



**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: 74

Date Authorised for Publication: 29/3/18

From: Carol Exitwa
To: [LA Committee - EOLC](#)
Subject: Submission attached
Date: Monday, 5 February 2018 12:03:51 PM
Attachments: [VE submission to ACT.doc](#)

Please accept the following submission from the WA chapter of Exit International.
Thank you.



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Secretary
Select Committee on End of Life Choices in the ACT
Legislative Assembly for the ACT
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5th February, 2018

Att.: Ms Bec Cody MLA
Chair of Joint Select Committee on End of Life Choices

Dear Ms Cody,

The Western Australian chapter of Exit International would like to make a short submission to your Committee. We believe the issue of end-of-life-choices (EOL) to be of national importance, and change in legislation in one State is likely to inform and affect other States or Territories. Residents also move interstate and they therefore have a vital interest in conditions elsewhere.

The WA chapter consists of nearly 400 members from all walks of life, including practising Christians. There is a steady stream of applications from people wanting to be fully informed of their end-of-life choices.

In this submission we confine ourselves to general comments to indicate our position with regards to physician-assisted dying (PAD) and voluntary euthanasia (VE), where a physician need not be present. We also make some recommendations for possible legislative change. We have not quoted any research into both these practices or into current legislation in other jurisdictions, as we assume you have ready access to those and thus are fully aware of any conclusions. The same applies to opinion polls which consistently show the vast majority of Australians being in favour of some sort of PAD legislation.

Under existing legislation, helping someone die is a criminal offence, regardless of the circumstances or the geographical location. Many Australians die in very unsatisfactory circumstances and with unrelieved suffering. Compassionate doctors and nurses are not allowed to help their patients in their final needs and wishes, even though quite a few caring medical practitioners do so at great risk to themselves. There is no legal protection for the medical profession or in fact, for patients.

Patients' choices now consist of palliative care, refusing treatment, starvation/dehydration or die by suicide while still physically able.

Good palliative care (PC) should be freely available to all, even though pain relief cannot help all patients. However, PC also usually means total dependence and not everyone wishes to go through that phase.

Changing the laws to allow PAD would protect medical personnel and take away the lottery for patients of choosing the 'right' doctor. There would be certainty for the medical profession and for patients. It would also remove the need for desperate patients to end their lives in extremely distressing or horrific ways.

Significantly, patients are likely to live longer if they are assured there will be assistance in dying when they are no longer physically able to do so themselves.

We understand the need for a balance between access for patients who wish for assisted dying and safeguards to protect them from possible abuse. From the experiences in other jurisdictions, we believe this can be achieved without subjecting ill people to a protracted bureaucratic process in an already stressful and likely painful situation. In this respect we would also like to mention Australia's first VE legislation, the Northern Territory's *Rights of the Terminally Ill Act 1995 (Roti Act)*, which had adequate provisions to prevent abuse. The same applies to the Victorian legislation which has numerous conditions.

This is not about forcing death on anybody. It's about giving individuals the right to choose.

Wanting autonomy over the end of life when it has become unbearable, is nearing its end or has become unacceptable is completely rational and **not** a mental health issue, as some opponents state. Sadness about the loss of an acceptable quality of life or of life itself is normal grieving and not evidence of treatable depression or an unsound mind.

Recommendations:

1. Requests for PAD to be voluntary and to be made twice, with an interval of seven days.
2. Mandatory cooling-off period after the second request to be seven days.
3. Doctors to be authorised to reduce cooling-off period in urgent cases and/or in consultation with the patient.
4. Applications to be made to regular GP and one other medical practitioner.
5. Patient to be competent and to be informed of alternatives, such as appropriate PC.
6. Doctors to be authorised to prescribe and or administer lethal drugs to eligible patients.
7. Wishes expressed in an Advanced Health Directive (AHD) to be accepted where the patient is no longer able to communicate, provided the AHD has been duly completed within the previous 24 months.
8. Next-of-kin or substitute decision-makers (Enduring Power of Attorney POG) **not** to be able to overrule the AHD.
9. Any verbal retraction of a duly completed AHD to be in the presence of at least two people.
10. Inciting someone to seek PAD to be a criminal offence.
11. Any PAD/VE system to be based on full and transparent disclosure (e.g. the Netherlands and Belgium).
12. Any breach of the guidelines to be referred to appropriate authorities.
13. Doctors not to be forced into PAD but in case of conscientious objection, to refer patients to doctors who will assist.
14. PAD/VE to be available to all patients with a serious, incurable or terminal condition or experiencing enduring and unbearable suffering, without necessarily being at the end of life.
15. Relatives or friends who help a patient die not to be criminally liable, provided the death was brought about by lethal drugs prescribed in an authorised manner by a physician for that patient.
16. Patients to determine what is unbearable suffering.
17. Medical personnel **not** to resuscitate persons who attempt suicide where there is clear written or taped evidence that this was a situation of VE.

Concluding comments:

The principle of PAD/VE must be the autonomy and self-determination of patients. In a civilised and compassionate country, such as Australia, it should be a human right to obtain assistance in dying peacefully, if so desired.

Exit International (WA) strongly supports the introduction of any Bills which allow real end-of-life choices, including PAD and VE. We hope your Committee's Report will recommend the introduction of a voluntary assisted-dying scheme.

Yours sincerely,

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