LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY

REPORT OF THE INQUIRY BY THE SELECT COMMITTEE ON EUTHANASIA

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642	Chasney, B.	947
643	La'Porte, A.	948
644	McCallum, M.	949
645	Livermore, M.H	950
646	Wesleyan Methodist Church	953
647	Dalziel, E.R	954
648	Gordon, B.F.	955
649	Heath, A.G.	956
650	Goiny-Grabowski, G.	957
651	Matthews, J.	958
652	Tento, W. and S.	959
653	Handman, M.	960
654	Dick, M. B.	961
655	Hart, J. and G.	962
656	Adam, M.	963
657	Gear, S.	964
658	Simpson, P.P.T.	981
659	Padgham-Purich, N.	982
660	Ramming, A. Mr and Mrs	984
661	Wood, G.	985
662	Styant, D.	993
663	Kvasnicka, M.K.	997
664	Freeman, Sue	1000
665	Watson, Charlotte	1001
666	Fritzpatrick, Y. and L. *and* 3 signatures	1002
667	McGargill, K.	1003
668	Blandy, F.R.	1004
669	Full Gospel Business Men's Fellowship International	1005

670	Aboriginal Resource and Development Services Inc.	1007
671	Cuparso, T.	1009
672	Kuster, L.	1010
673	Australian Medical Association - NT Branch	1011
674	Mills, M.	1032
675	Wardle, P.	1035
676	Bernhoft, R.	1036
677	Tyzack, C.	1042
678	Ellis, J.	1043
679	Shepherd, A.	1044
680	North Australian Aboriginal Legal Aid Service	1045
681	Smith, T.	1049
682	Darlow-Ng, D.	1078
683	Cunich, W.B. Mr and Mrs	1079
684	La Sette, P.	1080
685	Rural Churches Association	1081
686	McKay, B.	1084
687	NT Christian Outreach Centre	1087
688	Ravenscroft, P.J.	1088
689	Bishop of the Northern Territory	1093
690	Bradley, H. and S.	1096
691	Mansfield, C. *and* Shanahan, M. *and* 18 signatures	1099
692	Carter, C.R.	1100
693	Flannery, R.	1103
694	Life Is For Everyone Incorporated	1104
695	Lowe, H.J.	1108
696	de Kuszaba-Dabrowski, N.	1113

697	Women's Advisory Council	1114
698	van der Molen, J.A.	1118
699	Ramsey, K.	1121
700	Selvey, G.	1122
701	Webb, G.	1123
702	Tenison-Woods, L.	1126
703	Anderson, M.L.	1128
704	Spencer, B.	1131
705	Buckley, M.	1132
706	Cracknell, L. and A.	1136
707	Ahern, E.	1137
708	Lee, S.	1142
709	Carter, S.	1143
710	Wilson, P.	1144
711	Ramsey, I.	1145
712	Tapp, J.	1146
713	Cottle, G.	1147
714	Flower, D.	1148
715	Bound, J.	1149
716	Robertson, W.	1150
717	Campton, P. *(Confidential)*	1152
718	Petition (14 signatures) *and* Opinion Poll (42 signatures)	1153
719	Our Lady of the Sacred Heart Parish, Alice Springs	1154
720	Drummond, I.	1174
721	Selvey, J.	1192
722	Jones, S.	1193
723	Fellows, E.	1194

724	Overton, V.	1195
725	McGibbon, C.	1196
726	Kave , L.	1198
727	Murphy, J.S.	1199
728	Story, R.	1200
729	Siano, N.	1201
730	Howard, G.	1202
731	Wearne, E.R.	1203
732	Robertson, S.	1204
733	St Francis Xavier's Parish (80 signatures)	1205
734	Oliver, N. and P.	1207
735	Wells, E.M.	1208
736	Wilson, A. and B.	1209
737	Garton, G.	1210
738	Burnett, C.	1211
739	Hawkes, B.	1212
740	McCawley, D.	1213
741	Lewis, M.	1214
742	Lancaster, N.E.	1215
743	Alldis, B.K.	1216
744	Adams, A.K.	1217
745	Newton, P.A.	1218
746	Prince, J.F.	1219
747	Schimmel, D.	1220
748	Long, V.M.	1221
749	Young, D.	1222
750	Story, S.F.	1223
751	Taylor, R.	1224

