



**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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**From:** Mick March  
**To:** [LA Committee - EOLC](#)  
**Subject:** End of Life Choices.  
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I am a male who was born in 1929 and therefore am currently in my 89<sup>th</sup> year of life.

Although presently in moderately reasonable health, I have personally experienced enough indicators of the wearing process to realise that the time is right to give serious consideration to End of Life Choices.

I have also witnessed the passing of family members and friends for whom there seemed to be little or no choice at all – perhaps some, but not total, help in relief of pain but not in the loss of physical and mental capacity or personal dignity. Like many, I would wish to continue to the end, when the switch is thrown, comfortably even if limitedly, in control of my mind and body but appreciate the improbability of this under the current legal regime. I am aware that palliative care can and does produce a slow and controlled end in many cases but leaves the crucial decision making in the hands of others rather than oneself.

Basically I would wish that the **CHOICE** at end of life should be primarily mine both in respect to timing and methodology. This would indicate that the options available to me would be suicide, assisted suicide or voluntary euthanasia.

Suicide, although legal, is difficult to organise at the present time due to the restricted options available. Jumping, hanging, shooting all seem possible but messy and undignified. Arranging an oxygen free environment is a possible but not necessarily attractive way to go. The suicide option would be greatly improved by having readily available a reliable drug such as Nembutal to provide a peaceful end which could be organised in acceptable circumstances. Having access to such a drug would provide a state of mind and confidence where control and real choice still seemed possible. An age restriction on such access may be necessary or advisable.

One must be realistic and recognise that complete control of one's faculties may not be sufficient when the appropriate time comes and that some assistance with the suicide process may be required. Ideally providing that assistance should not place the helper in jeopardy. This would require that the current law be changed to ensure that where it was clear that the help with suicide was requested and needed by the person involved no legal liability would be incurred. This would enable help at the crucial time and would mean that the person need not die alone.

Voluntary euthanasia is also a process that has been well established in several overseas places. The evidence that I have sighted from those areas where it is legalised indicates that it operates well and openly with little consequences other than peace of mind and comfort for those involved. It is also being legalised in Victoria. It should not be necessary to expend rare financial reserves travelling abroad or even interstate to obtain access to such processes. Many will be unable to find access to such reserves or the strength for such travel. It should be permitted to be established here. Detailed examination of the regulations, safeguards and restrictions that various regions have instituted show that it is able to be implemented in a reasonable and controllable manner.

I wish you well with your deliberations and look forward to a satisfactory outcome.

Yours sincerely,

Milton E March

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