



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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According to the definition of the World Health Organisation and re-stated by the Australia and New Zealand Society of Palliative Medicine, the discipline of Palliative Care aims “to improve the quality of life of patients and families facing problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychological and spiritual.” The letter went on to state that good end of life care, supported by the skills and expertise of Palliative Care professionals, also enhances a person’s choices, including the individual’s choice to refuse life-prolonging, or other medical treatments unacceptable to that individual. No assisted suicide or euthanasia laws considered by any Australian parliament should ever be based on the false belief that those with pain and suffering cannot be assisted or supported in a professional and ethical manner.

The real problem facing Palliative Care in Australia is that access to high quality services is not yet universal. The letter asked the governments of both NSW and Vic to financially support improved palliative care services throughout both states.

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

The first interdisciplinary study of euthanasia to be published, “Euthanasia and Assisted Suicide: Lessons from Belgium,” has been released by Cambridge University Press. The editors, David Albert Jones, of the Anscombe Bioethics Centre, Oxford; Chris Gastmans, of the Faculty of Medicine at KU Leuven in Belgium; and Calum MacKellar, of the Scottish Council on Human Bioethics, say that:

- The system is not transparent. Just 16 members of a euthanasia commission are supposed to oversee thousands of euthanasia cases.
- The system relies on self-reporting. Of the thousands of reported cases, only one has been referred to a public prosecutor and it is estimated that only half of all cases are even reported.
- Since legalisation in 2002, euthanasia has been “normalised”, with more and more cases of life-ending without request.
- A leading palliative care doctor who is sympathetic to euthanasia warned in 2013 that “once the barrier of legalisation is passed, [euthanasia] tends to develop a dynamic of its own and extend beyond agreed restrictions”.
- “Continuous deep sedation” is increasingly being used as a means of euthanasia.

The authors conclude:

“Death by euthanasia in Belgium is, generally, no longer regarded as an exception requiring special justification. Instead, it is often regarded as a normal death and a benefit not to be restricted to without special justification.”

I am particularly concerned that the statistics show there is a “gendered risk” for elderly women in countries that have legalised assisted suicide. One factor is the typically longer life span of women, which means that women are more likely to suffer from disease and disability, as well as elder abuse. The Australian Law Reform Commission has found that

women are much more likely to suffer elder abuse than men - as many as 20% of Australian women are victims.

Another factor is that women are more likely to outlive their spouses and become lonely, which is a major contributing factor in elder suicides. Frighteningly, the rate of assisted death of women in the Netherlands, Oregon and elsewhere is nearly four times that of the usual female suicide rate.

A third factor is that women are likely to have fewer economic resources when they are older and they are also more likely to face other financially related disadvantages, such as being more likely than men to have to pay for care, because their male partners and families are less likely to care for them. This limits their options for care at a time when decisions about assisted suicide are most likely to occur. Women opt for assisted suicide or euthanasia rather than being a burden on their families.

Elderly women should be given all the support they need to live the rest of their lives to the fullest. No-one should feel that they have no real choice but to end their lives prematurely.

Even though Canada's right-to-die legislation was supposed to have adequate protections, there are already lawsuits to expand eligibility for euthanasia to those who are not terminally ill. Currently there is a case in Quebec which could lead to euthanizing patients with dementia.

As quoted above, from a doctor sympathetic to euthanasia, "once the barrier of legalisation is passed, [euthanasia] tends to develop a dynamic of its own and extend beyond agreed restrictions".

I would ask you to recommend that the ACT does not introduce legalised Assisted Suicide or Euthanasia but that it improves its Palliative Care services and gives its citizens real end of life choices.

Thank you for taking my concerns into consideration.

Respectfully,
Bernadette Davies.