752	Wilson, W.	1225
753	Rationalist Association of NSW	1226
754	Mason, S.	1227
755	Standish, R.	1228
756	Standish, P.	1229
757	Handley, M.J.	1230
758	Gardiner, A.C.	1231
759	Bore, P.A.	1232
760	Beaumond, C.	1233
761	Pansini, H.	1234
762	Williams, K.	1235
763	Purdy, B.H.	1236
764	Fearnley, J.	1237
765	Hudson, C.	1238
766	Beeching, J.	1239
767	Prince, M.	1240
768	Geehman, M.	1241
769	Anderson, G.	1242
770	Hobden, J.	1243
771	Sultana, J.	1244
772	Dornbusch, P.and N. *and* L.	1245
773	Gibson, M.C.E.	1246
774	Clarke, J.	1247
775	Miguel, L.	1248
776	Dicker, K.	1249
777	Voluntary Euthanasia Society of NSW	1250
778	Lynch, N.	1251

779	Zavadish, C.	1252
780	Hindmarsh, L.	1253
781	Matlak, D.	1254
782	Jeffriess, M.J.	1255
783	Fraser, C.	1256
784	Gaspar, C.	1257
785	Heberlein, C.	1258
786	Newmeyer, J.H.A.	1259
787	McCormack, K.	1260
788	Griffin, M.	1261
789	Bradshaw, I.	1262
790	Brown, J.	1263
791	Pike, B.	1265
792	Patteson, C.	1266
793	Hubbard, P.	1269
794	Ross, M.A.	1272
795	Alcock, W.G.	1275
796	O'Shea, P.J.	1276
797	Berecry, Y.	1277
798	King, K.E.	1278
799	Collins, B.	1279
800	Carney, D.	1281
801	Dyer, B.	1282
802	Ryan, M.	1283
803	Millicen, J.	1284
804	Stowers, J.	1285
805	Petition (9 signatures)	1286
806	Larkins, P.L.	1287

807	Bliem, P.R.	1288
808	Currie, B.	1289
809	Balke, N.J.	1290
810	NT Anti Cancer Foundation Inc.	1293
811	Meakins, D.	1294
812	Sisters of Charity of St Anne (3 signatures)	1295
813	Lillecrapp, Mr J.	1296
814	Voluntary Euthanasia Society of WA	1297
815	Tierney, J. *and* 3 signatures	1301
816	Keane, D.L.	1302
817	Bird, P.	1303
818	Reid, T.E.	1304
819	Lillecrapp, M.	1305
820	Ralfe, I.	1306
821	Lamb, M.	1307
822	Emmett, L.	1308
823	Mendes, D.	1309
824	Feain, F. and L.	1310
825	Right to Life Australia	1311
826	Corry, A.	1328
827	Voluntary Euthanasia Society of SA Inc.	1331
828	Knights of the Southern Cross (Australia) Inc.	1342
829	Northern Territory Hospice and Palliative Care Association Inc.	1381
830	Shield, B.	1385
831	Muirden, N.M.	1386
832	Chisholm, D.I.	1392
833	Colgan, M.J.	1393

