The term ‘End-of-life choices’ ought to imply world’s best practices for those who are dying, where those close to death will be cared for and comforted in their remaining time alive. Currently this is not available. An improvement in the availability and accessibility of Palliative Care would appear to be the most important outcome from this Inquiry.

There is a real concern that ‘end of life choices’ will centre on allowing assisted suicide and euthanasia. Although these will be seen as a quick and simple solution to end of life problems, they are neither. Assisted suicide invites the possibility of abuse. Already Home Care Departments of Local Councils are well aware of elder abuse, with staff trained to observe and report it. Assisted suicide adds the possibility of a new level of abuse. Subtle, and not so subtle, hints to stop being a burden on family or society will only add to the pain of the dying.

Creating an underclass of vulnerable people whose lives are deemed ‘not worth living’ removes their inherent dignity from these people. Offering dying people access to suicide gives the wrong message to others who are ill and not dying, the depressed and troubled youth. We currently have suicide prevention programs, which will become meaningless if ‘assisted suicide’ is accepted by Government.

In The Netherlands and Belgium it is not just those at the end of their lives who are offered euthanasia. Now it is offered to the depressed, those with non-life-threatening illnesses and even children. A very high percentage of those who have been euthanized did not consent to the procedure. One report suggested it was as high as 49%. Although safe-guards are written into the Law in both these countries, people are still killed without having given any form of agreement.

The ‘right to life’ is contrary to a ‘right to death’. It is not possible to have both rights existing in a sane society.

Jane Munro