

**From:** [REDACTED]  
**To:** [LSIC](#)  
**Subject:** Inquiry into End of Life Choices  
**Date:** Thursday, 23 July 2015 7:17:51 PM

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To Whom it May Concern:

I Submit that:

Improvements in effectiveness, availability of and access to palliative care are needed to give any credence to end of life 'choices'. Improved care, not killing, should be offered to us when facing the end of our lives.

I have, like most people, had personal experience with the dying and I certainly only wished for pain free palliative care for them. Not to kill them.

Legalising euthanasia or assisted suicide would undermine that palliative care. What resources would be put into palliative care if the cheaper/easier option of euthanasia were legally available.

We need more spent on palliative care in Australia for it to be equitable i.e. regional and rural areas have much less \$ for palliative care.

Safeguards can never be adequate to protect the vulnerable. Look what has happened in the Netherlands and other places. They have become 'killing fields', where euthanasia is not always voluntary: in fact the elderly, sick and disabled are afraid to enter hospitals. In Belgium, unfortunately, euthanasia is included in the definition of 'palliative care'. We don't want that for Australians either.

There is evidence that mandatory reporting, second opinion and consultation are not being sought in those countries in Europe and Oregon US where euthanasia is legalized.

Australian parliaments have rejected 16 euthanasia and assisted suicide bills moved since 2002: let us not go down that path again.

Advanced Care Directives should be Plans, not Directives, as the person may change their mind but the directive is already in place and may be carried out, really against the person's new decision. Care Plans should be positive i.e. get a minister of religion, family, friends, music or whatever. Not just a negative prescription of treatment not given.

Thank you for the opportunity to make this submission.

Sent from my iPad

Cr. Helen Leach

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