


Dr David Swanton



The Secretary
Legal and Social Issues Committee
Inquiry into End of Life Choices
Legislative Council Parliament House, Spring St
MELBOURNE VIC 3002

Dear Secretary

I would like to make a submission to the Inquiry into End of Life Choices. I am a scientist, ethicist, director of Ethical Rights, and ACT chapter coordinator for Exit International.

This is an important issue for the Victorian Government to consider. If an individual has a right to determine what is right for their own life, and especially as suicide is not a crime, then voluntary euthanasia must be an option for all people.

It is ethically wrong that some people should be able to dictate, through legislative fiat, that other people can't act on what is right for their own bodies, and not have the right to end their own life in a peaceful manner, if that is indeed *their* choice. If I am ever terminally ill, it is an option I will consider. Thousands of Exit members in Australia and overseas already have the illegal drug Nembutal on hand, just in case it is ever needed. It is up to responsible governments to ensure that a voluntary euthanasia regulatory system can mitigate risks of such activities. This is not difficult. Despite claims to the contrary, jurisdictions overseas have implemented regulatory systems for voluntary euthanasia that work well.

I will only make some brief comments here, but have attached three articles I have written that make a strong case for legalised voluntary euthanasia, highlight current activities, and rebut many of the mainly spurious arguments by those opposing euthanasia.

Attachment 1 is a paper I prepared as a submission in response to the Exposure Draft of the Commonwealth's Medical Services (Dying with Dignity) Bill 2014. That paper makes a substantial case for euthanasia, and rebuts the usual arguments against euthanasia. The arguments in that paper are also relevant for this inquiry.

Attachment 2, 'Time for euthanasia to be regulated', was widely published in the media¹ in 2014, and explains what is occurring in the absence of a regulatory framework for euthanasia. It also touches on the story of Iris Flounders, a non-terminally-ill Victorian who chose to die when her terminally ill husband chose to die. This raises the issue of so-called rational suicide, and

¹ www.ethicalrights.com/articles/media/130-time-for-euthanasia-to-be-regulated.html, accessed 19 July 2015, www.smh.com.au/it-pro/time-for-euthanasia-debate-to-reach-regulations-20140810-101xos.html, accessed 19 July 2015.

Victoria End of Life Choices 2015

consideration needs to be also given to this matter, which is increasingly an issue of concern for older Australians.

Attachment 3, 'Voluntary euthanasia is about choice and respect', published in *The Age*² in June 2015, counters the three main arguments against euthanasia used by the Catholic Church's Archbishop Christopher Prowse.

I should state that Dr Rodney Symes, a notable Victorian doctor, has publically admitted³ that he gave a dying man the drugs needed to end his life. From all accounts, Dr Symes is a good man, who cares for his patients. If he is not to be prosecuted (and he should not be), surely it is far better to develop a euthanasia regulatory framework rather than pretending that such activities do not occur.

Similarly, Exit International's director, Dr Philip Nitschke, cares for people and provides information to many Australians on end of life issues. His information and guidance not only fills the regulatory gap left by politicians around Australia who have refused to act, it is also immensely comforting to the many thousands of Exit members in Australia and overseas who attend his workshops and read his books on end-of-life options. I and many other chapter coordinators for Exit can determine who can attend Dr Nitschke's workshops.

So while Dr Symes' friends and supporters trust Dr Symes, Dr Nitschke's friends and supporters trust Dr Nitschke, and my friends and colleagues trust me, the Victorian Government might have a view as to whether that level of trust suffices to provide sufficient regulatory safeguards for all of society.

I propose that the Victorian Government give due consideration to the submissions before it, and develop a regulatory system that gives Victorians the option of voluntary euthanasia. There are no regulatory impediments to what would be groundbreaking social reform legislation for Victoria and Australia, as such legislation could not be overturned by the Commonwealth Government.

In the absence of any regulatory framework however, please be assured that good and noble people such as Dr Symes, Dr Nitschke, others and myself will continue to do as we do, and thousands of Victorians and Australians (mostly your average grandparent) will continue to develop, manufacture or import devices or substances that will give them their own end of life choice.

I sincerely hope the Victorian Government has the moral fortitude to support an individual's right to choose euthanasia.

I wish the Committee well in its deliberations.

² www.theage.com.au/comment/voluntary-euthanasia-is-about-choice-and-respect-20150607-ghhhy4.html, accessed 19 July 2015.

³ www.theage.com.au/victoria/doctor-admits-giving-dying-man-the-drugs-to-end-his-life-20140427-zr07i.html, accessed 19 July 2015.

Victoria End of Life Choices 2015

David Swanton
19 July 2015

Attachment 1.

**SUBMISSION ON THE
EXPOSURE DRAFT OF THE
MEDICAL SERVICES (DYING WITH DIGNITY) BILL 2014**

**Dr David Swanton
Director, Ethical Rights
(www.ethicalrights.com)**

August 2014

Contents

Introduction	1.2
Background	1.3
Part 1. Arguments in support of voluntary euthanasia	1.3
1.1 Rights of individuals in a democracy	1.3
1.2 Whose life is it anyway?	1.4
1.3 Popular opinion in Australia	1.4
1.4 The current Australian situation	1.5
1.5 The issue of rational suicide	1.6
1.6 Tolerance in Australia's multicultural society	1.6
1.7 Freedom of religious expression	1.7
1.8 Economic arguments	1.7
1.9 The human factor	1.8
Part 2. A refutation of some arguments against voluntary euthanasia	1.8
2.1 Possible abuse of euthanasia legislation	1.8
2.2 Patients being a burden	1.9
2.3 International experience	1.10
2.4 The 'right to life' and 'sanctity of life' arguments	1.11
2.5 An incorrect patient diagnosis	1.11
2.6 The slippery slope argument	1.12
2.7 The palliative care option	1.12
2.8 The concept of harm	1.13
The right to die with dignity is justifiable	1.13

