



**LEGISLATIVE ASSEMBLY**  
FOR THE AUSTRALIAN CAPITAL TERRITORY

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

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Mrs Elizabeth Kikkert MLA, Ms Caroline Le Couteur MLA.

## Submission Cover Sheet

### End of Life Choices in the ACT

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SUBMISSION ON ACT INQUIRY INTO END OF LIFE CHOICES BY CAROLYN O'LOUGHLIN

Thank you for the opportunity to give my input. I have no objection to my submission being publicly available.

Firstly, since there is a shortfall in our provision of palliative care in Australia, this should be remedied before even considering any drastic action like weakening homicide laws. Many people who would prefer to die at home are unable to due so due the shortage of palliative care specialists.

So called ' Assisted Dying; legislation is more accurately called an Assisted Suicide/Euthanasia Bill as it involves either the patient killing themselves or being administered the lethal drug by another. No such legislation can be guaranteed against misuse and it clearly constitutes a 'Slippery Slope"situation.

Evidence from overseas clearly shows the categories of people who are killed are widened over time.

In the Netherlands and

Belgium it has become a common occurrence to euthanase people suffering mental illness and cognitive disorders including dementia . Also in the Netherlands, killing of disabled babies is deliberately overlooked.

A particularly tragic case in

Belgium, was that of Nancy ( Nathan ) Verheist . Nancy was rejected by her parents simply because she was a girl. She sought a sex change operation but when this didn't turn out as hoped, became very depressed, and sought and was given euthanasia!

What constitutes 'terminal illness' can be hard to define. For instance, Alzheimers appears to be associated with a shortened life but may have a less predictable path than most terminal illness.

If

euthanasia was legal, and Alzheimers was defined as 'terminal' then persons who signed an advance directive many years before, could be killed without consent. Indeed 'the elephant in the room' in this debate is surely dementia.

The reason for this 'slippery slope' is based in human psychology. The public becomes habituated to the idea of killing as a solution to human problems. Since dead patients tell no tales, the public just get the feedback of others. Our media is generally biased in favour of euthanasia and will likely report voluntary euthanasia in positive terms. As a result people will be inclined to think "If it's good for those who consent, then why should it be denied to those who can't consent ?"

Studies

It is all too easy for people to rationalise what they want. have shown that a person who develops a serious illness loses power and influence relative to other members of the family. Even

initially caring family members may become worn down over time and want euthanasia as a solution to *their* problem. This leads a sick, vulnerable family member being all too open to suggestion that they end their lives. In Oregon a major reason given for asking for assisted suicide is fear of being a burden to others. The Assisted Suicide laws being promoted in Australia have a major problem with transparency. Once the person has been issued the deadly drug anything might happen. As there is no requirement for an independent witness to the ingestion of the drug, the sick person may have been coerced to take it.

The Assisted Suicide

law narrowly defeated in NSW actually required doctors to lie on the Death Certificate by stating the cause of death as being due to the (alleged) terminal illness rather than the lethal drug. If Assisted Suicide/Euthanasia is so respectable and above board why the need for this subterfuge? Even more seriously, if the doctors involved are prepared to lie about the true cause of death, then can they be trusted to be truthful about other aspects of their involvement? (I have looked at the Victorian legislation that was recently passed and could find no mention of the Death Certificate so I cannot know what will happen there. Perhaps it will be brought in by regulation later on.)

It is important to consider the long term ramifications of giving an opening to the killing of patients. In 1995 an EPAC report suggested legalisation of euthanasia in order to address the increasing economic cost of

our aging population. It said that the medical costs of treating people over 75 years old would be very high. As old people are now living much longer, an economic imperative may come into force. The extent to which Assisted Suicide/Euthanasia can be truly 'chosen' is problematic. Some person's self esteem is dependent on regarding themselves as useful. Other people asking to be killed are lacking adequate social support. Some elderly people are too trusting and thus can be manipulated into signing away their lives.

I think that all suicide is a tragedy and trying to stop suicide for mental reasons while approving it for allegedly medical reasons is sending mixed messages.

Much of the suffering around terminal illness is due more to mental pain than physical pain. This can be caused by weakness and consideration of mortality. Even among those who are not terminally ill there are some people for whom mental pain is worse than physical pain. Hence the tendency to for the categories of people considered candidates for euthanasia to be expanded over time. For all these reasons Assisted Suicide/Euthanasia should not be legalised in the ACT.

Yours sincerely

Carolyn O'Loughlin

Sent from [Mail](#) for Windows 10