

From: Mr D. Green

To: Legal and Social Issues Committee (emailed to: lsic@parliament.vic.gov.au
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A submission for

INQUIRY INTO END OF LIFE CHOICES

I wish to address specifically the question of euthanasia, i.e., the choice, or lack of choice, to end one's life.

While we don't want people to suffer a long slow process of dying with unrelievable pain and no ability to either decide or act to end it, we must be extraordinarily careful to avoid calling on others to kill us without taking into consideration all possible implications. These implications must come from many informed sources, not simply those who are already polarised for or against the question.

I offer the following two guidelines as one way to divide the question. It may provide a starting place for further discussion.

ONE

For those who have lost the power to decide and act on their own behalf, no simple thumb-rule should be available. Rather several levels of input and decision are needed.

(a) A competent and independent medical assessment would assess:

- * the presence or absence of unrelievable pain and suffering in the subject;
- * their ability to understand; as well as
- * their ability to make decisions and take independent action.

If pain and suffering can be relieved to an acceptable level, no action would be taken.

(b) In the absence of specific legal documentation cover the current situation, independent interviews by disinterested third parties of:

- * family members;
- * friends; and
- * involved professionals (medical, church etc.)

to determine any clear expression of the subject's wishes prior to the current situation that may be evidence of their wishes.

(c) A judicial process would bring all available information together.

The decision process should not be about consensus or majority outcomes but consider all sides, perhaps even leaving a right of veto to those closest to the subject. (That is, veto against early action.) Also, no medical professional should ever be forced to action regardless of decisions made by others.

TWO

When the subject is capable of independent decision and action (i.e., suicide) then no path should be provided for them to involve others. This especially applies to medical professionals who are sworn to do no harm.

Should they desire to die but refuse to take their own action, serious questions must be asked as to whether the problem lies elsewhere, for example, depression, loneliness, or a feeling that they are becoming a burden on others. Better answers are available for these problems.

For those who know beforehand that they will be reduced to incapacity and pain, a previously written and legally witnessed statement would form a major part of the medical/legal assessment.

CLEAR DISTINCTION

By making a clear distinction of a subject's ability to decide and to act, in a situation involving unrelievable pain and suffering, we can protect those who might otherwise misuse such situations. In addition, a clear distinction may reduce political differences and eventually make it possible to deal better with this most difficult question.

(End of submission)