*Victoria End of Life Choices 2015 - Attachment 1***INTRODUCTION**

1. This paper has been prepared as a submission on the Exposure Draft of the Medical Services (Dying with Dignity) Bill 2014.
2. If the Bill were enacted, it would create a regulatory regime for voluntary euthanasia. It would 'recognise the right of a mentally competent adult who is suffering intolerably from a terminal illness to request a medical practitioner to provide medical services that allows the person to end his or her life peacefully, humanely and with dignity'. The enactment of the Bill will provide a humane, moral and civilised outcome for Australia.
3. This submission is provided in my capacity as Director of Ethical Rights Pty Ltd. I am a scientist, ethicist and ACT Chapter Coordinator for Exit International, the voluntary euthanasia organisation headed by Dr Philip Nitschke. I have been a strong advocate for individual rights and voluntary euthanasia since the 1990s. In this time I have been disappointed by the attitude, even arrogance, of those who think they know what is better for patients than the patients themselves. Whether or not I ever have the desire to request voluntary euthanasia, I want the option of voluntary euthanasia.
4. Many thousands of Australians, including hundreds of Canberrans, have acquired illegal drugs (imported or manufactured Nembutal) or other means by which they could terminate their lives peacefully without drugs. Flagrant breaches of the law have occurred because of Australians' demand for dignity in death and the lack of a voluntary euthanasia regulatory system.
5. Australia cannot continue to let people suffer when they are in the most desperate of situations. We must not let people live without dignity, suffer or vomit faecal matter if they are in the terminal stages of cancer (if living like that is not their preference). A large majority of Australians are dissatisfied with governments' ban on the right to die with dignity. Properly regulated voluntary euthanasia, as proposed by this Bill, must be permitted.
6. People should never be able to deny other Australians the right to choose. That would be arrogant. A denial of rights through imposing one's religious beliefs on others is a policy that even Barack Obama, using abortion as an example, has deplored. He said, 'if I seek to pass a law banning the practice, I cannot simply point to the teachings of my church or evoke God's will. I have to explain why abortion violates some principle that is accessible to people of all faiths, including those with no faith at all'. The same argument applies to voluntary euthanasia.
7. In Part 1 of this paper, I examine arguments in support of voluntary euthanasia, supporting the rights of individual citizens, and the desirability of the enactment of the Bill. In Part 2, I rebut the main arguments against voluntary euthanasia, which could be used against the Bill. I do not examine the Bill in explicit detail.
8. The arguments in this submission stand on their own if they are considered with an open mind, objectively and devoid of cultural and religious bias. The consequence of this is that the Committee should recommend that the Bill be enacted. Amendments may be required to ensure individual rights are upheld, and to address what is happening in the current unregulated environment. Senator Di Natale should be commended for his initiative in developing the Bill.
9. I would be happy to expand on my paper if required.

Victoria End of Life Choices 2015 - Attachment 1

BACKGROUND

10. A common definition of voluntary euthanasia is that it is the practice of ending life in a painless manner—a good death. Many voluntary euthanasia advocates define voluntary euthanasia as ‘a deliberate act intended to cause the death of a patient, at that patient's request, for what he or she sees as being in his or her best interest’.

11. These definitions have a broader scope than patients who are just terminally ill, as required by the Bill. They are about a patient's best interests. The Bill, if enacted, would allow that a person who, ‘in the course of a terminal illness, is experiencing pain, suffering, distress or indignity to an extent unacceptable to the person, may request a medical practitioner to provide dying with dignity medical services to the person for the purpose of ending his or her life’.

12. However it is defined, voluntary euthanasia is the humane, moral and civilised outcome for Australia and consistent with providing dignity for patients who want it.

13. The Bill, if enacted, would again allow the option of voluntary euthanasia in Australia. Voluntary euthanasia was permitted under the Northern Territory's *Rights of the Terminally Ill Act 1995*, which was subsequently repealed by the Commonwealth's *Euthanasia Laws Act 1997*. The Euthanasia Laws Act also prohibited the introduction of voluntary euthanasia legislation in the ACT and Norfolk Island.

PART 1. ARGUMENTS IN SUPPORT OF VOLUNTARY EUTHANASIA

1.1 Rights of individuals in a democracy

14. John Stuart Mill, one of the architects of democratic doctrine, advanced the principle that ‘the only purpose for which power can be rightly exercised over any member of a civilised community, against his will, is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant’. Accordingly, democratic societies can make laws to prohibit murder and robbery, but should not make laws to prohibit sex before marriage, religion, or voluntary euthanasia. This is because patients who desire euthanasia for themselves are not physically harming other people.

15. Mill's philosophy can be reduced to the statement that, ‘in any legal issue between an individual and the state, the burden of proof for showing that an individual's behaviour is undesirable, always rests upon the state, not upon the individual’. The onus is thus on those opposed to euthanasia to substantiate why voluntary euthanasia is fundamentally flawed.

16. The concept of individualism is fundamental to democratic political theory. In a democratic society, individualism posits that latitude be given to individuals to behave as they wish, and to develop and satisfy their interests. Mill stated that ‘Over himself, over his own body and mind, the individual is sovereign’. To deny a person the right to live his or her life as he or she wishes implies that each individual does not know what is right for himself or herself.

17. Mill rightly acknowledged that that principle was only meant to apply to people in the ‘maturity of their faculties’. That is, only those who are mentally competent, which excludes

Victoria End of Life Choices 2015 - Attachment 1

patients with dementia or those with clinical depression (while these conditions persisted), would be able to make a well informed decision about voluntary euthanasia.

18. Individuals can make important decisions about their bodies when they are young, for example, they can decide to participate in dangerous sporting activities. Women can choose to have an abortion. Perversely, it seems that somewhere between the ages of twenty (when some women might have an abortion) and seventy (the age of some terminally ill patients) women lose legal control of their bodies.

19. Members of the clergy, who seem to be the most vocal opponents of voluntary euthanasia, have imposed their values on other individuals through their opposition to a right to die, but I suspect that they would not entertain a reciprocal arrangement that impinged on their individual freedoms. In the spirit of Voltaire, the clergy and other euthanasia opponents most certainly can remonstrate with people requesting euthanasia to change their minds, but they ought not to be able to compel them by insisting on a legislative fiat in a democracy. Voluntary euthanasia is morally just precisely because it is voluntary.

20. Voluntary euthanasia supporters on the other hand do not insist that all people must have voluntary euthanasia, but rather that everybody be permitted to have the choice. For an issue as personal as one's own life and death, the choice of how you might die is one of the most personal decisions an individual should make. To be denied the right to make this decision is a blight on modern Australian democracy.

1.2 Whose life is it anyway?

21. Sue Rodriguez was a Canadian who died in 1994 from Lou Gehrig's disease, but not before taking her case to the Canadian Supreme Court in an attempt to gain permission for her own legal euthanasia. In explaining her situation, she questioned that if she cannot give consent to her own death, then whose body is it? 'Whose life is it anyway?' After passage of the Euthanasia Laws Act in Australia, a majority of Australians would have asked the same question.

