

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON VOLUNTARY ASSISTED DYING BILL Ms Suzanne Orr MLA (Chair), Ms Leanne Castley (Deputy Chair), Mr Ed Cocks MLA, Dr Marisa Paterson MLA

Submission Cover Sheet

Inquiry into the Voluntary Assisted Dying Bill 2023

Submission Number: 023 Date Authorised for Publication: 06 December 2023 Submission to ACT Legislative Assembly Inquiry into the Voluntary Assisted Dying Bill 2023.

To: The Secretary, Committee of Inquiry into the Voluntary Dying Bill 2023

Dear Sir/Madam,

We write to present our views on the ACT "Voluntary Assisted Dying 2023 Bill".

Firstly, we disagree with the use of the term Voluntary Assisted Dying or VAD. It should, rightly, be called "assisted suicide" for what is being allowed here is for individuals to take their own lives with the assistance of someone else.

Secondly, we are opposed to it.

The explanatory notes to this bill say VAD is not considered to be a replacement for, or an alternative to, effective palliative care. Practice in countries where euthanasia is legal shows that you can't have both; for once you provide euthanasia, the pressure will be put on the dying to request euthanasia. This is obvious when you look at what has happened in countries such as Belgium, The Netherlands and Canada. Also, you only have to look at NSW where, since assisted dying was legislated, \$150 million have been cut from palliative care funding. Clearly NSW considers assisted suicide a replacement four palliative care.

That having been said, we are strong supporters of palliative care and believe that this should be the answer for those suffering chronic pain as they near the end of life. More money should be found to fund palliative care for all who need it. Overseas, people are choosing assisted dying because options such as adequate housing/palliative care is not available to them because of inadequate funding

The explanatory notes, also, talk of strong safeguards: establishing mechanisms to ensure that VAD is accessed only by individuals who want to exercise the option to request assistance to end their lives; and have been assessed as meeting the requirements under the Bill to access VAD. Once again the experience in Belgium, The Netherlands and Canada is apposite. Initially, in each of these countries there were safeguards to prevent people being euthanized against their will. However, as time has passed by the safeguards were relaxed/removed to the point where almost anybody is eligible for assisted dying/euthanasia. This is the "slippery slope effect". As Andrew Bolt said in an article *Euthanasia's slippery slope* dated 23 October 2017, "Once you break a taboo on killing people where do you draw the line?"

Furthermore, the explanatory notes say: "The Bill is a Significant Bill. Significant Bills are bills that have been assessed as likely to have significant engagement of human rights and require more detailed reasoning in relation to compatibility with the *Human Rights Act 2004*." As far as I am aware no right to assisted suicide/euthanasia has been established in international law. Therefore, if assisted suicide is legislated in the ACT that legislation as well as that of all the states and the Northern Territory will be in breach of international law. Talk of Human Rights is merely window dressing to make it sound important.

Proponents of assisted dying/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. 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 were it to be legalised?" Where is the evidence for strict policing of euthanasia laws in countries such as Belgium and The Netherlands where it has been legal for at least twenty years?

At a time when suicide is of epidemic proportions and we are trying to prevent it, particularly amongst the young, by legislating for assisted suicide, we are sending a mixed message. That message is that the government isn't prepared to adequately fund appropriate solutions for your health - particularly mental health – issues. Suicide is the solution to relieve suffering; better for the community and family. Assisted suicide is an economic/utilitarian position. As we now see overseas, mentally-ill people are now accessing assisted suicide/euthanasia because of failure to adequately fund resources for this cohort. If assisted suicide/euthanasia is to be legislated in this jurisdiction, the rights of medical/health professionals, institutions and organisations 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.

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

Maree and Chris Rule

