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 To: [LSIC](#)
 Subject: Inquiry into End of Life Choices
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SUBMISSION

I am aware that since 2002 around 16 Euthanasia Bills, in various forms, have been presented to Australian Parliaments. All have been rejected and a further attempt to have the matter of “voluntary euthanasia” referred to the Vic Law Reform Commission was only recently abandoned when it became clear that Parliament would not support referral to the Commission. Regarding this inquiry, it seems to me that the “Terms of Reference” have been designed to provide outcomes which might enable all previous rejections to be overridden thus allowing legalisation of assisted suicide/euthanasia.

I am strongly opposed to any changes to the current laws governing suicide, assisted suicide and/or euthanasia and in support of the position I have taken I submit the following:

- Australians facing the end of their lives, should be offered, where needed, fully comprehensive, high quality, readily accessible, palliative care not the prospect of being killed. Further, if this inquiry is to have any credibility, heavy consideration will be given to improvements in effectiveness, availability of, and access to, palliative care. At present, not every Australian has reasonable access to palliative care. **Palliative Care Australia** recommends care specialists should be provided to the level of 1.5 full time equivalent(FTE) palliative specialist per 100,000 people. In major cities, access varies from state to state but is no better than 0.5 FTE whilst in regional areas it is only 0.3/0.2 FTE. This deficiency needs to be urgently addressed by the Inquiry. Further, **Palliative Care Australia** believes that “Euthanasia and physician assisted suicide are not part of palliative care practice”. In countries where euthanasia/assisted suicide are included in palliative care provisions(e.g. Netherlands and Belgium) around one in two non-sudden deaths (i.e., planned deaths)are facilitated by, or carried out by, palliative care specialists.
- Should euthanasia/assisted suicide be legalised in Australia, the ethic of palliative care would be undermined and inevitably there would be reduced investment in relevant research and clinical trials and as a consequence availability /access to care would suffer.
- In my view, a licence to kill is always a bad public policy for, amongst other things, it creates groups of people whose lives are deemed worthless.
- The most vulnerable in our society may be coerced/pressured to “stop being a burden” on others and/or the health system. There have been many cases of elder abuse for financial reasons and legalisation of euthanasia/assisted suicide would open the doors to the ultimate in elder abuse.
- Legalised euthanasia/assisted suicide would radically change the public conscience as has already occurred following the legalisation of abortion.
- Euthanasia/assisted suicide violates basic medical ethics in that it upends the role of doctors, attempting to do what is best for patients , rather than what might be best for hospitals and/ or health budgets.
- Peak Medical Professional bodies including the **World Medical Association(WMA)**, the **British Medical Association(BMA)**, the **Royal College of Physicians(RCP)**, the **Royal College of General Practitioners(RCGP)**, the **Royal College of Anaesthetists(RCA)**, the

Royal College of Surgeons of Edinburgh, the **Royal College of Nursing** and the **British Geriatric Society** are opposed to euthanasia and assisted suicide. The **Australian and New Zealand Society of Palliative medicine (ANZSPM)** also opposes legalisation of assisted suicide and strongly supports the position adopted by the WMA as does the **Australian Medical Association**.

- In countries where euthanasia/assisted suicide has been legalised (e.g., Netherlands and Belgium), the actual practice of Voluntary euthanasia has been extended, beyond the provisions of the law, to include Involuntary euthanasia of children and those suffering dementia. As predicted, legalising assisted suicide in the Netherlands has become a slippery slope toward widespread killing of the sick.
- None of the “safe guard” provisions in the overseas legislations appear to work e.g., In the Netherlands, around 500 people are involuntarily euthanized each year despite a provision in the law which requires –Voluntary, written request indicating informed consent-Attempts at bringing such cases to trial have failed. Where reporting of assisted suicide/euthanasia cases is required, reporting is often ignored. In Belgium approximately half of all cases of euthanasia are not reported to the Federal Control and Evaluation Committee. In the Netherlands, around 20% of cases go unreported. The Second opinion and consultation “safe guard” which is meant to ensure that all criteria have been met before proceeding with euthanasia or assisted suicide is not always applied. Evidence of non-compliance with this requirement in Netherlands is as high as 35 % of cases.
- Governments and community organisations spend considerable amounts of time, effort and money on prevention of suicide. Why then should we discriminate against the sick/aged by encouraging them to suicide? Further, if assisted suicide/euthanasia is to be legalised in Australia, will these Government and community organisations become redundant? Will we as a society simply stand back and allow people to deliberately throw themselves off high buildings, bridges or in front of trains, cars or to overdose on drugs?

Thank you for accepting my submission

Peter Quinn.