834	Hense, P.	1394
835	Barnes, M.	1396
836	Chin, K.	1397
837	Christensen, L.	1399
838	Doherty, J.	1400
839	Bannister, P.R.	1401
840	Bannister, R.J.	1402
841	Bannister, E.	1403
842	MacGregor, M.A.	1404
843	Aird, J.	1405
844	de Munitiz, A.L.	1406
845	Woods, M.	1407
846	Newboult, R.	1408
847	Levy, K.	1409
848	Gibson, J.H.	1410
849	Edwards, E.M. and J.D.	1411
850	Stackpole, M.	1413
851	Ferguson, M.	1414
852	Beriman, M.A.	1415
853	Jones, E.H.	1416
854	Harris, E.	1417
855	Forrest Flinn, S.	1418
856	Perrin, P.	1419
857	Ross, M.A.	1420
858	Robson, P.	1421
859	Svendson, R.	1422
860	Ferwerda, P.	1423

861	Commadeur, A. and J.	1424
862	Isaacs, B.	1425
863	McHugh, B.	1426
864	Rose, D.	1427
865	Endicott, D.	1428
866	Burgin, E.	1429
867	Boubela, S.	1431
868	Nicholas, S.	1432
869	Robey, I.	1433
870	Rosenfeldt, F.L.	1434
871	Hart, W.	1435
872	Garling, E.A.	1436
873	O'Brien, M.	1437
874	Flynn, E.	1438
875	Marshall, C.J. and R.J.	1439
876	Moore, M.	1440
877	Voluntary Euthanasia Society of VIC Inc.	1441
878	Greenwell, J.	1442
879	Gonzalez, M.J.	1443
880	O'Keeffe, D.J.	1444
881	Fenn, N.	1445
882	Hampel, M.A. *and* 17 signatures	1446
883	Wurst, N.W and J.D.	1451
884	Stanton, J.	1457
885	Sydney-Smith, D.B. and S.E.	1458
886	Dodd, J.L.	1459
887	Perrin, E.	1460
888	Core, J. and J.	1461

889	McClenaghan, W.	1462
890	Butcher, E.	1463
891	Catt, D. and C.	1464
892	Hartley, N.	1465
893	Hartig, M.G.	1467
894	Shotton, S.	1468
895	Kane, D.	1469
896	Queensland Right to Life Ingham Branch	1470
897	McKee, L.	1472
898	Button, A.	1473
899	Mastrippulito, A.	1474

900	Souter, A.	1475
901	Northern Territory Council of Churches	1476
902	World Federation of Doctors who Respect Human Life, VIC Division	1479
903	World Federation of Doctors who Respect Human Life, VIC Division	1481
904	Park, M.	1484
905	Davis, N. M.	1485
906	Williams, E.	1486
907	Hollingworth, S.	1487
908	Miller, M.	1488
909	Maskell, B.	1489
910	Rust, D.	1490
911	Van Eck, N.	1491
912	Unting Church in Australia (The), Northern Synod	1492

913	Daly, C.	1494
914	Sivell, G.	1486
915	St Mary's Cathedral Parish	1498
916	Simpson, P.T.	1501
917	McInery, J.	1502
918	Bernard, D.	1503
919	LaSette, G.	1504
920	Arora, O.P.	1505
921	Davis, B.	1506
922	Andrew, M.	1507
923	Fearon, M.	1508
924	Johnson, C.E.	1509
925	Scales, J.	1510
926	Freer, B.	1511
927	Bowman, M.	1512
928	Gilbert, T.M.	1513
929	Hill, H. V.	1514
930	Petition (6 signatures)	1515
931	McKenna, P.	1516
932	Smith, D.	1517
933	Smith, C.	1518
934	Morris, P. and M.	1519
935	Chappell, M. *(Confidential)*	1520
936	Baird, A. and K.	1521
937	Sloan, B.P.	1522
938	Greenwell, J.	1523
939	Hughes, C.	1524
940	Kirkby, D.E. and K.L.L.	1525

