

To The Legal and Social Issues Committee overseeing the Inquiry into End of Life Choices,

I would like to thank the committee for considering my submission.

I implore the committee to consider that human life is intrinsically valuable. The decisions made around end of life care are never easy, and my experiences in the hospital system have served to shape my opinions.

I would first point the committee to consider the Hippocratic oath (that guides physician practice), the Australian Medical Association's *Position statement on the role of the medical practitioner in end of life care - 2007*, and the position statements from similar organisations around the world (America, Britain, New Zealand, etc.) that all forms of physician-assisted-dying are unethical, undermine the intrinsic trust between patients and doctors, or are incompatible with the medical profession's aims.

Improvements in palliative care, along with reducing stigma around the practise, have broken down barriers that might have otherwise caused people great amounts of pain, discomfort and loss of dignity around the end of their life. Earlier integration of terminally ill patients with counselling and palliative care teams – including non-binding advanced care directives – should be sought.

For the government to imply that one's life is not worth living (which is the case in legalisation of medically assisted dying or euthanasia) – frankly – should never be considered an option. Legalisation of such practices would, inevitably, lead to people feeling pressured to undergo euthanasia, or forego genuinely expressing their wishes to continue living. This would reasonably result from a wish not to be a burden upon their families; financially, emotionally, or otherwise.

The issues of coercion, family & financial pressures, and mental health make medically assisted dying an inherently dangerous process – one that can reasonably be expected to be abused. Abuse that causes even one premature, coerced loss of human life should absolutely be rejected by any compassionate government. The abuse of legislation found overseas (where medically assisted dying is permitted) shows that this is not a "slippery slope" argument, but a reprehensible reality. Additionally, to ask a doctor to make the decision that someone's life is not worth living goes against the fundamental ethics of the medical profession.

I implore the committee **not** to consider medically assisted dying to be an option surrounding end of life care. They should instead focus upon the profession involved in end of life care – palliative medicine.

Kind Regards,

Jeremy Abetz

Medical student, on behalf of myself