



**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

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## Submission to the Inquiry into End of Life Choices in the ACT

Mr and Mrs McLaurin

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

Dear Members of the Select Committee on End of Life Choices in the ACT

I write to you in my personal capacity as a constituent of the Brindabella electorate with grave concerns about the possibility of legislating for euthanasia or assisted dying in the Australian Capital Territory, and with the message to increase support for palliative care if the current system is found to be failing constituents.<sup>1</sup>

At the outset I wish to express my sincere compassion for those suffering in all stages of life and, in particular, for those suffering at the end of their lives. I also express my solidarity with the family and friends of those suffering; it is a great difficulty to see our loved ones in pain and it is especially difficult to feel as though we can do very little about it. I hold that in the face of great suffering, the answer is not to assist the sufferer to end their life but rather to provide support, company and relief wherever possible.

### Comments on the Terms of Reference

- 1. current practices utilised in the medical community to assist a person to exercise their preference in managing the end of their life, including palliative care.*

I leave the detailed medical comments to those with medical knowledge. However, I note the often overlooked distinction between what euthanasia is and what it is not. I understand euthanasia to be an act or omission which *of itself and by intention* causes death, usually with the purpose of eliminating suffering. Euthanasia does not refer to cases where burdensome or futile care is not administered or ceases to be administered, or to cases where efforts to make terminally ill patients comfortable result in their potentially foreseen but unintended death. The latter is referred to as the Principle of Double Effect and is commonly accepted and practiced in medicine.

- 2. ACT community views on the desirability of voluntary assisted dying being legislated in the ACT.*

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<sup>1</sup> For ease of comprehension, I will hereafter refer to assisted dying, physician assisted suicide or any other term to that general effect as “euthanasia”.

As a constituent I maintain an ethical objection to euthanasia and am aware of many people in my community who feel similarly.

3. *Risks to individuals and the community associated with voluntary assisted dying and whether and how these can be managed.*

Euthanasia poses risks to individuals and the whole community but most particularly to the elderly and most vulnerable (terminal patients), as well as to the medical community. These risks exist in many ways including but not limited to the following:

- Elderly or terminally ill may be coerced to choose euthanasia or feel varying degrees of pressure owing to resulting changes in community expectations of people in end of life stages. They may be made to feel that they are an emotional, financial or physical burden.
  - A 2001 committee found that cases of elder abuse in the ACT were in excess of 1500 per annum, and acknowledged this is likely an underreported figure.<sup>2</sup> Given these rates, it is naïve at best and deliberately negligent at worst to expect an assisted dying scheme could avoid this problem altogether. Given what is at stake (the lives of some of its most vulnerable citizens) if the ACT fails to prevent every single opportunity of abuse, it should forfeit the push for assisted dying altogether in favour of expanding palliative care and support. I personally am of the opinion that no safeguards can ever fully guard against this risk.
  - Many advocates for euthanasia argue that it respects the autonomous decision of the patient. However, in most euthanasia regimes (and certainly ones that hope to avoid abuse) the doctor has the final say over whether or not the patient can be euthanised. Therefore, it is not really the patient who makes the decision but rather the patient's decision is approved or denied by a doctor in a position of power.
  - Regarding medical professionals, euthanasia poses a great risk to the medical community through the violation of the Hippocratic Oath to never do harm. If doctors are trained to end life (no small act) it would result in an enormous cultural shift which would have many negative consequences, some foreseen and others not so.
  - If euthanasia were to be legislated for then the legislation would need to ensure it never compelled the involvement of any medical personnel against their conscience, including referral to doctors who will accommodate the request. Health providers with philosophical or religious objections to euthanasia should be no worse off for refusal to participate in this method of "care".
  - I also note the financial temptation to provide euthanasia to patients whose lives are not expected to improve. There is the question of whether patients would potentially feel as if they were "burdens on the system", and the added concern of taxpayers viewing them as such. It is a horrible thought but one that should not be too readily dismissed.
4. *The applicability of voluntary assisted dying schemes operating in other jurisdictions to the ACT, particularly the Victorian Scheme.*

