

END OF LIFE CHOICES

SUBMISSION TO THE VICTORIAN PARLIAMENTARY ENQUIRY

Graham Hubbard

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Dear Committee

I am very pleased that you are examining this topic which is critical to the wellbeing of many current and future lives of people in our communities. My submission, which is based on long term thinking and analysis of the issue as well as personal experience, tries to take an overall view of the issue. I address:

- what should be done about the issue
- why it should be done and
- a little of how it might be done

1. What the Enquiry should recommend

Without any doubt, the enquiry should recommend the legalisation of voluntary euthanasia, to be available to those mature adults wishing to access this process of ending their lives.

2. Why should the Committee reach this conclusion

There are many reasons for this:

- This is a human rights/personal rights issue. People should have the right to manage their own bodies and their lives, provided so doing does not do harm to others. If I want to die, I should have the right to choose to die (in the same way that if I want to live, I should have the right to live). A person's personal beliefs, faith and values should be respected. This means that other people – with different personal beliefs, faiths and values – are not relevant to any individual.
- Polls consistently demonstrate that this issue is strongly supported by the wide majority of voters. It is only the opposition of the Catholic Church and its supporters and lobbyists, including many weak-willed Parliamentarians, who continue to impose their own values on the majority.
- Voluntary euthanasia works well already in other jurisdictions internationally. As I understand it, Switzerland, Belgium, Netherlands, Denmark and some US states, including Washington and Oregon already allow this. I understand that statistics show around 2% of deaths are from voluntary euthanasia and this percentage has not changed significantly post legislative changes ie there is no significant risk of widescale misuse of this method of death if it is legalised.
- Regardless of the current laws, this method is being used already! Over-prescription of morphine, empathetic doctors and nurses, living wills, secret trips to other countries to obtain Nembutol and other quick drugs, and organisations such as Exit International and

Dying with Dignity all promote ways to die more peacefully, more quickly and in accord with the wishes of the person (which is the fundamental issue).

- When a person wants to die, they often no longer have the capacity to make rational decisions (eg have Alzheimers, depression) or have a physical incapacity to undertake the methods required.
- Empathetic doctors are currently at risk of disobeying laws if they assist or promote voluntary euthanasia, so legalising the practice would allow doctors to avoid legal risk from trying to help their patients make better life ending decisions (see also, Gawane, 'Being Mortal', for discussions of these issues and the film 'Still Alice').
- The result of the above is that voluntary euthanasia is already being practised. However, the major issue is that it is not available equitably to all people (but only to those with money, empathetic medical staff, or those taking risks to acquire such drugs)
- Finally, reputationally, it would show Victoria as a social leader in an important global issue that must be addressed properly in the future.

3. How should legislation be changed

In order to be successfully approved, a conservative approach is probably sensible, though I personally think a bolder approach is more appropriate and a better long term solution. I would suggest:

- Copy the legislation and practices of global leading nations and states that already allow this technique
- Propose to review the practices and outcomes in 5 years, so that any unintended consequences can be considered as they emerge
- As soon as possible, widen the scope of availability from those who have a terminal disease or are in acute pain to those mature adults who simply feel that wish to end their lives (after all, this is what many suicides are already about and the availability of voluntary euthanasia could convert some suicides to voluntary euthanasia). For instance, at a currently healthy 65 years of age, I would dearly like to have the availability of a drug like Nembutol so that, at some stage in the unforeseeable future when I feel my life is no longer worth living – regardless of whether I have any terminal or other illness.
- Consider what safeguards need to be included in the legislation to avoid older people being taken advantage of and becoming victims of involuntary euthanasia (however, this is a minor issue compared to the wide social advantage of the availability of the practice)

In conclusion, I implore you to have the courage to recommend the legalisation of voluntary euthanasia. Be brave.

Sincerely

Graham Hubbard