I make the following submission to the **Inquiry into End of Life Choices - Legal and Social Issues Committee**.

The World Medical Association reaffirms its strong belief that euthanasia is in conflict with basic ethical principles of medical practice. It affirms this because euthanasia is assisted suicide, it is not palliative care. And assisted suicide is against the codes of ethics of all peak medical bodies.

Furthermore, experience in countries where euthanasia and assisted suicide is legalised demonstrates clearly that such legislation opens the way to expand the categories of persons who can request it. In the Netherlands, euthanasia has been extended by practice beyond the provisions of the law to children and in Belgium the original voluntary euthanasia law has been extended to those suffering from dementia and also to children.

To quote Paul Russell, Director of the organisation HOPE, Preventing Euthanasia and Suicide: “This all points to another reality: that the existence of euthanasia laws creates deep and almost indelible changes to any society where it is legally practiced. What is legal is moral. The law provides boundaries that human nature pushes against almost constantly. Move those boundaries to accommodate the push and, inevitably over time, the push will come against the newly defined boundary. This is the human experience and why, until relatively recently, all societies resisted such changes.”

While arguments can be made for and against euthanasia, surely the most telling intelligence is gained by looking at the state of play in those countries that have adopted euthanasia, and learning from this experience. Paul Russell’s words reflect reality.

I urge the enquiry to protect our society and advise against euthanasia.

Dr Tim Hamilton.
Please find below my submission to the committee.

It is my belief that euthanasia is not a practice that should be legalised in Victoria and I therefore ask the committee inquiring into end-of-life choices to recommend accordingly.

The experience of other countries, such as Belgium and Holland, should serve as a warning for us. In these countries, euthanasia began only for the terminally ill, those in severe pain, and who were competent, who consented, and with many other supposed safeguards. But subsequent history has shown that voluntary euthanasia quickly degenerates into involuntary and nonvoluntary euthanasia for all. Belgium, for example, recently allowed euthanasia for children, and paediatricians in the Netherlands are now suggesting following suit. And in these cases, of course, the decision for euthanasia is made by doctors and parents, without needing the consent of the child.

If legalised in Victoria, I am convinced that the spread of euthanasia will play-out no differently. Even with stringent safeguards, once voluntary euthanasia is legalised the descent down the slippery slope is inevitable. Indeed, Australia’s most candid euthanasia proponent, Dr Nitschke, is on the record as saying that suicide assistance ‘should be available to anyone who wants it, including the depressed, the elderly bereaved [and] the troubled teen.’

Please protect the elderly and the vulnerable by recommending euthanasia remains strictly illegal in Victoria.

Yours faithfully,

Dr Tim Hamilton