



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON END OF LIFE CHOICES IN THE ACT

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Submission Cover Sheet

End of Life Choices in the ACT

Submission Number: 23

Date Authorised for Publication: 29/3/18

From: Ian Wood
To: [LA Committee - EOLC](#)
Subject: Submissions to the ACT Inquiry into end of life choices
Date: Wednesday, 10 January 2018 9:29:02 AM
Attachments: [VE Submission ACT Inquiry into end of life choices final 2018.pdf](#)
[Supplementary second submission by Tim Edwards and Ian Wood \(final\) 10.1.2018.pdf](#)

The Secretary
EOLC Committee, Canberra ACT

Thank you for your invitation sent by email 20.12.2017 asking for a Submission from my Group to this Inquiry into end of life choices.

I have attached my main Submission and hope that it can be accepted in its entirety. I have also attached a second Supplementary Submission that I ask be considered by the Inquiry in conjunction with my main submission. Would you please acknowledge receipt of this email and attachments?

If the Inquiry Committee have any questions or require clarification of any points made in the Submissions I am happy to respond.

As stated in my Submission, I am happy to personally appear before the Inquiry, if invited.

Yours sincerely

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Submission to the ACT Parliament Inquiry into “End of Life Choices”.

On behalf of the Group, **Christians Supporting Choice for Voluntary Euthanasia**.

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Assessing current practice and giving argument in favour of additional laws in ACT to give the legal CHOICE of assisted dying/voluntary euthanasia for the terminally or hopelessly ill.

These are discussed in detail in the following pages.

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We are - Christians who believe that, as a demonstration of love and compassion, those with a terminal or hopeless illness should have the option of a pain-free, peaceful and dignified death with legal voluntary euthanasia or voluntary assisted dying.

“Euthanasia is not a choice between life and death, but a choice between different ways of dying”. Jacques Pohier, a former Catholic Dominican Priest,

“After studying the changes in social values, medicine and the law, and in light of our comprehensive review of the issues and the arguments raised by hundreds of witnesses and thousands of comments, we have come to the conclusion that an additional option is needed in the continuum of end-of-life care: euthanasia, in the form of medical aid in dying. “

To quote the Quebec National Assembly all-party select committee Report, 2012.

This led to the passing of the Quebec “Act respecting end-of life care” Bill 52, by 94 votes to 22 on June 5, 2014.

The Supreme Court of Canada, February 2015, in a unanimous decision by 9 judges stated "The prohibition on physician-assisted dying infringes the right to life, liberty and security of the person in a manner that is not in accordance with the principles of fundamental justice," and gave the Canadian Parliament 12 months to introduce legislation to comply with the Supreme Court guidelines. **ACT residents deserve the same fundamental justice!**

Summary of the case to legalise voluntary assisted dying

- **Even optimal palliative care cannot relieve all suffering** – five to ten percent of the terminally ill express a rational, genuine desire for an assisted death, to quote Dr Roger Hunt, Senior Palliative Care Specialist, South Australia. (Ref 1a)
- **The excuse of ‘sufficient safeguards are not possible’ is not supported by facts and data from Oregon State (1997), and the 6 other US states, Belgium (2002) and the other countries with legal voluntary assisted dying, including Canada.**
- **The Advance Care Directive, incorporating the option of legal voluntary assisted dying, would provide an ultimate protection against possible abuse.**
- **Voluntary euthanasia laws are working responsibly without a ‘slippery slope’ to abuse in Oregon State, and the other countries and states with legal assisted dying.**
- **The current law prohibiting voluntary assisted dying/voluntary euthanasia is not working** – there is no monitoring over the use of “the double effect”, and the extension of this, terminal sedation. The fact that palliative sedation (terminal sedation), when a slow death is inevitable, is accepted as part of palliative care, makes opposition to assisted dying illogical.
- **The current law is driving desperate people to desperate self deliverance.** The fact that a person may legally end their own life, but for any other person to assist under any circumstances is a crime, is illogical.
- **Palliative care is not threatened by voluntary euthanasia legislation** - in practice palliative care services improve when assisted dying choice is also available.
- **Many who request and are accepted for an assisted death actually live longer and have a better end quality-of-life than those who do not request assistance.** It provides peace of mind. In Oregon a third do not actually go on to use their fatal medication.
- **The Victorian Inquiry into End of Life Choices** recommended the legalisation of Voluntary Assisted Dying and the Ministerial Panel gave the means to implement it, resulting in their Voluntary Assisted Dying Bill being passed in November 2017.
- **Quebec, Canada, passed assisted dying legislation in June 2014.** The vote was 94 to 22, with all party support and a standing ovation from the MPs. This followed a Government Report in favour after a two year Inquiry.
- **The Supreme Court of Canada**, February 2015, in a unanimous decision by 9 judges stated "The prohibition on physician-assisted dying infringes the right to life, liberty and security of the person in a manner that is not in accordance with the principles of fundamental justice," and the **Canadian Parliament has since passed their Medical Assistance in Dying Bill C-14 with the support and input of the Canadian Medical Association.**
- **70 - 85% of Australians** including a high majority of Christians **want and are entitled to the option of an assisted death if terminally ill.** – It is a basic human right. There is now much more factual information in support of VAD than was available when the ACT legislation was overturned 20 years ago.

SOME DEFINITIONS

Voluntary Assisted Dying, (VAD), is the term used when the patient takes or administers to themselves the fatal dose of a medication prescribed after their rational and continued request. It can also be referred to as Medical Assistance in Dying (MAID)

Voluntary Euthanasia, is a deliberate act intended to cause the death of the patient, **at that patient's request**, for what he or she sees as being in his or her best interests.

It is preferable that VAD be the main option of assisted dying legislation. This constitutes an important safeguard. The Voluntary Euthanasia option would only be utilised if the patient was physically unable to self administer.

Terminal Sedation, in palliative care. The treating doctor decides the only means of relieving uncontrollable suffering is to put the patient into a coma until they die. (See also page ??)

Terminal illness, in relation to a patient, means an illness which will, in reasonable medical judgment, result in the death of the patient within 12 months.

Incurable/hopeless illness, means an illness for which there is no cure, the prognosis is death, but the time frame for the progression of adverse symptoms and that death is not predictable.

Advance Care Directive, a document containing your personal values and preferences, to be used as a guide to your future health care in the event that you become unable to speak for yourself. Usually used in conjunction with an **Enduring Guardian**, to act on your behalf.

In the context we are seeking to legalise choice, it is the right of an individual to choose a painfree, peaceful and dignified death, when the individual has no prospect of quality of a life with either dignity or purpose ahead of them. It applies either in a **terminal illness** eg the latter stages of cancer, particularly in the approx 5% of cases where palliative care is not effective, or an **incurable illness with suffering that cannot be controlled to the satisfaction of the patient**. Examples include Motor Neurone Disease, where the patient's only prognosis is slow, lingering death, usually due to choking as muscles lose their capacity to enable the person to breathe. While the action of voluntary euthanasia would still result in grief for the bereaved, this grief is greatly relieved by the knowledge that the person they loved dearly did not have to suffer unnecessarily.

Currently the only option within the law for a person with a terminal or incurable illness who decides they have reached the stage of having no future except "life" as a vegetable, or endless pain, is suicide. In that case not only do they have the terminal illness, but they are forced to die by themselves in a totally unloved environment, by drinking weed killer, driving a car into a tree, shooting oneself, etc. Having the legal option of assisted dying enables an individual with the same terminal illness to die peacefully surrounded by love and compassion.

Assisted Dying is NOT suicide. It is a rational choice between two ways of dying. Assisting in a suicide would still remain illegal. Canada has been very careful to differentiate with their law.

Suicide is the deliberate and conscious attempt to kill oneself, most commonly a result of relationship difficulties and/or mental illness (not necessarily depression - it may be bi-polar disorder, schizophrenia etc) and/or substance abuse. There are other explanations given by persons attempting suicide, including a desire for relief from extreme pain, and anniversaries of past losses. Suicide may either be completed or attempted. The action would normally cause extreme anguish and grief to the bereaved family and friends.

With appropriate intervention it is possible that a completed suicide can be prevented and the person go on to live a happy and purposeful life.

A change in the laws of the ACT is needed to allow citizens to include the additional option of choosing a voluntary assisted death as part of informed decisions regarding their own end of life.

- General Background - Christian support for assisted dying

The usual Newspoll question on voluntary euthanasia is, “If a hopelessly ill patient, experiencing unrelievable suffering, with absolutely no chance of recovering, asks for a lethal dose, should a doctor be allowed to give a lethal dose or not?”

In 1962 47% said “yes” to a similar question and the percentage has steadily increased since then. **This clearly indicates a major shift in public opinion over the 50 years.**

In four polls through the 1990s the positive response was 76 to 78%.

In 2002 a Morgan poll showed national support at 73%. **The responses among religious groups in South Australia were: Anglican 81%, Methodist 87%, Presbyterian 66%, Catholic 69%, Uniting Church 74%, Lutheran 74%, and Baptist 68%.**

In 2007 the same question was asked in a Newspoll survey, with 80% of Australians saying “yes”. Of respondents who stated they had a religious affiliation 74% answered “yes”. (Ref 1)

In 2012, Newspoll found an overwhelming majority said yes (82.5%), a very small minority (12.7%) said no, with 3.8% don't know and 1.0% refused. Nearly nine out of ten Australian Anglicans, more than three out of four Catholics, and nearly all Australian atheists advocate assisted dying law reform. **That is, the proportion of Anglicans in support is higher than among the general population!** Religious hierarchy who comprise an organised opposition to law reform do not represent the views of the majority of their flocks. (Ref 2)

In the UK -

Most religious people ignore their leaders and support a relaxation of the law

An absolute majority of religious adherents – i.e. those who identify with a religious tradition – support assisted suicide: 64% of religious people support a change in the law on euthanasia, 21% think the law should be kept as it is, 14% don't know (sums to 99 due to rounding). Anglicans are in favour of change by a margin of 57% (total in favour 72%) - which is greater even than the general population at 54% (total in favour 70%). Only those who say they have “no religion” show greater support – by a huge margin of 72% (total in favour 81%). (Ref 3)

Although not widely known, there has been support for assisted dying/voluntary euthanasia from Christian theologians since at least the 1930s.

The Right Rev. Dr W. Inge, former Dean of St Paul's Cathedral, London, when founding the British Voluntary Euthanasia Legalisation Society in 1935, said, “*It is not contrary to Christian principles.*”

Among the founders of the American Euthanasia Society, in 1945, were prominent Christians such as the New York divines Henry Sloan Coffin, the President of Union Seminary, and Harry Emerson Fosdick, the minister of Baptist Riverside Church.

Rev. Trevor Bensch, a co-founder of Christians Supporting Choice for VE, former hospital chaplain and Minister of North Adelaide Baptist Church, South Australia, says: “*My call for legal Voluntary Euthanasia is compassionate and thoroughly consistent with the teachings of Jesus.*”

Highly respected Catholic theologian, Prof. Hans Kung, states: “*As a Christian and a theologian I am convinced that the all-merciful God, who has given men and women freedom and responsibility for their lives, has also left to dying people the responsibility for making a*

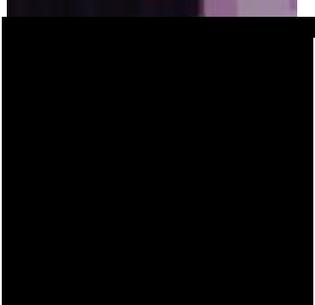
conscientious decision about the manner and time of their deaths. This is a responsibility which neither the state or the church, neither a theologian or a doctor, can take away” (Ref 4)

More recently, Lord Carey former Archbishop of Canterbury and head of the world wide Anglican church, speaking in support of the Falconer Assisted Dying Bill before the House of Lords, UK, said: it would not be *“anti-Christian”* to ensure that terminally ill patients avoid “unbearable” pain, and *“One of the key themes of the gospels is love for our fellow human beings ... Today we face a terrible paradox. In strictly observing accepted teaching about the sanctity of life, the church could actually be sanctioning anguish and pain – the very opposite of the Christian message.”* (Ref 5)

Former Archbishop Desmond Tutu, one of the most revered religious leaders, also speaking in support of the Falconer Bill says: *“I have been fortunate to spend my life working for dignity for the living. Now I wish to apply my mind to the issue of dignity for the dying. I revere the sanctity of life - but not at any cost.”* (Ref 6)

View Archbishop Tutu video here> <http://christiansforve.org.au/archbishop-desmond-tutu-gives-his-blessing-to-the-voluntary-assisted-dying-campaign-in-australia/#more-371>

Canon Rosie Harper, vicar of Great Missenden and chaplain to the Bishop of Buckingham in UK, said she supports Lord Falconer's Assisted Dying Bill which received its second reading in the House of Lords on July 18, 2014.



