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## **Victorian Legal and Social Committee's Inquiry into End of Life Choices**

**Submission by *Australian Christians***  
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Thank you for the opportunity for all members of the Victorian community to make a submission.

*Australian Christians* view is that any legislative changes or medical measures regarding end of life choices be designed towards strengthening palliative care services in order to support a societal culture predisposed to life.

The improvement of palliative care is particularly important in this discussion. Currently, *The Australian and New Zealand Society of Palliative Medicine* states that only 1.0 full time equivalent palliative medicine specialist per 100,000 people as the minimum ratio for a reasonable provision of service, whereas the average ratio is 0.4 per 100,000. Clearly these figures can be immediately improved upon, with at least 1.5 FTEs per 100,000. Furthermore, with such a low ratio it is obvious that there also needs to be a corresponding increase in the availability and access to palliative services.

International jurisdictions show that only when euthanasia/assisted suicide is legalized are the ethics and services of palliative care severely compromised. Contrary to claims that the Netherlands and Belgium have not lagged behind palliate services since the legalization of euthanasia, the *European Journal of Palliative Care* (2013) found that a growing number of palliative specialists were involved in euthanasia. Fifty per cent of euthanasia or assisted suicide deaths in Flanders alone were carried out by palliative care specialists.

While this is often framed as 'compassionate', it is worthwhile reinstating that whenever euthanasia is legalized, even within tightly regulated parameters, the practice quickly becomes fraught with ever widening cases of ethical medical misconduct. In Netherlands and Belgium it has extended to well beyond its initial legal provisions to include children and dementia patients. (<http://www.no euthanasia.org.au/blog/2272-euthanasia-s-open-season-on-the-mentally-ill.html>; <http://www.no euthanasia.org.au/blog/2267-dutch-pediatricians-want-to-euthanize-children.html>)

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This is the persistently the situation whenever vague notions of ‘compassion’ become legal. The practice deteriorates into one of expediency and ethical relativity, rather than upholding the high medical principle of, “First do no harm.”

For example, in Oregon a patient must be referred to a psychiatrist or psychologist for treatment if the prescribing or consulting physician concludes that the patient’s judgment is impaired by a mental disorder such as depression. But in 2007, none of the people who died by lethal ingestion in Oregon had been evaluated by a psychiatrist or a psychologist.

[www.oregon.gov/DHS/ph/pas/ors.shtml](http://www.oregon.gov/DHS/ph/pas/ors.shtml)

Other cases include, the case of Lucas Taylor, a talented 26-year-old linguist whose body was found in a German park. His mother claiming his suicide was coached via Philip Nitschke’s, *Exit International*. Or the same doctor’s support for 45-year-old Perth man Nigel Brayley in his decision to commit suicide, despite knowing he was not terminally ill.

Modern 20<sup>th</sup> century history also provides the necessary precedent that serve as a severe warning against reinstating this issue as a state sanctioned practice.

It was directly because of Nazi Germany’s abuses of human rights, but also the widely practiced eugenics movement in the US, that the World Medical Association adopted two modernised forms of the Oath - the Declaration of Geneva in 1948 and the International Code of Medical Ethics in 1949.

The Declaration of Geneva states, ‘I will maintain the utmost respect for human life from the time of conception’ and the International Code of Medical Ethics says that ‘a doctor must always bear in mind the obligation of preserving human life from the time of conception until death’.

The World Medical Association strongly encourages all National Medical Associations and physicians to refrain from participating in euthanasia, even if national law allows it or decriminalizes it under certain conditions.”

Although the Australian Medical Association no longer has a position statement specifically on euthanasia, it still makes reference to the WMA position statement.

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The British professional medical bodies show that more specialized palliative care increases the quality of services and dignity of patients.

“The opposition to euthanasia is strongest amongst doctors who work most closely with dying patients and are most familiar with treatments available. One of our members is the Association for Palliative Medicine of Great Britain & Ireland, which represents over 800 UK specialists in palliative care. Well over 90% of its members are strongly opposed to euthanasia. The British Medical Association (BMA), the Royal College of Physicians (RCP), the Royal College of General Practitioners (RCGP), the Royal College of Anaesthetists, the Royal College of Surgeons of Edinburgh, The Royal College of Nursing and the British Geriatric Society also remain strongly opposed to euthanasia.”

(<http://www.carenotkilling.org.uk/about/faqs/>)

To quote Paul Russell, Director of the organisation HOPE, Preventing Euthanasia and Suicide: “This all points to another reality: that the existence of euthanasia laws creates deep and almost indelible changes to any society where it is legally practiced. What is legal is moral. The law provides boundaries that human nature pushes against almost constantly. Move those boundaries to accommodate the push and, inevitably over time, the push will come against the newly defined boundary. This is the human experience and why, until relatively recently, all societies resisted such changes.”

(<http://noeuthanasia.org.au/blog/1856-the-arbitrary-nature-of-euthanasia-safeguards.html>)

Finally, we would like to submit the story of Theo Boer. For nine years, Boer was a member of a regional euthanasia review committee in the Netherlands set up to oversee the operation of the euthanasia laws.

In six years, the numbers of deaths doubled. He says: “I used to be a supporter of legislation. But now, with 12 years of experience, I take a different view. At the very least, wait for an honest and intellectually satisfying analysis of the reasons behind the explosive increase in the numbers. Is it because the law should have had better safeguards? Or is it because the mere existence of such a law is an invitation to see assisted suicide and euthanasia as a normality instead of a last resort?”

Australians should also think very carefully before legalising assisted suicide or euthanasia.

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It is noteworthy that in Australia 15 pro-assisted suicide, euthanasia or end-of-life bills have been defeated between 2002 and 2012 (Vic 1, WA 2, NSW 3, Tas 1, SA 8.)

Ultimately, greater palliative care is consistent with the basic ethical principles of medical practice. Pro-assisted suicide or voluntary euthanasia leads doctors and nurses to shift from primarily providing care to selective killing. This undermines the trust people have in the medical profession and health care generally.

Our shared universal values always seek the means to compassionately preserve the dignity of life, particularly the most needy and vulnerable. This belief contends that human life at every stage has intrinsic value and is not a social impost. This is a particularly vital message to send to young Australians who are ending their lives in alarming numbers.

Organisations and individuals who strive to compassionately care and share in their suffering should be thoroughly supported in their endeavors.