To: Legal and Social Issues Committee  
Parliament of Victoria  

Subject: INQUIRY INTO END OF LIFE CHOICES

Submission

I support any legislation in Victoria that is based upon respect for human dignity and enhanced medical care for people approaching the end of their life.

Patient autonomy is a guiding principle that should be appreciated concerning end of life choices. However, this does not and should not extend to approval of the deliberate infliction of death with a person’s consent. The deliberate infliction of death is not an act of medical treatment or care; it is an act of homicide. The fact that a person consents to being killed (in cases of assisted suicide) does not make the killing ethical, any more than a person who consents to being a slave makes slavery ethical.

As a society that is rightly concerned with the incidence of suicide, what type of mixed and confusing message are legislators going to send to our most vulnerable citizens if assisted suicide is legalised? It implicitly sends the message that our society and laws do not value the life of individuals who consider their life to be not worth living, and that we are willing to assist such people to end their life, yet at the same time we think that suicide is wrong. If suicide is a bad thing, how can assisted suicide be a good thing?

The international experience in this area should sound a cautionary note about one of the dangers of euthanasia becoming normalised: the priority of physicians to treat and heal patients is diminished. Statistics from the Netherlands reveal that euthanasia has increased 15% per year in that country since 2008. Moreover, patients are subjected to sedation with or without hydration and palliation with the risk of life shortening has increased. The Dutch laws demonstrate that when suicide is a treatment option, all care goes down. A Dutch academic recently cited the figure that an alarming 27% of Dutch physicians indicated they would be willing to perform euthanasia for “psychiatric reasons.” Do we naively assume that there would be no risk of such an attitude developing among physicians in Victoria? Are people who experience mental health issues going to be exploited and euthanased upon the pretext of an “end of life choice”?

Our parliamentarians should be striving to enact laws that improve the treatment of sick and elderly members of our community. Therefore, I urge the Committee to make recommendations to the parliament to strengthen end of life care, to continue to safeguard the respect for human life within our laws and health system and to resist any pressure to legalise euthanasia or assisted suicide.

Regards,

Paul McCormack