

**No Work Choices for the Dying: Submission to  
the Victorian Legislative Council's 'Inquiry into End of Life Choices'**

26 August 2015

Dr Paul Cocks, PhD (La Trobe)

1. I write this submission as a qualified social scientist with a PhD in social anthropology from La Trobe University and a Fellow of the Australian Anthropological Society.<sup>1</sup> I am very concerned that the unintended consequences of legalising so-called 'voluntary' euthanasia will be to enable the families of the aged, the disabled, the mentally ill and the terminally ill to take advantage of the laws for their own benefits, NOT the benefits of those they are intend for.
2. I cannot let go unchallenged the notion that 'voluntary' euthanasia is ever entirely 'voluntary' or exclusively the product of an individual's 'choice'. It is a fundamental concept of the social sciences that our choices are always made within the context of norms and institutions of society, and in response or anticipation of a response from those who form our social networks. While the community seeks to enhance the autonomy of the individual and regards the equality of each individual as fundamental in civil society, legislators need to recognise that both of these are at best simply ideals. At worst, these values are ideologies that cloud, mask or even deny the fundamental inequality of choices people have in society. For example, the recent report *Dropping off The Edge 2015* by Jesuit Social Services and Catholic Social Services Australia demonstrates that the most disadvantaged areas in Australia defined by post codes also have the highest rates of imprisonment and unemployment, and the lowest levels of education.<sup>2</sup> As we recognise that the people who live in these areas do not simply make their own 'choices' to be unemployed, imprisoned or

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<sup>1</sup> My professional status can be verified by searching for my surname under 'Membership' on the website of the Australian Anthropological Society at <http://www.aas.asn.au/>

<sup>2</sup> *Dropping off the Edge 2015*, <http://www.dote.org.au/about/>

have low levels of education, so we should acknowledge that liberalising euthanasia laws will have unintended and varied consequences on different groups within our society.

3. If this Committee makes recommendations to liberalise the law in this area, it **MUST** consider who is going to be impacted by these laws. Australians pride themselves for recognising and supporting the interests of the weak and powerless by advocating action that protects these people from the actions of the strong and powerful. Parliamentarians and policy makers must never allow themselves to agree to a what I call **'Work Choices for the dying'** by supporting voluntary euthanasia legislation that does not protect the weak and powerlessness from the pressure of the powerful.
4. But who are the powerful and who are the powerless at the end of life? We only need to look as far as our growing understanding of the phenomenon of elder abuse in our community to recognise that both familial and institutional carers are those who the sick and/or elderly are dependent upon are the ones who are the strong and powerful. I do not claim to be an expert in this area, but there is a considerable data on the phenomenon of elder abuse and it appears to me that there are a variety of risk factors involved.<sup>3</sup> Like the elderly, the sick, the mentally ill, disabled or the dying are both the most dependent and the most vulnerable in our society, making the responsibility of legislators and policy makers even more important. While the original Work Choices legislation had the whole labour movement to oppose it, who will do the same job if legislators and policy makers agree to legislate for euthanasia? The fact is there will be no organisation capable of doing so.
5. The first step to prevent the prospect of a Work Choices for the dying is reject outright the fiction of individual autonomy inherent in the arguments of the pro-voluntary euthanasia advocates. I urge you to recognise that for every case of someone whose suffering at the end of life is apparently cruel and inhumane to allow to continue, there are the untold cases

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<sup>3</sup> For example, Families Commission (New Zealand) *Elder Abuse and Neglect: Exploration of Risk and Protective Factors*, 2008; D. Bagshaw, S. Wendt and L. Zannettino, *Preventing the Abuse of Older People by their Families*, Australian Domestic and Family Violence Clearinghouse, 2009.

of those for whom actions of the powerful in their lives - the institutional and familial carers - are central to their choices about how they manage their conditions. Bagshaw, Wendt and Zannettino estimate that 80-90% of elder abusers are in fact 'close family members'.<sup>4</sup> Consequently, creating the option of death instead of merely recognising the inevitability of death will undoubtedly create another avenue of abuse of the rights of the sick, the disabled, the mentally ill and the elderly at a time when they have not been as powerless and vulnerable since their early childhoods.

6. A second step to creating appropriate legislation is to firmly embrace the principal that euthanasia is an act of last resort and that there should be clearly definable and exceptionable thresholds people need to pass to be able to access it. In addition, legislators must have clear idea of who the community does not want to access the euthanasia. Indeed, the Committee should anticipate who might feel pressured to access euthanasia, by either the community in general or by particular family members. This is where a study of the literature on elder abuse will be very helpful as it is clear that people with certain socio-economic characteristics are more likely to experience elder abuse than others. It is these characteristics including social isolation and rural residence that will have may impact on people's so-called 'choices'.
7. It is often claimed that 'rational suicide' is an established medical-scientific concept. However, humans are essentially social beings and our knowledge of matters such as the existence of 'rational suicide' is itself social. The evidence for the existence of this phenomenon is based on surveys of psychiatrists who are experts on mental health approved by society. 'Rational suicide' becomes a thing only with the endorsement of these 'experts' and our acceptance of it. Then and only then do people receive this so-called 'choice' with the result that 'rational suicide' is nothing other than a socially/culturally approved opinion – it is NOT a medical fact.

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<sup>4</sup> D. Bagshaw, S. Wendt and L. Zannettino, *Preventing the Abuse of Older People by their Families*, Australian Domestic and Family Violence Clearinghouse, 2009, p.4.

8. I implore you NOT to be simply swayed by the stories of those who have suffered what for most of us is unimaginable suffering. **I do pretend to be an expert on their suffering.**

However, I do understand how our knowledge of the world is 'socially constructed' as we social scientists say and that if you create laws that allow people to be assisted in taking their lives, you will be creating opportunities for people to abuse their power over the weak which may result in people being pressured into taking their own lives.

9. I will be happy to speak with the Committee if members believe it will be of value to their deliberations.

Dr Paul Cocks

31 August 2015