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<sup>2</sup> Standing Committee on Health and Community Care, *Elder Abuse in the ACT*, Report No. 11, August 2001 [https://www.parliament.act.gov.au/\\_data/assets/pdf\\_file/0006/376620/H11elderabuse.pdf](https://www.parliament.act.gov.au/_data/assets/pdf_file/0006/376620/H11elderabuse.pdf) accessed March 23, 2018

In some jurisdictions where euthanasia has been legislated for those who are terminally ill, the criteria has gone on to eventually expand and include other more questionable patients, including children in Belgium.<sup>3</sup> Legislating for euthanasia for those at end of life paves the way for euthanasia for other even more vulnerable citizens including children and those suffering from mental illness.

Regarding the Victorian Scheme, it is much too early in the piece to comment on its efficacy and any potential abuse it leaves open. If the ACT is truly keen to learn from Victoria on this matter, I would strongly urge them to wait a good few years so that we can observe it in practice.

5. *The impact of Federal legislation on the ACT determining its own policy on voluntary assisted dying and the process for achieving change;*

The ACT government has set a precedent for attempting to take more power than it has been allocated, most notably in its attempt to legislate outside of its authority on the federal matter of marriage law (2013). Noting that the ACT does not currently have the power to legislate for euthanasia, I would caution against setting up a pattern of further Territory government overreach, particularly on a matter as serious as life and death.

*Other comments.*

- I note that to legislate for euthanasia is to violate one of the most important principles of modern democratic societies: namely, that the State should never perform, sanction, or facilitate the ending of the life of its citizens. Citizens precede the existence of the State (such that without citizens there would be no State), and so although they give the State power over them in many ways, they can never give the State power over their lives since it is because of their lives that the State has any power in the first place.
- You can judge a society by the way they treat their most vulnerable citizens. If the best we can offer our friends and family at the end of their lives is to kill them then we are not a society to be admired. Though it costs more emotionally, financially and physically to truly extend compassion (to suffer with from the Latin *cum passio*) to those in the last leg of their life journey, I maintain that this is the answer for our society: company, support, and relief for the dying, without the need to violate the sacredness of life and open the Pandora's Box that comes with that violation.
- I would also like to offer some personal experience on the matter. Almost twelve years ago, my (Hugh) mother, was diagnosed with bowel cancer. What followed in the ensuing 18 months was an intense period of treatment which included surgery, courses of chemotherapy and radiotherapy, as well as naturopathy. This was an extremely harrowing time for my mother, and my whole family. It was very difficult to watch her suffer through significant pain. However, the palliative care that my mother received provided her with great relief which was, in my view, sufficient to allow her to best utilise the time she had left with us. My mother's illness eventually did culminate in her death, and we were naturally distraught. However, during the 18-month period that we had with her, I witnessed my mother strengthen her spiritual life immensely. She

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<sup>3</sup> Chandrika Narayan, "First child dies by euthanasia in Belgium," CNN, September 17, 2016, <https://edition.cnn.com/2016/09/17/health/belgium-minor-euthanasia/index.html>, accessed March 23, 2018

also connected with her community in a very special way, and she spent precious time with her loving family. This period of time, during which she suffered immensely, turned out to be extraordinarily valuable. I have no doubt that it added greatly to sum of her life. I note that this may not be something that is important to everyone, and indeed, I am not implying everybody should be forced to so utilise the time they have left, but it speaks directly to the problematic underlying principle that supports euthanasia. That is, that the value of a person's life is somehow diminished during the course their suffering- that it is no longer a sacred thing. Of course, a time of suffering is never desirable, but much can be achieved during such a period. This is not a matter of compassion, but is rather an issue of how the State values the life of its citizens. Life, no matter how difficult it may be at any given time, should always be viewed by the State as utterly inviolable. The idea that my mother's life was somehow less so, simply because of a period of suffering, is distressing to me, and I know my mother would feel the same way if she was here.

With sincere thanks for your consideration,

Hugh and Fenelle McLaurin