22. Bob Dent, the first of four people to die under the Northern Territory's Rights of the Terminally Ill Act, was adamant that the beliefs of others should not be forced on individuals. He said 'What right has anyone, because of their own religious faith to which I do not subscribe, to demand that I must behave according to their rules'.

23. Sue and Bob reflected what most people think: that a well-informed, mentally competent patient is best placed to make a decision about their own body. How could anybody, or any government, deny that simple fact?

1.3 Popular opinion in Australia

24. The fact that many people favour a particular policy does not make it ethically 'right'. However, when it comes to public policy, and a choice of what people want for themselves (rather than others in the population), popular support for a policy is a strong argument in its favour.

25. Public polls have shown that about 82.5% of Australians (according to a 2012 Newspoll) support the option of active voluntary euthanasia. This is an increase from 80% in 2010, and

Victoria End of Life Choices 2015 - Attachment 1

from 75% before the Euthanasia Laws Act was enacted. The question asked in these polls was ‘If a hopelessly ill patient, experiencing unrelievable suffering, with absolutely no chance of recovering, asks for a lethal dose, should a doctor be allowed to give a lethal dose or not’.

26. Voluntary euthanasia is therefore opposed by less than one in five Australians. Enactment of the Bill would be the best way to give effect to Australians’ overwhelming preference for a voluntary euthanasia regulatory framework.

1.4 The current Australian situation

27. While legislative reform is the main objective of the state and territory based Dying with Dignity organisations, it is also a desired objective of Dr Nitschke’s organisation, Exit International. Much of Dr Nitschke’s time, however, is devoted to complementary activities, in particular undertaking research and providing information on end-of-life options to the elderly and seriously ill.

28. His information and guidance not only fills the regulatory gap left by politicians who refuse to regulate voluntary euthanasia, but is also immensely comforting to the many thousands of Exit members in Australia and overseas who attend his workshops and read his books on end-of-life options. Acting on Dr Nitschke’s advice, thousands of elderly Australians, and many hundreds of Canberrans, have acquired their illegal drugs (stashed well away from inquiring eyes) or other equipment. That’s also why so many support him. People, including many average grandparents, need information on drugs now and cannot wait for politicians to legislate for voluntary euthanasia.

29. Other Australian doctors have admitted to assisting with voluntary euthanasia. Voluntary euthanasia campaigner and Victorian urologist Dr Rodney Syme admitted in early 2014 to giving a dying man (with oesophageal cancer) the drug Nembutal two weeks before the patient killed himself with it. Yet no legal action has been taken against Dr Syme and nor should it be. He acted in the best interests of his patient.

30. Australian doctors have been assisting patients with voluntary euthanasia for many years (a survey indicated more than a third of doctors have done so), albeit in an illegal environment. All of this activity is unrefuted, and no serious efforts are being made to stop any of this activity.

31. These matters suggest the following perplexing question. If governments are not intending to prosecute doctors who humanely assist with voluntary euthanasia when it is illegal, why do governments object to its legalisation?

32. Furthermore, many politicians have objected in the media to Dr Nitschke and other physicians operating in an unregulated environment. Instead, it would be preferable if politicians did their jobs and legalised voluntary euthanasia, rather than complaining about what’s happening in an unregulated environment. The enactment of the Bill is a necessary first step.

33. In the words of Marshall Perron, the former Northern Territory Chief Minister, who helped introduce the Northern Territory’s Act, ‘It is surely preferable to have voluntary euthanasia tolerated in particular circumstances with stringent safeguards and a degree of transparency, than to continue to prohibit it officially while allowing it to be carried out in secret without any controls’.

Victoria End of Life Choices 2015 - Attachment 1

1.5 The issue of rational suicide

34. The Bill refers to people who have a terminal illness. However, there have been a number of recent situations where elderly Australians, who have not been terminally ill, have committed suicide with the aid of Nembutal. I categorise such deaths as 'rational suicide' because these decisions have been made, it seems, by mentally competent people who are neither depressed nor terminally ill. Rational suicide is not a new issue in Australia, but the level of public debate on the issue is immature.

35. For three years, Lisette Nigot warned Dr Nitschke that she would take her life at 80 because she will have had enough by 80. A movie (*Mademoiselle and the Doctor*) documented her case. Iris Flounders chose to take her life when her terminally ill husband, Don, took his life with Nembutal. Neither Iris or Lisette were terminally ill, nor were they depressed. In both cases, the women emphatically told Dr Nitschke, friends and relatives to mind their own business.

36. There was barely any adverse commentary in the press on these matters, although there were ructions in the pro-euthanasia community regarding Lisette Nigot's case, particularly around where the line ought to be drawn. It is worth reiterating that while many people commit suicide, it is legal (perversely, voluntarily gaining assistance with suicide is illegal). It was not possible to dissuade these women from their suicides, and regrettably, this will sometimes be the case.

37. Rational suicides such as those above would seem to be consistent with Mill's philosophy on the rights of an individual and will continue to occur even if the Bill is enacted. I personally know many people who are not terminally ill, but who might consider taking Nembutal if a number of smaller untreatable illnesses were to adversely affect their dignity or quality of life. The Bill will not address their concerns, which are no less valid because they are not terminally ill. If the Bill is not amended to take these situations into account, then rational suicides will continue to occur in an unregulated environment.

38. In any civilised society, people do not want the option of euthanasia to be made available to those with impaired mental faculties, including the depressed. Good voluntary euthanasia legislation must set the limits so that only people with serious illnesses or poor quality of life can access drugs such as Nembutal, and that people who are depressed or anxious, or otherwise not of sound mind, cannot access voluntary euthanasia. The Bill draws the line at the patient being terminally ill. That is a wonderful start, but it leaves many Australians in the position where they will still be aiming to obtain drugs illegally, just in case, if they ever need them. In regulatory terms, more needs to be done.

1.6 Tolerance in Australia's multicultural society

39. In recent times there has been debate on the diverse and multicultural society in which Australians live. Tolerance of the values of others is an important element of multiculturalism, however it is defined. To avoid a 'tyranny of the majority' situation, the values of different cultural, indigenous, ethnic and other minority groups must be respected.

40. It is surely hypocritical to claim that one is tolerant of others but simultaneously insist that their values about how they live their individual lives, such as a desire for the option of voluntary euthanasia, are wrong and cannot be practised. If some people object to voluntary euthanasia, they need not ever request euthanasia.

