



**LEGISLATIVE ASSEMBLY**  
FOR THE AUSTRALIAN CAPITAL TERRITORY

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**SELECT COMMITTEE ON END OF LIFE CHOICES IN THE ACT**

Ms Bec Cody MLA (Chair), Mrs Vicki Dunne MLA (Deputy Chair), Ms Tara Cheyne MLA,  
Mrs Elizabeth Kikkert MLA, Ms Caroline Le Couteur MLA.

## Submission Cover Sheet

### End of Life Choices in the ACT

**Submission Number: 373**

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**From:** Peter McDonald  
**To:** [LA Committee - EOLC](#)  
**Subject:** I am an ACT resident, here is my submission to the inquiry  
**Date:** Thursday, 22 March 2018 4:50:26 PM

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Re: I am an ACT resident, here is my submission to the inquiry

Dear Secretary,

I urge the committee to reject the push to legalise euthanasia. In the first place, euthanasia would be bad for vulnerable individuals. It encourages them to think that their lives are worthless, and will tempt unscrupulous relatives to pressure them so as to make life easier and gain access to their estates. I was appalled to learn that the Victorian government admitted that the legalisation of euthanasia would increase the incidence of depression and suicide, but was prepared to accept this as a cost of its measures. And, whatever 'safeguards' are put in place, experience overseas shows they will be eroded over time; witness the case of the elderly woman in the Netherlands who tried to change her mind and was held down by her relatives while the doctor persisted in administering a lethal dose. Moreover, there is a serious risk of misdiagnosis leading to the killing of people who could recover. I speak from experience here: my grandmother was given six months to live at 75, but lived into her 90s contributing actively to her family and community - and outliving the doctor who made the prediction. Secondly, legalising euthanasia would have grave consequences for society. It would entrench in law the doctrine that some lives are disposable, and some people are not worth keeping alive. That is the antithesis of anything that a government or a parliament which purports to be 'progressive', 'caring' or 'inclusive' should be considering; it smacks rather of the discredited doctrines of social darwinism and eugenics. It will inevitably lead to pressure to defund end-of-life care. And it would make health personnel, and the taxpayers who pay for them, complicit in the deliberate killing of their fellow citizens. It was a great advance for civilisation when we abolished the death penalty, and it would be a retrograde step to reintroduce it by the back door for those whose 'crime' is to be sick and vulnerable. This coarsening effect on society is one reason to reject the argument from personal autonomy in favour of euthanasia. Any such decision always involves others, directly and indirectly. An even more specious argument in favour of euthanasia is that resistance to it is cruel, condemning the ill to excruciating pain. (Suggestions to the contrary are often based on ignorance, and often also on sectarian bigotry.) Modern palliative care is very effective at reducing pain: I have seen it at work in Clare Holland House and it has offered people I have known the chance of a peaceful and dignified death. The challenge is to ensure that dignified and sympathetic end-of-life care has the resources it needs. Nor am I advocating that doctors should take extraordinary and intrusive measures to keep a patient alive at all costs; there is a clear distinction between letting nature take its course when doing otherwise is futile and burdensome on the one hand, and deliberately killing the patient on the other. The latter is not something that any civilised society should countenance.

Sincerely,  
Peter McDonald

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