Canon Harper was one of three faith leaders backing the Bill during a debate on the issue hosted by Interfaith Leaders for Dignity in Dying in Westminster, London, July 17, 2014.

She described the assisted death of her uncle with Dignitas in Switzerland. *“My uncle had a beautiful death, with his family around him - good music, good wine, and a pain-free end. The days that would have followed as he struggled through the end stage of a brain tumour would have been terrible. He had no choice about dying. He did have choice about the manner of his death. That's all this bill is offering.”*

....“Nor do I believe that holding on to life at all costs is the uncontested goal of humanity. The crucifixion itself demonstrates that there are higher goals than the preservation of one's life. John 15.3: There is no greater love than to lay down one's life for one's friends.”

She argued that a God who offered *“freedom of will”* would not insist on *“extreme suffering”* at the end of life when there was a different, better way. Addressing the arguments against, she continued: *“First there is the contention that pain can always be controlled. We know that simply is not the case. Anyway - in what way is there value in a person being technically still alive if they are sedated to the point of oblivion?”*

Secondly, what this bill proposes is infinitely more honourable than what routinely happens now when a dying person is gradually and cruelly starved to death.”

See Canon Harper's compassionate interview (approx 5 min) Youtube here

<http://www.christiantoday.com/article/senior.cofe.priest.why.i.am.pro.assisted.dying/38052.htm>

(Ref 7)

There is a significant indication of support for Physician -Assisted Death from the Society for Humanistic Judaism. For full details see Ref 8

- **The scaremongering and general lack of factual supporting data by religious opposition**

An analysis of recent Parliamentary debate on assisted dying reveals opposing MPs who are known to have a religious background, rarely acknowledge their religion has influenced this opposition.

The trend for religious opposition is to use the alleged 'slippery slope' and the alleged coercion of the elderly and vulnerable, rather than the 'sanctity of life' and the 'Thou shalt not Kill' arguments in previous years. This is presumably because the 'Thou shalt not Kill', which should be translated as 'Thou shalt not murder', (that is kill with malice), is easily rebutted by citing the numerous examples of Biblical killing apparently approved or authorised by God . (Eg the story of Noah, genocide of the Midianites in Num. 31.7-9 & 17-18, etc)

Prof. Hans Kung commenting on the Evangelium Vitae on abortion and euthanasia by Pope Paul II, states: "The remarkable thing is the same Pope, who still allows the imposition of the death penalty for 'cases of absolute necessity, when it would not be possible to otherwise defend society' thinks that in questions of help in dying he must advance a thoroughly rigorous view with reference to the sanctity of life (which now once again is made absolute)" Kung also questions how Pope Paul II would allow the "passive help" of turning off a ventilator, but not the increasing of a dose of medication with fatal consequences, pointing out the distinction is theoretically contradictory – can any action be passive? (Ref 4)

NSW MLC Dr JOHN KAYE said during debate on Rights of the Terminally Ill Bill: 2013

"Some objections are emerging from a purely dogmatic narrow interpretation of the right to life. Many of those arguments have relied on misleading and downright mendacious tactics and none more so than Cardinal George Pell in his letter of 8 May on behalf of the Catholic bishops of New South Wales.. The letter contains four substantial lies. It is a deliberate attempt by the cardinal to mislead the people of New South Wales and, in particular, to mislead his flock. Cardinal Pell states:

Despite talk of "dignified death", dignity is not served by telling the old and dying, through our laws, that they would be better off dead and we would be better off if they were dead. It is simply a lie to say that this bill tells anyone they would be better off dead," said Kaye. (Ref 9)

Cardinal Pell's letter failed to mention that a voluntary request from the terminally ill person was required, used emotive language such as killing and incorrectly stated that overseas experience shows that others will be involuntarily euthanased once a country goes down the euthanasia path.

The Anglican Synod of Sydney in 2010 expressed opposition to voluntary euthanasia along predictable lines. They stated palliative care is sufficient, except for a tiny minority. (but have no empathy for that minority) They alleged legislation will lead to patient mistrust, creeping expansion, reduced funding for PC and that most supporters for euthanasia are young and healthy, none of which is supported by data from overseas

The Synod failed to note the legislation they were referring to was only for the terminally ill. (Ref 10)

During debate on the Tasmanian Giddings/McKim Assisted Dying Bill 2013 (Ref 11) Ms Jacquie Petrusma MP made a number of questionable statements. For example, note the way this sentence is worded. *The Oregon 2013 report indicates that being a 'burden on family, friends and care givers' is the major reason for requesting assisted suicide for 38.6 per cent of those who had died versus 23.5 per cent for 'inadequate pain control or concern about it.'* This is misleading, as she does NOT quote anywhere the actual 3 major end-of-life concerns: loss of autonomy (93.0%), decreasing ability to participate in activities that made life enjoyable (88.7%), and loss of dignity (73.2%) (Year 16 Oregon Report) Ms Petrusma did not acknowledge she is a conservative Christian.

- A more reliable statement on the true value of Assisted Dying Choice in Oregon is

Ann Jackson is a co-investigator of published studies about the experiences of Oregon's hospice workers with medical aid-in-dying and has participated in numerous state, national, and federal task forces to improve the quality of care at the end of life. She works for people and organizations regardless of their positions on medical aid in dying.

"I served as chief executive officer and chief spokesperson of the Oregon Hospice Association, a member of the National Hospice and Palliative Care Organization, between 1988 and 2008, before and after the implementation of the Oregon medical aid-in-dying law."

"I voted against the 1994 Oregon Death with Dignity Act referendum and voted for the unsuccessful 1997 referendum to repeal it because I believed the law was unnecessary if terminally ill Oregonians had access to high-quality hospice and palliative care. But I too came to realize that it was arrogant of me to believe that hospice and palliative care professionals could meet all the needs of the dying. The truth is fears raised by opponents of the Oregon Death with Dignity Act turned out to be 100 percent unfounded." (Ref 12)

The need to get the numbers of persons using Voluntary Assisted Dying in perspective.

Opponents frequently raise the increasing numbers of person exercising their choice with VAD, for example in Oregon. The facts are: In 1998, the first year of operation in Oregon, 9994 people per 10,000 deaths did not use assisted dying. In the 2016 year, 9963 people per 10,000 deaths did not use the assisted dying option. In addition, the opposition choose to overlook more people are dying peacefully rather than being forced to die in extremis against their own deeply-held wishes. (Ref 13)

- Reputable polling in support vs the manipulation of on-line polling

The importance of reputable scientific Polling was outlined in Point 2, however it appears on-line polls have been manipulated by those opposing.

For example, I have no reason to doubt the authenticity of this email from the HOPE no euthanasia group. *Wed, Nov 24, 2010 Subject: Vote tonight on euthanasia*

Dear Friends, Thank you so much to everyone who took the time to get involved in the two online polls yesterday – both won hands down! When I first sent out the message about the advertiser [the Adelaide Advertiser newspaper] poll the NO vote was at an abysmal 16%. Just a moment ago the No vote was at nearly 74%. Alex Schadenberg from Canada thanks you all for your support with his poll and, likewise, we need to thank our Canadian friends for their votes.

This really proves the power of networking. I encourage you all to ask all your friends to register on the HOPE website so we can keep building the opposition and the network. This is so important for the long haul. (Ref 14)

Another example of poll rigging –

The BMJ invited its readers to respond to the editorial by voting for or against neutrality.

Astonishingly, over 80 per cent of those who voted were against neutrality – the opposite of what had been found in the scientific poll. This surprising result prompted an analysis of voting patterns. In a two-day period, there was a huge surge in votes. During this time, there were many anomalies, the most striking being one individual, apparently located in Iceland, who voted against neutrality 168 times. One could not have clearer evidence of how the debate against assisted dying is being hijacked. This is a rerun of what happened in 2006 when Lord Joffe's Bill for legalising assisted dying was being debated in the House of Lords.

The Euthanasia Prevention Coalition – an international body based in Canada – flooded two polls of British public opinion, one run by Bath University and one by the Evening Standard, with “No” votes from Canada and USA. (Ref 15)

- The reality when good palliative care is not effective in relieving suffering

Pain and existential suffering

Physical pain should not be the ultimate criteria for a rational request for an assisted death. Perhaps more important is the suffering endured when the body becomes “unbound”.

“ ‘unbounded’ includes symptoms such as incontinence of urine and faeces, uncontrolled vomiting (including blood and faecal material), fungating tumors, gross oedema causing the skin to burst, rupturing tumors”, states Julia Lawton.

(Ref 16)

There is increasing evidence that, for many terminally ill patients, having their request approved for an assisted death is of immense psychological and palliative value to them. Dr Erika Preisig, of LifeCircle, an assisted dying organisation in Switzerland, says, *“Again and again it (my experience) shows that members find new energies to go on living when they know they have the green light for an assisted voluntary death.”* It provides peace of mind, and in many cases they live longer than a person who does not request assistance! (Ref 17)

Dr Rodney Syme, Victorian Doctor, states: *For over 25 years I have been counselling people about their end of life concerns. Those conversations are prolonged and open ended. At all times, I endeavour to help people to go as far with their lives as possible. From that experience I have learnt one invaluable lesson – my first self-evident truth – **that giving people control over the end of their lives is one of the most valuable palliative tools we have at our disposal.*** (Ref 18)

The Truly Vulnerable Those opposing assisted dying often allege concerns about ‘vulnerable’ groups, the elderly and those with disabilities. Yet they do not talk about another major group others consider truly vulnerable. Those who are actually suffering with a terminal or incurable illness, who are vulnerable to futile treatments being needlessly inflicted on them by doctors who refuse to face the FACT that the patient is going to die and in many cases the side effects of this futile treatment are worse than the illness itself.

“Up to 70% of people now die in acute hospitals, surrounded by well meaning strangers, inflicting all that medicine has to offer; often resulting in a painful, distressing and degrading end to their life.” and “Clinicians themselves are often complicit in refusing to face the inevitability of dying and death.”, states Dr Ken Hillman, Professor of intensive care at the University of NSW in Sydney. (Ref 19)

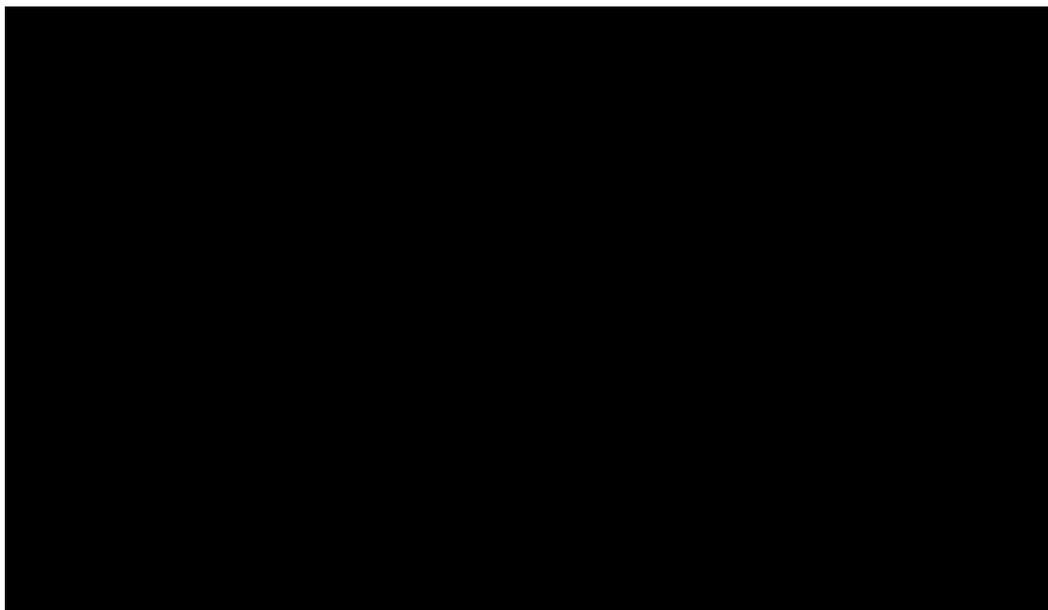
Dr Charlie Corke, Palliative Care, Geelong Hospital, VIC says, *“He “inflicts” treatments he would not want done on himself.”*

He had a problem stopping doctors inflicting treatment on his dying father. The doctors were acting against the wishes of the father and Dr Corke.

He states that the greatest act of LOVE is permission to “let go”. (Ref 20)

“If I was dying with pain, delirium and vomiting of faecal material, for example due to an inoperable blocked bowel, I would prefer the legal choice of a death within minutes, thanks.” Ian Wood.

Flora Lormier was pleading for help to die. Her plea went unanswered.