Victoria End of Life Choices 2015 - Attachment 1

41. Moreover, if the values of some groups are unethical, particularly if they are discriminatory or hypocritical, they should be challenged. Religious people, such as Christians and Muslims, worship a god that, according to their scriptures, has murdered people. They choose to belong to religions that discriminate against women and homosexuals (despite claiming forms of equality). With such perverse and discriminatory values, they cannot take the moral high ground and demand that other people must conform to their values and eschew the option of voluntary euthanasia.

42. Tolerance for other people means people have the right to believe and act on their beliefs, so long as these beliefs do not adversely affect the rights of others.

1.7 Freedom of religious expression

43. Another argument relates to s.116 of the Australian Constitution. Section 116 states that the Commonwealth shall not make laws 'for prohibiting the free exercise of any religion'. The clergy and most other euthanasia opponents rely on Christian ethical values. Clearly, those who support euthanasia rely upon different ethical values, such as might be compatible with a 'religion' based on the primacy of the quality of life, rather than, for example, a Christian 'existence for its own sake'. It could be argued that legislation that prohibits people from practising euthanasia could be in contravention of s.116.

44. Jainism can be considered as a religion that supports euthanasia, and if so, practice of this religion is prohibited by an unconstitutional law. Active voluntary euthanasia (so long as there are precautions to prevent abuse) is also supported by some other churches.

45. Despite the more liberal views of Christians, the clergy have been particularly outspoken against voluntary euthanasia. It is regrettable that their views do not reflect church membership and have been manifested in legislation that impacts on people who do not share their religion. The right for individuals to live their lives as they wish, without being constrained by the religious values of others, must be upheld.

1.8 Economic arguments

46. There are limited resources available for health care in the Australian economy. Governments are frequently engaging in cost-cutting exercises, which are their prerogative, and this places further pressure on the health budget.

47. If people who want voluntary euthanasia are unable to obtain it, then Australian taxpayers' money is being spent to keep them alive when that outcome is not wanted or appreciated. It could otherwise be available for additional infant care, cancer therapy or emergency services, where it could save lives and improve the quality of life for others who want it. Such health budget savings, possibly of the order of \$100 million per year, could also be spent on additional palliative care.

48. One must question, as a serious matter of public policy, why public money should be spent on keeping patients alive who do not want to live, in preference to patients who do.

Victoria End of Life Choices 2015 - Attachment 1

1.9 The human factor

49. Throughout this paper I have been referring to the ‘patient’ or the ‘terminally ill patient’. These are rather impersonal terms, disguising the fact that patients are people—they are people with feelings, and they are loved by friends and relatives. These people must be treated in a humane and compassionate way. Australians are now living longer, and our ailments are often well treated with drugs. But for some people these drugs do not provide a good quality of life, and they may suffer from continuous pain, discomfort or loss of dignity. Some people would like to choose the option of euthanasia.

50. To deny terminally ill patients the right to euthanasia is to condemn them to a miserable existence, contrary to their wishes. It is hard to establish any difference in moral character between someone who denies a legitimate request for voluntary euthanasia, and who subsequently watches that person die a slow and painful death, and someone who watches a cancer-ridden pet writhe in agony without putting it down. Most people—82.5% of Australians—would argue that if you are terminally ill, are of sound mind and not clinically depressed, and choose euthanasia, then it is morally right. Many others argue that this right should be extended to include some who are not terminally ill, but perhaps seriously ill, or with many ailments, but who make a well-informed, rational decision about their end of life options. After all, it is their life. Nobody would want anyone else interfering with their life.

51. For acts such as voluntary euthanasia that impact directly on an individual, the moral and humane thing to do is what is right for the individual, and only each individual knows what this is. Voluntary euthanasia is moral and humane because it is what the individual wants. And that accords with common sense. It is difficult to deny patients the option of voluntary euthanasia when the patient considers voluntary euthanasia is in their own best interest.

52. In summary, not providing the option of voluntary euthanasia is inhumane and callous. In a humane society the prevention of suffering and the dignity of the individual should be uppermost in the minds of those caring for patients. When the quality of life is more important than the quantity of life, voluntary euthanasia is a good option.

PART 2. A REFUTATION OF SOME ARGUMENTS AGAINST VOLUNTARY EUTHANASIA

2.1 Possible abuse of euthanasia legislation

53. To assess if the Bill, if enacted, could be abused, it is useful to consider previous legislation. Four people made use of the Northern Territory’s Rights of the Terminally Ill Act before it was overturned. There were significant measures in that Act to ensure that patients were not improperly coerced into euthanasia.

54. Marshall Perron neatly encapsulated some of the more important measures in the Northern Territory’s Act to ensure it was not abused. Most of these measures seem to have been, incorporated in the Bill. Mr Perron said ‘Voluntary euthanasia is patient driven. The Northern Territory law dictates that the patient must personally initiate the process, consider the options for treatment and palliative care, be psychologically assessed, sign a request, obtain second opinions, consider the effect on the family, use qualified interpreters if necessary and endure a

Victoria End of Life Choices 2015 - Attachment 1

cooling off period. The patient can of course change their mind at any time and stop the process instantly. Additionally, detailed records must be kept. Government regulations must be followed. The Coroner must be informed and has a statutory responsibility to report to the Attorney General and parliament any concern regarding the operation of the legislation. To kill another without these conditions being fulfilled is to commit murder under the Northern Territory Criminal Code—penalty being mandatory life in prison.’

55. Mr Perron also said that although more elaborate safeguards could have been put in place, the safeguards in the Northern Territory Act ‘prevent people who might opt for voluntary euthanasia simply because they are temporarily depressed, or who are being coerced by others, from being legally able to be assisted’. Any patients who request euthanasia under duress will not convince a jury of doctors that their decision has been made ‘freely, voluntarily, and after due consideration’, as the Northern Territory Act requires. Consequently, such patients will be considered ineligible for euthanasia.

56. No worst-case scenario is impossible, but it is extremely unlikely that voluntary euthanasia legislation, such as that proposed by the Bill, could be abused. Most Australian doctors would consider it improbable and an insult to suggest that, for example, a group of three doctors would maliciously collude to arrange the death of a terminally ill patient without the patient’s consent.

57. Nonetheless, a legislated regime must be preferable to the unregulated voluntary euthanasia activity that occurs now without any controls. If the Bill is not enacted, that will mean that politicians are effectively sanctioning the illegal activities of the thousands of Australians, and hundreds of Canberrans, who have been importing, and will continue to import, illegal drugs.

