



**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

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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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