Flora Lormier, suffered from multiple sclerosis since she was 20 but her condition worsened over the past two years. She begged her family to help her die (left, taken by her daughter Tracey Taylor in her final days, and pictured right at a family wedding when she was younger.

Ms Taylor, from Glenrothes, Scotland, told the [Daily Record](#): *'Mum was just left to suffer – it was torture, absolute torture. We were all around her when she passed but it wasn't peaceful.*

'These pictures are what people need to see – this is why we are fighting for the right to die.

'There wasn't a thing we could do to help free her from her pain. We had morphine and sleeping pills and she begged us to help her end it, but we couldn't.

'She was like a prisoner of war who had been in a concentration camp.

'So why is it OK for a human to suffer? The Government need to see why people want the choice to decide when to die.' (Ref 21)

- Data from Palliative Care itself clearly demonstrates that a significant number of dying patients do not obtain adequate relief from their suffering.

Phase type	Symptom distress	0 (Absent)	1-3 (Mild)	4-7 (Moderate)	8-10 (Severe)
Terminal	Difficulty sleeping	93.2	3.8	2.4	0.6
	Appetite problems	92.6	3.6	2.4	1.3
	Nausea	94.3	3.2	1.9	0.6
	Bowel problems	88.8	6.3	3.8	1.1
	Breathing problems	72.6	12.8	10.4	4.2
	Fatigue	79.2	7.5	8.8	4.6
	Pain	59.8	24.2	13.4	2.6

National Report on Patient Outcomes in Palliative Care in Australia, July - December 2016.



NOTE 4.2% of patients in the terminal phase report severe distress from breathlessness, 2.6% severe distress from pain. **Please be aware that some patients for whom symptoms are absent may be terminally sedated, and therefore unable to report anything.** The incidence of terminal sedation in Australia is not recorded. Elsewhere it has been reported as between 2 and 52% depending on the facility. (Ref 22)

The tragic death of Clive Deverall is one of thousands of examples why more is needed than Palliative Care. Clive suffered for 20 years from a rare blood cancer. **A former CEO of WA Cancer Council, and President of Palliative Care WA, he knew the limitations of palliative care.** He rationally decided his best option to avoid futile suffering was to take his own life while his wife was out walking their dog.

Mr Deverall told the ABC in an interview last October that palliative care was not the answer for between 4 and 8 per cent of patients.

"Certainly I still embrace what palliative care stands for, but even with their clinical guidelines, they avoid the elephant in the room which is the very end stage patients where symptoms cannot be controlled," Mr Deverall said.

"Patients in that distressed state, those patients should be offered voluntary euthanasia."

"The take home message is that we have a cruel law at the moment that is prejudicial to the interests and wishes of patients, that needs to be changed."

"The lack of compassionate law in this state will force some people into taking their own lives in a fairly brutal way." (Ref 23)

- Terminal sedation – slow euthanasia?

All members of my group would agree that the terminally ill need to be treated with compassion and care, supported by family, friends and the community, and treated as precious members of the human family.

We also believe that palliative care provides an essential service for the dying. However we know that the facts show even the best PC does not provide 'remedial solutions' to 2 to 5% of those dying. Symptoms such as uncontrollable vomiting of blood and faecal material due to an inoperable blocked bowel, is an example where pain relief is not effective.

The last resort in palliative care, when all else fails, is to put the person into a **medically induced coma, known as terminal sedation**, where they gradually starve or dehydrate to death, a circumstance that family and the nursing and medical staff can find extremely distressing to watch.

Terminal sedation is accepted by the medical profession and the Catholic Church as an appropriate and religiously ethical last resort, as the stated intention is 'to relieve suffering'. No reporting is involved, and the patient need not even be asked.

Yet if the dying patient requested, "Rather than starve me to death in a coma, with the trauma of having my family watch this slow death, please give me the next few days medication in a single dose", this would be illegal.

As Christians we ask why it is morally acceptable that the slow death procedure should be legal but not the other alternative?

To quote Dr Rodney Syme: *It (terminal sedation) remains the 'Achilles heel' of palliative care because it is used in exactly those circumstances where other doctors might provide assisted dying if they were asked. And this very process is only associated with patient consent in up to 50% of deaths, with no opportunity to say goodbye.*

*Far from acknowledging terminal sedation, palliative care has been assiduously arguing, that neither it nor morphine alone, if used in a proper palliative way, ever hastens death. **Terminal sedation is justified for the treatment of 'refractory' or 'intractable' symptoms, as determined by the clinician, not the patient.** Maltoni and colleagues stated that **"Despite the huge progress made in palliative medicine in terms of symptom control, many are intractable symptoms, either because the treatment is ineffective or because the treatment itself is intolerable"**. (Ref 24)*

I have quoted in more depth on pages 12 to 14 of this submission the conclusions of the Quebec Parliamentary Inquiry but the following point is particularly relevant here: *"Regarding the issues surrounding end-of-life practices, there seems to be a very fine line between continuous palliative sedation, refusal or cessation of treatment, and medical aid in dying. In all three cases, the end result is death,"*

"A review of the literature has found great variability in the prevalence of palliative sedation, ranging from 2% to 52% among terminally ill patients. The study conducted by Ventafridda et al found that more than 50% of cancer patients dying at home die with physical suffering that is only controllable by means of sedation. Between 10% and 50% of patients in programs devoted to palliative care still report significant pain 1 week prior to death. The most common symptoms experienced by these patients were dyspnea (uncomfortable shortness of breath), pain, delirium, and vomiting. Most symptoms are reported to be physical in nature. In a retrospective analysis by Kohara et al, 54% of patients were found to have more than one uncontrollable symptom."
(Ref 25)

The current law on assisted suicide is irrational

Dr Rodney Syme, a Victorian doctor, has publicly admitted supplying fatal medication to Steve Guest and more recently to Ray Godbold, both with terminal cancer. Strictly speaking this is against the law, but it seems the Prosecutor is not charging Dr Syme with any offence and rationally most Australians would agree that Dr Syme is acting with due care in the best interests of the dying patient and is not committing any offence.

It therefore seems completely logical to CHANGE the law. Every state or territory can still maintain that assisting a suicide is, in general, against the law, but provide the legal exception for medical assistance, subject to adherence to a list of proscribed criteria. We note the action of Dr Syme in supplying fatal medication to Steve Guest was supported in an unpublished letter to an editor signed by 98 other doctors. (Ref 26)

- Alzheimer's – a difficult situation and the need for compassionate choice

Alzheimer's would be without doubt the illness most feared by the members of Christians Supporting Choice for Voluntary Euthanasia!

We note that Belgian legislation does permit a person with Alzheimer's to use an assisted death, during the window between a confirmed diagnosis and the lack of ability to make a rational conscious request.

The assisted death of Hugo Claus, an Belgian author who had Alzheimer's, as described by his wife, Veela Claus-de Wit, in the Terry Pratchett documentary, "Choosing to Die" 2011.

"After we had shared champagne and he had a cigarette, he said I think I want to lie down. I lie down next to him and I hold him and I sing a song to him and he started singing with me – he died singing. It was so intense and warm – how can people be against it?"

I could do without the cigarette, but would love to die singing! (My personal comment)

Compare this death of Hugo Claus, with the more typical situation described below.

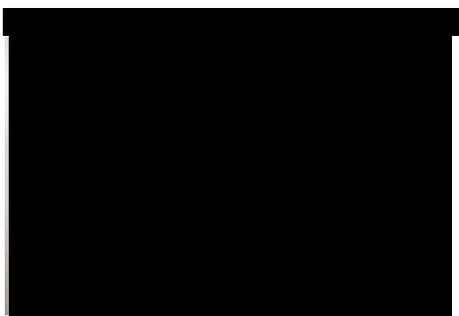
A visit to any high dependency nursing home in Australia will show patients suffering from dementia, Alzheimer's, severe Parkinson's disease, massive strokes and other demeaning and crippling conditions.

Bedridden, needing to be fed and changed like babies, incontinent lying in napkins soiled with urine and faeces despite the best efforts of dedicated nursing staff, unaware of their surroundings and close relatives unrecognised, would they want this if they could choose?

In lucid moments rather do they plead " God take me, please let me die " (Ref 27)

The submission by Mr Kevin Rickson to the WA EOLC Inquiry provides a comprehensive assessment relating to **ACDs and dementia** and I recommend to the ACT Inquiry they take this submission dated 26 Sept 2017 into account with their deliberations. The onset of dementia does not negate a valid Will and the same should apply to a valid ACD.

- Chantal Sebire and why the author of this submission personally supports choice in assisted dying for the terminally or hopelessly ill



Chantal Sebire



Chantal before her illness

Ms Sebire told AFP that she suffered from a very rare disease called esthesioneuroblastoma, which attacks the nasal cavity. It had left her blind and had robbed her of almost all other senses, leaving her in terrible pain.

"In 2000, I lost my sense of smell and taste, and then the tumour evolved and ate into my jaws, before attacking the eye socket. I lost my sight in October last year," she said. The disease caused "atrocious bouts of pain that can last up to four hours at a time".

Pleading to be allowed to die serenely, the mother of three said that only 200 cases of the disease had been reported globally in the last 20 years. (Ref 28)

This article was a deciding factor in Christians Supporting Choice for VE co-founder, Ian Wood's decision to take a public stand on DWD.

Mr Wood says, "Had Chantal lived now in Switzerland, Netherlands, Belgium, Luxembourg or Oregon, Washington State, Montana, Vermont, and California USA, or in Canada she would not have had to suffer and asks are we so different in France or Australia?"

- The conclusions of the Quebec Parliamentary Inquiry 2012

These conclusions for Quebec citizens are equally valid for all Australians.

Some conclusions (quotes) from the Quebec National Assembly all-party select committee that held hearings and deliberated for two years. (178 page Report) 2012

After studying the changes in social values, medicine and the law, and in light of our comprehensive review of the issues and the arguments raised by hundreds of witnesses and thousands of comments, we have come to the conclusion that an additional option is needed in the continuum of end-of-life care: euthanasia, in the form of medical aid in dying.

Furthermore, we find that a growing number of physicians believe it is their responsibility to comply with a request for help to die. For them, when the end of life becomes intolerable, medicine must intervene out of compassion, in a spirit of human solidarity and respect for the patient's freedom of choice.

Many believe that if medicine can act when a person is born, it should also do its part to help with death when justified by the circumstances. A large majority of physicians seems to share this opinion, as evidenced by the results of member polls conducted by the Fédération des médecins omnipraticiens du Québec (FMOQ) and the Fédération des médecins spécialistes du Québec (FMSQ) towards the end of 2009. According to the FMOQ⁴² poll, 75% of physicians would like to see "new regulatory and legislative guidelines allowing recourse to euthanasia", while the FMSQ⁴³ poll concluded that 75% of physicians are in favour of "legalizing euthanasia within a clearly defined legislative framework".

We are therefore seeing a change in the mentality of the medical profession in Québec. The Collège des médecins itself has suggested that euthanasia could today be viewed as consistent with the spirit of the Code of Ethics of Physicians and constitute, under exceptional circumstances, the final step in the appropriate end-of-life continuum of care.

Some suffering cannot be effectively relieved, and individuals who want to put an end to what they consider senseless, intolerable suffering face a roadblock that goes against Québec society's values of compassion and solidarity.

Medical aid in dying would therefore become an option for this small number of patients in exceptional situations, provided the act is strictly controlled and limited, and the patient himself makes a free and informed request to this effect.

The medical aid in dying option takes into account the issues raised by the experts and witnesses at the general consultation as well as by the thousands of citizens who participated in the online consultation. It provides a solution to the issues of suffering and compassion in many end of life situations. It also addresses the fear of abuse. Finally, it meets a need that was stated with emotion and maturity, and is a safe course of action, provided the necessary precautions are diligently taken.

Despite its undeniable importance, palliative care is not always the right answer for all end of life persons, particularly those with uncontrollable pain.

The medical aid in dying option would thus offer an alternative to this small number of people. It would not be in keeping with our social values to refuse such assistance just because palliative care is not uniformly accessible across the province.

Based on the experiences abroad, we are convinced that medical aid in dying would in no way compromise the future development of palliative care.

Regarding the issues surrounding end-of-life practices, there seems to be a very fine line between continuous palliative sedation, refusal or cessation of treatment, and medical aid in dying. In all three cases, the end result is death,

*In this regard, despite the reticence of an age-old medical culture committed to maintaining life at all costs, the **medical aid in dying option should**, like continuous palliative sedation and refusal or cessation of treatment, **be one of the choices available at the end of life.***

Medical aid in dying does not endanger the common good; rather, it forms an integral part of it by offering one more option for those nearing the end of their lives, without posing a threat to society's most vulnerable members.

The Report comment on the 'euthanased without consent' in Belgium.