2.2 Patients being a burden

58. Possibly the most pervasive (but not persuasive) argument against voluntary euthanasia, in terms of popular use by those who oppose euthanasia, is that of ‘being a burden’. This includes people who might not want voluntary euthanasia being encouraged to request it. This argument seems to be basically a catch-all for voluntary euthanasia opponents. The argument comes in a number of forms.

59. First, there are concerns that those who are vulnerable, possibly the elderly, disabled, members of certain racial or ethnic groups, and the poor, will be under pressure to have euthanasia, possibly because these people might not have appropriate access to medical, psychological or palliative care services. This argument is unfounded; because international experience is that this doesn’t occur. Appropriate safeguards have been established in international legislation to mitigate this risk.

60. Similar safeguards are in the Bill, involving three medical practitioners, one of whom is a qualified psychiatrist. According to the Bill, the medical practitioners are required to ascertain that they are satisfied that the terminally ill ‘person’s decision to end his or her life has been made freely, voluntarily and after due consideration’. It is improbable to imagine that a terminally ill person who wants to stay alive (but feels compelled to request voluntary euthanasia because society is not supporting them or that they otherwise feel pressure) could convince three medical practitioners that their decision to have euthanasia was made without pressure, coercion, or otherwise was not voluntary.

Victoria End of Life Choices 2015 - Attachment 1

61. Second, an argument that has often been raised is that unscrupulous relatives, in attempting to rid themselves of a terminally ill parent or relative, will apply pressure to the terminally ill person to seek euthanasia. Such a scenario is highly improbable. My experience is that loving relatives are distressed by the fact that their relative is terminally ill. If unscrupulous relatives did exist, why would they provoke the possible ire of their terminally ill loved one, and possibly risk any possible inheritance, by implying that the person is a burden, or suggesting euthanasia when it isn't wanted? In this case their loved ones would literally be unloved. The safeguards noted above still apply.

62. Third, it is inconsistent with the Bill that people who aren't in imminent danger of death can have access to voluntary euthanasia. The Bill draws the line. If the Bill were enacted, it would be illegal for those who are not terminally ill to be eligible for voluntary euthanasia. Of course, whether the line ought to be drawn at terminally ill, seriously ill, or having a poor quality of life is another matter. The significance is that the Bill will draw the line so that only people who are terminally ill will be able to access voluntary euthanasia.

63. Can there be an ironclad guarantee that the legislation, if enacted, won't be abused? As with any similar legislation, such guarantees are impossible to make. Legislation against murder does not guarantee a society free of murder. Under the Bill, medical practitioners are required to keep a range of documentation. If the appropriate documentation is not retained, then there are penalties.

64. Why should a more stringent standard be applied to voluntary euthanasia for terminally ill people who need assistance to die? Terminally ill people on life support can request the removal of life support, and there is not the same level of regulatory oversight as proposed in the Bill to confirm their mental well-being, and confirm that they are not being coerced to die.

65. If being a burden were really a concern that would drive terminally ill people to seek legalised euthanasia, then there are many people who should be considering legalised suicide now because, according to some measure, they could be considered a burden. Everyone who obtains some benefit from others, whether it is people who are being cared for, children, elderly, pensioners, etc., is theoretically a burden on other people or society. But we do not find pensioners, and nor should we, claiming 'since I am a burden on society I should commit suicide'. In the context of the Bill, the burden argument can be addressed.

66. My situation is that if I am ever terminally ill, I will evaluate all possible information, including whether I am a burden on family or society. If I want to stay alive, then my quality of life will be my primary concern. The key consideration is that the choice must be for patients to make. Even if I were to make a poor decision about my life, it is my life. I would rather all decisions about my life, good or bad, were made by me, rather than having the values of other people forced on me, denying me the option of voluntary euthanasia if I were to choose it. The more than 80% of Australians who support voluntary euthanasia have a similar view.

2.3 International experience

67. Some forms of euthanasia are legal in Belgium, Luxembourg, the Netherlands, Switzerland, and the US States of Oregon, Vermont, New Mexico, Montana and Washington. It seems legislators are starting to respond to the needs of terminally ill patients. Importantly, the legalised use of voluntary euthanasia in these jurisdictions is not out of control as has been

Victoria End of Life Choices 2015 - Attachment 1

claimed by those opposing voluntary euthanasia. Interestingly, but not surprisingly, the rate of euthanasia in the Netherlands has decreased rather than increased. This is probably because, amongst other things, people are aware that a voluntary euthanasia option is available if they need it, so non-voluntary euthanasia, and suicide by premature access of more drastic and less dignified options, is not required.

2.4 The ‘right to life’ and ‘sanctity of life’ arguments

68. The right to life argument in the context of voluntary euthanasia has no ethical merit. The ‘right to life’ is no more than a ‘right’. The right to life is not a duty to live. The right to life does not demand that it must be exercised.

69. People have the right to stand on their heads in their back yard if they want to, but there is no compulsion to do so. Terminally ill patients who want euthanasia for themselves choose not to exercise their right to life. The clergy and other opponents of euthanasia might not understand this choice, but it is the choice of those who want voluntary euthanasia.

70. An often-touted argument deals with the sanctity of life. A problem is that the word sanctity only has meaning for those with particular religious beliefs. And it seems to be applied selectively. The Christian Bible is littered with instances of murder, sacrifice and torture, including of women and children, so the sanctity of life argument is not even respected by the Christian clergy.

71. It is also ironic that religious people, whose moral values permit them to worship a god that they consider has murdered thousands/millions of people (according to religious texts), want to deny others the right to take their own lives when they are terminally ill. Surely this is a morally perverted standpoint.

72. People with other beliefs, such as those who might, for example, have an objective of ‘to live my life as long as I am happy and healthy, and, if that is not possible, then to die with dignity’ are discriminated against by the sanctity of life argument.

73. If life were sacred, there would also be strong arguments against the withdrawal of life support (passive euthanasia), self-defence and suicide. It would follow that society should do its utmost to ensure that everyone stays alive no matter what the circumstances, and this would be unacceptable.

2.5 An incorrect patient diagnosis

74. Some euthanasia opponents claim that a terminally ill patient could be incorrectly diagnosed, and could possibly recover, so euthanasia should be forbidden.

