



**LEGISLATIVE ASSEMBLY**  
FOR THE AUSTRALIAN CAPITAL TERRITORY

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**SELECT COMMITTEE ON END OF LIFE CHOICES IN THE ACT**

Ms Bec Cody MLA (Chair), Mrs Vicki Dunne MLA (Deputy Chair), Ms Tara Cheyne MLA,  
Mrs Elizabeth Kikkert MLA, Ms Caroline Le Couteur MLA.

## Submission Cover Sheet

### End of Life Choices in the ACT

**Submission Number: 223**

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**From:** Fairlie Everingham  
**To:** [LA Committee - EOLC](#)  
**Subject:** I am an ACT resident, here is my submission to the inquiry  
**Date:** Wednesday, 14 March 2018 5:11:39 PM

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Re: I am an ACT resident, here is my submission to the inquiry

Dear Secretary,

Euthanasia is not acceptable, because it is unnecessary, and legislation to permit it would be dangerous. There is a common law right to refuse or cease treatment, and it is important to distinguish between withdrawal of treatment and euthanasia:- it is the difference between the disease killing the patient, and the doctor or some other agent killing the patient. The term 'passive euthanasia' should not be applied to the patient's choice of withdrawal of treatment in order to die naturally, as the term can be used to confuse the facts. A law allowing some people the right to choose euthanasia would force on everyone the obligation to make a choice. This leaves the way open for elder abuse. It is not possible to adequately safeguard euthanasia laws against further erosion by design or by the natural human tendency to test the limits of any regulation. Future lifespan may be very difficult to estimate and as with capital punishment, if you get it wrong it's too late. eg. On 10th November 1955 it was reported that Dr Jack Kevorkian took part in a 26th suicide, that of a 58 year old cancer patient, whom the medical examiner in Oakland County, Michigan, later found had no lingering trace of the disease. Palliative care is the compassionate way of treating the dying and those in extreme pain. It is highly developed today, but severely underfunded, and is available in some parts of Australia but seriously inadequate in others. It is neither good medicine nor compassionate to offer people euthanasia in hard cases when palliative care has not been adequately available. As an elderly resident of the ACT I am grateful for the medical care that enables me to live an active and useful life. I look forward to the time when increasing frailty means I can choose to decline expensive life-prolonging medications and technological interventions and be allowed to die naturally with palliative care. I am aware of elderly people who fear dying because palliative care is not adequately available at the moment, and ask that this be corrected.

Sincerely,  
Fairlie Everingham

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