

From: Marshall Perron [REDACTED]
Sent: Tuesday, 28 July 2015 3:39 PM
To: LSIC
Subject: SUBMISSION
Attachments: VIC CTEE SUBMISSION.docx

Secretary
Legal and Social Issues Committee
Victorian Legislative Council
Inquiry into end of life choices
28th July 2015

Dear Sir/madam

Please accept the following submission to your inquiry. I understand the document will be made public and have no objection.

If required I would be pleased to give oral evidence to the committee or respond to questions.

Yours faithfully

Marshall Perron

[REDACTED]

PS I have also attached a copy of my submission if convenient.

**A SUBMISSION TO THE VICTORIAN LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES
LEGISLATION COMMITTEE INQUIRY INTO END OF LIFE CHOICES. BY MARSHALL PERRON**

I welcome the opportunity to make this submission to the inquiry and commend the sponsors for their initiative.

PREAMBLE

Considering the broad ranging terms of reference, it is certain many submissions to the committee will state...

- That the vast majority of Victorian adults want to have the option of voluntary euthanasia if their quality of life becomes unbearable.
- That even optimal palliative care cannot relieve suffering for everyone.
- That some doctors assist suffering patients to die without safeguards or scrutiny.
- That the absence of a lawful right to access appropriate drugs compels many to violent suicide.
- Those regimes where medical assistance to die is lawful operate satisfactorily.

All of those statements are accurate. They demonstrate that Parliaments in Australia have fallen behind the needs and aspirations of an ageing community, many of whom feel abandoned by a society that fails to respect individual autonomy by refusing them the option to die peacefully with dignity at a time of their choosing.

COMMITTEE REFERENCE

THE NEED FOR LAWS...TO ALLOW CITIZENS ..INFORMED CHOICES....AT....END OF LIFE.

The need for law reform is beyond question. Modern medicine and improved living standards have resulted in an ageing population dying predominantly of degenerative disease. A few of those ailments result in protracted suffering that can be relieved only by the death of the person.

Today death can, and is often artificially prolonged beyond what is deemed necessary or wanted by many citizens.

Currently, Victorian law does not protect doctors who act compassionately to relieve intractable suffering by accelerating death. The law prohibits frank discussion with a doctor about an intention to suicide; it encourages individuals to keep their plans secret from family to avoid them becoming an accessory. The law compels terminally or hopelessly ill people intent on taking their own lives to do so before they lose the physical or mental capacity. The length of life lost in such cases is a tragedy for the individual and all who loved them.

Laws permitting a competent adult the option of access to the means to a peaceful death would minimise unbearable suffering and reduce violent, lonely, premature suicide.

COMMITTEE REFERENCE

THE ROLE OF PALLIATIVE CARE

The provision of palliative care is an essential part of our advanced society. Australia has a world class service and its development and expansion should be encouraged in both the private and public sector.

While palliative care accommodates the needs of a majority of the dying, even the best resourced service cannot relieve the extreme suffering some endure. This fact is acknowledged universally by responsible organisations and professionals involved in the palliative care industry. To quote from the national peak body, Palliative Care Australia 1999 position paper on euthanasia...

PCA... Acknowledges that while pain and other symptoms can be helped, complete relief of suffering is not always possible, even with optimal palliative care. And...

Recognises and respects the fact that some people rationally and consistently request deliberate ending of life.

The palliative care response to intractable pain and suffering is terminal sedation, a medically controlled process that utilized close to the end of life, commonly without the explicit consent of the patient. In order to avoid accusations of wanting to hasten death, the delivery of sedatives and analgesics is slowly titrated upwards, which means that control of pain and suffering may take some days to achieve. As nutrition is with-held, death can take up to 2 weeks.

Terminal sedation is, in fact, slow euthanasia, once commenced, the death of the patient is certain and expected. We advocates of law reform claim it would be more humane to assist a patient (upon request) by the administration of drugs that cause death in minutes rather than starving to death over several days or weeks.

COMMITTEE REFERENCE

RELEVANT REPORTS IN AUSTRALIA AND OVERSEAS

I refer the committee to the reports by the respected think tank **Australia 21** titled ‘**How Should Australia Regulate Voluntary Euthanasia and Assisted Suicide**’, of Nov 2012 and ‘**The right to choose an Assisted Death: Time For legislation?**’ Jan 2013.