It is false to say that many patients are euthanized without their consent. These patients receive continuous palliative sedation when they are unable to express consent, when they are dying, and when the doctor and family believe that it is the best way to ease their suffering. (Ref 29)

The Supreme Court of Canada, February 2015, in a unanimous decision by 9 judges has stated "The prohibition on physician-assisted dying infringes the right to life, liberty and security of the person in a manner that is not in accordance with the principles of fundamental justice," and the **Canadian Parliament has since passed their Medical Assistance in Dying Bill C-14 with the support and input of the Canadian Medical Association.**

The conclusions of the **Australia 21 Report** *The Right to choose an assisted death: Time for legislation?* clearly demonstrates the need for legislative change from the Australian viewpoint. (Ref 30)

Quotes from the Victorian Inquiry into End of Life Choices Report and the recommendation for voluntary assisted dying. Prepared by Ian Wood, 19.5.2017

RECOMMENDATION 49:

That the Victorian Government introduce a legal framework providing for assisted dying, by enacting legislation based on the assisted dying framework outlined in this Report in Annex 1, Assisted Dying Framework Summary.

- **Laws regarding providing assistance to die are inconsistent.** On one hand, doctors, on a patient's request, can withdraw life sustaining treatment with death the certain outcome, while they can also deliver lethal doses of morphine and other drugs, as long as the intent is to relieve pain. On the other hand, a loving husband who assists his frail, suffering and near death wife to die could be guilty of murder, while **a person near death and in unacceptable pain, cannot receive help to end their own suffering.**

- With a lack of end of life choices, many older members of the community are taking their own lives, often in horrific circumstances.

- **We found no evidence of** institutional corrosion or **the often cited 'slippery slope'**. Indeed, the regulatory framework has been unchanged in Oregon, the Netherlands and Switzerland for many years.

- **The evidence is conclusive that assisted dying can be provided in a way that guards against abuse** and protects the vulnerable in our community in a way that unlawful and unregulated assisted dying does not.

- Like in other jurisdictions, the Committee anticipates that while **a comparatively small number of Victorians will die using the assisted dying framework** (approximately 0.4 per cent of all deaths in Oregon and Switzerland), **many others will take comfort from its existence, knowing that another option exists.**

- Government support and funding of palliative care has not declined when assisted dying frameworks have been introduced.

- The effect of the end of life legal framework on the lives of Victorians and on the practice of medicine and the law signifies that it does not reflect our contemporary society's values. The objective of the recommendations in the Report are to not only enable patients' end of life wishes to be respected, but also to protect patients, particularly vulnerable people, from abuse and coercion.

- The recommendations also aim to increase transparency around end of life medical practice and to improve clarity on end of life law so that health practitioners can be confident knowing where the boundaries of legal medical practice lie.

The Committee is of the view that **the existing end of life legal framework needs reform.**

- The Committee heard from health practitioners that not all pain can be alleviated. **Palliative care cannot always be the solution to managing pain and suffering at the end of life.**

The findings here are equally applicable to every Australian State and Territory.

Please view the complete End of Life Choices Report (Ref 31)

- Victorian Ministerial Advisory Panel on VAD Final Report.

The credentials and backgrounds of the Panel members are impressive. They include Prof. Brian Owler, a past President of the AMA, Emeritus Prof. Ian Maddocks AM (the 'father' of Palliative care), Dr Roger Hunt, South Australian Palliative Care Specialist, Prof. Margaret O'Connor, health ethics and palliative care, Julian Gardner AM, lawyer, disabilities advocate, Mary Draper, health issues, and Tricia Malowney OAM, disabilities advocate.

The Report contains a thorough and very comprehensive analysis of the voluntary assisted dying issue.

In addition the Report provides details of why the various conclusions have been reached.

Appendix 3 - Safeguards and jurisdictional comparison - is comprehensive

- Victoria passes their Voluntary Assisted Dying Bill

After a protracted debate in both houses of the Victorian Parliament, the Voluntary Assisted Dying Bill 2017 was passed finally on 29.11.2017, with some amendments to the original Bill. This now provides both an incentive and rationale for other states and territories to enact their legislation to give this additional choice in dying.

OUR RECOMMENDATION: That the ACT Inquiry generally adopt the 66 Recommendations of this Victorian Advisory Panel Report. (Ref 32) An exception to these recommendations would be for the ACT Inquiry to consider and recommend that ACDs be given more standing especially relating to Dementia (The onset of dementia does not invalidate a Will, so it should not invalidate an ACD.)

OUR RECOMMENDATION: That the ACT Parliament give due consideration to making access to Voluntary Assisted Dying choice wider than that in the restrictive Victorian Voluntary Assisted Dying Bill, but also adopt, as closely as possible, the terminology, forms and penalties etc of the Victorian Voluntary Assisted Dying Bill.

- Conclusion in support of Voluntary Assisted Dying choice

The Northern Territory Rights of the Terminally Ill Bill was passed in 1996 then overturned by the Howard Federal Government. Since that time conclusive evidence from a number of jurisdictions has demonstrated having the legal choice of an assisted death can and does operate successfully.

My group, Christians Supporting Choice for Voluntary Euthanasia, believe that, as a demonstration of love and compassion, those with a terminal or hopeless illness should have the option to choose a pain-free, peaceful and dignified death with legal voluntary euthanasia or assisted dying.

The ACT Parliament Inquiry presents a wonderful opportunity to give compassionate CHOICE in dying for the terminally and hopelessly ill, in legislation with rigorous safeguards, to residents of the ACT.

Admittedly the ACT does require Federal Parliament to overturn the Euthanasia Laws Bill 1996 (known as the Andrews Bill). As stated, given the evidence now available, and the fact that Victoria is able to enact their legislation as a state, denying the ACT their right to pass their law to enable VAD choice would be viewed by most Australians as sheer obstructionism and a blatant “holier than thou” abuse of Federal power.

Please consider the facts and ignore the scaremongering.

I would welcome an invitation to appear before the Inquiry.

Ian Wood

National Coordinator and Spokesperson

Christians Supporting Choice for Voluntary Euthanasia

Address: [REDACTED] Mittagong NSW 2575

Phone: 02 [REDACTED] Email: [REDACTED]

Website: www.Christiansforve.org.au

I have made submissions on behalf of Christians Supporting Choice for Voluntary Euthanasia to -

- Western Australia Inquiry into end of life choices in September and October 2017
- New South Wales Draft Bill in June 2017
- Victorian Inquiry into end of life choices in June 2015 and January 2016
- All South Australian MPs in 2016
- Federal Senate Medical Services (DWD) Bill 2014 in August 2014
- Tasmanian discussion paper in 2013
- Submission to The Federal Rights of the Terminally Ill (Euthanasia Laws Repeal) Bill 2008 in 2010
- Tasmanian Parliament in 2009

I appeared at and addressed the Victorian Inquiry into end of life choices on 15.10.2015 on behalf of our Group.

Please read this Submission in conjunction with the Second Supplementary Submission prepared by Tim Edwards and myself, also dated 10.1.2018. Thank you. Ian Wood.

Why a Voluntary Assisted Dying law is needed.....

It is all about choice! A compassionate choice currently denied to all Australians...

I also make this Submission personally in memory of -

- Auntie ██████████ who died a horrendous death from bladder cancer. Many years later I still vividly recall the stench as her body rotted from the inside while in her hospital room.
- ██████████ who was 'best man' at my wedding, who had a terrible prolonged dying from Parkinson's and Lewy body dementia, spending much of his last weeks strapped in a 'Princess Chair' to the distress of his loving wife, who is a strong Christian supporter of VAD.
- Cousin ██████████, who fought the ravages of cancer for many years, and whose final days were anything but peaceful.
- ██████████ whose last days were agonising as he slowly died from anal cancer.
- Sister-in-law ██████████, who died in February 2017 aged 78. Approximately six months from diagnosis to death as ovarian cancer spread throughout her bones and liver. ██████████ said goodbye to her family on a Sunday then lingered on in a semi coma for 3 more days.

The option to choose an assisted death could have spared her the suffering of these last days, and greatly diminished the grieving of her husband and family.

Significantly, before transfer from a major South Australian hospital to a PC unit, ██████████ suffered severe break-through pain on at least one occasion. A visitor and ██████████ were pleading with nursing staff for more pain relief only to be told it was too soon since the last dose, and they would have to try to phone her doctor first! How inhumane!!

During the process of preparing this submission, I referred frequently to the book "A Good Death - An argument for voluntary euthanasia" by Dr Rodney Syme.

I also purchased and read another excellent book by Canadian author and journalist Sandra Martin, with a very similar title "**A Good Death - Making the most of our Final Choices**". Sandra's book gives fascinating background information on how, for example, the Quebec Bill actually came to be and was passed, and hitherto unknown (to me) background on the Canadian Supreme Court decision I have quoted in this submission.

May I respectfully suggest that the Inquiry Committee purchase and read both these books as part of the evidence needed to be fully informed on this issue. Please note that the paperback and e-book editions of the Sandra Martin book have an important additional chapter written after the introduction of the Canadian law.

Another useful reference book is - "*Is there a Christian case for Assisted Dying?*" Yes! By Prof. Paul Badham.

RIP Keith Died October 26 2013, aged 85 years

I'm writing to state my case for the legislation of choice for an assisted death. On Friday 1 November 2013 I buried my husband of 61 years. Early this year he was diagnosed with aggressive Lymphoma which was strangling his Intestine. Sounds horrendous, doesn't it?

His final 3 days were spent in hospital and on the 3rd night he lapsed into semiconsciousness. He had been having litres of fluid drained from his abdomen at intervals during the treatment process and in the early hours of the 4th day fluid in large quantities continued to rise into his throat as he was gurgling and drowning while he struggled dreadfully to get a breath. All the while he kept raising his hand to his head imploring someone to help him. This inhumane action continued without ceasing for 7 hours!! **How I wished we lived in a compassionate, loving society that approved an injection that would save him from this hideous state.**

A Nurse entered the room towards the end, saying, "I have been crying reading his Advanced Health Directive where he wrote that it was his wish to have some kind person euthanise him." This document had been signed by him, a Doctor and a Justice of the Peace some years ago but of course that wish is entirely overlooked by Australian Law at the present time. It was just his wish – as it was mine. Towards the end, one and a half litres of blood soaked fluid gushed out of his mouth before he took his final breath. **Those hours will haunt me forever.** Why should anyone die that horribly?

When it's your own family having to endure this cruel, inhumanity and it's you sitting beside the bed waiting and wishing someone had bitten the bullet for change on this grievous, outmoded law of ours, you feel and know the need of the urgency for change. **As a practising Christian couple we viewed the present law as ungodly.** We are God's hands and feet, he has no other, and **while we do nothing this horrendous practice will continue.** Please, please be strong enough to give the Ending Life with Dignity (No2) Bill 2013 the thumbs up. The majority of Australians would be enormously relieved. South Australia would be applauded.

Sincerely, Joan Smith A Christians supporting Choice for V.E. member

Note by Ian Wood.

Joan prepared this plea in early 2014 to go the South Australian politicians, and has since endorsed it to go to all MPs throughout Australia.

It is included in the book *The Damage Done*, published by Go Gentle Australia and Andrew Denton. This book, with its 70 stories of futile suffering, is essential reading for every MP when considering the evidence in support of assisted dying choice.

Joan, a committed Christian, pleads that our politicians support Voluntary Assisted Dying choice.

A doctor explains her personal motivation, and her case for an assisted dying law:

Dr Ann McPherson, founder of Healthcare Professionals for Assisted Dying.

(Ref 33)

'Faced with a painful death, I wanted to take control of my final hours,' said Dr Ann McPherson

At a cancer check-up in early June 2009, I got the news I most dreaded. The tumour doctors had discovered in my pancreas three years earlier, and from which I'd been free for two wonderful years, had returned and spread to my lung.

'We can't say for sure how long you will live, but you know as well as I do the prospects of living for more than a few months are not great,' my oncologist - a friend as well as a colleague - told me.

I was dumbstruck, unable to think beyond the horror of sharing the news with my family. Telling Klim, my medical scientist husband, was the easy part. 'Bad news,' I told him, catching him on his mobile. 'The scan results have shown that it's come back.'

I didn't need to say anything else. We knew the statistics: only three per cent of people with pancreatic cancer are alive five years after the initial diagnosis.

Speaking of the option for assisted dying: It seemed - and still does seem - unjust that such a choice is not available to the **70 to 80 per cent of the public** who say in surveys that they **want such a choice**.

Even more unfair is that assisted dying is forbidden largely because those making the legal and political decisions tend to have a vested interest professionally against assisted dying or have particular religious views.

I felt incensed that the British Medical Association, which claims to represent doctors, opposes physician-assisted suicide without having canvassed its members.

