

I live in NSW. By way of disclosure, I have been a member of both Dying With Dignity NSW and Christians Supporting Choice for VAD for over a decade. However, I do not presume to represent either organisation and the following comments are all my own.

I shall limit my comments to Key Questions 1 and 2, as I don't have the experience or local knowledge to comment on Questions 3 and 4. I apologise for the length, but I feel that it is necessary to provide supporting comments, rather than just opinions. Several people have given religious opinions in their submissions, which I believe need to be thoroughly responded to in an effort to stop VAD being blocked by a vocal minority.

### 1. Do you support making VAD legal in the Northern Territory?

I wholeheartedly support making VAD legal in the Northern Territory, as it was nearly 30 years ago. My reasons for supporting VAD are the traumatic deaths of three family members:

- ◆ My paternal grandfather suffered a lot of pain as he was dying from from Prostate Cancer in 1961 because the law prevented prescribing enough morphine in case he became addicted.
- ◆ My paternal grandmother had a serious stroke in December, 1968 leaving her immobilised and unable to communicate, but able to receive assisted feeding until she died in August, 1969.
- ◆ My mother suffered from Alzheimer's Disease for 20 years after diagnosis. She was in care for 12 of those years, and was spoon-fed against the family's wishes for the last 7 years. She said to us decades before being diagnosed: "Knock me on the head if I ever get like that, won't you?!"

*Massive Democratic Support for VAD, including Religious Support:*

**Proportion of Vote Compass responses to the statement: "Terminally ill patients should be able to end their own lives with medical assistance".**

<b>Year:</b>	<b>AGREE</b>	<b>NEUTRAL</b>	<b>DISAGREE</b>
2013	75%	9%	16%
2016	77%	9%	14%
2019	87%	6%	7%
<b>Gender:</b>			
Women	87%	6%	7%
Men	86%	6%	8%
<b>Political Party:</b>			
Australian Greens	94%	3%	3%
Australian Labor	90%	5%	5%
Liberal-National Coalition	79%	8%	13%
Pauline Hanson One Nation	84%	7%	11%
<b>Religion:</b>			
Catholic	76%	11%	13%
<i>Catholic - Northern Territory</i>	<i>78%</i>	<i>10%</i>	<i>12%</i>
Protestant	81%	9%	10%
Other Christian	64%	14%	22%
Other Religions	81%	9%	10%
No Religion	95%	3%	2%

Source: <https://www.dyingforchoice.com/VoteCompass2019/> (numbers have been rounded)

Any political party could only dream of such an electoral landslide, or should I say avalanche! There is no democratic reason to deny the introduction of VAD. Interestingly, the support amongst Catholics in the Northern Territory was equal with Queensland on 78%, the highest level of support amongst Catholics in Australia. Any Church representatives who say they are representing the majority of their Church members are misleading.

Former Archbishop of Canterbury, Lord Carey has been a supporter of Assisted Dying for over 10 years since he met Tony Nicklinson who suffered from ‘Locked-in Syndrome’ after suffering a serious stroke. He wrote: "One of the key themes of the gospels is love for our fellow human beings ... Today we face a terrible paradox. In strictly observing accepted teaching about the sanctity of life, the church could actually be sanctioning anguish and pain – the very opposite of the Christian message."

The Late Desmond Tutu, Archbishop Emeritus of Cape Town, stated:  
“My friend, Lord Carey, has passionately argued for an Assisted Dying Law in the United Kingdom. His initiative has my blessing and support...”

There should be no opposition to VAD because people who disagree with it simply won’t be affected, and should feel compassion towards those few dying patients who do need the choice. Sadly but predictably, fundamentalist Christians in the Northern Territory and elsewhere are trying to prevent the re-introduction of VAD because they believe that their faith system is superior. I intend to demonstrate that it is not!

The Catholic Diocese of Darwin’s website states that on 31 July, Bishop Charles Gauci addressed the Catholic community, reaffirming the Church’s position on the sanctity of life and the importance of compassion for those in their final stages of life. Such hollow words, which do not represent the majority feeling of Catholics, are of little comfort to those few patients who daily experience pain and anguish that cannot be adequately palliated.

