



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 Legislative Assembly Committee enquiring into End of Life Choices

Dear Committee Members

I write as a recent member of the Palliative Care ACT Volunteer Advisory Committee. However, I am sure that the committee will receive submissions from others with more experience of palliative care than me.

Rather my concerns, regarding each and every one of the options which might lead to any version of euthanasia, were very well summed up recently by the former Premier of South Australia, Jay Weatherill.

In responding to the scandal, and understandable community outrage, arising from the report of the enquiry into the State-run *Oakden* mental health aged-care facility (which closed last year after systemic abuse and neglect was uncovered dating back 10 years), Premier Weatherill remarked, during his media conference, that it was deplorable that people charged with caring for others should not only neglect their responsibilities but positively inflict harm on those entrusted to their care. He alluded specifically to the abuses by professional people whom the community trusts to demonstrate a high professional standard of care. The fact was that this trust was misplaced.

When it comes to end of life choices, too, whatever the arguments in favour of euthanasia (and there are many appeals to individual entitlements and reliance on various safeguards), the reality is that no specific group of people, whether 'professionals' or pastrycooks is always and everywhere above reproach. They are as human as the rest of us.

Given great power, some will abuse it, and will in some instances, collude with all manner of family members who seek only their own benefit, be this

- emotional (the strain of supporting single-handedly a loved one in pain is too great),
- physical (the unsupported daily grind is too great for individuals in the absence of adequate funding for palliative care: in an uncaring society, death may be a better budgetary option) or
- financial (aging family members are envied by some for their 'wealth').

This is entirely predictable and would result in the killing of innocent people who have no desire to die (not to mention those who are made to feel such a burden to their family that they feel obliged to acquiesce in their own deaths, without this being their own choice). Just as at the Oakden Home, there will be no-one at hand to protect them.

There will always be medical practitioners, who for one reason or another, will make it known, indeed seek publicity for the fact, that they are available to certify that this, that or the other sick person satisfies whatever legal requirements may be prerequisites for administering the coup de grace. An Orwellian cottage industry would be created which some would have us welcome as proof that the ACT is the 'Progressive' Capital, while the evidence that this is far from being the case will be buried.

Overseas practice is no compelling guide, as the 'progressive' enthusiasm for eugenics programs involving sterilisation of the 'unfit' and the poor in the USA until the Second World War makes clear (<https://www.nature.com/scitable/forums/genetics-generation/america-s-hidden-history-the-eugenics-movement-123919444>)

I urge Committee members

- to strongly challenge arguments that unquestionable safeguards can be provided, in each and every instance, for some of the most vulnerable members of our community; and
- to keep in the forefront of their minds their personal responsibility for each individual person who would be killed, against her or his wishes, as a result of any change to the law which seeks to facilitate killing by, or on the say-so, of a small minority of medical practitioners.

Yours

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