LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON VOLUNTARY ASSISTED DYING BILL
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Submission Cover Sheet

Inquiry into the Voluntary Assisted Dying Bill 2023

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What is your submission about?: Monitoring and enforcement mechanisms, Protection for vulnerable individuals, Other related matters.

Your submission: I want to prevent the ACT entering into this destructive Legislation. If this is not achieved then, I want the Committee to be aware of the huge responsibility thus upon Doctors who should be statistically monitored. Doctors should be referred to patients who have requested Euthanasia and Assisted Dying. Doctors should not initiate Euthanasia and Assisted Dying discussions.

Euthanasia will not be limited.

Initially, euthanasia will be legalized for those whose deaths were deemed "reasonably foreseeable." Patients will be initially, be required to have a "grievous and irremediable" condition. This will be seen as discriminatory against those who were suffering but not imminently dying. So we will move on help those to qualify for euthanasia whose deaths were not imminent. Initially, this was for those suffering from physical pain but then this will be seen as discriminatory against those who are suffering from psychological pain.
2. Euthanasia will be expanded to those not imminently dying and to those with psychological suffering rather than physical, all under the rubric of equality. As long as euthanasia is seen as a reasonable solution to suffering, then there will be no limit as to who should quality for this relief.
3. Soon "mature minors" will be on the list for euthanasia- for children who may, against parents/carers' wishes think euthanasia is a real choice.

As soon as euthanasia is seen as a good for society and for suffering persons, any rationale to limit it will be arbitrary and considered unjust by at least some of those who are excluded by the criteria.

Euthanasia will undermine suicide prevention efforts.

So we will go through many euphemisms, nothing can change the reality that euthanasia is simply SUICIDE with an accomplice. And so, "euthanasia" will go to "assisted suicide" to "physician-assisted suicide".
Now in countries where Euthanasia is "legal" – writers in law, politics, and journalism, the acronyms are used universally. This deadens people's consciences so that they do not realize that premature killing in say Canada for example, is precisely what is meant by "MAID."

As George Orwell said, "As language corrupts thought, so thought also corrupts language."

Any people who work in palliative care believe that palliative care is the true assistance in dying; they would never dream of killing their patients. These lines are becoming blurred. Soon we will have a two-tier society where some people get suicide prevention and others get suicide assistance. This is terribly unjust because everyone deserves suicide prevention.

Euthanasia will devalue the lives of people with disabilities.

Many people think euthanasia is reasonable for persons with a certain illness or disability. They will usually name a particular condition that, in their mind, justifies premature death. Yet, even if they would say that euthanasia should never be coerced, suggesting that there is any threshold at which a person's life is not worth living, denigrates their life. Many persons with disabilities where Euthanasia is practiced, attest that they are being de facto coerced into euthanasia due to lack of adequate supports to live. I cannot stand by idly when my fellow citizens with disabilities attest that they are tempted to seek

euthanasia because they lack housing, money for food, accessibility provisions, or even family, friends, or visitors who care about them. This is clearly an urgent cry for help, not death.

Euthanasia will threaten the doctor-patient relationship.

To assist with doctor-patient relationships, Euthanasia should only be patient-initiated. When a doctor raises euthanasia with a patient, it already deflates them. Simply put, it is dehumanizing to tell someone that they qualify to die. At least, this way, patients would not be counselled to consider suicide in a moment of weakness, vulnerability, or pain. But in Canada now, it is the complete opposite. Doctors are being compelled to present "MAID" as an option to all eligible patients. Even if someone does not choose euthanasia for themselves, it takes a toll to even have it suggested or to know that the physician has euthanized other patients or referred them to their deaths. This makes it harder to trust that the doctor will truly do everything for the sake of preserving health. Euthanasia is an easy way out and, since it is legal and commonplace, there are few investigations of the abuses which often leaves grieving family members traumatized.

Euthanasia will cut short our opportunities to love.

Premature death cuts short the capacity to show and receive kindness in the world. Every euthanasia death short circuits our opportunities to love. And if someone is asking for euthanasia because they do not feel loved in first place, then the right response is not lazy indifference (sometimes masqueraded as "support") but rather a loving and urgent intervention. Those who are in need make an appeal to us. It is so important that we do not miss the opportunity to respond to them. It is the very basis of our humanity to be responsible in this way -- to care and be cared for.

To avoid descending into a euthanasia society, my recommendations are to:

1. Palliative Care be offered to people across diverse groups of society.
2. Further assist self-harm and suicide prevention efforts across all generations.
3. Work toward ever-better inclusion of persons with disabilities.
4. Insist on the role of doctor as healer, not killer.
5. Affirm the value of those suffering and caregiving heroically by letting them know that it's good they exist. Be aware of the challenge that it is to suffer and die. Praise those in palliative care for their courage.

Through promoting these actions and attitudes, we can create a society where dying naturally is not shameful or "undignified", but rather a supreme occasion for realizing what is significant in life. All of this is what the dying person deserves. And for all of us, one day that dying person will be us.