75. It is foolish to claim that incorrect diagnoses and prognoses could never occur. But for all practical purposes, they can be ruled out. Dr Alistair Browne has remarked that ‘it is frequently beyond all reasonable doubt that the diagnosis is correct or some cure will not be discovered in time to help, and it is not clear why this should not be sufficient. The law has never taken a “pigs might fly” attitude towards the risks attendant on any activity. We only need to establish “guilt beyond reasonable doubt” to send a person to prison or even to his execution, and it is not possible to require more without making the enforcement of the law impossible. Why a more

Victoria End of Life Choices 2015 - Attachment 1

stringent standard should be demanded in the cases of assisted suicide and active voluntary euthanasia yet needs to be explained.'

2.6 The slippery slope argument

76. The slippery slope argument is a common sensationalist argument of the clergy and other euthanasia opponents. It claims that if a right to assisted suicide and active voluntary euthanasia were instituted, it would lead to an increased rate of non-voluntary euthanasia, then euthanasia of those who are not attractive to society, those with fanatical political beliefs, extreme religious or cultural values and so on. Thus if we do not draw the line where it is, we will not be able to prevent substantial harm to others.

77. This argument has no merit. For there to be evidence of a slippery slope there would need to be evidence of more non-voluntary deaths within a tolerant, legalised voluntary euthanasia framework.

78. International studies have found that a 'group of people being helped to die without consent existed in all surveyed countries, irrespective of whether there was an environment of decriminalisation or harsh legal sanction'. Moreover, it seems that a tolerant environment for voluntary euthanasia, decreases, rather than increases, the number of non-voluntary deaths. This has certainly been the case in the Netherlands. If there were a slippery slope, it is going the wrong way for those opposing euthanasia.

79. The line on what will be permitted will be drawn by the enactment of the Bill. If the Bill is enacted, voluntary euthanasia will only be available to mentally competent patients who are terminally ill under specified conditions. Despite scaremongering, there will be no slippery slope—parliaments will decide where the line is drawn. Good governance demands legislative oversight of voluntary euthanasia.

2.7 The palliative care option

80. The clergy and other euthanasia opponents argue that assisted suicide and active voluntary euthanasia are unnecessary because of the extraordinary developments in palliative care and pain control. I suspect Angelique Flowers would have disagreed, but she suffered. Her compelling video to then Prime Minister Kevin Rudd is at https://www.youtube.com/watch?v=jdxd_EFDd4s.

81. Advances in palliative care are always welcome. In some, perhaps many cases, the need for assisted suicide and active voluntary euthanasia will be reduced through developments in palliative care. But these developments do not obviate the need for voluntary euthanasia nor can they control all aspects of a patient's illness to the level desired by all patients. There are still numerous illnesses or conditions for which pain, extreme suffering, and loss of dignity are difficult or impossible to eliminate. Some patients will suffer the terror of breathlessness or vomit uncontrollably, others will be choking continuously or unable to swallow, others will be paralysed, and still others will be helpless, weak, incontinent and totally dependent on others. Even if pain and distress are not the major problems, there is often a strong fear of the dependency that would result if all bodily functions, mental and physical, were sufficiently impaired.

Victoria End of Life Choices 2015 - Attachment 1

82. Palliative care is not an option for all people, since no amount of palliative care can relieve all distress. Voluntary euthanasia is a reasonable alternative for those who want it. Clearly, 82.5% of Australians, including the many thousands of members of Exit International and the Dying with Dignity organisations, want voluntary euthanasia as an option.

2.8 The concept of harm

83. Some who argue against voluntary euthanasia claim that doctors must 'first, do no harm'. Leaving a person, such as Angelique Flowers, to suffer when palliative care has not provided adequate respite from pain and suffering, is simply unacceptable. For many people, particularly terminally ill people, staying alive is doing harm. The option of a peaceful death, before one vomits faecal matter, is preferable for many people, such as terminally ill people with colon cancer. They should not be denied the right to have a peaceful death, a right that does not directly affect others.

84. It is arrogant to impose one's belief systems on another individual, effectively denying the other the right of equality. Only individuals themselves know what harm is. Those who opt for quantity of life regardless of the pain or suffering might not want voluntary euthanasia, and they need never request it. However, as many patients, particularly terminally ill patients consider that the quality of their life is more important than staying alive, the option of a peaceful death to alleviate their pain and suffering is a more humane and valid alternative.

85. Denying an individual's right to die is arrogance. Other Australians should have the right not to have others' values and perspectives forced on them.

THE RIGHT TO DIE WITH DIGNITY IS JUSTIFIABLE

86. I have provided substantial arguments in favour of voluntary euthanasia and the rights of an individual to choose how they should die and rebutted the major objections to voluntary euthanasia. Australia's current legislative regime for euthanasia is violates an individual's fundamental rights, is inappropriate in a multicultural society, runs contrary to popular opinion, is economically unsound, causes unnecessary pain and suffering, and is inhumane. It denies individuals the rights to their own lives.

87. If the status quo were to remain in Australia, it would have a deleterious effect upon those patients who would like to have the option of voluntary euthanasia. The right to die might be a right that is only ever exercised by a small minority of the population: terminally ill patients for whom palliative care is inappropriate, or perhaps people who might choose the option of rational suicide. However, those opposed to voluntary euthanasia should not, including by legislative fiat, deny individuals the right to die with dignity.

88. The arguments I have presented stand on their own if they are considered with an open mind, devoid as far as possible of any cultural, religious or other bias. They lead to the conclusion that the Medical Services (Dying with Dignity) Bill ought be enacted, possibly with amendments. If all individuals are to be respected, then Australia must observe the right to die with dignity. Despite the claims of those who oppose voluntary euthanasia, they do not know

Victoria End of Life Choices 2015 - Attachment 1

what is better for terminally ill patients more than the patients themselves. The rights of an individual must prevail.

Attachment 2.

Time for euthanasia to be regulated

By David Swanton

Posted Monday, 11 August 2014 in The Age www.theage.com.au/it-pro/time-for-euthanasia-debate-to-reach-regulations-20140810-101xos.html

Also 29 August 2014 in www.onlineopinion.com.au

In recent weeks, Australia's most outspoken voluntary euthanasia campaigner, Philip Nitschke, has been subjected to harsh criticism from some euthanasia supporters, including the ACT's Mary Porter and the chairman of beyondblue, Jeff Kennett.

