

Dear Ms Topic,

I make this submission as a Queenslander because if Victoria votes to approve legislation for euthanasia and assisted suicide to people in hospitals and other medical facilities in your state, those who want to be euthanised would be expected to inundate Victorian facilities. Thus, Victorian legislation has an Australia-wide application.

Where does euthanasia take us?



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'Almost one in five Dutch doctors would consider helping someone die even if they had no physical problems but were "tired of living", according to one of the most comprehensive academic studies of such attitudes.

The research, in which almost 1,500 GPs, geriatric care doctors and clinical specialists answered a detailed, anonymous survey, also found that 2% of them said they had taken part in such euthanasia or assisted suicide without medical grounds for a patient who was suffering, even though this is prohibited under Dutch law.

The paper, published in the Journal of Medical Ethics, also found that 40% of the doctors said it was conceivable they would help someone in the early stages of dementia to die, while 3% had done so. Just over a third said they might also be willing to assist people with a psychiatric disease who wished to end their life'.<sup>1</sup>

I now address the 'Terms of Reference' of this inquiry:<sup>2</sup>

<sup>&</sup>lt;sup>1</sup> Peter Walker 2015. *The Guardian*, One in five Dutch doctors would help physically healthy patients die (online), 18 February. Available at:

http://www.theguardian.com/society/2015/feb/17/assisted-dying-dutch-doctors-patient-lawnetherlands (Accessed 24 July 2015). <sup>2</sup> Parliament of Victoria, Committees, Legal and Social Issues, Inquiry into End of Life

<sup>&</sup>lt;sup>2</sup> Parliament of Victoria, Committees, Legal and Social Issues, Inquiry into End of Life Choices, Terms of Reference. Available at: <u>http://www.parliament.vic.gov.au/lsic/article/2608</u> (Accessed 24 July 2015).

# A. Please get rid of the euphemisms

The introduction of the 'Terms of Reference' states that the Committee is to inquire into 'the need for laws in Victoria to allow citizens to make informed decisions regarding their own end of life choices'.<sup>3</sup>

Is that what this Committee is really investigating, the ability to make informed decisions about what people do at the end of their lives? Or, is this what is really intended?

(1) The medical profession should be given the legal and medical ability to engage in assisted suicide,

(2) promote assisted suicide, the killing of people, by the medical profession, but without the fear of legal prosecution.

(3) The euthanised killing of the terminally ill and frail.

I strongly object to the language and ethics proposed here of:

- (a) 'make informed decisions', and
- (b) 'regarding their own end of life choices',

My objection relates to what seems to be the intent of this inquiry, which is to legalise euthanasia and assisted suicide – killing. This amounts to a rejection of a provision to facilitate end-of-life informed decisions, but it gives a doctor or other medical person the means for a terminally ill, suffering patient to be given assistance to kill herself or himself – assisting in her/his suicide.

I know this from personal experience when my mother was dying. Not a medical doctor, but a nurse, offered to give Mum extra morphine 'to take her more quickly' (the nurse's language). My mother had signed no authority for such and had given no verbal consent, but the nurse was going to do it anyway until I intervened. I was sitting with Mum as she was close to death. So here in Australia, the medical profession is already doing that which is illegal in regard to end of life decisions. What will happen when assisted suicide and euthanasia are legalised in Victoria?

I consider that this is a disrespectful attack on the Australian medical services' professions which have a superb track record of compassion and care for the sick and dying. Any 'End of Life Choices' bill that might come out of this inquiry, has the potential to kill off compassion as it proceeds to desecrate care in the name of assisted suicide – killing. This is not what should be promoted by a civilised society.

I also object because,

<sup>&</sup>lt;sup>3</sup> Ibid.

### B. Assessing the practices currently being used is wrongheaded

This relates to point (1) of the 'Terms of Reference'. Surely the example I've given of my own mother's death and of a medical person going beyond the legal and ethical boundaries of the medical profession should be enough to let the Committee know that current practices should not determine the ethics of what should be allowed at the end of a person's life.

This is what should be allowed according to the AMA:

# 1. Do not violate the AMA's code of ethics!

A medical practitioner, who stoops to violate fundamentals of the Australian Medical Association's (AMA) code of ethics that stretches as far back as the Hippocratic Oath,<sup>4</sup> is promoting a value system that we as Australians should reject. The AMA code of ethics (2006 edition) regarding the dying patient is:

#### 1.4 The Dying Patient

a. Remember the obligation to preserve life, but, where death is deemed to be imminent and where curative or life-prolonging treatment appears to be futile, try to ensure that death occurs with dignity and comfort.

b. Respect the patient's autonomy regarding the management of their medical condition including the refusal of treatment.

c. Respect the right of a severely and terminally ill patient to receive treatment for pain and suffering, even when such therapy may shorten a patient's life.

d. Recognise the need for physical, psychological, emotional, and spiritual support for the patient, the family and other carers not only during the life of the patient, but also after their death.<sup>5</sup>

So, a fundamental of the AMA's ethics is, 'Remember the obligation to preserve life'. That does not seem to be what is being promoted by this inquiry with the language, 'to allow citizens to make informed decisions regarding their own end of life choices'.

Those who promote euthanasia refrain from using the word 'kill'. I note that the Victorian 'Terms of Reference' do not say that it is 'to allow citizens to make informed decisions about euthanasia or assisted suicide as killing of a

<sup>&</sup>lt;sup>4</sup> A copy of the Hippocratic Oath is available at *Encyclopaedia Britannica* 2015. S v Hippocratic oath, <u>http://www.britannica.com/topic/Hippocratic-oath</u> (Accessed 24 July 2015).

