "free, informed, explicit and, unambiguous decision[s]" and are protected from pressure or abuse.²⁹

²¹ *Australian Capital Territory (Self-Government) Act 1988* (ACT) s 23(1B)(a).

²² *Medical Treatment (Health Directions) Act 2006* (ACT) s 16.

²³ *Voluntary Assisted Dying Act 2017* (Vic).

²⁴ *Rights of the Terminally Ill Act 1995* (NT).

²⁵ *Charter of Human Rights and Responsibilities Act 2006* (Vic).

²⁶ *Ibid* s 28.

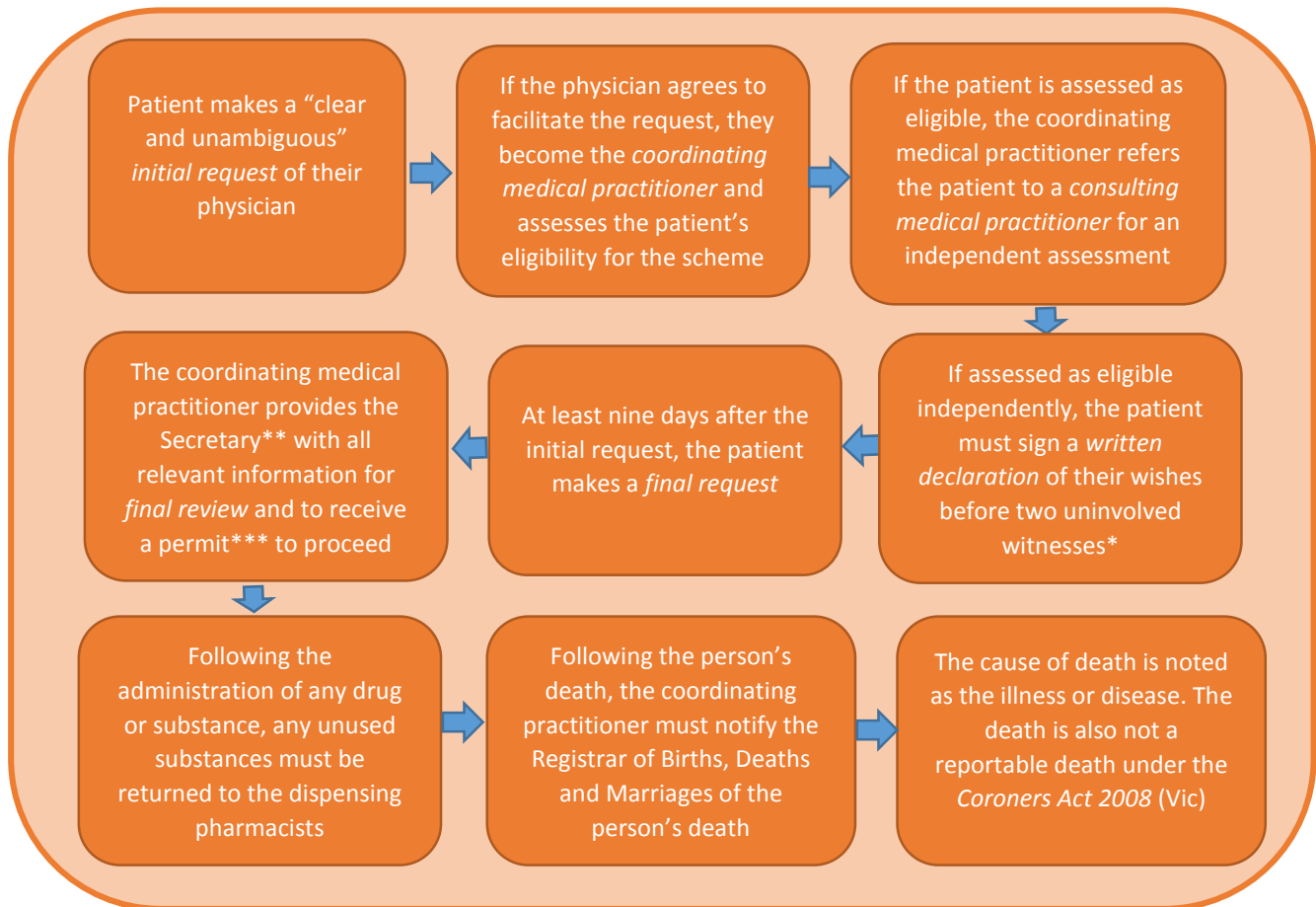
²⁷ *Human Rights Act 2004* (ACT) sch 1.

