



**LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY**

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: 210

Date Authorised for Publication: 29/3/18

[REDACTED]
[REDACTED]
ISAACS A.C.T. 2607

Tel: 02 [REDACTED]
Email: [REDACTED]

11 February 2018

Secretary,
Select Committee on End of Life Choices in the ACT,
Legislative Assembly,
GPO Box 1020
Canberra ACT 2601
Cc. LACCommitteeEOLC@parliament.act.gov.au

Dear Mr Snedden,

I make the following submission, to the Select Committee. At the outset, I state that I do not support euthanasia in any form or circumstance as an end of life choice and believe it would be foolish in the extreme for the ACT Legislative Assembly to follow the example of the Victorian Parliament.

Given the support for euthanasia in the polls, I can well understand how the Select Committee might feel its introduction in the ACT would be a compassionate and “progressive” thing to do. I would ask Committee members, however, to carefully consider their moral obligation to the wider public good. It would be a heavy burden in conscience if their deliberations led to such legislation being enacted and resulted in any diminution in respect for life in our society. To be blunt, **would it be worth assisting even one person to commit suicide if it led to increases in the already high toll of youth suicide and elder abuse?**

I will draw on previous submissions that I have made on this subject, including to **the Senate Standing Committee on Legal and Constitutional Affairs Inquiry into the Rights of the Terminally Ill (Euthanasia Laws Repeal) Bill 2008.**

I write also as a citizen of the Australian Capital Territory to object to any attempt by the ACT Legislative Assembly to take the lead in passing laws permitting euthanasia or assisted suicide. I suspect that to do so is not legally within the remit of the Territories and, in any event, I think that the small ACT jurisdiction should not try to lead the rest of Australia on an issue that should be **nationally consistent**. I would be appalled if the ACT was to become the assisted dying centre of Australia.

I write as a member of the Returned and Services League of Australia out of concern for **veterans and war widows** in the Australian community. My opposition to legalising euthanasia arose out of debates about the repeal of the Northern Territory laws in the 1990s. The RSL National Executive spent much time on the matter and agreed to support the Australian Medical Association’s position in opposing the legalisation of euthanasia. Our

National President at the time was the late Major General Digger James, a respected soldier who had lost a leg in Korea and went on to become the Army's Surgeon General. He was steadfast on this issue and carried the day. It is unthinkable to me that your committee would promote euthanasia legislation when it has been so consistently **opposed by the medical profession.**

I was Chairman of the League's National Veterans' Affairs Committee from 1993 and then National President of the League from 1997 to 2003. My experience was that a majority of the League's membership (then in the order of 240,000) was in favour of laws permitting euthanasia. In group discussions, however, it was apparent that only a minority was in favour of active, as opposed to passive, euthanasia. **The real issue was proper palliative care and pain relief**, even though in some cases the latter might hasten death.

In 1998, I was appointed by the Minister for Veterans' Affairs to set up and chair the National Ex-Service Round Table on Aged Care which position I held for 10 years. That forum examined and kept this matter under review, in the context of providing improved palliative care for veterans and war widows. This was widely welcomed, and I recall no instance where we were ever asked to consider or promote euthanasia as an alternative.

The forum was particularly impressed by the efforts of Dr Bill Sylvester of the Austin Hospital, Heidelberg, VIC, in establishing the "Respecting Patient Choices" program. We saw that promotion of **advanced care planning, combined with good quality palliative care, is well accepted, provides a greater sense of autonomy to individuals in being able to plan for their demise; and is an arrangement that is ethical and capable of resolution between the doctor and patient.** That confirms my view that the ACT Government would do better to argue for uniform legislation in respect of powers of attorney and health directions, coupled with improving its own palliative care services.

I urge your Committee to carefully consider the position of war veterans. Many ex-servicemen have told me that they felt that taking one's life, rather than becoming a burden to their families, was the "proper thing to do". For many, **the right to die could too readily become a duty to die.** This is not surprising given their inculcation in the Services to be prepared to sacrifice one's life for their comrades and for the nation. This sense of not wishing to be a burden to others was oft-repeated.

As a former soldier, I would like to also record that, 50 years ago next May, I was involved in the "Battle of Balmoral" in South Vietnam. In one of the attacks made on our base, some 52 North Vietnamese soldiers were killed, and bodies recovered from the forward defences of my company's position. Later we found that many more wounded had been dragged away. In fact, several were found in a terrible state by our patrols. It would have been too easy to simply shoot them on the spot rather than move them to a prisoner of war compound or hospital. Had we come from a culture that allowed "**mercy killing**" perhaps we would have done so. Yet my abiding memory is of our soldiers picking maggots from and binding the enemy's wounds

Of course, many Australians are moved by **compassion** for the few difficult cases of people in extreme suffering. We know, however, that "hard cases make bad law". I am not emotionally distant from this issue. My granddaughter lived in an irreversible coma in a Brisbane's Mater Hospital and a nursing home for four years in the 1990s before her death at

the age of seven. While we might have wished to see her die, we were greatly moved by the care given to her by strangers and the impact that the “termination” of even one child would have on the wellbeing of a family and the wider society.

Whilst a member of the board of the Centre for Ageing and Pastoral Studies (a joint venture of Charles Sturt University and St Mark’s Theological Centre), I searched for but found **no tenable moral argument in favour of active euthanasia**. On the other hand, there is real possibility a few cases would become many as more and more vulnerable people who are aged, suffering or depressed would come to consent, under real or imagined pressure, to be “euthanised” rather than seek proper care. Even now, we see calls in overseas countries for euthanasia to be available to mentally incompetent aged persons and seriously disabled children.

I think it is an affront to human dignity to countenance assisted suicide in any circumstances. Aside from any moral arguments, it is simply impracticable to frame laws that would sufficiently distinguish assisted suicide from murder. The experience in the Netherlands and Belgium has clearly demonstrated that such laws cannot be policed. I have been amazed at the attempts by some prominent Australians to say otherwise or use selective statistics.

I am concerned also at the possibility of allowing doctors to be involved in “physician assisted suicide”. That is simply **not compatible with palliative care**. Would Committee members want to be cared for by a doctor who deliberately promoted and assisted in ending the life of the terminally ill?

To reinforce this last point, let me tell you about a German medical officer in the Afrika Corps who was captured by the SAS in the Western Desert in 1942. While held captive by a patrol, he assisted by working with the British MO in the patrol. Eventually he escaped and returned to the German lines. After the War, he admitted that he had taken the life of one of his patients who was terribly wounded by giving him an overdose. He went on, however to devote his life to making amends through providing palliative care and was a founder of the modern hospice movement. (See Ben McIntyre, *SAS Rogue Heroes*, Penguin, 2016.)

My experience of human nature suggests that, once euthanasia is permitted, it will eventually come to be promoted more widely and even be a panacea for burgeoning health budgets. I hope that I am wrong.

Above all, I ask the Committee to serve the common good and not be swayed by a misguided sense of compassion.

Yours sincerely

Peter Phillips