When I went public with my bad news in the British Medical Journal, **the response to my article was wonderful, with hundreds of doctors emailing me to support the stand I'd taken on assisted dying.**

But there was also hostility from palliative care specialists who felt a campaign for assisted death was an accusation that their branch of medicine has failed.

Such a view is absurd to me, as a grateful recipient of palliative care. I'd be in considerable pain if my GP didn't prescribe the morphine I take almost every day. Far from being opposed to palliative care, I see assisted dying as one part of this important speciality.

Unfortunately Ann could not receive that assisted death she craved. Her daughter Tess described Ann's last weeks in The BMJ June 2012 Ref 34

Yes, contrary to the 'official line' of the BMA and the AMA, many doctors ask MPs to legislate for Voluntary Assisted Dying.

"For at least three years, mum's life with cancer was worth living. She put up with many "new normals" as she called them, such as taking regular morphine to control pain, having an afternoon nap, smelling at times toxic; having a chest drain, which she drained daily herself; and eating only baby food.

The cancer had spread to around the gastric outlet so that she could no longer eat anything solid and even fluids were difficult. Her chest drain had started to leak and was pouring out fluid that drenched her dressings. She had lost so much weight. She was getting pressure sores. She had had enough.....

The weeks before she died were terrible.By now she had two morphine drips, one in each wasted leg, which needed re-siting often. Her drain site poured fluid; her bed clothes were drenched...There was no dignity.

There was no mum, just a wounded animal who needed drips changed.

...She could not receive the drugs that would relax her tiny gasping frame. She was literally wasting away. ...It is an honour to care for someone you love, but it no longer felt honourable to try to care for someone who wanted to be dead.

On the final day the doctor was getting the syringe drivers ready when something changed in my mum's breathing....**As she died her body seemed furious with its final fight, gasping to the end. With a desperate haunting shudder from mum I found myself sitting in pools of expelled fluid.**

That was not what she wanted. Mum had seen this happen before and wanted it avoided for future patients and their families.

It is simple: the law needs to change to allow terminally ill but mentally competent people the right to a more dignified death than my mum was allowed."



Dr Ann McPherson. Photo Andrew Crowley

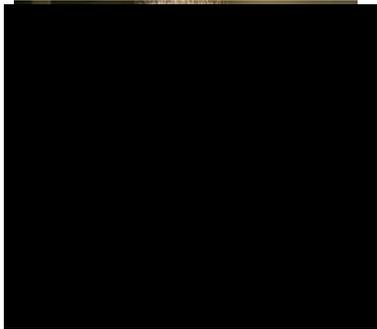
Dr Ann McPherson, who died on May 28, 2011 aged 65, was a general practitioner who campaigned for a change in the law to allow terminally ill patients to be helped to die if that was their wish.

In Australia this doctor group asks that MPs legislate for Voluntary Assisted Dying choice....

drs4assisteddyingchoice.org

Respecting rational patient end-of-life choices

The compassionate alternative to those tragic deaths with futile suffering as described on the previous pages.

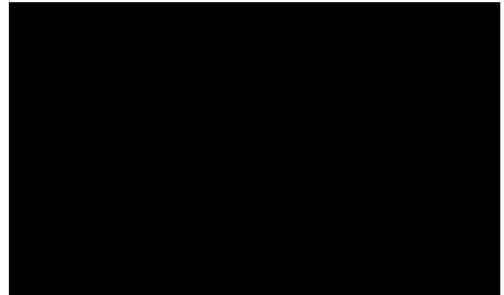


We have **Ed Ness**, pictured here hours before he died from terminal lung cancer. Ed said goodbye to his closest friends and family .

A reporter for ChekNews, Canada, continues the story

Then at 1:45 p.m., Ed took a seat in his recliner. The shades were pulled down, candles were lit and soft music is playing. He reads his last Epitaph to everyone and the doctor arrives at 2 p.m. Ed still sips at a glass of wine, a picture of his wedding day 35 years ago sits on the table beside him. Dr. Tanja Daws prepares the injections and Ed shares a final tender moment with his wife Gloria saying goodbye and I love you.

Dr. Daws asks if he is ready, he says yes and the procedure begins. He is given medication that will make him fall asleep and his last words to everyone are, **“this is perfect”**.



He passed away peacefully within a few minutes. <http://www.cheknews.ca/exclusive-ed-ness-dies-peacefully-in-doctor-assisted-death-324498/>

Please compare the emotional tranquility of Ed, to the distress experienced by Chantal, Keith, Flora, and Ann on the previous pages.

Why the difference? Ed Ness lived in Canada and in Canada every terminally ill adult has this choice if they wish, and if they meet the other strict criteria to have access.

We note that the legislation that Canada has to allow this choice is endorsed by the Canadian Medical Association. Indeed, the CMA has just awarded an Alberta doctor their most prestigious award for “Medical Ethics”, for his role in developing a “framework for medically assisted dying.”

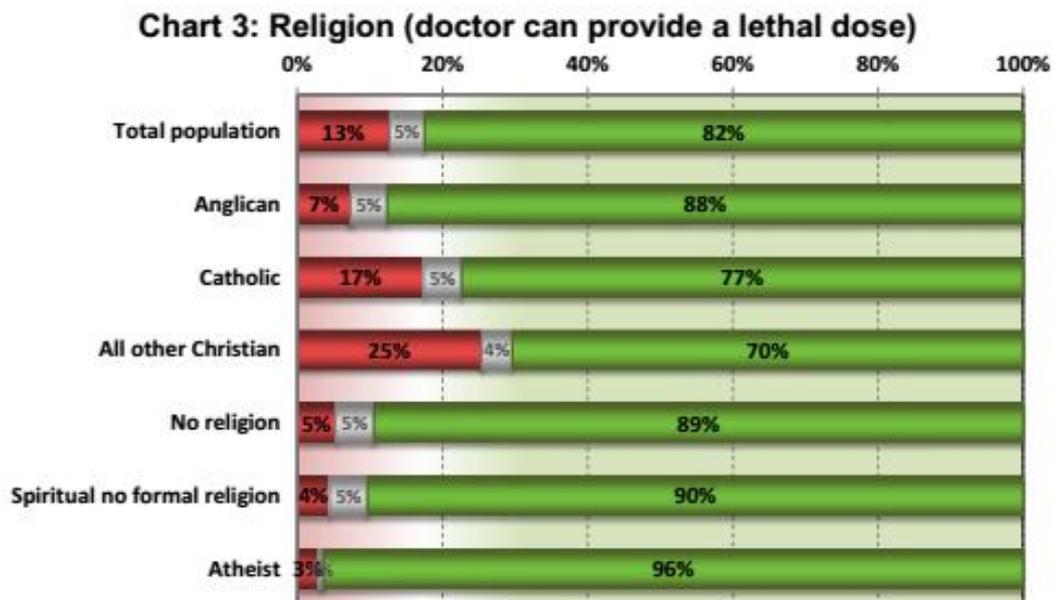
**As Christians we fully support palliative care but sometimes PC is not enough, and an extra choice is needed.
Ed Ness typifies an example of compassionate choice.**

Christian support for voluntary assisted dying

In 2012, Newspoll found an overwhelming majority said yes (82.5%), a very small minority (12.7%) said no, with 3.8% don't know and 1.0% refused. Nearly nine out of ten Australian Anglicans, more than three out of four Catholics, and nearly all Australian atheists advocate assisted dying law reform. That is, the proportion of Anglicans in support is higher than among the general population! Religious hierarchy who comprise an organised opposition to law reform do not represent the views of the majority of their flocks. (Ref 35)

Results by religion

Chart 3 shows the breakdown of support amongst major religious and non-religious groups.

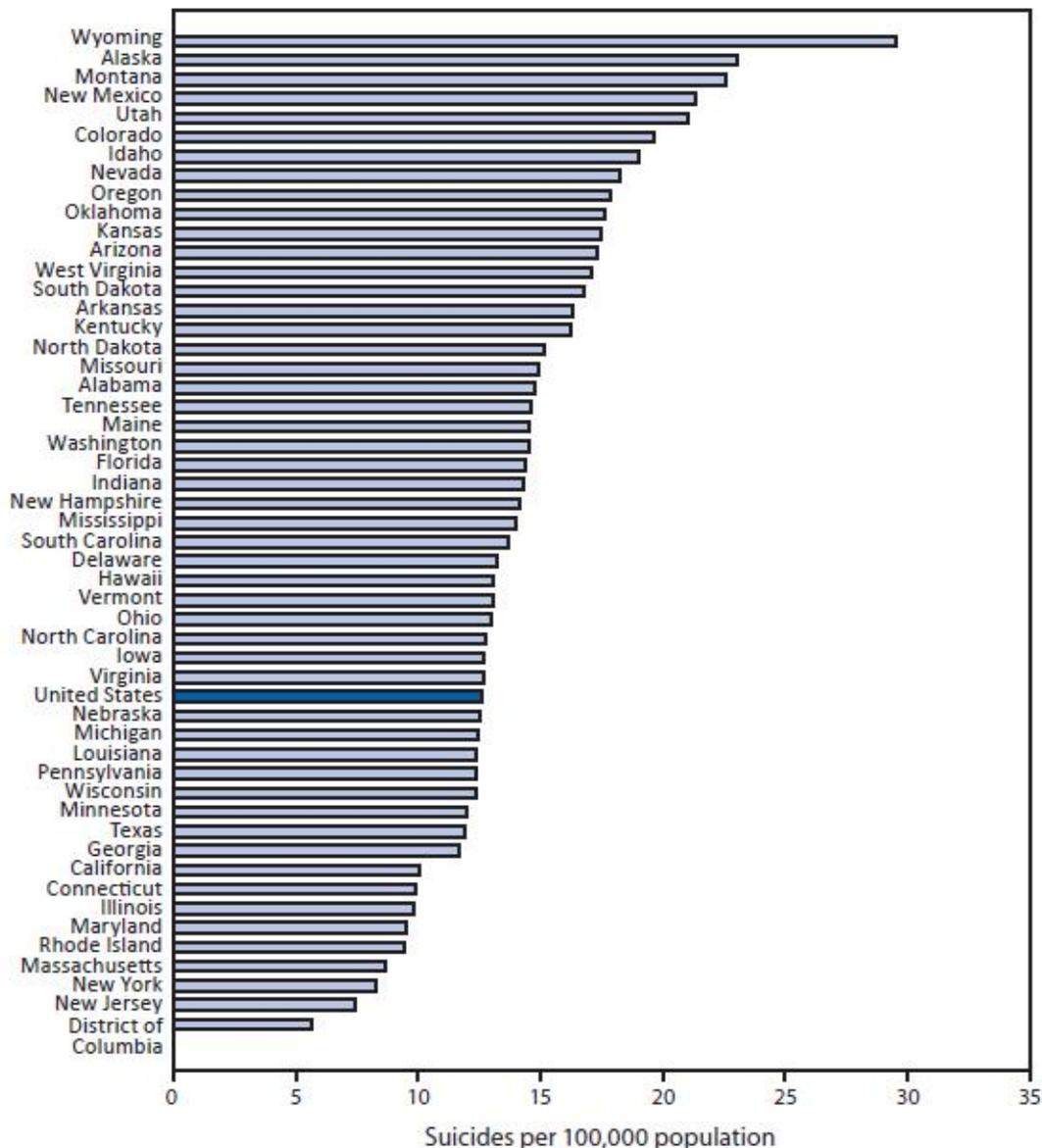


An important note on Submissions to the ACT Inquiry

Many submissions to the WA Inquiry on End of Life Choices opposing VAD quoted an article in the Southern Medical Journal. This article states that the rate of suicide in Oregon is higher than the USA average, and attempts to correlate this to the fact that Oregon has VAD. What the article, or the opponents of VAD cannot explain is that Wyoming and Alaska and some other states have far higher suicide rates than Oregon, but they do not have VAD. Please refer to table below.

This Southern Medical Journal article is also comprehensively rebutted by Neil Francis of "DyingForChoice. Mr Francis calls on the authors of the article, Jones and Paton to withdraw their claim.

<http://www.dyingforchoice.com/blogs/new-report-slams-unscientific-jones-paton-study>



Ref:

https://www.google.com/imgres?imgurl=https://www.cdc.gov/mmwr/preview/mmwrhtml/figures/m6345qsf.gif&imgrefurl=https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6345a10.htm&h=620&w=560&tbnid=VsowoHgbXIVBJM:&tbnh=160&tbnw=144&usg=__xEkDYFkzzItMLOj4-9PKLTR1m4Y%3D&vet=10ahUKEwia9vX5oOXXAhWDGZQKH6Pck0Q9QEIKzAA..i&docid=-58ZEXa6PoarsM&client=firefox-b&sa=X&ved=0ahUKEwia9vX5oOXXAhWDGZQKH6Pck0Q9QEIKzAA

ADDENDUM - a request for an assisted death is generally a rational choice.