²⁸ Human Rights Committee, *General comment No. 36 on article 6 of the International Covenant on Civil and Political Rights, on the right to life*, 120th sess (Draft Comment) 3 [10]. The right to life is also contained within the *Human Rights Act 2004* (ACT) at section 9.

²⁹ *Ibid*.

The following sections will address a number of safeguards which, in the submission of Legal Aid ACT, are necessary for any end of life choices legislation. These safeguards will be addressed primarily with reference to the Victorian legislative framework, along with reference to international jurisdictions.

Outline of the Victorian Procedure



Estimate of remaining life

The Victorian legislation provides that a voluntary assisted dying scheme is only open to people who have been diagnosed with a condition that will cause death within less than 12 months.³⁰ Legal Aid ACT submits there is difficulty in using clinician predictions of survival as a legal criterion for any end of life decision. While these predictions are well-informed and

* Uninvolved parties are people not involved in the medical treatment of the patient, or people who are beneficiaries in the patient's will or stand to benefit financially in some other way from the patient's death.

** Secretary of the Department of Health and Human Services

*** The permit will either be a Self-administration Permit, allowing the patient to administer the drug or controlled substance themselves, or a Practitioner Administration Permit allowing the physician (and only the physician) to administer the substance if the patient is unable to do so (*Voluntary Assisted Dying Act 2017* (Vic) s 47, 48). A Practitioner Administration Permit may be obtained if the patient received a Self-administration Permit, and is no longer to administer the substance themselves (*Voluntary Assisted Dying Act 2017* (Vic) s 53).

³⁰ *Voluntary Assisted Dying Act 2017* (Vic) s 9(4).

based upon the experience of physicians, they are often inaccurate and optimistic as to how long a patient has left to live.³¹ The accuracy of such a prognosis is subject to a number of factors, including the timeframe of the prognosis.³² Therefore, Legal Aid ACT submits if a clinical prediction of survival is used in prospective end of life choice legislation, that prediction should be no more than 12 months.

Decision making capacity

The Victorian legislation provides a detailed definition of decision making capacity in relation to end of life choices, noting a person must understand, retain and use information about voluntary assisted death to come to a decision.³³ This definition is far more detailed than the current definition of decision making capacity in the ACT contained in the *Powers of Attorney Act 2006* (ACT).³⁴ Legal Aid ACT submits any legislation enacted regarding end of life choices must contain a specific definition of “decision making capacity” relevant to voluntary assisted death. This definition ideally would be modelled on the Victorian legislation which specifically considers information regarding voluntary assisted death rather than a general definition.

The patient’s involvement in the decision

Legal Aid ACT strongly submits any decision made to end a terminally ill patient’s life must demonstrably be made by the person, be voluntary and free from undue influence. This is reflected in the Victorian legislation where only the person who is to utilise the voluntary assisted death can make the request.³⁵ This has the effect that even if an enduring power of attorney has been executed, the person with the power of attorney cannot make such a request.³⁶ This protection is critical as it is needed to respect the autonomy of the patient, an important factor in any assessment of whether a patient actually consents to voluntary assisted death.³⁷ This is especially relevant in cases of elder abuse, therefore Legal Aid ACT further submits special regard must be had to any decision to enter a voluntary assisted dying scheme is made by a person who has executed an enduring power of attorney. This could include further independent assessments of voluntariness by physicians, or alternatively review of such decisions by the ACT Civil and Administrative Tribunal (‘ACAT’).

Ensuring a decision is made voluntarily is a common criteria to voluntary assisted dying legislation enacted across the world. It is required in jurisdictions who have enacted

³¹ Koji Amano et al, ‘The Accuracy of Physicians’ Clinical Predictions of Survival in Patients With Advanced Cancer’ (2015) 50(2) *Journal of Pain and Symptom Management* 139; Paul Glare et al, ‘A systematic review of physicians’ survival predictions in terminally ill cancer patients’ (2003) 327(7408) *BMJ* 195.

³² Nicola White et al, ‘A Systematic Review of Predictions of Survival in Palliative Care: How Accurate Are Clinicians and Who Are the Experts?’ (2016) 11(8) *PLoS One* <<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0161407>>.

³³ *Ibid* s 4.

³⁴ *Powers of Attorney Act 2006* (ACT) s 9.

³⁵ *Voluntary Assisted Dying Act 2017* (Vic) s 11(2)(b).

³⁶ Otter above n 6, 3.

³⁷ Julia Werren, Necef Yuksel and Saxon Smith, ‘Avoiding a fate worse than death: An argument for legalising voluntary physician-based euthanasia’ (2012) 20 *Journal of Law and Medicine* 184, 190.

voluntary assisted dying legislation such as the Netherlands³⁸, Oregon,³⁹ Washington DC,⁴⁰ and Quebec⁴¹. Legal Aid ACT strongly submits this precedent is followed. This would help ensure situations where a person who has been appointed with an enduring power of attorney, along with being a beneficiary under a patient's will, do not have the power to make a decision regarding end of life choices.

