From: Sent:

Wednesday, 29 July 2015 12:54 PM

To:

LSIC

Subject:

End-of-life choices inquiry submission

Attachments: Victorian Submission.docx

Dear Victorian Legal and Social Issues Committee,

Here is my submission to the Victorian Parliament's end-of-life choices inquiry. Please be aware that I intend my contact details to be kept confidential and I do not intend my name to be published on the internet, as I'm not usually the sort of person who broadcast my details publicly.

Yours sincerely,



Dear Victorian Parliamentary Committee,

Not being a Victorian resident (I live in Western Australia), I don't know how much say I have in Victorian affairs, if any. Nonetheless, regarding end-of-life issues, let me make a statement.

When it comes to end-of-life issues, effort should be made to provide the best available palliative care to people in their last days. Good palliative care aims to ease pain, suffering and distressing symptoms. The Victorian Auditor General recently tabled a report on palliative care in Victoria, which highlighted some deficiencies in the availability of services. Improving such services should be a priority:

http://www.audit.vic.gov.au/publications/20150415-Palliative-care/20150415-Palliative-care.pdf

One thing that should not be allowed is euthanasia. Euthanasia or assisted suicide are not medical options and should not be made law. When one hears of how the Netherlands (which has long allowed euthanasia) wants to euthanase children, euthanasia should not be allowed under any guise:

http://www.telegraph.co.uk/news/worldnews/europe/netherlands/11686716/Give-children-under-12-the-right-to-die-say-Dutch-paediatricians.html

As well as that, experience from Belgium suggests no amount of supposed 'safeguards' will prevent abuse, in particular patients being terminated without explicit consent:

http://jme.bmj.com/content/early/2015/06/03/medethics-2014-102387.abstract?sid=bf0c3e2a-aac6-485a-af78-d7796149083c

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2882449/

http://www.dailymail.co.uk/news/article-1285423/Half-Belgiums-euthanasia-nurses-admit-killing-consent.html

And as a further demonstration of a slippery slope, there's now news of a Belgian woman being granted the 'right to die' merely for feeling suicidal and not terminally ill at all:

http://www.nydailynews.com/news/world/belgium-woman-24-granted-euthanasia-death-depression-article-1.2276577

Euthanasia advocates make much of a supposed 'right to die'. No such right exists and furthermore much of society does it best to dissuade people from committing suicide. Allowing euthanasia and the 'right to die' mentality will contradict that effort. As it so happens, the materials of euthanasia advocates have already contributed to the suicide of some young people:

http://www.smh.com.au/national/health/deaths-among-young-an-unintended-consequence-of-euthenasia-movement-mother-20150712-gia7e5.html

Many people in the community may say they should be allowed to simply die rather than risk suffering. As emotional as their experience and stories can get, the aforementioned experience from the Netherlands and Belgium have shown that once euthanasia is allowed, it will be expanded to

include cases which aren't terminal or in some cases where no explicit consent was given. With such risks, not an inch should be given to euthanasia.

Also, rightly or wrongly, Australia does not allow capital punishment. One reason given is to prevent mistakes where an innocent person is killed. Under such reasoning, why then should euthanasia be allowed? Euthanasia advocates cannot guarantee there will be no mistakes.

Victoria should also consider how when the state of Tasmania conducted an extensive inquiry into euthanasia in 1998, it rejected enacting euthanasia. Their conclusions are still worth considering: http://www.parliament.tas.gov.au/ctee/old_ctees/reports/Voluntary%20Euthanasia.pdf

Yours sincerely,