

Lilian Topic,  
Secretary,  
Legal & Social Issues Committee  
Parliament House,  
Spring Street,  
Melbourne VIC 3002  
Reference: Inquiry into End of Life Choices

I thank the Legislative Council's Legal and Social Issues Committee and the Members of Parliament presiding, for the opportunity to make a submission to this fundamental concern of respecting human life in all of its stages, particularly at the end of our human life.

An overall summary of my submission is: With respect to relevant legislation (as relates to end of life choices), what is currently in place forms a fair and reasonable basis to serve all Victorians. There is no need for any new laws. And especially no need for any new laws regarding physician assisted suicide or euthanasia. What is missing or deficient is the necessary allocation of resources to meet the current needs of palliative care; and for Government to effectively communicate to all Victorians the relevant health care programs & resources available (for example the details of palliative care; the advance care plan program, etc) so that citizens can be prepared and can make informed and cogent decisions regarding their own end of life choices. Specific comments expanding on this summary now follow in point form.

- In April 2015, the Victorian Auditor-General tabled a report on Palliative Care in Victoria highlighting some significant shortfalls in the availability of services.  
[www.audit.vic.gov.au/reports\\_and\\_publications/latest\\_reports/2014-15/20150416-palliative-care.aspx](http://www.audit.vic.gov.au/reports_and_publications/latest_reports/2014-15/20150416-palliative-care.aspx) "The audit assessed whether Victorians with a terminal illness have access to high-quality palliative care that is timely, coordinated and responsive to their needs and wishes. The audit examined the policies and procedures of the Department of Health & Human Services and four health services." (page iii). The Findings (pages xi, xii, xiii) of this comprehensive audit report are on: Policy framework and performance monitoring; Support for carers; Awareness of palliative care and advance care planning, and; Demand for services. The 12 Recommendations (pages xiii, xiv) follow on from these areas of Findings. Importantly, I note that there are no findings/recommendations on specific medical methods/practices (of a palliative nature) that may not be meeting the needs of patients.
- The Victorian Public Health & Wellbeing Act 2008 stipulates that decision making on community health will be performed utilizing an evidence based framework. This Law says in s.5(b) *the most effective and efficient public health and wellbeing interventions should be based on evidence available* (Part 2 section 5). The very recent record/evidence/work of the Victorian Parliament is that in 2008 a Bill related to end of life choices – physician assisted dying, was defeated. In 1998 a Tasmanian Parliamentary Committee reviewed the topic of end of life choices and specifically 'The Need for Legislation on Voluntary Euthanasia' ([www.parliament.tas.gov.au/ctee/old\\_ctees/reports/Voluntary%20Euthanasia.pdf](http://www.parliament.tas.gov.au/ctee/old_ctees/reports/Voluntary%20Euthanasia.pdf)). Some of the Findings (page 7) were:
  - The Committee found that whilst individual cases may present a strong case for reform the obligation of the state to protect the right to life of all individuals equally could not be delivered by legislation that is based on subjective principles.
  - The Committee found that the codification of voluntary euthanasia legislation could not adequately provide the necessary safeguards against abuse.
  - The Committee found that the legalization of voluntary euthanasia would pose a serious threat to the more vulnerable members of society and that the obligation of the state to protect all its members equally outweighs the individual's freedom to choose voluntary euthanasia.

- From the evidence presented the Committee found that in the majority of cases palliative care was able to provide optimum care for suffering patients.
- The Committee found that there is a need for greater resources to expand and improve the quality of palliative care services.
- There was a demonstrated need for increased education on several levels to improve the delivery and efficacy of palliative care.

Subsequent to 2008, there have been research advances on the topic of palliative care but no new findings of research on physician assisted suicide that would support its introduction.

(Reference Dr Carling Jenkins remarks [www.rachelmp.com.au/In-Parliament/Speeches/ID/19/Voluntary-Euthanasia](http://www.rachelmp.com.au/In-Parliament/Speeches/ID/19/Voluntary-Euthanasia), 8<sup>th</sup> paragraph). Also, I have found no new evidence based research communicated by supporters of euthanasia/physician assisted suicide presented in the public space.

- Any proposal to implement the practice of euthanasia/physician assisted suicide is a flawed policy, specifically because:
  - Misuse or incorrect use of this policy resulting in the erroneous taking of a human life cannot be undone!
  - Euthanasia & physician assisted suicide are NOT 'medical options'. Deliberately acting to cause the death of a person is not a medical act! Euthanasia & assisted suicide are not medical options and should never be made law.
  - It ignores some basic realities of human nature. Coercion and abuse of the elderly e.g. neglecting their care and not treating them with dignity, already exists in society when it comes to pending family inheritance and money matters. Facilitating another avenue (via this proposed policy) for this to occur is at odds with our ethos as a caring Australian society.
    - See also the recent (June 15<sup>th</sup>) United Nations and Vic Government initiative calling for action against elder abuse: [www.premier.vic.gov.au/purple-melbourne-town-hall-shines-light-on-elder-abuse](http://www.premier.vic.gov.au/purple-melbourne-town-hall-shines-light-on-elder-abuse)
  - Not a single person in Victoria/Australia has been entrusted with the legal authority to intentionally take a person's life. Our society has collectively decided this. To reverse this decision would at the very least require a referendum. State sanctioned killing must never be considered.
  - The principles of doctors' conscience and the medical profession's ethos of "first do no harm" would be violated. Such a coercive policy proposal would violate Victoria's Human Rights & Responsibilities Charter Act. We must not go down the path of the current Abortion Law Act, which tramples on the rights of medical practitioners and forbids them from following their conscience.
  - It is contrary to the principles of the National Disability Insurance Scheme for disabled & special needs people in our community. This is the duty of care incumbent upon us to respect human life in all its stages and conditions.

Thank you for taking the time to review my submission on the areas where improvements can be made and the areas of concern, for the benefit of the health and well-being of all Victorians. More resources provided for palliative care give dignity to life and respect human life. I request a considered response in writing to my submission. Thank you.

Yours sincerely,  
 Jeremy Orchard  
*Address supplied*