The following article is recent and relevant to the euthanasia debate. I submit that the entire article should form part of the INQUIRY evidence.

Pathologizing Suffering and the Pursuit of a Peaceful Death

Cambridge Quarterly of Healthcare Ethics (2014), Page 1 of 14.

© Cambridge University Press 2014.

doi:10.1017/S0963180114000085

BEN A. RICH (Professor and Chair, Bioethics University of California–Davis School of Medicine Sacramento, California)

Abstract: The specialty of psychiatry has a long-standing, virtually monolithic view that a desire to die, even a desire for a hastened death among the terminally ill, is a manifestation of mental illness. Recently, psychiatry has made significant inroads into hospice and palliative care, and in doing so brings with it the conviction that dying patients who seek to end their suffering by asserting control over the time and manner of their inevitable death should be provided with psychotherapeutic measures rather than having their expressed wishes respected as though their desire for an earlier death were the rational choice of someone with decisional capacity. This article reviews and critiques this approach from the perspective of **recent clinical data indicating that patients who secure and utilize a lethal prescription are generally exercising an autonomous choice unencumbered by clinical depression or other forms of incapacitating mental illness.** (My emphasis)

Conclusion of this article

In reviewing the ground that we have covered, some perspective is important. If the experience with the ODWDA teaches us anything, it is that a very small subset of terminally ill patients seek a lethal prescription, and an even smaller group actually utilize that option. Consequently, the impact of permitting this option has not had a profound impact on how people confront terminal illness or how most patients are cared for by physicians. Like abortion, legalizing lethal prescriptions for the terminally ill has generated a level and intensity of bioethical controversy that is markedly disproportionate to the number of persons actually impacted by it. Nevertheless, confronting these issues compels us to elucidate the core values in medicine and the limits, if any, on the well-recognized duty to relieve suffering.

The increasing involvement of psychiatry in palliative care has, up to this point, been a mixed blessing, for reasons I have sought to illuminate. To the extent that suffering associated with terminal illness is viewed as something that the patient must work through with a therapist, it is removed from the domain of natural human experience. By the same token, to the extent that we think of suffering as an often inescapable dimension of life's final chapter, physicians are absolved of their professional responsibility to alleviate it. Either way, the suffering patient is caught in the middle. **One could understandably conclude that those who seek to expand the range of options for addressing terminal suffering, up to and including legalization of lethal prescriptions and recognition of a professional obligation to offer sedation to unconsciousness as a legitimate palliative option, are (properly in my view) focused on the plight of the patient, whereas those who would pathologize suffering and strictly curtail the patient's ability to determine that she has had enough of suffering and wishes to pursue a peaceful death are obsessively and inappropriately focused on the plight of the physician.** (My emphasis)

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Supplementary second submission by Tim Edwards and Ian Wood, to be read and considered in conjunction with the main submission on behalf of the group Christians Supporting Choice for Voluntary Euthanasia by Ian Wood. Dated 10.1.2018

To the ACT Inquiry into End of Life Choices

My name is Tim Edwards and I have mesothelioma. I have been through the four different chemotherapies – none of which have impeded the cancer since diagnosis in January 2017. In October 2017 I was advised that my illness is terminal in the short term. Further treatment is futile. I have an estimated 3 months to live as the cancer takes over my entire chest.

I have accepted this as a fact, but I can speak from extensive research that the end stages of this disease can be horrific. Basically we are dealing with unimpeded growth of the cancer in my lungs to the extent that it takes over the other vital organs in my chest.

I have two treatment options. I can reduce the increasing pain using high strength pain relief (opioids) to the extent that pain is not the major problem. But with the reduction in pain I lose control of all other functions and become a frail, drug addled, bed-ridden burden on my family and myself. The pain becomes my failure and is heavily transferred to my loved ones. They do not need to suffer in this way and nor do I.

Or I can accept the pain by reducing the use of pain relief and lose control of my life in all regards. I would have to rely on others to decide how to manage the end of my life whether it is starvation or dehydration or judicious use of pain relief administered by others. But do not misunderstand, in the final stages they will control my death, no one else.

I have worked hard and long to serve the national interest in better environmental outcomes. I have been handed a reduction in my life by about 20 years through no fault of my own. I do not deserve to be forced to suffer the last three months of my life, nor does my family. I am not choosing suicide. I am choosing to make the last weeks of my life consistent with a life well lived under my direction and with the full understanding and support of my family.

Essentially I know that being able to rationally make a choice to access a medically assisted death would provide great comfort to me. I have a loving wife and family who understand and support my decision.

I was greatly disappointed when the NSW Parliament upper house defeated the NSW Voluntary Euthanasia Bill by one vote. The passing of this Bill would have meant much to me, even though it would not have been in time for me to make use of the legislation.

I have visited my local NSW MP, Jai Rowell, together with Ian Wood, since the defeat of this Bill, to explain my position and why I desire this compassionate end of life choice.

I am encouraged by the fact that Victoria, at almost the same time, did manage to pass their Voluntary Assisted Dying Bill. This does show that at least one Australian Parliament is capable of sifting out the facts and ignoring the scaremongering!

I have read the submission prepared by Ian Wood and endorse the content. I urge this ACT Inquiry to especially read the case studies in that submission. Please approach these cases with true empathy, and also place yourself, at least hypothetically, in my shoes as I am facing a similar real life and death situation. I do not have a choice between one or the other, but wish for a choice between two ways of dying from the same terminal illness.

I sincerely ask the ACT Inquiry into End of Life Choices to reach a conclusion that has the option for people in my situation to request and be granted Voluntary Assisted Dying.

Tim Edwards

[REDACTED]

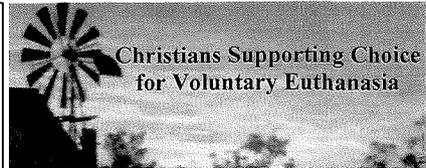
Bowral 2576

Phone: [REDACTED] or [REDACTED]

[REDACTED]

Christians Supporting Choice for Voluntary Euthanasia

Christians who believe that, as a demonstration of love and compassion, those with a terminal or hopeless illness should have the option of a pain-free, peaceful and dignified death with legal voluntary euthanasia.



Patron: Rev Dr Craig de Vos, B.V.Sc., Dip.P.S., B.Th.(Hons.), Ph.D.

National Coordinator & Contact: Ian Wood,

Mittagong NSW 2575

Email [REDACTED]

Chairman & Co-founder

Rev. Trevor Bensch

Website: www.Christiansforve.org.au **Ph: 02** [REDACTED]

7.2.2018

The Secretary
Select Committee on End of Life Choices
GPO Box 1020
CANBERRA ACT 2601

Please find enclosed copies of our booklet "I Want the Choice of a Peaceful Death" There is a copy for each member of the Committee and I hope they will prove of use in the deliberations of the Committee.

I have already made a Submission on behalf of my Group. Should you wish to consider the Booklet as an additional Submission, I can try to email it in pdf format. Could you please let me know if you wish me to try to email it?

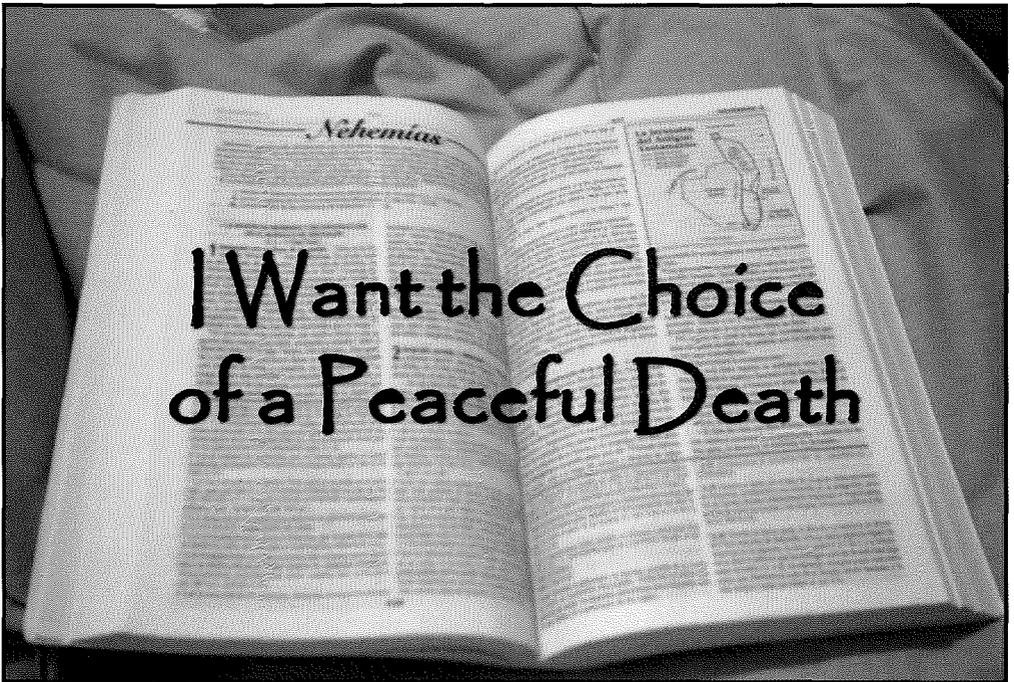
I have also included a single USB stick that contains two short video clips that I believe may also assist the Committee. One clip is a news report of a South Australian woman with a terminal illness who died tragically, starving herself to death, after MPs in South Australia voted against a Voluntary Assisted Dying Bill that would have allowed her a quick peaceful assisted death. The other clip is of a Canadian man, also terminally ill, who did have an assisted death. The difference in the demeanor of these two people as they approach their death is striking. There can be no doubt that having access to VAD is immensely palliative in its own right.

Yours sincerely

[REDACTED]

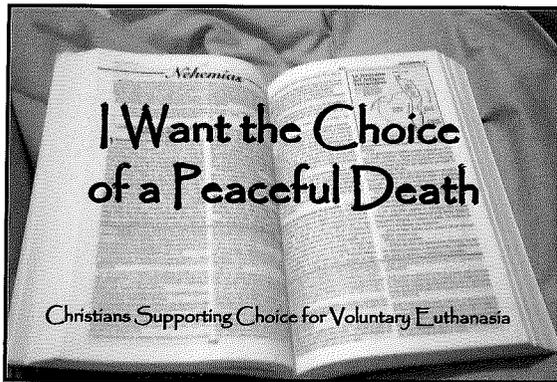


Christians Supporting Choice for Voluntary Euthanasia



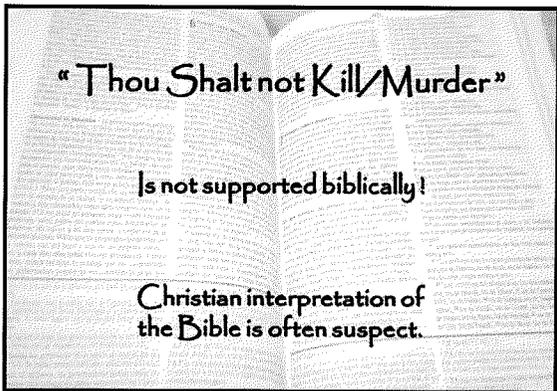
Love and compassion dictate that the legal option of an assisted death should be a right for all Australians with a hopeless or terminal illness.

www.christiansforve.org.au



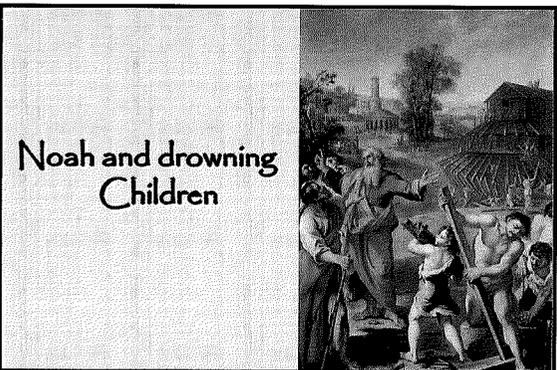
The vast majority of people, when asked what type of death they would prefer, hope for it to be quiet and peaceful. Few would opt for a violent or painful end to life.

Love and compassion call for the legal option of an assisted death to be a right for all hopelessly ill Australians.