Finally, the *Voluntary Assisted Dying Act 2017* (Vic) prevents either an Advanced Care Directive or decision by a medical treatment decision maker under *Medical Treatment Planning and Decisions Act 2016* (Vic) regarding the voluntary assisted dying scheme.⁴² This is a sensible safeguard that protects a person who may lose decision making capacity rendering them unable to change their mind. It prevents a person who does not have a terminal disease from issuing an Advanced Direction, prior to becoming eligible for a voluntary dying scheme. Legal Aid ACT submits a similar amendment could be made to the *Medical Treatment Act* preventing any prospective end of life choices legislation from applying. This would not necessarily apply to withholding medical treatment, however would prevent a person from making a direction to proceed with an active voluntary assisted death should certain circumstances arise.

Procedural aspects of the request

Legal Aid ACT is of the view the Victorian legislation provides a solid framework**** for a request to access a voluntary assisted dying scheme. The procedure of a clear initial request from the patient, an assessment from a coordinating practitioner, a written declaration, final request followed by final review granting permits to administer any lethal substance provides the patient with plenty of opportunity to seek information and withdraw from the scheme if they should so choose.⁴³ Following in the steps of the Victorian legislation would be the preferable option if the ACT were to devise a voluntary assisted dying scheme.

Legal Aid ACT would also like to express support for ensuring a written declaration is signed and witnessed by parties independent to the patient. Under the Victorian legislation a person is ruled an ineligible witness if they are a beneficiary under a person's will or stand to benefit financially in another way.⁴⁴ Additionally, the state of Oregon in the United States requires two independent physicians and two independent witnesses to assess a person's decision as voluntary.⁴⁵ Legal Aid ACT strongly submits similar procedures are necessary, whether requiring independent physicians or witnesses. This is particularly relevant in cases where there is a risk of elder abuse, and a need to help protect people from being unduly influenced by those who may stand to gain financially from their death.

³⁸ *Termination of Life on Request and Assisted Suicide (Review Procedures) Act 2002* (Netherlands) art 2(1)(a).

³⁹ *Dying With Dignity Act* 127.800-995 Or Rev Stat (1994) § 127.805.2.01.

⁴⁰ *Death with Dignity Act of 2016* DC Law 21-182 § 4(A)(1)(c).

⁴¹ *Act Respecting End-of-Life Care*, RSQ 2014, c S-32.0001, s 26.

⁴² *Voluntary Assisted Dying Act 2017* (Vic) s 140; *Medical Treatment Planning and Decisions Act 2016* (Vic) s 8A.

**** See flowchart above on page 7.

⁴³ *Voluntary Assisted Dying Act 2017* (Vic).

⁴⁴ *Ibid* s 35(2)(a).

⁴⁵ Okninski above n 1, 80-1.

Regulatory authorities and review

The Victorian legislation provided for the creation of the Voluntary Assisted Dying Board.⁴⁶ This Board monitors all matters relating to the voluntary assisted dying scheme, reviews the exercise of any functions under the Act, provides advice to parliament and Ministers on matters relevant to the scheme and must prepare an annual report to parliament, among other tasks.⁴⁷ This Board represents an important safeguard in the voluntary assisted dying process, as they have the power to request any information needed to perform their functions.⁴⁸

Legal Aid ACT submits a regulatory authority, similar to the Victorian Voluntary Assisted Dying Review Board, is necessary to ensure compliance with any voluntary assisted dying scheme. The board would be tasked with administering any enacted legislation, along with reviewing all materials related to every decision made in the ACT by a patient to voluntarily end their life. This provides an important safeguard and allows for an independent review system to ensure decisions are made voluntarily and free from undue influence.⁴⁹

Under the Victorian legislation, the Victorian Civil and Administrative Tribunal (VCAT) has the power to review and alter the following decisions:⁵⁰

- A decision of the co-ordinating medical practitioner during the initial assessment regarding the person's residency in Victoria or decision making capacity,⁵¹
- A decision of the consulting medical practitioner during the independent assessment regarding the person's residency in Victoria or decision making capacity,⁵²
- A decision about a person's decision making capacity in relation to their ability to self-administer the life-ending drug or substance,⁵³ and
- A decision about a person's decision making capacity in relation to a request for the life-ending drug or substance to be administered by the coordinating physician.⁵⁴

Legal Aid ACT submits an accessible and transparent review system is a critical safeguard for any potential end of life choices legislation. As indicated above, this would involve the establishment of an independent review board. The review board would have access to all materials related to a decision made by a patient. Therefore, they would be well-placed to ensure a decision made by a patient to utilise a voluntary dying scheme is appropriately made. Additionally, Legal Aid ACT is of the view that if the board has concerns about the voluntariness of a decision made by a patient, the board should have the power to remit that decision to the ACAT for review. This would be in addition to interested parties, such as family members, other medical treatment officials or the patient themselves having the

⁴⁶ *Voluntary Assisted Dying Act 2017* (Vic) s 92.

