Submission Cover Sheet

End of Life Choices in the ACT

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Dear Committee,

Please find attached my submission to the EOLC Inquiry in PDF format.

Thank you,

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Ph 02
To: The Select Committee on End of Life Choices in the ACT
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Inquiry into End of Life Choices in the ACT

SUBMISSION

I am writing as an individual and as a Christian who attends the Liberal Catholic Church, Melba ACT. Rational adults of sound mind are expected to be responsible for their own lives and to make their own decisions. Equally, at the end of life, adults should be in control, and their end-of-life wishes should be respected. There should be a variety of end-of-life choices available to suit various people’s needs. Below are my responses to your terms of reference:

1. Current practices utilised in the medical community to assist a person in their preference in managing the end of their life, including palliative care;

Already in the ACT the Canberra Hospital makes an Advance Care Directive form available to members of the public to record their wishes concerning treatment or refusal of treatment. Calvary Public Hospital also accepts these forms. Hospices and palliative care are important services for those not suffering untreatable pain and/or who are happy for someone else to look after them, helping with their physical needs. Some people feel happier in the comfort of own homes, being visited and helped by community services. Online ordering and home delivery of groceries, etc., helps those who are not very mobile or strong.

2. ACT community views on the desirability of voluntary assisted dying being legislated in the ACT;

From talking to people when standing as an ACT Senate candidate for the Voluntary Euthanasia Party in 2013, and when running an Exit International stall at Seniors Expo for a couple of years, I received the impression that there is strong support among the ACT community. Most of those opposed to legislating voluntary assisted dying (VAD) do so for religious reasons, but not all Christians are opposed.

3. Risks to individuals and the community associated with voluntary assisted dying and whether and how these can be managed;

The risks to medical staff, individuals and the community are greatly reduced when there are clear rules to be followed; people who break these rules can then be held accountable. Currently, some doctors make their own decisions about helping people to die, for instance, by providing morphine “to reduce pain” and upping the dose gradually until the patient dies. One argument against VAD is that, if there is physician-assisted dying, the relatives will pressure the patient to die in order to gain the inheritance. In my experience, relatives tend to cling too long
to a dying loved one, wanting every futile treatment and causing them an unnecessarily long, slow, possibly painful death. Either way, there should be clauses in the legislation to mitigate both extremes. Well-structured legislation with controls is important.

4. The applicability of voluntary assisted dying schemes operating in other jurisdictions to the ACT, particularly the Victorian scheme;

There are various overseas models worth checking, such as the Oregon Death With Dignity Act 1997. They assert that people with disabilities don’t feel threatened by the legislation, as assisted death only applies to the terminally ill (Death with Dignity and People with Disabilities https://www.deathwithdignity.org/death-dignity-people-disabilities/).

In Australia, the Victoria model should be watched closely because it relates to Australian conditions (Euthanasia in Victoria: How the state’s assisted dying laws will work http://www.abc.net.au/news/2017-11-22/euthanasia-in-victoria-how-assisted-dying-laws-will-work/9115210). We should also take into account the sensitivities of Australian Aboriginal groups. Although in Greek “euthanasia” means “a good death”, the Nazis used it as a term in their genocide policies. Anecdotally, there is some resistance to voluntary euthanasia amongst Aboriginal groups.

5. The impact of Federal legislation on the ACT determining its own policy on voluntary assisted dying and the process for achieving change;

Kevin Andrews’ Euthanasia Laws Act 1997 denying territories the right to legislate on this and other matters has to be overturned in Federal Parliament. Thankfully, it seems that Richard Di Natale is looking into this. Without the right of the ACT Government to legislate, ACT inhabitants and other Territorians remain second-class citizens.

6. Any other relevant matter.

The basic health care principle “Do no harm” is about compassion and reduction of suffering. Prolonging suffering and prolonging the dying process causes harm in the form of mental and physical distress.

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