<sup>&</sup>lt;sup>5</sup> Australian Medical Association 2006. AMA Code of Ethics - 2004. Editorially Revised 2006 (online). Available at: <u>https://ama.com.au/position-statement/ama-code-ethics-2004-editorially-revised-2006</u> (Accessed 24 July 2015).

person'. However, 'to kill' is the accurate word to describe the reality of what happens. It is not natural death.

I contend that voluntary active euthanasia advocates are not promoting the right of citizens to make informed decisions about end of life choices. Promoters of euthanasia are supporting the right to assist with committing suicide, to be killed, and to kill.

These rights currently do not lawfully exist in Australia, and neither should they. To remain a civilised country with law and order, we must continue to support the view that murder (active killing of another person) and assisted suicide are legally wrong and must be prosecuted under our legal system.

### C. Compassion, mercy and palliative care

Australia's medical services are built on compassion and mercy and not on providing means for killing or assisting in the killing of a person. To move towards affirming this position at the end of life is to act directly contrary to the practice of compassion and mercy towards the suffering that has a long history in the Australian medical profession, hospitals and community. It is based on the undaunted and unethical view to kill human beings, all in the name of end of life decisions.

Australia's care for the sick and dying with compassion and mercy – an envy of much of the world – is based on the Christian world and life view of the value of human beings who are made in the image of God, and on relieving pain with Christian compassion and mercy, and not that of assisting with the killing of people.

Euthanasia, as suggested by the 'Terms of Reference', should not be used as a means to 'allow citizens to make informed decisions regarding their end of life choices', if that means killing or assisting in the killing of that person. I am not discussing the issues of maintaining or turning off life-support systems.

Whether that killing is by a direct action, such as a lethal injection or by failing to perform an action necessary to maintain life, it should be forbidden, in order to agree with the AMA ethical code and to promote compassion and mercy.

Much more money needs to be allocated by the Victorian government to palliative care of the suffering to assist with the alleviation of pain.

## D. No further legislative change is needed

To address 'Terms of Reference' (3): Legislation as it exists is more than adequate for maintaining care of the needy at the end of life. What is obligatory is more funding for palliative care and not for killing or assisting in the killing of people near the end of life.

## E. The vulnerable will suffer

We already know what happens when euthanasia is legalised. We have conspicuous examples from Belgium and Holland.

On 13 February 2014, BBC News reported:

Parliament in Belgium has passed a bill allowing euthanasia for terminally ill children without any age limit, by 86 votes to 44, with 12 abstentions.

When, as expected, the bill is signed by the king, Belgium will become the first country in the world to remove any age limit on the practice.

It may be requested by terminally ill children who are in great pain and also have parental consent.

Opponents argue children cannot make such a difficult decision.

It is 12 years since Belgium legalised euthanasia for adults.

In the Netherlands, Belgium's northern neighbour, euthanasia is legal for children over the age of 12, if there is parental consent....

One man in the public gallery of Belgium's parliament shouted "murderers" in French when the vote was passed, Reuters news agency reports.<sup>6</sup>

It was reported on 3 March 2014 that 'Belgium's king has signed into law a controversial bill that will allow for chronically ill children to be euthanized'.<sup>7</sup>

Now what are Dutch paediatricians recommending? *The Guardian*'s headline was, 'Dutch paediatricians: give terminally ill children under 12 the right to die' and the sub-heading was, 'Dutch Paediatric Association says country should follow Belgium in changing law on euthanasia and scrapping age limit for children in unbearable suffering'. The article reported that 'terminally ill children in unbearable suffering should be given the right to die, the Dutch Paediatric Association has said, calling for the current age limit of 12 years old to be scrapped'.<sup>8</sup>

How extreme can the advocacy for euthanasia go? Here is but one example:

<sup>&</sup>lt;sup>6</sup> *BBC News*, 2014. Belgium's parliament votes through child euthanasia (online), 13 February. Available at: <u>http://www.bbc.com/news/world-europe-26181615</u> (Accessed 24 July 2015).

<sup>&</sup>lt;sup>7</sup> *RT News* 2014. Children's euthanasia bill signed by Belgium king (online), 3 March. Available at: <u>http://www.rt.com/news/belgium-king-sign-euthanasia-bill-566/</u> (Accessed 24 July 2015).

<sup>&</sup>lt;sup>8</sup> Agence France-Presse in The Hague 2015. *The Guardian*, Dutch paediatricians: give terminally ill children under 12 the right to die (online), 19 June. Available at: <u>http://www.theguardian.com/society/2015/jun/19/terminally-ill-children-right-to-die-euthanasia-netherlands</u> (Accessed 24 July 2015).



Byron\_Lady @Byrene15.<sup>9</sup> 'Nel Bolten's tattoo reads: "Do not resuscitate!!! I am 91+". The Dutch health minister has declared that the tattoo is a legal declaration that gives the 91-year-old the right to self determination to end her life'.<sup>10</sup>

There are too many risks for the vulnerable if the Victorian government passes legislation to endorse euthanasia; it would be medically unethical and would introduce legalised killing into Australian society. Such should be the farthest from any MPs thinking.

Sad, emotionally laden personal stories of suffering will be used to try to persuade us of the value of killing the infirm and suffering through euthanasia and assisted suicide. Distressing testimonials point to the need for comprehensive government support of palliative care. They should not be allowed to cloud rational debate about a serious ethical issue.

I am unable to attend a public hearing in Victoria because of my living in Queensland.

Thank you for considering these matters.

Yours sincerely,

Spencer Gear

<sup>&</sup>lt;sup>9</sup> Available at: <u>https://twitter.com/Byrene15/status/546082240837746688</u> (Accessed 24 July 2015).

<sup>&</sup>lt;sup>10</sup> Peter Walker 2015. op cit.