

TRANSCRIPT

STANDING COMMITTEE ON LEGAL AND SOCIAL ISSUES

Subcommittee

Inquiry into end-of-life choices

Bendigo — 12 August 2015

Members

Mr Edward O'Donohue — Chair

Mrs Inga Peulich

Mr Cesar Melhem

Ms Nina Springle

Ms Fiona Patten

Staff

Secretary: Ms Lilian Topic

Research assistants: Ms Annemarie Burt and Ms Kim Martinow

Witness

Cr Helen Leach, City of Greater Bendigo.

The CHAIR — We are now going to intercede our publicised program. One of the things we are doing as a committee as we go around and have public hearings in different parts of Victoria is hear from individual members of the community who wish to make a contribution in a 2 to 3-minute time frame at the end of the session. I would now like to ask Helen Leach, who has made a submission to the committee but has a time constraint and needs to leave soon. So I would ask Cr Leach to please join us for a couple of minutes to make a brief statement to the committee about your views on this inquiry that is being undertaken. I caution you that all evidence taken at this hearing is protected by parliamentary privilege. Therefore you are protected against any action is for what you say here today, but if you go outside and repeat the same things, those comments may not be protected by this privilege. Further, all comments from the floor will be recorded and a transcript will be provided for the correction of obvious errors of fact or grammar; however, substantive changes may not be accepted. Thank you very much, and if you could keep your comments to 2 to 3 minutes, please.

Cr LEACH — It will be difficult, but thank you very much for the opportunity. I have already done an online submission, but I thought this was too good opportunity to pass up. Mr Melhem, your comment about including euthanasia in that end-of-life plan concerns me a little bit. I can appreciate the doctor's concern that that might shut down the conversation between the doctor and the patient straightaway. I am philosophically against euthanasia because I have seen how it works in places like Belgium and Holland. It has just run away and now in some cases it is not even voluntary any more — and that is true. It is true that there is some involuntary euthanasia, I think, practised on infants, so I would call it involuntary euthanasia. Some people might call it post-birth abortion or whatever it is. These things do go on in those countries and in the United States.

Getting back to euthanasia, or assisted suicide, it is not palliative care. It is a dangerous slope that we should avoid and I really hope this inquiry is genuine in its search for answers and it is not a foregone conclusion. Health is costing us a lot of money. I understand that and I appreciate that, but I think this is not a good way to go if that were to be the case.

I appreciate also that a lot of people understandably — and perhaps I will not either — do not want invasive treatment at the end of their life. Maybe if I am 96 or something I may not want to be resuscitated, but I think what we plan now might not be what we want down the track. An end-of-life plan might be a suggestion, but I do not think that it should be prescriptive because we might get to that point and think, 'Hang on, I actually do want to stay alive now. Cancel that!'. But they say, 'Sorry, you've signed that end-of-life plan, so we can go ahead and cut off the whatever it is'. I think that, as the doctor said, the families or advocate should be present when an end-of-life plan is discussed with the doctor so that it is all transparent and above board. I think there is a difference in the subjectiveness of the quality of life. We might think that some people have a terrible life and why on earth would they want to live. Should we let them live? I think that is pretty subjective. A lot of people with a lot of health problems are actually quite happy to go on, thank you very much, with their diabetes and the multitude of problems that go with it. I am absolutely asking that we really consider carefully that euthanasia and assisted suicide are not palliative care. We need a whole lot more palliative care. I think that is the end of my time.

The CHAIR — Yes, pretty much, unless you have a closing remark you wish to make.

Cr LEACH — My final remark is that safeguards can never be adequate to protect the vulnerable.

The CHAIR — Thank you very much, Cr Leach, for that statement. As I said, a transcript will be provided to you in due course.

Cr LEACH — Thank you very much.

Witness withdrew.