⁴⁷ *Ibid* s 93(1), s 107.

⁴⁸ *Ibid* s 103.

⁴⁹ Independent review was noted by the United Nations Human Rights Commission in 2009 as a way of guaranteeing a decision was properly made see Australian Human Rights Commission above n 20, 27.

⁵⁰ *Voluntary Assisted Dying Act 2017* (Vic) s 72.

⁵¹ *Voluntary Assisted Dying Act 2017* (Vic) s 68(1)(a).

⁵² *Ibid* s 68(1)(b).

⁵³ *Ibid* s 68(1)(c).

⁵⁴ *Ibid* s 68(1)(d).

power to remit a decision. Allowing ACAT to review these decisions satisfies the need for an independent review mechanism, further strengthening the integrity of any voluntary assisted dying scheme.

Protection for physicians

Legal Aid ACT submits similar protections found in the Victorian legislation preventing physicians from raising the option of, or providing information about, voluntary assisted dying unless the patient raises the issue first are an essential requirement of voluntary assisted dying schemes.⁵⁵ This provision has the effect of protecting a physician who may be accused of unduly influencing a patient, allowing the patient to act of their own volition.

Furthermore, in line with what has been noted above, Legal Aid ACT firmly submits a clause exempting health practitioners from criminal and civil liability is required in any end of life legislation enacted. This clause would be designed to protect physicians who act honestly, in good faith and in accordance with a request made by a patient to end that person's life. Such a clause is consistent with the Victorian legislation,⁵⁶ and would also be required by section 18 of the *Human Rights Act 2004* (ACT) which protects individuals from arbitrary criminal processes.⁵⁷ As outlined above, such an exception could take a similar form to section 16 of the *Medical Treatment Act*.⁵⁸

5. Conclusion

It is in the interests of the community that discussion is had surrounding end of life choices. In that respect, Legal Aid ACT is supportive of this inquiry. However, at this stage the ACT's ability to legislate in this area is curtailed by the amendments to the *Self-Government Act* made by the *Euthanasia Laws Act 1997*.⁵⁹ These amendments prevent the Legislative Assembly from make laws permitting either the intentional killing of another person or assisting another person to end their own life.⁶⁰ As section 122 of the Australian Constitution permits the Commonwealth to make laws regarding the government of the territories, it is in the remit of the Commonwealth to repeal the *Euthanasia Laws Act 1997* allowing the Legislative Assembly to debate passing end of life choices legislation.

If the *Euthanasia Laws Act 1997* is repealed, and end of life choice legislation is passed by the Legislative Assembly, Legal Aid ACT would be well placed to provide legal education and advice in this area across the ACT. Currently, Legal Aid ACT provides an outreach service at the Canberra Hospital, placing a solicitor in the reception area of the hospital to answer the questions of patients, staff and the wider public. This service would be in a position to provide information to patients who are seeking to find out more about end of life choices and the impacts the legislation may have on any decision. Furthermore, Legal Aid ACT could

⁵⁵ *Voluntary Assisted Dying Act 2017* (Vic) s 8.

⁵⁶ *Ibid* (Vic) ss 79-81.

⁵⁷ *Human Rights Act 2004* (ACT) s 18(1).

⁵⁸ *Medical Treatment (Health Directions) Act 2006* (ACT) s 16.

⁵⁹ *Euthanasia Laws Act 1997* (Cth) sch 2; *Australian Capital Territory (Self-Government) Act 1988* (ACT) s 23(1A), s 23 (1B).

⁶⁰ *Australian Capital Territory (Self-Government) Act 1988* (ACT) s 23(1A).

incorporate information on end of life choices into community legal education sessions, ensuring people understand the consequences of the decision and any legal burdens placed on them, their families or their physician. Further consideration can be had of the services Legal Aid ACT may provide if the Legislative Assembly is given the power to legislate regarding end of life choices.

For the time being, Legal Aid ACT is open to be involved in further discussion surrounding end of life choices, and is grateful for the opportunity to assist the Select Committee's inquiry into end of life choices.