



23-7-15

Dear Sir/Badam,

I am 85 yrs old & been in favor of assisting a person suffering a terminal illness for many years - have cancer myself.

Politicians have been putting this off far too long - why should a handful of people & religions tell you what to do at the most important time in your life

If you have all Advance Care & Refusal of Treatment etc papers filled in & on record there should be no problems

do hope I live long enough to see it pass. Look at the bills it would save for the people that really need them instead of keeping people alive that do not want it
Sorry have to hand write

June Dawson

Palliative care is under-resourced

Discussions about choices at the end of life are important so must be evidence-based. The public must therefore be given all the facts. Palliative care cannot relieve all suffering all of the time, yet there is high-quality evidence of its benefits for both patients and their families. Accordingly, the WHO advocates that palliative care is embedded into all healthcare systems.

Requests for euthanasia among the terminally ill are infrequent; approximately 1 per cent of patients. Such requests should always be responded to compassionately by suitably trained health professionals. Unfortunately, palliative care in Australia is under-resourced, so improving access to, and the quality of, such care is a priority.

Professor Peter Hudson and associate professor Jennifer Phillip, Centre for Palliative Care, St Vincent's Hospital

8-5-15 AGE

State inquiry to explore 'complex area' of voluntary euthanasia

Supporters of voluntary euthanasia have applauded a decision for a state parliamentary inquiry to investigate "end-of-life choices". Voluntary euthanasia is likely to be explored in detail by the inquiry, which will report back by May next year. Greens MP Colleen Hartland said voluntary euthanasia had been taking place "in the dark". "There are doctors

out there assisting people to die," she said. "I'm hoping there will be several doctors that will give evidence about what they've done." Ms Hartland, who supports voluntary euthanasia, said she hoped doctor and euthanasia advocate Rodney Syme would also give evidence. On Thursday, the Victorian upper house voted in favour of an inquiry by the

legal and social issues committee. It will consider palliative care and the need for laws to allow citizens to make informed choices for managing their end of life. A spokeswoman for Health Minister Jill Hennessy said: "This is a very complex area and it's important that a parliamentary committee look at this issue closely."

Benjamin Preiss

Experts' mercy death solution

TWO experts have called for law reform to give doctors a defence against charges of homicide and manslaughter when they give a terminally ill patient a drug that hastens or causes their death.

Former Supreme Court judge Stephen Charles, QC, and Melbourne doctor and academic, Professor Paul Komesaroff, have proposed the changes as a solution to the problem of euthanasia.

LUCIE VAN DEN BERG

In the *Medical Journal of Australia*, the pair say despite the bitter division on this highly controversial issue, most people agreed that people with a terminal illness should get adequate treatment and be allowed to make basic choices about when and how they died.

They propose the law be changed to allow a defence for the doctor if they believed it

was necessary to prescribe or administer the drug to relieve pain and suffering.

"It would ensure that people facing serious illness would be confident that their needs could always be met, and that doctors following accepted best practice in providing for the needs of their patients would be able to do so without threat of criminal conviction," Mr Charles and Prof Komesaroff wrote in the journal.

1. CURRENT PRACTICES

I believe the current practices being utilised are inadequate and people should have more say in their end of life choices.

Currently the suffering can be prolonged and pain relief inadequate.

It is well known that currently doctors unofficially assist people to die by maximising their medications.

In the news this week it was highlighted that tragically, Carers are getting to the point of desperation and considering assisting the patient to die and then committing suicide themselves. This leaves the Carer in a position to be up for criminal charges.

2. CURRENT & PROPOSED LEGISLATION

It is clear that the current legislation is inadequate and outdated and needs to be changed as soon as possible.

I have organised Advanced Care Plan Forms to be completed, signed by my doctor and placed in all my medical files so that if I become seriously ill with no prospect of recovery, my family and medical staff will be fully aware of my end of life wishes including any refusal of treatments. Provided people are of sound mind and are able to make informed decisions when completing these Advanced Care Statements, I believe these decisions should be respected and with the backing of medical doctors, should be enough for people to be assisted to die with dignity.

Some examples of countries that have successfully legislated assisted dying are The Netherlands and Switzerland (eg: DIGNITAS organisation). This year a legal decision was made in Canada to allow physician assisted dying (refer to attached document).

3. LEGISLATION REQUIRED.

The Medical Treatment Act 1988 (Victoria) is outdated and needs urgent review.

This matter should be legislated at Federal level and the same in all states of Australia.

Unfortunately legislation was overturned in the Northern Territory after 6 months without gauging public opinion.

Many polls have shown that approximately 85% of people are in favour of legislation for Medically Assisted Dying to allow people to die with dignity.

I believe that with careful legislation Australia can update the Medical Treatment Act to appropriately reflect peoples wishes and improve their end of life experience.

Politicians and religious leaders should not be deciding how people choose to spend their last days.

This matter needs to be decided by a national referendum.

Yours sincerely,

Mrs June Dawson



A MOMENTOUS LEGAL DECISION IN CANADA

The Supreme Court of Canada has just handed down a decision which overturns the long-held interpretation of the Criminal Code regarding aiding and abetting suicide, and thereby allowing physician assistance in dying.

The Canadian Criminal Code states that aiding and abetting suicide (without qualification) is a serious criminal offence, and the Supreme Court upheld that interpretation in the 1992 Rodriguez case by a split decision (5:4).

But Canada also has a Charter of Rights and Freedoms – section 7 provides for right to life, liberty and security. It was on this basis that the Supreme Court of Canada, 22 years after Rodriguez, determined by a 9:0 decision that the Criminal Code violated the rights of individuals suffering from serious and incurable diseases.

This decision was reached on an appeal from the decision of Justice Smith in the British Columbia Supreme Court to allow physician assistance in dying in controlled circumstances. Justice Smith's decision was based on consideration of an extremely thorough brief of evidence which addressed and refuted all the opposition arguments regarding the safety of legislative amendment. The Supreme Court of Canada confirmed the decision of Justice Smith, and acknowledged that vulnerable people could be protected while still allowing competent, seriously ill and suffering adults to a physician-assisted death.

The rigorous criteria affirmed by the Court were that an individual would need to :

- be a competent adult
- clearly consent to the hastening of death
- have a grievous and irremediable medical condition (including an illness, disease or disability)
- be suffering intolerability.

What this decision does is to provide some specificity to the Criminal Code regarding aiding and abetting suicide. Instead of a blanket prohibition, it recognises the need for a specific exception in relation to doctors treating persons with specific medical circumstances (intolerable and incurable suffering). The exception is based on the human right violation of the current application of the Code.

The change in the reasoning of the Supreme Court of Canada in the last 22 years reflects the change in ethical thinking in the world in that time, the change in legal and medical practice in certain countries, and the demonstration by empirical studies that those changes can be safely accomplished.

Truly a momentous decision, which is likely to reverberate around the world.