Reference: Submission to SARC on the Voluntary Assisted Dying Bill 2017 / Physician assisted Suicide, Euthanasia Bill (This Bill)

I thank the Scrutiny of Acts and Regulations Committee and the Members of Parliament presiding, for the opportunity to make a submission to this fundamental concern of respecting human life in all of its stages, particularly at the end of our human life. Moreover, specific to the Terms of Reference of the Committee I will describe how the Voluntary Assisted Dying bill violates human rights outlined in The Charter of Human Rights and Responsibilities Act 2006 (The Charter). The conclusion that follows is that this Bill must be rejected.

An overall summary of my submission is: This Bill violates the following sections: Section 7 part (3) Human rights – what they are, Section 9: Right to Life, Section 14 part (2): Freedom of thought, conscience, religion and belief and Section 21 part (1): Right to liberty and security of person.

As described in this submission the Government is trampling/destroying the rights of citizens by This Bill (Nothing in this Charter gives a person, entity or public authority a right to limit (to a greater extent than is provided for in this Charter) or destroy the human rights of any person. S7(3)). Whether foreseen or unforeseen, This Bill has not taken into account its affects on individuals and society at large. Whereupon, the 'right to die' becomes the 'duty to die'. Members of the community including those in ill-health, the elderly, those with special needs (with disabilities) are made to feel like they are a burden to society. This is a clear situation of widespread coercion ( A person must not be coerced or restrained in a way that limits his or her freedom to have or adopt a religion or belief in worship, observance, practice or teaching S14(2) ). It must not be the case where the needs of those in specific terminal illness situations (the few) should outweigh the needs of many more members in the community (the many). The Government needs to be reminded that individual rights are not absolute, because this proposed category of a right (contained in This Bill) has impacts on society at large. Furthermore, implementing physician assisted suicide will have widespread affects on the vulnerable in society (e.g. those with mental health challenges) - when such people are told that the State has officially sanctioned suicide as a way of solving difficult and challenging life circumstances. This could foresee-ably give rise to an even higher suicide rate, a tragedy highlighting the complete failure of Government. The Government is trampling on the rights (S14(2) of The Charter) of a peak medical authority (the AMA) by asserting its policy position over the time-honoured experience, research, clinical practise of the State’s learned medical practitioners. The AMA states unequivocally that doctors should not be involved in such interventions (outlined in This Bill).

There is no safe way to kill someone. Who in Government is held accountable when a person is wrongfully killed because a human error is made in the implementation of This Bill? (Every person has the right to life and has the right not to be arbitrarily deprived of life. S9). Human error occurs in all facets of daily life. A procedure undertaken to intentionally kill someone will, by its very nature, involve human activity which will also be susceptible to human error. The concept (of a safe death at human hands) is flawed from its very inception. Unpredictable human error is, by definition, arbitrary. This Bill which has the real possibility for arbitrary human error resulting in a human person being arbitrarily deprived of life, violates The Charter.

This Bill is a precedent which will further disadvantage the elderly with respect to their vulnerability and higher potential for elder abuse. This is extremely problematic with wide-reaching affects in the community. Recent research and case studies reveal the extent of this societal problem (see below). The feeling of personal security is a fundamental right in our society. This Bill significantly undermines this and clearly violates The Charter (Every person has the right to liberty and security S21(1) ).

Additional specific comments expanding on this summary are as follows:

1/ Julie Morgan who is battling terminal cancer says: “I don't want to feel like I have to go”
Refer attached article (front page, p6 & p7 of The Age 9/12/2016, ). Her doctor, Associate Professor Natasha Michael says: “if these laws were passed, their very existence would put pressure on sick Australians to choose death” In other words, the right to die becomes the duty to die, because of a fundamental change/shift in the way society will view dying. This is NOT acceptable. It will cause a profound dismantling of our compassionate society.

Julie Morgan I don't want to feel like I hav

2/ The Australian Medical Association's (Victoria) Position Statement (dated 7/12/16) says: The AMA believes that doctors should not be involved in interventions that have as their primary intention the ending of a person’s life. (section 3.1). And this position remains unchanged, described in The Age, 22/7/17 (article ‘Victoria lays out a blueprint....’ p.4): “The Victorian branch of the AMA said it still does not want doctors to be involved in procedures that end life.” Why is the Government totally ignoring the position/advice of the medical profession? The very same who it says will be responsible for this Bill's implementation. This is a complete failure of the Government. In the same vain, rulings from other Parliaments (including their legislative committees) have also been ignored by the Government.

Euthanasia/physician assisted suicide bills have been very recently (2016/2017) rejected in South Australia and Tasmania and in the UK in 2015 (overwhelmingly so).

3/ No amount of safeguarding is possible. Consider the error prone Adult Parole system in this State. One error being made in the process (described in this Bill) and a unique human being's life will be lost forever! The error cannot be undone! Who would be held accountable for this person's death?

4/ This Bill provides a pathway for increasing the cases of elder abuse, with fatal consequences. Recent research findings (attached) show how significant this issue is: A new survey on elder financial abuse, conducted on behalf of State Trustees Victoria, makes plain the scale of the problem. Among the startling results: 91 per cent of respondents agreed that it was “easy for people to take advantage of older friends or family and exploit them for financial gain”. This article also states that the coercion of the elderly is very difficult to detect.

Thank you for taking the time to review my submission. Clearly this Bill must be rejected based on the fact that it violates sections of The Charter.

I further conclude that with respect to relevant legislation (as relates to end of life choices), what is currently in place forms a fair and reasonable basis (compliant with The Charter) to serve all Victorians. There is no need for any new laws. And especially no need for any new laws (Bills) regarding physician assisted suicide or euthanasia that by their very content, will contravene The Charter.

What is missing or deficient is the necessary allocation of resources to meet the current needs of palliative care; and for Government to effectively communicate to all Victorians the relevant health care programs & resources available (for example the details of palliative care; the advance care plan program, etc) so that citizens can be prepared and can make informed and cogent decisions regarding their own end of life choices. This is within the power of the Government to address (such gaps) and achieve. This will truly benefit the health and well-being of all Victorians. More resources provided for palliative care give dignity to life and respect human life – both tenets of The Charter. I request a considered response in writing to my submission. Thank you. Please also confirm receipt of my submission.

Yours sincerely,
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