

From: Inquiry into End of Life Choices POV eSubmission Form
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Inquiry Name: Inquiry into End of Life Choices

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SUBMISSION CONTENT:

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People should have access to a variety of end-of-life choices and their wishes should be respected. In particular, voluntary doctor-assisted dying should be available for competent terminally ill people and those in long-term untreatable pain. Doctor-assisted dying would reduce instances of violent suicide as an end-of-life option.

This is about personal choice. The decision belongs to the person, not to governments or religious groups. Everyone should be encouraged to make a will, assign Power of Attorney and Health Guardian, and complete a living will or advanced care directive, stating under which conditions they would refuse treatment or resuscitation. If they are later unconscious or otherwise unable to tell medical staff their wishes, their written requests should be respected. If not, medical staff should be liable to be charged with battery.

I see doctor-assisted dying as a compassionate and caring approach. People are now kept alive longer and the dying process is protracted. Modern medical technology enables expensive, futile interventions that only put off the inevitable death and may cause unnecessary suffering. It is not about choosing between life and death but about ways of dying.

There should be no coercion on doctors or patients. Doctors should not have to give patients legal injections. The best approach is for them to provide a prescription for life-ending medication which the patient still has the choice of taking or not taking.

Legislative models are already available overseas. The Oregon Death With Dignity Act has been in place for over ten years and appears to have been very successful. It has various safeguards in place. Those with disabilities and other vulnerable people have not felt threatened by it because it is only for the terminally ill. It could be argued, however, that legislation should also cover competent adults with chronic, untreatable long-term pain.

For my part, I am 72 years old and therefore nearing the end of my life. I value my independence and

autonomy and wish to die in my own home. I have an auto-immune condition, an untreatable torn right shoulder muscle, osteopenia and osteoarthritis. These are not immediately life threatening but my mobility is affected by lower back and hip pain. Paradoxically, I would expect to live longer if doctor-assisted dying were available, because I would not have to consider early suicide as an end-of-life alternative in advance of losing my independence and/or faculties.

Susan MacDougall

ACT Senate candidate for the Voluntary Euthanasia Party, Federal Election 2013

Member of Exit International

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File1:

File2:

File3: