LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON VOLUNTARY ASSISTED DYING BILL
Ms Suzanne Orr MLA (Chair), Ms Leanne Castley (Deputy Chair),
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Submission Cover Sheet

Inquiry into the Voluntary Assisted Dying Bill 2023

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ACT Legislative Assembly
Special Committee on VAD/Euthanasia
Civic
ACT

Dear Committee Members,

I wish to advocate the incorporation of certain principles into any legislation that the ACT Legislative Assembly may pass concerning Voluntary Assisted Dying (VAD) and Euthanasia.

1. Persons wishing to receive VAD should administer any medication involved themselves. Since the decision to take this path is to be made freely and autonomously by the person concerned, it should be that person's responsibility, and theirs alone, to request and to administer these medications. Their autonomy should not be violated by others either exhorting them to make this decision or assisting them to put it into effect. Making such a stipulation in the legislation is not merely logically rigorous and internally consistent, but would help ensure that other people involved with the dying person were legally restrained from providing external assistance, however supportive of the dying person they may be. It would also tend to minimise any responsibility that bystanders may share for the dying person's action.

2. Medical practitioners, nursing staff, and others involved in or working with health care services who do not support the concept or practice of VAD or euthanasia, should not be required by law to cooperate with, assist or comply with these practices in any way whatsoever. Such people should be exempt from any legal requirement to refer a patient requesting VAD or euthanasia to another practitioner willing to provide it, to arrange their transfer to another institution where such practices may be performed, or to write prescriptions for the medications used to effect such actions. Staff who do not support VAD or euthanasia should not be dismissed from their positions, appointed to positions contingent on their support for VAD or euthanasia, be subject to any disciplinary proceedings, have their salary reduced or have their careers detrimentally affected as a result of holding these views.

3. Persons who die as a result of VAD or euthanasia should have this recorded as the primary cause of death on their death certificates. Other relevant causes, eg diseases the patient concurrently suffered from such as ischaemic heart disease or cancer, should be listed as secondary or contributory causes rather than the primary cause of death. The purpose of this is to record the causes of death as accurately and correctly as possible from an epidemiological and a legal viewpoint. This would necessitate a new category among the causes of death, and would preclude certain practitioners choosing to describe such deaths as cases of death by poisoning or drug overdose, which might then imply a requirement to refer such cases to the coroner. Recording the cause of death in such cases in this way also would enable a cross check correlating those officially applying for VAD or euthanasia and those actually receiving it.

4. Palliative care should be accessible by and offered to every patient with a terminal illness Paul

Burt, Dr MP Burt MB BS, FANZCA, FCICM