Given that this criticism is based around actions concerning a recent case of 'rational suicide', an issue that has been raised before with barely any public criticism, I suspect these commentaries are part of a broader campaign to undermine Dr Nitschke, the director of Exit International.

It's hard not to be perplexed by the hypocrisy of this criticism. As people with public standing and substantial influence, why don't Ms Porter and Mr Kennett work to fix the voluntary euthanasia regulatory system, rather than complaining about Dr Nitschke operating in an unregulated environment? There are options the pair can explore.

Does Dr Nitschke push the legal limits in the current environment? Yes. Are there risks that people who are depressed, not elderly or terminally ill might access information in the unregulated environment? Yes. But these risks are mitigated somewhat as Exit members are required to be either seriously ill, notionally older than 50, and not clinically depressed. However, exceptions are permitted, and I'm one such exception.

Since I was in my thirties, I have been actively supportive of the fundamental human right to choose what is right for one's own body. I'm not terminally ill and my mental state has never been questioned.

If I had committed suicide, should Dr Nitschke be blamed? No, as I have shown no outward signs of depression, Dr Nitschke is not my physician, and people of sound mind should be responsible for their own actions.

Rational suicide is not a new issue in Australia, but the level of public debate on the issue is immature. For three years, Lisette Nigot warned Dr Nitschke that she would take her life at 80 because she will have had enough by 80. A movie (*Mademoiselle and the Doctor*) documented her case.

Iris Flounders chose to take her life when her terminally ill husband, Don, took his life with Nembutal. Neither Iris or Lisette were terminally ill, nor were they depressed. In both cases, the women emphatically told Dr Nitschke, friends and relatives to mind their own business.

There was barely any adverse commentary in the press on these matters, although there were ructions in the pro-euthanasia community regarding Lisette Nigot's case, particularly around where the line ought to be drawn. Dr Nitschke was then understandably surprised and caught off

Victoria End of Life Choices 2015 - Attachment 2

guard in his response to media criticism when ambushed on the most recent case of rational suicide.

We should note that while many people commit suicide, it is not illegal. It was not possible to dissuade these women from their suicides, and regrettably, this will sometimes be the case.

While legislative reform is the main objective of the state and territory-based Dying with Dignity organisations, it is also a desired objective of Exit International. Much of Dr Nitschke's time, however, is devoted to complementary activities, in particular research and providing information on end-of-life options to the elderly and terminally ill.

In pushing the boundaries of what is legally permissible, Dr Nitschke has not always endeared himself to some in the voluntary euthanasia movement. That's understandable (though it is always hoped that those working for voluntary euthanasia reform can work together).

However, his information and guidance not only fills the regulatory gap left by politicians who refuse to act, it is also immensely comforting to the many thousands of Exit members in Australia and overseas who attend his workshops and read his books on end-of-life options.

Acting on Dr Nitschke's advice, thousands of elderly Australians, and many hundreds of Canberrans, have acquired their illegal drugs (imported or manufactured, and stashed well away from inquiring eyes) or other equipment. That's also why so many support him. People, including many average grandparents, need information on drugs *now* and cannot wait for politicians to legislate for voluntary euthanasia.

At Dr Nitschke's ACT workshop in mid-July 2014, about 115 Canberrans were thoroughly engaged for three hours. How did Exit try to mitigate risks at this workshop? Everyone signed disclaimer forms. Anyone who claimed to be over 50 but possibly was not, was approached by me, or others, and questioned.

This process is not a grilling but an effort to ascertain the nature of their interest, and whether their attendance could be regarded as suspicious or unusual. We blocked someone whose disclaimer form indicated they suffered a depressive illness a decade earlier, until emphatic assertions, including from their partner, that their condition was no longer present.

We have refused people entry to workshops and Exit membership when their eagerness to procure drugs bordered on the fanatical or their behaviour was otherwise peculiar. And I direct people to an appropriate medical professional if there are doubts about their mental state. Nonetheless, appropriate legislation would give society more certainty about what goes on.

Politicians, parliaments, assemblies and society have so far abrogated their responsibilities for regulating voluntary euthanasia. The onus is therefore on Exit and Dr Nitschke to screen those who may not be suitable for the information provided in his books and workshops.

This is not ideal because such screening cannot be perfect, especially in an unregulated environment. Consequently, given Ms Porter's and Mr Kennett's general support for euthanasia, I propose to outline some activities that they could undertake to further the euthanasia cause, and I would be happy to work with them to ensure this occurs. In this way, their concerns about Dr Nitschke's activities can be addressed.

Victoria End of Life Choices 2015 - Attachment 2

In addition, it would be a good opportunity for Ms Porter to act on the information she obtained during her three-week European study trip examining euthanasia.

The Commonwealth's *Euthanasia Laws Act 1997* prohibits the ACT from legislating for voluntary euthanasia. But, unsurprisingly, there are ways around this. One is an issue I first raised with then chief minister Jon Stanhope, and it was raised again by Queensland University of Technology law professor Ben White at a euthanasia forum organised by Ms Porter earlier in 2014.

It is possible under section 20 of the ACT's *Director of Public Prosecutions Act 1990* that the ACT attorney-general could direct the ACT director of public prosecutions (DPP) on the circumstances under which the director should institute or conduct prosecutions for an offence.

For example, the DPP could be directed not to prosecute a physician for assisting with voluntary euthanasia, so long as various conditions are met, including that the patient be assessed for the absence of any depressive illness, or perhaps that the patient is terminally ill etc.

This is not legalising euthanasia. It is only specifying the conditions under which a person assisting with voluntary euthanasia would or would not be prosecuted. Given the minor penalties that have been given to elderly Australians who have assisted a terminally ill spouse or partner to die, this would be an understandable and reasonable direction to the DPP.

The ACT Legislative Assembly would need to be onside with this proposal, and this, I suggest, is one option on which Ms Porter could focus her efforts to achieve regulatory reform.

Mr Kennett is concerned that information on end-of-life options should only be available for the terminally ill, for those for whom the dignity of life has been lost and under special conditions (presumably not for the clinically depressed). This cannot be completely assured, even with legislation. But penalties can be provided to deter regulatory breaches, so voluntary euthanasia legislation is highly desirable.

Society needs to have a clear debate about rational suicide, and given that parliaments struggle with voluntary euthanasia, any such debate is unlikely to be free of invective and visceral reactions for some time.

Unfortunately, many Liberal and Labor politicians nationally, and many Liberal politicians in the ACT Legislative Assembly, do not support voluntary euthanasia. Greens politicians are generally supportive.

