



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

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Secretary, Select Committee on End of Life Choices in the ACT

Legislative Assembly for the ACT

CANBERRA ACT 2601

Thank you for the opportunity to provide a submission to the Select Committee on End of Life Choices in the ACT. I wish to address the first term of reference: *current practices utilised in the medical community to assist a person to exercise their preference in managing the end of their life, including palliative care*; and the third term of reference: *risks to individuals and the community associated with voluntary assisted dying and whether and how these can be managed*.

My submission argues that **VAD is occurring but that current practices are infrequent, not transparent, not consistently applied and leave the medical community and the public without adequate legal protection** if they chose to be involved in Voluntary Assisted Dying (VAD). I submit that legislating for VAD will address these serious issues and alleviate the suffering of many individuals experiencing serious levels of pain. I also submit that there are serious factual errors in the arguments against VAD which the Select Committee is urged to reject when formulating its recommendations.

As editor of the Dying with Dignity WA (formerly WAVES) newsletter for several years, I was charged with identifying research material which could withstand claims of exaggeration or falsehood. I encountered many statements presented as factual evidence which were actually moral claims based on the individual's beliefs. One frequent claim, for instance, is that **VAD is killing and killing can never be acceptable**. This derives from a belief and therefore cannot be empirically tested. As such, such statements should be recognised as perfectly valid personal views but nonetheless not verifiable fact.

Another type of claim I encountered is made by some palliative care practitioners who **deny ever encountering bad deaths or refuse to believe a request for assistance cannot be assuaged by counselling**. Such claims, even if an honest statement of that practitioner's opinion, do not stack up against the quantifiable evidence of serious, inherent limitations in palliative care. Then there are 'empirical' claims based on **unverified evidence about VAD dying regimes overseas** which allege mistreatment of the vulnerable is inevitable and is increasing. These last are simply falsehoods.

I learnt that it is essential to examine the reliability of all claims about medical practice and legislated dying regimes, no matter how medically experienced or eminent the authors of the claim.

Fortunately there is a large body of published evidence to assist in this, ranging from large scale systematic research and peer reviewed case studies through to verifiable documentaries which record experiences of the best and worst deaths actually being experienced by individuals (for further information on how to judge if evidence is empirical and reliable, I recommend *As Victorian MPs debate assisted dying, it is vital they examine the evidence, not just the rhetoric - 84195*, by health law researchers Professor B Wilmott, A McGee and Professor L Willmott on **The Conversation** website, September 20, 2017).

Conclusion

In deliberating on its first and third terms of reference, I ask that the Select Committee:

- 1 require all claims be **substantiated** with reliable evidence;
- 2 **dismiss claims** that cannot be substantiated or supported by reliable evidence;
- 3 when formulating its recommendations on legislative change, rely **on the evidence based information** it has obtained; and

- 4 include as one of its recommendations that **similar evidence based analyses** be applied by all members of the Act Government if and when end of life legislative change is being voted on.

Thank you for your consideration of this submission.

Yours sincerely

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