Concerning the reference to the ‘Sanctity of Life’, Church history is littered with examples of war, such as the Crusades and the Thirty Years War, and executions for the heinous crime against their God of ‘heresy’. Gallileo Gallilei only narrowly escaped execution for the ‘heresy’ that the Earth is not the centre of the Universe. Cardinal Ratzinger, prior to becoming Pope Benedict XVI, wrote that the Death Penalty is a legitimate form of punishment. So much for the ‘Sanctity of Life’! It is not a valid reason to block VAD legislation.

Some religious opponents also cite the Commandment ‘You shall not kill’ in Exodus 20:13. They are mistaken! The original Hebrew meaning is ‘You shall not murder’ (with malice), from the Hebrew *retsach*. Murder, or killing unlawfully, is a very different thing to helping patients who are already dying, and are requesting help to die more peacefully.

The Bible itself has horrendous examples of killing, such as in Numbers Chapter 31 which involved the defeat of the Midianites. Moses gave the order to “execute the Lord’s vengeance on Midian” to kill everyone, except for young maidens. There are exceptions to that Commandment to allow the murdering of innocent people during war, but opponents of VAD obviously don’t accept that this exception should extend to VAD. Irrational dogma gets in the way of their compassion and logic. That Commandment is not a valid reason to block VAD legislation.

Another argument often put by religious opponents of VAD is that only God can determine the length of our lives. This is despite the significant increase in the average life span of humans since Biblical times. We have been thwarting their God's determination, particularly in the last hundred years, by the introduction of modern medicines and treatments.

My own life has been extended beyond their God's determination several times in the past 20 years, as antibiotics cured me of Pneumonia 4 times, and a radical Prostatectomy recently cured me of Cancer.



Cartoon published after Desmond Tutu publicly supported Assisted Dying.

If in future I suffer from a condition which cannot be so adequately treated, and my life becomes unbearable, I will then be very grateful that I have the option of VAD in NSW. The argument that only their God can determine the length of our lives is not a valid reason to block VAD legislation.

Residents of the Northern Territory should have the same opportunity to avoid unbearable pain and anguish. After all, they had that choice 30 years ago under the Government of Marshall Perron.

#### *Conscientious Objection:*

Opponents of VAD insist on their right to conscientiously object to being involved with VAD, but they vehemently deny other people the right to choose VAD without obstruction. This blatant display of double standards is staggering!

Religious organisations which provide medical and aged care for which they receive payment from the Government should not have the right to prevent legal access to VAD by patients and residents in their care. They must refer the patients to a VAD Provider but they do not have to actually provide access to VAD themselves. Some opponents claim that having to allow patients access to a VAD Provider is a conflict of their conscience. That is another ridiculous example of impeding VAD!

Inanimate religious organisations are not capable of having any conscientious objection! Managers and other employees do not have any right to impose their religious beliefs onto their colleagues, the majority of whom are compassionate nursing staff who probably support VAD. Any medical or aged care facility which is operated by a religious organisation in receipt of Public funding must not obstruct requests by any of their patients or residents to access VAD. They must permit their patients/residents to legally access it without being forced to move to a different facility. Any cases of obstruction should result in the immediate cessation of all Public funding, forcing the facility to become fully privately funded, which also means no longer being eligible to receive tax deductible donations. The Public should not have to subsidise the operating costs of organisations which do not provide all relevant legally available services.

Australia is a Democracy and not a Theocracy. Church representatives should not be able to impede VAD which has the support of such a large democratic majority. I urge you to disregard all of the submissions opposing VAD on religious grounds. Those people can still choose not to access VAD for themselves, but they do not have any right whatsoever to deny that choice to others!!

## 2. What eligibility criteria should a person need to meet before they can access VAD?

### *Decision-making Capacity:*

I agree that patients must be able to demonstrate their full understanding of their request for access to VAD. There is one strictly limited exception which I discuss below.

There are conversations in many jurisdictions about allowing Dementia patients access to VAD via Advance Care Directives (ACDs) by nominating certain stages of decline, such as not recognising family, not being able to have a meaningful conversation or becoming incontinent. I am wary about such suggestions because we cannot know for certain that there won't be any enjoyment or contentment later in life as a Dementia patient. The Netherlands allows for access to Assisted Dying by way of an *Advance Euthanasia Directive* (AED). I am aware that some Dutch Doctors have refused to provide Dementia patients with access to Assisted Dying because they have reported finding that the Dementia patients seem fairly happy and content, and are not apparently suffering. For this reason, I would be hesitant about legislating to allow Dementia patients to access VAD when they reach a specific stage of decline as described in an ACD. This puts unreasonable responsibility onto the VAD Providers. I personally do not make such a request in my own ACD.

