

Courtney Hempton



Legal and Social Issues Committee  
Parliament of Victoria  
Spring Street  
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**Re: Inquiry into End of Life Choices**

End of life choice is an issue of professional and personal interest, and I welcome the opportunity to inform the work of the Legislative Council's Legal and Social Issues Committee.

To be clear, I write in a personal capacity and not on behalf of any institution with which I am affiliated.

I accept a *prima facie* case for the morality of requesting, providing, and receiving assistance to die, and in this respect start from a position that holds both physician-assisted suicide and active voluntary euthanasia to be morally acceptable in at least some circumstances. I will not here consider involuntary, non-voluntary, or 'passive' forms of assisted death, though these circumstances most certainly warrant further examination.

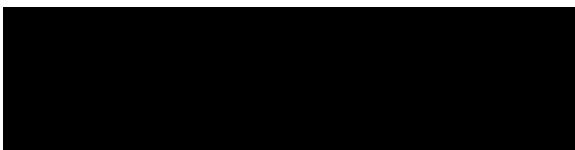
If physician-assisted suicide and/or active voluntary euthanasia are to be lawfully permitted in some circumstances, the legislative challenge then becomes what pre-requisites ought to demarcate who is permitted and who is prohibited from accessing such services.

Within Australian and international jurisdictions, proposed and enacted legislation often restricts access to physician-assisted suicide and/or active voluntary euthanasia to individuals experiencing a 'terminal illness'. Yet prohibiting individuals without a terminal illness from accessing such services is both arbitrary and illogical, and a profound limitation of legislative reform.

Beyond the clinical and judicial challenges of categorically determining whether or not an individual has a 'terminal illness' that satisfies some legislative delineation, there is the greater concern of why, all things being equal, the presence or absence of a terminal illness is considered significant.

Considering the values such legislation strives to espouse, foremost autonomy and beneficence, there is no logical reason to presuppose terminal illness. If the principled arguments for permitting individuals with a terminal illness access to physician-assisted suicide and/or active voluntary euthanasia are sound, we must recognise that these arguments hold equally for individuals without a 'terminal illness'.

Sincerely,



Courtney Hempton BBS(Hons), MBioethics