Mr Kennett could usefully lobby his Liberal colleagues (even assisting Ms Porter with her proposed discussions) to legislate for voluntary euthanasia and reduce the risk that some people, including those who are depressed, could access information on end-of-life options.

Furthermore, media organisations might want to place greater emphasis on scrutinising the intransigence of politicians who refuse to establish appropriate regulatory systems despite overwhelming public support. The media might also offer a more balanced appraisal of Dr Nitschke's activities, because in a democracy, no public activities should be beyond reasonable scrutiny.

Victoria End of Life Choices 2015 - Attachment 2

Philip Nitschke won't go away. He has been the strongest activist for euthanasia reform and the provision of information to the elderly and terminally ill for almost 20 years-in Australia, and now overseas. He has ruffled feathers and will continue to do so.

Dr Nitschke cares for people, particularly when they are at their most desperate. People will continue to derive comfort from his advocacy, determination, advice and research into end-of-life options. And despite increased diligence in mitigating the risk of information getting into the wrong hands, it will, no doubt, still occur.

However, if politicians don't like the fact the voluntary euthanasia agenda and Dr Nitschke's activities are moving into areas they don't agree with, they should establish a voluntary euthanasia regulatory framework.

Legislation will provide sureties for society and reduce the risk of inappropriate access to information. If politicians won't act, they should stand aside for those who will.

David Swanton is an ethicist, PhD scientist and director of [Ethical Rights](#). He is also ACT Chapter Coordinator for [Exit International](#).

Attachment 3.

Voluntary euthanasia is about choice and respect

By David Swanton

Posted Monday, 11 June 2015 in www.onlineopinion.com.au and 7 June 2015 in The Age, www.theage.com.au/comment/voluntary-euthanasia-is-about-choice-and-respect-20150607-qhhhy4.html

It comes as no surprise that the Catholic Archbishop of Canberra and Goulburn, Christopher Prowse, has opposed euthanasia (Canberra Times, 28 May 2015). What people in his position often fail to realise is that if you propose a position as a basis for public policy then your position and the basis for it ought to be, and will be, subjected to scrutiny. His and the Catholic Church's ongoing opposition to euthanasia fails any objective analysis.

Euthanasia is defined as a deliberate act intended to cause the death of a patient, at that patient's request, for what he or she sees as being in his or her best interests. The voluntary nature of euthanasia is implicit in this definition, and if society were to respect the informed views of those choosing voluntary euthanasia, then it should be permitted.

Mr Prowse and the Catholic Church should realise that voluntary euthanasia will not result in more people dying, but in fewer people choosing to suffer. Mr Prowse stated that 'euthanasia is dangerous, which is one of the key reasons the Catholic Church has long opposed it'. He should have stopped at the first phrase, and then tried to make his arguments. Instead, he has subjected the Catholic Church to scrutiny.

It seems the Catholic Church does things because they have always been done that way and not because they are morally right. This is why the Church is still sexist (women cannot hold positions of power in the church), and homophobic (homosexual acts are acts of grave depravity). It is also morally perverse to advocate worshipping a God as something that is good, when that God, according to the Bible, has unjustly killed people, causes cancer in some children and causes others to suffer. With such a track record, the Catholic Church is poorly credentialed to make a moral case against euthanasia.

The first of Mr Prowse's three arguments against euthanasia was that it would put pressure on vulnerable people to request euthanasia. This is a valid concern, but not one supported by evidence, given that regulatory options are available to mitigate any problems.

Brisbane euthanasia expert Professor Ben White was quoted in 2014 as saying that 'a 2012 study had looked at whether men or women were dying more often and at the split between old and young, and people from different socio-economic backgrounds. It found no evidence to support concerns that legalising euthanasia would target the vulnerable'.

For many Australians, particularly those members of Exit International who have manufactured or procured their end-of-life drug of choice, suicide/euthanasia is a very easy option if they wanted it. What I hear from Exit members is that having a suicide/euthanasia drug gives them control and peace of mind (that they will have a good death if any medical condition worsens beyond what they can tolerate), and not pressure to use the drug.

Victoria End of Life Choices 2015 - Attachment 3

Additionally, if there are concerns about vulnerable people, limits could be put on any regulatory framework for euthanasia, countering Mr Prowse's second point that 'acceptance of euthanasia cannot be limited'.

There will always be concerns about sensitive matters such as people's wellbeing. Regulators should proscribe clinically depressed people and young people suffering from depression (please see organisations such as beyondblue or your physician) from accessing voluntary euthanasia.

Other limitations can be put on euthanasia. Favoured euthanasia regulatory systems require that a patient must request voluntary euthanasia and also be terminally ill in the first instance. However, a strong moral case could be made that even those without a terminal illness might wish to have a rational suicide. The debate about euthanasia and rational suicide ought to continue, and Dr Philip Nitschke will raise these and other matters at a public forum and rational suicide/euthanasia workshop in Canberra on 10 June.

Mr Prowse's third point was that 'legal euthanasia would undermine the human dignity of all people by allowing us to think that death is a solution to serious and difficult conditions such as cancer, depression or Alzheimer's'. On the contrary, the reason why people choose voluntary euthanasia is to maintain their dignity and reduce their suffering. It is their choice about their life.

Why would someone's dignity be undermined if somebody else chooses to shorten their life by perhaps ten days to reduce their suffering from cancer? While anybody's death is the cause of much grief and sadness for loved ones, we should take some solace from the reduction in their suffering. To address Mr Prowse's other concerns, the most favoured regulatory systems would prohibit depressed people and people with Alzheimer's from accessing euthanasia (possibly through psychiatric assessments).

I agree with Mr Prowse about the importance of palliative care and it being available to those who need it. Of course, when a patient considers palliative care cannot meet their needs, then compassion, dignity and respect demand that voluntary euthanasia ought to be an option available to them.

Although over 80% of Australians, including a majority of Catholics, have continued to support the option of voluntary euthanasia over the years, the clergy and most politicians do not. Perhaps those opposing euthanasia should consider the principle of 'do unto others as you would have them do unto you'. People generally dislike others interfering in their life, not respecting their views, telling them with whom they should have sex, or how much pain they should suffer when at the end of life. Consequently, people ought not dictate how others live or end their lives. Doing unto others what you would not want done unto yourself would be unethical.

David Swanton is an ethicist, PhD scientist and director of [Ethical Rights](#). He is also ACT Chapter Coordinator for [Exit International](#).