### One Strictly Limited Exception

Nearly all Dementia patients will deteriorate to the point that they can no longer feed themselves. At this later stage, the patient will die from thirst and starvation over a number of weeks, unless they are given assisted feeding. I strongly believe that this is Nature's way of saying it is time to die.

Australians can legally specify in an ACD that we do not want to be given assisted feeding, or certain other medications and treatments, if in future we suffer from any permanent condition which prevents us from being able to feed ourselves. This is not limited to Dementia, but can also apply to victims of traumatic brain injuries and strokes, advanced Motor Neurone Disease, Multiple Sclerosis, Parkinson's Disease, Muscular Dystrophy, paralysis and severe tremors. To the extent that any of these conditions adversely affect our legal capacity, ACDs can already determine the timing within a few weeks of our imminent death from thirst and starvation if we reach that point of deterioration. We should be able to avoid this suffering from thirst and starvation by accessing VAD at this stage, in the same ACD that rejects assisted feeding. We would not need to provide our informed consent because our ACD has already legally determined that our death is imminent and inevitable.

Granting access to VAD via ACD in this limited context will do no more than prevent a few weeks of suffering from thirst and starvation. Only a Sadist would deny patients the opportunity to avoid such suffering when death is imminent, so I urge you to include such access in your legislation.

It would be 'poetic justice' so to speak, if the Northern Territory's legislation could be the first legislation in Australia to include access to VAD for patients who have lost their capacity, and have a legally valid ACD refusing assisted feeding and other treatments.

### *18 Years of Age:*

This is a good rule of thumb, but all patients are individual, and some patients mature earlier than others. I have heard that chronic suffering tends to make adolescents mature more quickly. If a 'child' meets all of the other criteria for VAD, there needs to be a discretion to allow psychiatrists

and specialist doctors in the field relevant to the patient to determine that it is appropriate to grant access to the under-age patient so that unnecessary suffering is avoided. It is likely that this situation would rarely occur, but a patient should not have to suffer unnecessarily.

*Terminal Illness:*

There are some conditions which are not ‘terminal’, but which are nevertheless incurable and chronically debilitating, making life unbearable. A well-publicised British example at the time was that of the late Tony Nicklinson whose devastating stroke left him completely paralysed with Locked-in Syndrome. He could only communicate by blinking or moving his head at a computer screen. His only option was to use Voluntary Stopping of Eating and Drinking (VSED) which took weeks of pointless suffering. His case earned the support of Lord Carey, as mentioned above.

*Prognosis of 6 to 12 months:*

I believe that there should be no time-frame prognosis requirement, and VAD should be accessible if a person’s debilitating condition is permanent and makes life intolerable. I recommend that you adopt the approach taken by the Australian Capital Territory in its Voluntary Assisted Dying 2024. There have been calls to amend the Victorian legislation to remove the prognosis criterion because it is difficult to make an accurate prognosis of time. I have heard of patients in other jurisdictions not qualifying because of this criterion, and then suffering terribly before dying within the time frame.

Another benefit of removing the limited prognosis criterion would be to allow people who are in the early stages of Dementia to access VAD before losing capacity. I remember my father saying that my mother used to often mutter “God, take me now”. Had VAD been available in 2005 before she lost capacity, she would have requested it and would have been spared 16 years of utter confusion.

If it is decided not to remove a time prognosis limit criterion in the proposed NT legislation, or if it is introduced but some patients lose capacity before they access VAD, the exception mentioned in the Decision-making Capacity section could be a fall-back measure so that they at least don’t suffer weeks of thirst and starvation.

I realise that my suggested changes to widely established criteria are controversial, but I don’t think that they should be ignored because of that. There needs to be room for discretion built into the law to allow for extraordinary circumstances. If you determine that some of my comments are not politically viable at this stage, I hope that you will reconsider them when your legislation is reviewed in a few years time.

I hope these comments have been helpful.

Yours sincerely,

Geoffrey Williams