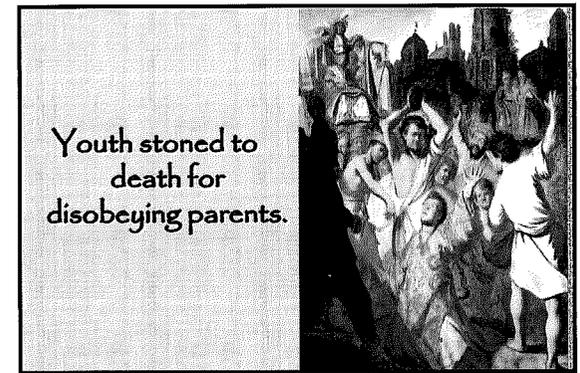
Christian interpretations of the Bible are often suspect. Opposition to Voluntary Euthanasia is often based on the Commandment in the Old Testament “Thou shalt not kill / murder”, which could more accurately be expressed as “Thou shalt not murder (fellow Jews).” That is, “kill with malice.”

As any reader of the Christian Bible would be aware, the Old Testament is awash with bloodshed. We have the genocide of the Canaanites, the Lord drowning every living person except Noah and his family, and the Angel of Death killing the first born in every family in Egypt, to give just three examples.



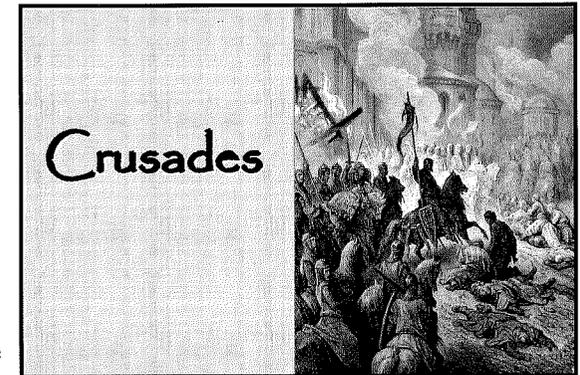
We all know the cute part of the Noah story, the animals going in two by two, but how many of us think seriously about the fact that we are told *every other living person* was drowned at this time, including innocent babies!

Even the most ardent literalist-advocate for strict adherence to the Bible would agree that stoning to death children who argue with their parents or who overeat (Deuteronomy 21:18-21) is taking parental discipline a little too far.



There was little respect for human life as Christians fought Muslims during the Crusades.

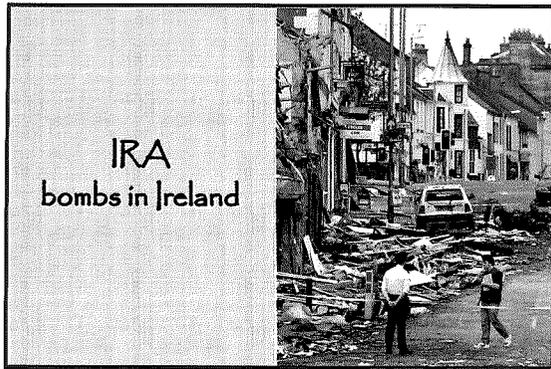
Roman Catholic opposition is also based on the principle of “sanctity of life.” Yet Pope Leo XIII around 1900 endorsed “the death sentence is a necessary and efficacious means for the Church to attain its end when rebels act against it and cannot be restrained by any other penalty.” Cardinal Ratzinger, later Pope Benedict XVI, said it is possible to justify war and capital punishment, but not Voluntary Euthanasia.



The Nazis are justly criticized for atrocities committed during WWII and opponents of VE bring up the elimination of the innocent in extermination camps. This cannot be compared in the context of easing the death of a terminally ill person with voluntary euthanasia.

The irony is that a majority of the German army were Christians, and the motto on their buckle – Gott mit Uns – means *God with Us*.

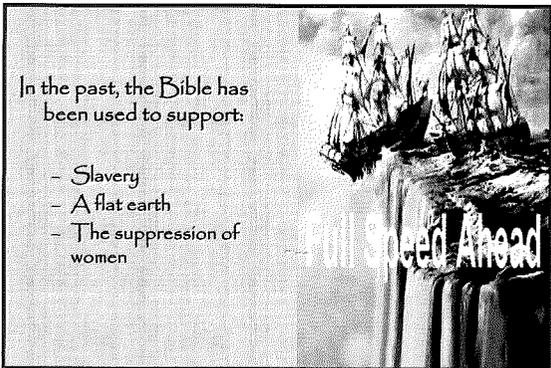




We have Christians committing murder and atrocities against fellow Christians. So much for their concept of the *sanctity of life!*

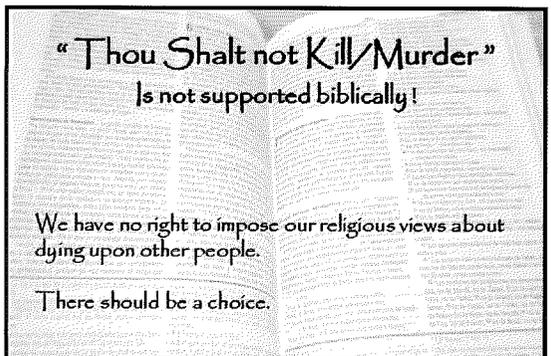
This leads to the curious moral position where some Christians state that to kill someone in an act of war, or as punishment for a crime,

can be justified, yet it is an immoral act to assist a person who is in the dying process, suffering unrelievable pain, with Voluntary Euthanasia!



The Christian Bible is often used to support opposition to change, just as it was used in the past to resist the abolition of slavery, as proof that Earth was flat, to resist university education for women, and resist the vote for women. Giordano Bruno was burned to death in Rome in 1600 for

the crime of thinking, and publishing the “heresy” that the earth was not the centre of the universe. Galileo nearly suffered a similar fate.

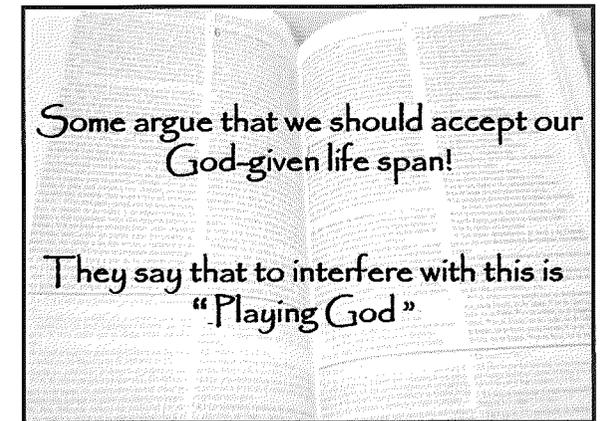


We must all respect the diversity of opinions on Voluntary Euthanasia, but no religious group should seek to impose their dogma, their interpretation, on other people.

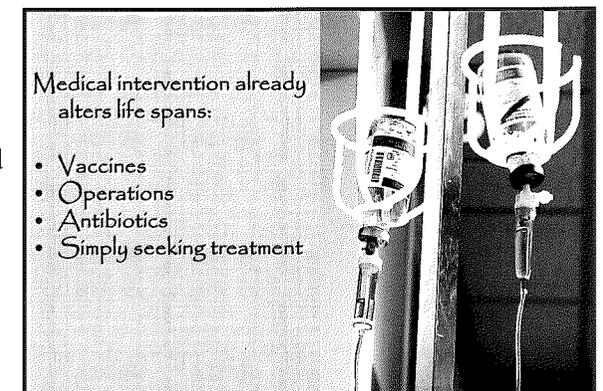
There should be a choice.

Another argument often used against the option of Voluntary Euthanasia is that “God has allocated each of us a time span for life on earth.”

To interfere with this is criticised as “playing God.”



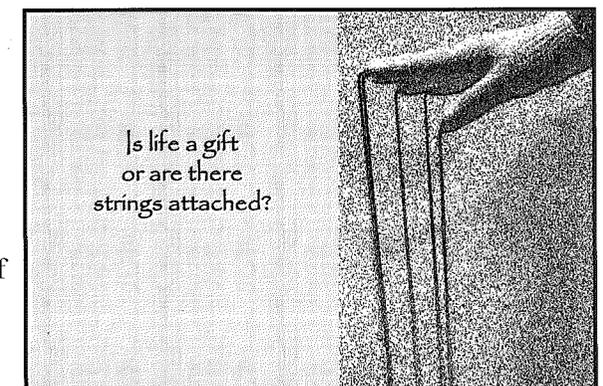
But to be consistent we should also refuse antibiotics, refuse surgical operations, refuse insulin, refuse dialysis, refuse blood transfusions, and so on. The list is almost endless: each of these are *human interventions* deliberately designed to alter our life span.



It is said that life is a “gift from God.”

If life is a gift, then humans must also have the right to exercise that freedom when their own death is imminent.

Otherwise, life is more of a “loan”...with strings attached, not a gift.



The loneliness of a legal suicide.

Early Christians accepted suicide as an instant path to Heaven.



Jumping from a building, drowning, drinking weed killer or shooting oneself are all means of suicide, none illegal!

The potential suicide of a depressed person, who has their whole life before them is a tragedy that must be recognised, and treated with all possible resources. But

in the context of VE legislation, why should such a suicide be necessary for a person with a hopeless illness? The inhumanity of our existing laws force some suffering people to a possibly ill-conceived, lonely and violent suicide. Suicide was well accepted by early Christians as an instant path to Heaven, until Saint Augustine decided around 400 AD that too many Christians were dying needlessly.

The Principle of Double Effect

An action can have two effects:

- A good effect and a bad effect
- If you intend the 'good' effect (relief), the 'bad' effect (hastened death) can be justified.

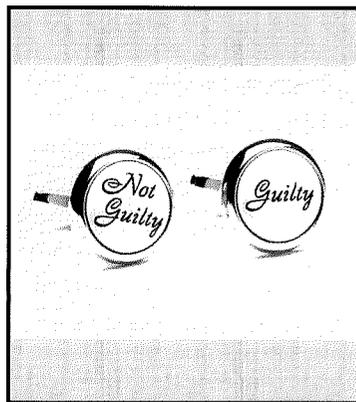
Are we prolonging life
or
prolonging death?

The principle of "double effect" is a very grey area where what is considered a dose of pain relievers sufficient enough to relieve pain and suffering may also have a toxicity that could lead to shortening of life. Use of the "double effect" is ad hoc and widespread. A doctor engaging in this conduct could be subject to a murder charge instead of thanks for providing relief from intolerable suffering.

Double effect can include terminal sedation, where a coma is induced, and

the patient dies over time from starvation or dehydration. There are no established rules or guidelines for this practice, and no reporting is involved. The patient need not be asked. Compare that to the stringent safeguards in formalised Voluntary Euthanasia legislation.

Death by starvation or dehydration: is that the best we can come up with in our enlightened, civilised society?



If it is acceptable to pray to God for a quick peaceful death, it is surely equally acceptable to pray for a doctor to assist.

Jesus died on the Cross in six hours. The pain would be horrific, but six hours is markedly better than the normal two or three days, sometimes extending up to seven days, usually taken to die by crucifixion. No need for the usual crucifixion leg breaking to increase pain and hasten death.

On the cross Jesus said, lucidly, "I thirst." Sour wine was passed up. He sipped and died soon after. (John 19:29,30)

Pontius Pilate marvelled that Jesus was dead so soon.

Was Jesus helped to die? Put yourself in that position — either on the cross or at the foot of it. Apply "Do unto others as you would have them do unto you."

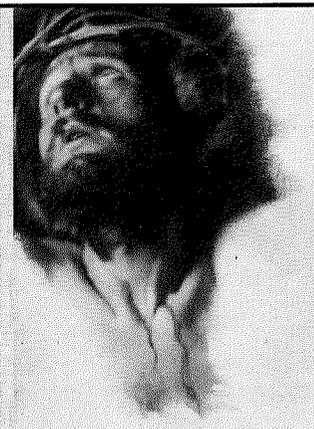
Love and compassion for a fellow human should surely be one of the basic tenets of any community, Christian or otherwise.

Where suffering is profound and cannot be relieved despite the best available medical and palliative care, this love and compassion helps maximize dignity in dying and allows the lawful company and support of loved ones during the process.

Prayer and God's answers.

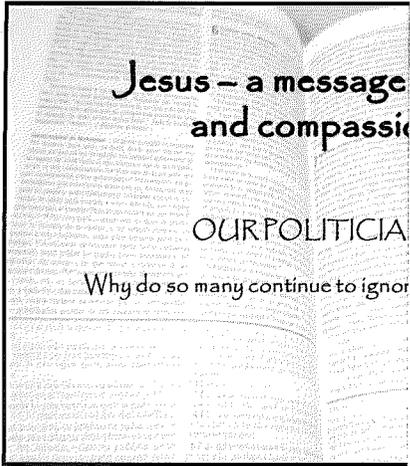
"My God, my God. Why hast thou forsaken me?"

Jesus died in 6 hours.
Was he helped?



Voluntary Euthanasia for the hopelessly ill:

The choice of a peaceful assisted death which seeks to maximise dignity, minimise unnecessary suffering and allow the company and support of loved ones.



