



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

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,
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Submission Cover Sheet

End of Life Choices in the ACT

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From: John Szilard [mailto: [REDACTED]]
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To: OLA <OLA@parliament.act.gov.au>
Subject: SUBMISSION Re. PROPOSED EUTHANASIA BILL

John
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SUBMISSION Re. PROPOSED EUTHANASIA BILL

As I understand a bill on Euthanasia will be discussed and Until Friday March 23 the ACT Legislative Assembly is open for submission into End-of-Life Choices in the ACT. Please note that I strongly oppose this bill because of the following reasons.

I am aware that there are terminally ill patients, who suffer intensely and would like to die rather sooner than later, believing that to be the only way to end their suffering. I feel very sorry for them, but I am convinced that suicide, either assisted, or on their own, is the worst possible choice for **four** compelling reasons.

1 Many years ago I read a book by Dr. John Moody (I am not quite sure that I remember the name of the author correctly), a doctor in the U.S.A., who interviewed more than a thousand people who went through, what is called, near death experience and published what people told him. What most of them told, was by far, a very pleasant experience and very similar to each other, **except those few, who committed suicide.** The latter ones reported extremely terrible experiences, which made them decide, they absolutely never wanted to try to do it again.

#2 There is always the possibility of mistaken diagnose. *In Vermont, stories about people who had recovered from terminal illness (or for whom a terminal illness had been misdiagnosed) and enjoyed years of life were particularly persuasive.*

#3 The *Hippocratic Oath* that has guided doctors for over 2000 years, states "I will use treatment to help the sick according to my ability and judgment, but never with a view to injury and wrong-doing. Neither will I administer a poison to anybody when asked to do so, nor will I suggest such a course.

#4 There is always the possibility of the appearance of a new, better treatment. Once the patient suicided, this is missed.

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