Submission Cover Sheet

End of Life Choices in the ACT

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To: The Secretary, Committee of Inquiry into end of life choices

Dear Sir,

We write to present our views on the future of end of life choices in the ACT.

We advocate for palliative care as the way to provide dignity to vulnerable sick, particularly the elderly in our society. We are opposed to euthanasia/assisted suicide.

Death with dignity is a catch cry which is often used by those who support euthanasia/assisted suicide. This is a red herring as no one is guaranteed to die with dignity. Not all people who are euthanised have a quick death. For some people it may take hours, even days. The way to provide dignity to the dying is by providing family, community and where possible government support.

Some people argue for both palliative care and euthanasia. Practice in countries where euthanasia is legal shows that you can’t have both, for once you provide euthanasia the pressure will be on the dying to request euthanasia. As Andrew Bolt said in an article Killing the Lonely and the Alcoholic: Euthanasia’s Slippery Slope dated 23 October 2017, “Once you break a taboo on killing people where do you draw the line?”

Proponents of euthanasia argue that “society should legalise what already occurs in medical practice”. Increasing doses of pain killing drugs to control someone’s pain is not euthanasia, nor is refusing extraordinary medical measures to keep someone alive who is terminally ill. As Senator Jacinta Collins said in her speech in the Senate on 15 February 2018, “If doctors are breaking the law when euthanasia is illegal, what realistic constraints are there it to be legalised?”

In one of the terms of reference we are asked to comment on the applicability of assisted dying operating in other jurisdictions, particularly Victoria. We make the point that the Victorian scheme isn’t operational and won’t be until June 2019. Daniel Andrews, the Premier of Victoria claims that Victorian law is the “most conservative” and doctors will only be able to “help” the dying who are expected to die in twelve months. Senator Collins and Andrew Bolt both point out that when The Netherlands first legislated for euthanasia, there were tight restrictions on who could be euthanised;
now the eligible age is 12. In Belgium there are no restrictions.

The catch cry “right to die” is another we hear from euthanasia supporters. We make the point there is no right to die as we will all, inevitably, die.

At a time when suicide is of epidemic proportions and we are trying to prevent it, particularly amongst the young, by legislating for euthanasia, as has happened in Victoria, we are sending a mixed message and the young could rightly ask; if it is alright for the elderly why not for us?

Currently, the ACT doesn’t have the jurisdictional ability to legislate for euthanasia as it falls under the federal Euthanasia Laws Act 1997. As Senator Brockman points out in his speech to the Senate, on 15 February 2018, addressing the Restoring Territory Rights Bill 2015, “In my view of Federalism, those rights did not exist in the way they are described in this bill in the first place. They were rights provided for in the Constitution for the states. The territories are not states, and therefore the rights do not flow in the same way.”

If euthanasia is to be legislated in this jurisdiction, the right of medical/health professionals to conscientiously object to participation in the procedure, needs to be legislated. As we have seen in the area of abortion, increasingly, legal sanctions are being used against those who refuse to participate. Victoria is the prime example in Australia. Other jurisdictions have also tried to make it compulsory for conscientious objectors to refer on, patients who request abortion.

In conclusion, we thank the committee for giving us the opportunity to put our views on this very important issue.

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