



**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

**Submission Number: 106**

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**From:** Moya  
**To:** [LA Committee - EOLC](#)  
**Subject:** Euthanasia in ACT  
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Select Committee on End of Life Choices in the ACT

Moya Homan

Greenway

To this committee I wish to make a submission which focuses on "current practices utilised in the medical community to assist a person to exercise their preferences in managing the end of their life, including Palliative Care.

Euthanasia is a deliberate act to bring about the death of a person.

I write as a Registered Nurse. I worked in the ACT Home Based Palliative Care Service for over 20 years, nursing terminally ill patients in their homes.

We cared for patients and supported their families.

Needs of patients:- Patients have many needs -- physical, psychological, spiritual and social. A Palliative Care Specialist once described a patient who asked for Euthanasia. The patient was suffering extreme pain. The Specialist relieved the pain with appropriate medication. On a subsequent visit, the patient now experiencing proper pain relief, thanked the Specialist for not acceding to her request for Euthanasia.

Social & Psychological distress:- counselling and input from Volunteers can help to alleviate social isolation.

A Pastoral Care worker described an 84 year-old lady in great psychological distress. Feeling safe to share her worries, the patient related that she had an abortion as a young woman. This sharing brought her great peace, and she had a peaceful death soon after.

Time to reflect:- This time is very valuable for dying patients. They can spend time with family and friends, and attend to unfinished business -- bringing peace and tranquillity.

Doctor / Patient relationship. Doctors take the Hippocratic Oath :- First do no harm. Doctors will be implicated and coerced into acting against their conscience. The doctor / patient relationship will be destroyed.

Cost:- proponents of Euthanasia complain of the high costs of caring for terminally patients, preferring to end the patient's life prematurely. This shows scant care and compassion for our vulnerable members of our society. Adequate funding for Palliative Care services should be a high priority.

Risks:- I have been researching the subject of Euthanasia in Netherlands for twenty years. Many thousands of people have had their lives shortened unnecessarily. There is a lot of evidence to show that involuntary Euthanasia occurs.

We do not want this situation to happen in this community.

I want the Committee members to know that terminally ill patients do not want to kill themselves, or have someone else do it.

Time spent with a dying family member can be very precious.

Moya Homan.

Sent from my iPad