These two reports are based on an assessment of relevant Australian data with input from a broad range of people considered experts in their field. The reports conclude that the current legal framework has failed, the law is incoherent or illogical, palliative care cannot address all suffering, some terminally ill patients are forced to choose an unsatisfactory death and that the Australian community wants change.

Australia 21 recommends...

“State governments should develop legislation now to permit and regulate voluntary euthanasia and assisted suicide in defined and limited circumstances.”

Internationally, the **Royal Society of Canada** released a report into “**End of Life Decision Making**” in Nov 2011. The society commissioned a panel of six Canadian and international experts on bioethics, clinical medicine, health law and policy, and philosophy, to prepare a report. Among the groups findings is...

“The evidence does not support claims that decriminalizing voluntary euthanasia and assisted suicide poses a threat to vulnerable people, or that decriminalization will lead us down a slippery slope from assisted suicide and voluntary euthanasia to non-voluntary or involuntary euthanasia. The evidence does not support claims that decriminalization will have a corrosive effect on access to or the development of palliative care.”

I also refer the committee to the **Quebec National Assembly Select Committee Dying With Dignity report**, March 2012.

This is arguably the most comprehensive report ever conducted into the subject and is a valuable reference source on the law and practice relating to treating patients approaching death, the role and limitation of palliative care, public attitudes and recommended reform. Having visited permissive jurisdictions in Europe the Committee concluded...

“After carefully studying foreign experiences, we can confidently say that allowing this practice (Medical aid in Dying) would not harm society’s most vulnerable because there are ways to define and structure it to avoid any risk of abuse.”

Collectively the above reports represent years of studied deliberation and community consultation by people eminent in their field. Many of their findings are directly relevant to the situation in Australia and should be considered by the committee in preparing its report.

COMMITTEE REFERENCE

WHAT TYPE OF LEGISLATIVE CHANGE MAY BE REQUIRED

The voluntary euthanasia debate is about recognising that some people endure or face intolerable unrelievable suffering such that they seek relief through peaceful death. Put bluntly, everyone knows how to take their own life. It is done brutally every day. A compassionate society would specify in law, conditions upon which particular citizens will be granted the option of access to the means to die tranquilly, at a time they choose in company with loved ones.

It has been clearly shown that responsible, safe laws can be drafted that allow willing doctors to respond to requests for early termination of life made by a competent adult. Experience elsewhere demonstrates there a number of models that work, each of them differing in regard to eligibility, pre-conditions to be met and the form of assistance that can be provided. There is however a number of requirements common to them all. These are that the applicant must act voluntarily, be informed and multiple medical opinions to confirm diagnosis.*

An essential component of all Right to Die laws is a guarantee that everyone involved in the process does so willingly with specific protection for those who decline to participate. It should be a law that does not require anybody to do anything. Persons who disagree may conduct their lives as if the law did not exist.

CONCLUSION

The call for a right to die that has gathered momentum over the past three decades is driven by a growing tendency to value quality of life over quantity for ourselves. While suffering in life cannot be wholly avoided, futile unbearable suffering near the end of life is quite naturally abhorred. It is perfectly rational to do all one can to minimise it.

In the absence of a lawful regime permitting access to drugs that provide a peaceful death, citizens who are determined to end their suffering choose violent, messy (although lawful) ways to die. This situation is unacceptable. There are 100,000 doctors and veterinarians in Australia who have access to drugs that deliver a peaceful death for themselves if they so choose. What about the rest of us?

Claims that it is not possible to devise safeguards to protect the so called vulnerable are not based on fact. That statement misrepresents the comprehensive power parliament has to prescribe eligibility criteria and the conditions upon which assistance to die would be permitted. International experience has demonstrated that a responsible, safe regime to permit voluntary euthanasia is possible.

Finally, In light of gross misrepresentation about the operation of Right To Die laws in Europe and the USA I strongly recommend members of the committee visit those jurisdictions to determine for themselves the facts regarding the success or otherwise of their regimes.

END

*A table of legislative differences in permissive jurisdictions can be found at Appendix B, page 35 of the Australia 21 background paper ‘How should Australia regulate voluntary euthanasia and assisted suicide?’
Nov. 2012 ISBN 978-0-9873391-1-3

About the author.

Marshall Perron was a member of the Northern Territory Legislative Assembly for 21 years from 1974, serving as a minister for much of that period and Chief Minister for 8 years. He was the architect and sponsor of the first voluntary euthanasia law, the *Rights of the Terminally Ill Act 1995 (Northern Territory)*.