



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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SUBMISSION TO SELECT COMMITTEE ON END OF LIFE CHOICES IN THE ACT.

This is a submission to the Select Committee from a private individual.

I do not live in the ACT although my late mother lived there until near the end of her life. She came to Sydney to a retirement village for her last few years so we could be closer to her. She died at 93 after several difficult illnesses and a period in a nursing home. She was able to pass away peacefully in a hospital where a suitable regime using morphine was arranged. She did not have cancer and was not subjected to the awful consequences of surgery, chemotherapy and radiation. However during those years I came into contact with many others not so fortunate who were unable to secure relief from their conditions and wanted only to be able to leave their families and friends with their memories, faculties and relationships intact.

Now, some ten years later, I am myself facing my own mortality. I was diagnosed last year with breast cancer and unfortunately it is fairly advanced. I have had surgery and am now having radiation treatment. The disease is not yet at the stage of metastases, however it is very likely that it will do so in spite of all available treatments within a year or two. There is no prospect of "cure" and the only way to remain alive is through using difficult and painful medical treatments. At my age (73) I am far more interested in enjoying my final few years than in struggling to remain alive at all costs.

It is clear that the medical community does to some degree assist people with managing the end of life, not only through palliative care but through decisions made in the medical context, such as no longer using aggressive treatments or making people "comfortable". This is an excellent practice. However it is not universally applied or applicable.

The terminal stages of cancer in particular can remove most aspects of a person's identity and every last shred of comfort and pleasure. I have no desire to spend the last period of my life being forced to remain in pain and degradation.

It is absurd that voluntary assisted dying is now available in one state of Australia, but nowhere else. The pressures against the successful passage of appropriate legislation seem to come mainly from religious groups. While I have no problem with anybody who chooses to follow the dictates of their faith, I can see no reason at all why everybody else who does not feel the same way should be expected to conform. Surely it is a matter of basic human rights that a person should be entitled to choose their own manner of living, and of death, provided it does not hurt others. If doctors,

nurses and other medical staff do not want to participate in VAD, that obviously would be their prerogative. If VAD was not acceptable in certain hospitals that can easily be accommodated.

The question of risks to individuals is an important one, but it is impossible to know how to cover the many issues involved in a short commentary. Many others have responded in many other forums.

I am mainly writing in order to express in the strongest terms my support for effective voluntary assisted dying legislation to be introduced throughout Australia. A single Federal bill would obviously be the best solution so that there is not a hodge-podge of different details in different parts of the country. But until that can be secured, individual states and territories should urgently implement their own bills in accordance with the wishes of the great majority of the population around the country who now support Voluntary Assisted Dying as a very important element in the management of end of life choices for all Australians.

Yours sincerely,

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