

A personal submission to the Inquiry into End of Life Choices

I believe that every human being should be able to request and receive medical assistance to end their life quickly and peacefully if their physical and/or mental condition has become intolerably distressing to them.

Here is a rebuttal of the main arguments against assisted dying – most of which I believe to be dishonest attempts to justify a religion-based objection.

1. Life and death are governed by a higher power

This stems from a personal belief system. Different belief systems view assisted dying in certain circumstances as totally moral, logical and compassionate.

2. Doctors are for healing, not ending life

Many doctors believe a compassionate hastening of death is the right thing to do. The modern accepted version of the archaic Hippocratic Oath encompasses such action: *“If it is given me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty.”*

3. There is no need for assisted dying, because palliative care provides a good death

Evidently the pain of some dying patients is not being sufficiently relieved by palliative care. Requests for additional dosages are being refused in case death is hastened. Assisted dying should be the available end choice for patients who decide that palliation no longer suffices.

4. Legalised assisted dying has no place in palliative care

A suffering person who believes in the right to choose when to die must undoubtedly derive palliative comfort from knowing they have the means to end all pain and indignity. The late Peter Short confirmed this – and was sustained by it until death came naturally in a hospice.

5. Assisted dying law reform would start a slippery slope leading to involuntary euthanasia

Statistics from Belgium and the Netherlands do not support this claim. And in Oregon for nearly twenty years terminally ill adults have been able to obtain and use life-ending medications. With a population of nearly 4 million, Oregon last year granted only 155 prescriptions, resulting in 105 medicated deaths – hardly evidence of a slippery slope, and since the drugs are for self-administration, involuntary euthanasia is an unlikely risk.

6. Some sick people could be pressured into seeking assisted dying

Unscrupulous influences would easily be deduced at the interviews that would need to be part of the safeguarding system. On the other hand, awareness of being a burden to loved ones is a natural component of a patient’s suffering and should not be an impediment to relieving it.

7. Assisted dying law reform would devalue the existence of all seriously ill or disabled people

With society’s great strides forward in respecting and assisting the sick and the disabled, there is no reason to suppose that allowing assisted dying for a few people in extremis would alter the situation.

In conclusion

I hope the committee will see fit to recommend the following measures:

- a. Refusal-of-treatment choices documented in advance healthcare directives to be made legally enforceable in future circumstances when they have become applicable.
- b. A system of assisted suicide by prescribed medication (similar to that operating successfully in Oregon) to be instigated in Victoria.
- c. The Medical Treatment Act to be amended to decriminalise the actions of doctors who hasten death in response to well documented requests by terminally ill and suffering patients, subject to safeguards yet to be decided.

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