Be part of our campaign to make legal voluntary euthanasia a choice for those who are terminally or hopelessly ill with suffering that cannot be relieved. Over 80% of Australians want this choice, this option, available now.



Join Christians Supporting Choice for Voluntary Euthanasia today!

Membership is FREE. We simply add your name, with all other members, as 'signatories' to Group letters going to MPs. We welcome non Christians who support our aims.

Post coupon to Villa 1, Hampton Mews, 4 Wills Place, Mittagong. NSW 2575 or visit our website

www.Christiansforve.org.au

ment. What we *do know* is they all know what God thinks: a paternalistic discrimination.

"Just about all dying patients experience suffering and the extent to which it can be relieved is difficult to quantify. Certainly the suffering is such that between 5 and 10% of dying cancer patients request VE. The last resort in palliative care is to provide 'pharmacological oblivion'."

Dr Roger Hunt,
Director
Western Adelaide Palliative Care
(23.9.2009)



Dr Roger Hunt, a respected senior Palliative Care Specialist in South Australia, has strongly and consistently advocated the need for the legal option of Voluntary Euthanasia.

I WANT THE CHOICE OF A PEACEFUL DEATH!

I wish to join **Christians Supporting Choice for Voluntary Euthanasia** as a 'signatory' in their campaign to have Voluntary Euthanasia legalised in Australia as an option for people suffering unbearably from a hopeless or terminal illness.

Such legislation would include stringent safeguards against abuse.

Name..... Mr/Mrs/Ms/Dr/

Address.....

Email

Signature.....Date.....

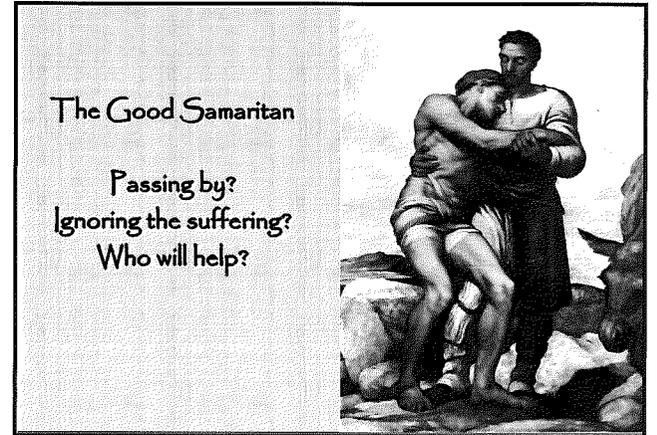
Please send more information [] Denomination (optional).....

OPTION I am not a Christian, but wish to support the Group []

Our challenge to all MPs who oppose VE is to visit a person such as Anna. Try to comfort them. Look them in the eye and contemplate their suffering.

Our MPs have the power to legislate to give people a choice to obtain quick and peaceful relief. It is an intolerable burden on doctors to have to risk a charge of murder if they accede to a request to assist the dying in this way, while denial of a request for assistance to die places an intolerable burden on the hopelessly ill patient.

Members of Parliament need to be made aware that the vocal opposition to assisted dying by conservative groups such as the Australian Christian Lobby does not represent the broad spectrum of Christian opinion, nor the majority of Christian support for this issue.



Chantal Sebire
and
suffering
that cannot
be ignored.



How could any person with a shred of compassion not feel for Chantal? She endured eight years of hell on earth as inoperable nasal cancer ate into her sinuses and eyes, as she lost her senses of taste and smell, and as she lost the ability to eat as her jaw disintegrated. Yet she was denied by law an assisted, peaceful death.

The reality of suffering
Die like a dog? I wish!

No dog should need to endure:

- uncontrollable vomiting of blood and faecal material
- choking and drowning in its own saliva
- tapping of its abdominal cavity to remove litres of blood and pus
- skin swelling to bursting point as its body rots from the inside out
- blindness, paralysis, incontinence due an inoperable brain tumour
- ulcerating bedsores, down to the bone
- spinal cancer, vertebral collapse and excruciating, unremitting pain

People are dying in Australia with these symptoms.



Die like a
Dog?
I wish!

When the time comes for an animal to die, its pain-free death is enshrined in law—against cruelty. But not for humans.

By law, no dog should need to endure, when there is no realistic chance of cure or relief:

- Uncontrollable vomiting of blood and faecal material
- Choking and drowning in its own saliva
- Ongoing tapping of the abdominal cavity to remove litres of blood and pus
- Skin swelling to bursting point as its body rots from the inside out
- Blindness, paralysis, incontinence due to an inoperable brain tumour
- Ulcerating bed sores, down to the bone
- Spinal cancer, vertebral collapse and excruciating, unremitting pain.

Our belief is that Jesus would have healed the sick, though of course they must still die eventually.

For us mere mortals such healing is not always possible.

And we are endowed with a brain with which to think—to be used to help a terminally ill person who asks for help to die peacefully.



What would Jesus have done?

Doctors have a duty of care, and this care should provide the maximum possible assistance to maintain the health and wellbeing of every person, yet should also extend to making their death pain-free and quick, if that is the wish of the patient with a hopeless illness, and their doctor is in agreement.

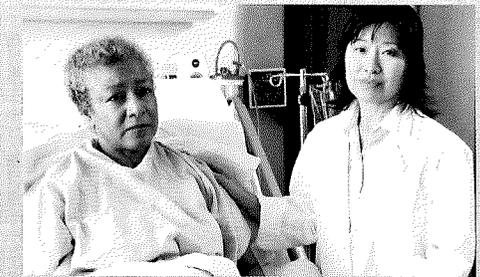
Medicine has progressed since about 400BC, when doctors swore the Hippocratic Oath to the Greek god Apollo, a doctrine that forbade surgery, and women from becoming doctors, amongst other things.

Medical schools today do not require their graduates to take anything like the Hippocratic Oath.

The Facts

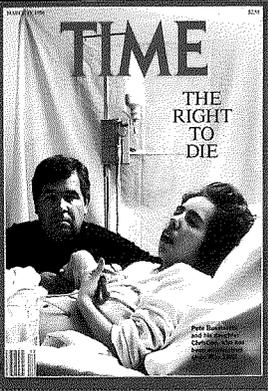
- * Doctors and a duty of care.
- * The Oregon experience.
- * Our laws are not working.
- * Legal and ethical safeguards.

The Hippocratic Oath and what Hippocrates really said. Doctors and a Duty of Care.



The Oregon experience:

- No abuse
- No 'slippery slope'
- Best palliative care in USA



The Oregon USA experience is one of the best documented, with assisted dying legal since 1997. There is no abuse of the disabled or the supposed "vulnerable," an argument often used by opponents of assisted dying—no so-called "slippery slope."

Many patients who request and are accepted for assisted dying *live longer* and have a *better quality of life* than those who do not ask for assistance. It provides great peace of mind. Palliative care in Oregon has continued to improve since 1997 and is amongst the best in the USA. Washington State now has a similar law.

Public Opinion

"Thinking now about Voluntary Euthanasia: If a hopelessly ill patient, experiencing unrelievable suffering, with absolutely no chance of recovering asks for a lethal dose, should a doctor be allowed to provide a lethal dose, or not?"

Year	'62	'83	'87	'90	'92	'95	'02*	'07	'09
Yes	47%	67%	75%	77%	76%	78%	73%	80%	85%
No	39%	21%	18%	17%	18%	15%	22%	14%	10%
??	14%	12%	7%	6%	6%	7%	5%	6%	5%

* Only three states polled (not national)

Since the Morgan Gallup poll of 1962, support for VE has continued to grow. Today, more than 80% of Australians support assisted dying under certain circumstances. Support includes three out of four Catholics and four out of five Anglicans (Newspoll 2007, 2009).

Our laws are not working:

- covert assistance
- terminal sedation



The laws here are not working: there is covert assistance to die but only if you know the right doctor. Assistance imposes a heavy burden on the doctor. The use of terminal sedation to assist death is currently unmonitored and unreported.

The absence of legal VE means that organisations such as Exit are seen by many as the only alternative. This approach has the potential to create uncertainty and conflict for the terminally ill, as well as for those who support them.

In Western Australia the Supreme Court gave quadriplegic Christian Rossiter the right to starve himself to death and not be force fed by his carers. This clearly shows that Parliaments should update law on assisted dying. What an indictment of our society: death by starvation!

Legal safeguards:

- must be voluntary
- a request from the sufferer
- an advance directive
- no coercion
- depression excluded
- two medical opinions
- clear discussion of alternatives



Strong legal safeguards for parliamentary law reform include that:

- there must be a spontaneous request from the patient
- there is no coercion
- the patient is fully informed about treatment and palliative care alternatives and their likely outcomes
- two medical opinions are required, at least one a specialist in the patient's diagnosed illness
- participation is voluntary for all parties including doctors, nurses and others
- there is a formal documentary process for recording and reporting requests and assistance in dying
- there is formal recognition for Advance Healthcare Directives

The completion of a Life Values Statement, though not legally binding, also provides great assistance to carers and those with Guardianship or Enduring Medical Power of Attorney.

Christians Supporting Choice for Voluntary Euthanasia

Conclusion:

Any individual suffering from a terminal or hopeless illness should have the right to choose a quick, peaceful and dignified death, if that is their wish.

To deny this is to deny Christian love and compassion.

The moral case for legalising Voluntary Euthanasia is based on three principles:

1. Respect for individual autonomy, our right to make decisions that are primarily our own concern
2. Compassion for those who are suffering with no prospect of relief
3. Concern for the dignity of the person and his or her quality of life

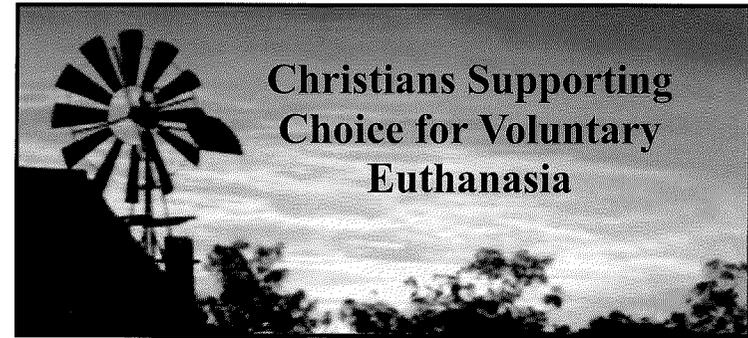


Any individual suffering from a terminal or hopeless illness should have the right to choose a quick, peaceful and pain-free death, if that is their wish.

There is clearly no moral, social or rational justification in the continuing refusal of our politicians to legalise the choice for Voluntary Euthanasia in such circumstances.

“Euthanasia is not a choice between life and death, but a choice between different ways of dying.”

Jacques Pohier, a Catholic priest, excommunicated for his views on Voluntary Euthanasia.



Christians Supporting Choice for Voluntary Euthanasia

Christians who believe that, as a demonstration of love and compassion, those with a terminal or hopeless illness should have the option of a pain-free, peaceful and dignified death with legal voluntary euthanasia.

The Right Rev. Dr W. Inge, former Dean of St Paul's Cathedral, London, when founding the British Voluntary Euthanasia Legalisation Society in 1935, said, *“It is not contrary to Christian principles.”*

To join our group or for further information please contact:

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Endorsed by Rev. Trevor Bensch, Group co-founder, hospital chaplain and former Minister of North Adelaide Baptist Church, South Australia, who says:

“My call for legal Voluntary Euthanasia is compassionate and thoroughly consistent with the teachings of Jesus.”

This booklet is an adaptation of a presentation prepared by Ian Wood and with the assistance of Michael Eustice, 2010. Revised and reprinted Feb 2013.



Christians Supporting Choice for Voluntary Euthanasia

- ≈ Our objectives.
- ≈ How we operate.
- ≈ Membership is free.

Membership

Our objectives are:

- to demonstrate to Members of Parliament that there is a strong majority of thinking Christians who want Voluntary Euthanasia to be made lawful with appropriate safeguards
- to counter the misinformation so often put forward by many of the religious hierarchy in their opposition to Voluntary Euthanasia.

Becoming a member demonstrates that you support these objectives, as well as your willingness to become a *signatory* together with all other members of our group in our communications with Members of Parliament.

A national body, we support appropriate legislation in all Australian States and Territories. We welcome members joining from across the nation. Non-Christians and ex-Christians endorsing our campaign are also welcome.

Membership of the group is *free*.

Help us with law reform

We welcome donations to help with our work. Please make any cheque or money order payable to *Christians Supporting Choice for VE*.

We invite you to contact us for information about becoming a sponsor. See our contact details on page 15.

ISBN 978 0 646 54221 8

