



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON END OF LIFE CHOICES IN THE ACT

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Mrs Elizabeth Kikkert MLA, Ms Caroline Le Couteur MLA.

Submission Cover Sheet

End of Life Choices in the ACT

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Thank you for the opportunity to provide comments to the ACT Legislative Assembly's **Inquiry into End of Life Choices in the ACT**.

I have unfortunately had fairly recent heart breaking experience of the death from cancer of my sister and feel that I am well placed to provide reasons for keeping laws as they are, and not allowing voluntary euthanasia.

In my sister's battle with breast cancer, she spent her last weeks in a very caring environment which had the palliative care resources needed to alleviate her pain. She was a public patient at a hospital in the Blue Mountains.

She had the time to come to terms with her death and this was made possible by the wonderful palliative care nurses and doctors who cared for her. That takes money and resources and training.

One of my biggest problems with allowing euthanasia is that it will encourage the ACT Government to cut back on palliative care funding and support for research to improve palliative care.

I've seen what good palliative care did for my sister as she passed away and this care is worth supporting and defending.

If euthanasia is legalised in the Territory, the temptation will be for the ACT government to cut back on palliative care funding because the default position will become euthanasia.

I read an article about a Dutch doctor who championed euthanasia in Holland, and he's recanted his support as the Dutch experience has been that the "system" is being abused and people are being virtually railroaded into euthanasia.

The elderly too, will be vulnerable to pressure from society, if not their families. They'll feel like a "burden" and when there's a legal system in place to die they'll go like lambs to the slaughter because they don't want to upset people and make difficulties for their families.

Voluntary euthanasia is a slippery slope to *involuntary* euthanasia. For instance, would a clinically depressed person be encouraged to "exit" as Dr Phillip Nitschke supports? It's happened, this is not fiction, and illustrates the slippery slope which would be unstoppable once the genie is "out of the bottle."

I would also ask you to put yourself in the position of a frail aged person, who may need care from a doctor. If voluntary euthanasia is allowed, I, as a frail aged person, would wonder if I could trust my doctor or the nurses to provide me with care which is in my interests; or are they providing treatment which is designed to end my life prematurely? Voluntary euthanasia would destroy the trust between patient and doctor.

How could a doctor fulfil their Hippocratic Oath? Or do they just abandon it, even though it's guided medical practitioners for aeons?

As you know, the oath dictates the obligations of the physician to students of medicine and the duties of pupil to teacher. In the oath, the physician pledges to prescribe only **beneficial** treatments, according to his/her abilities and judgment; to **refrain** from causing harm or hurt; and to live an exemplary personal and professional life.

If I was a frail aged person, or had a chronic illness, and voluntary euthanasia was legalised, the Hippocratic Oath is meaningless, as the treating doctor would not be providing beneficial treatments, but treatments to end my life - as soon as possible. No amount of "safeguards" would protect me. I urge the Committee not to recommend voluntary euthanasia for the above reasons.

Thank you

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