



**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

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I am making a submission to argue against the introduction of legislation in the ACT to permit voluntary assisted dying (euthanasia).

Such a change in the law would completely change the relationship between people and medical practitioners. It would change from a relationship of trust in the practitioner's commitment to the protection of all life and causing no harm, to one of fear and lack of trust.

It has been revealed recently that elder abuse has become a serious and worsening problem in the community. As an 80 year old, I am particularly concerned about this trend, not for myself but for my fellow octogenarians. We have heard how both direct and subtle pressure is placed on the elderly to relinquish their money and possessions before their death. We hear this has extended to the actual misappropriation of funds, with little or no regard for the wellbeing of the elderly who are involved. This is a shocking new development. Assisted dying legislation would play right into the hands of such unscrupulous people. There could not possibly be any provisions included in the legislation to protect the elderly against this practice. Subtle pressures can be applied that would lead the elderly to think that they are considered a burden and should vacate the scene. This would be particularly serious and intractable when elderly people do not have their full faculties to make truly informed decisions, which is not a rare or unusual situation.

Younger people can also find themselves under pressure to reduce their call on the community's resources if they are disabled or have a serious illness. The attitude towards human life would be changed forever because considerations of comparative costs and benefits would creep into people's consciousness when thinking of medical expenses and the prioritisation of treatment. The question of who should live and who should die would become a relative matter and standards could change over time depending on who might make such decisions.

An increasing number of people, including particularly young ones, are from time to time affected by bouts of depression. This appears to be a growing phenomenon and has led to an increasing incidence of suicide. This has been recognised as a serious problem and consideration has been given to how it might be ameliorated. Introduction of assisted dying would certainly not help in this respect. What these people need is assistance in overcoming the issues which are causing them to think in this way, not a facilitation of their intention to end their lives. The legislation might specifically exclude them from its application but it would certainly give legitimacy to their intended act as there would no longer be the same restraining attitude to the taking of human life.

I accept that there are people in their final days of a long illness who suffer greatly in the process of dying. I have not seen any convincing case made, however, that this suffering cannot be

adequately alleviated by good palliative care. What is needed is more funding to help improve palliative care and its availability. At my age, I have experienced the death of several people close to me. They have all had a dignified death through loving care and support, without enduring prolonged pain and discomfort. I am totally in favour of providing pain relief through whatever means might be necessary, even if such action were to have the subsidiary effect of leading to the death of a person earlier than might otherwise be the case. This is not euthanasia. It is proper palliative care. I am not in favour, also, of taking extraordinary means to preserve a person's life for a little longer when it is obvious the person is in the process of dying. This again is not euthanasia. What is euthanasia and is unconscionable in my view, is to give anyone, including the affected person, the right to decide to directly cause the person's death.

There is always an argument that safeguards can be introduced in legislation. I have already pointed out above how it would be difficult to enforce such safeguards because of the subtle pressures that can be applied in certain circumstances. The other question, however, is whether over time there would be much interest in enforcing such safeguards, including because of the difficulties of proving breaches of the safeguards. I have no doubt other people will have pointed out to you the instances of the failure of such safeguards in overseas countries where euthanasia is legal. I am no expert in this area so I will not comment other than to note these failures have been documented.

I also note that serious reservations have been expressed by the chief of the Australian Medical Association and other Australian and foreign medical professionals. I hope you heed their advice.

Yours sincerely

Nick Stuparich

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