941	Levison, C.M.	1526
942	Lamb, J.	1527
943	Jenkins, P.	1528
944	Jentsch, A.	1529
945	Bunbidge, P.	1530
946	Grice, R.U.	1531
947	Dowling, I. L.	1532
948	Brooker, C.A.	1533
949	Green, P.J.	1534
950	Kaff, K.	1535
951	Solley, M.B.	1536
952	Smith, S.V.	1537
953	Coyle, V.	1538
954	Coyle, R.	1539
955	Rice, R.J.	1540
956	Ross, B. and B.	1541
957	Wallner, G.M.	1542
958	Appleby, Y.	1543
959	Thurston, O.A.	1544
960	Ray, L.M.	1545
961	Tiller, L.N. *(Confidential)*	1546
962	Warruwi Community Inc.	1547
963	Medlen, M.	1548
964	Mayers, L.A.	1549
965	Couch, J.	1550
966	Beeren, R.	1551
967	Flanagan, K.D.	1552

968	Grass, R.	1553
969	Hardie, I.	1554
970	Green, I.G.	1555
971	Lee, R.	1556
972	Bairstow, D.	1557
973	Wetherop, V.	1558
974	Diggins, P.	1559
975	Bookham, V.M.	1560
976	Remie, G.	1561
977	Cypher, J.I.	1563
978	de Pover, M.	1564
979	Rennie, N.	1565
980	Steel, G.A.M. and P.	1566
981	Guppy, C.	1567
982	Margadant, R.	1568
983	Parish, A.	1569
984	Macdonald, E.	1570
985	Adams, M.	1571
986	Jeffries, P.	1572
987	*Name withheld by request*	1573
988	Eddington, L. and J. and H.	1574
989	Bracken, K.	1575
990	Ward, G.	1576
991	Oxnam, G.A.	1577
992	Homles a Court, E.C. *and* Crichley, C.R.	1578
993	Watts, J.H. and R.M.	1579
994	Hutchison, I.	1581
995	Weymouth, M.	1582

996	Conley, C.	1583
997	Smith, I.	1584
998	Smitheringale, L.M.	1585
999	Nelson, J.	1586
1000	Boxall, M.E.	1587
1001	Marbury, F.B.	1588
1002	Thorpe, J.K.	1589
1003	Taylor, G.	1590
1004	Wilde, E.K.	1591
1005	Cummings, M.F.	1592
1006	Hugall, C.B.	1593
1007	McNabb, A. *and* Hop, J.	1594
1008	Baker, C.	1595
1009	Shannon, Y.	1596
1010	Loneragan, J. and O.	1597
1011	Smith, S.	1598
1012	Frankland, C. and J.	1599
1013	Barnes, B.	1600
1014	McCorry, D.	1601
1015	Woodthorpe, S.	1602
1016	Deacon, F.M.	1603
1017	Bradshaw, A.	1604
1018	Halligan, P.	1605
1019	Sedgwick, D.	1608
1020	Smith, P. and M.	1609
1021	Wereford Roberts, M.	1610
1022	Smith, I.	1611

1023	Hunter, M.	1612
1024	Croft, I.	1613
1025	Bromilow, E.	1614
1026	Bort, R.V.	1615
1027	Frizzell, M.F.	1616
1028	Finch, M.	1617
1029	Poole, N.A.	1618
1030	Bowden, R.	1619
1031	Forster, D. and M.	1620
1032	Harkin, M.	1621
1033	Duffield, U.	1622
1034	Louden, A.A. and C.E.	1623
1035	Gawler, D.	1624
1036	Le Surf, T.	1625
1037	Bamford, M.E.	1626
1038	Brown, C.	1627
1039	Brown, D.	1629
1040	Packer, K.	1632
1041	O'Dwyer, P.	1633
1042	Smith, E.	1634
1043	Spark, D.	1635
1044	Barnes, G.E.	1636
1045	NT Aids Council Inc.	1637
1046	Hamblin, W.K.	1638
1047	Hill, P.	1641
1048	Nicoli, C.E.	1642
1049	Bemelmans, W.A.	1643
1050	Loney, S.	1644

1051	Killar Family	1645
1052	White, B.	1647
1053	Day, P.	1648
1054	Calder, S.	1649
1055	Williams, C.	1650
1056	Hair, R.	1651
1057	Matarazzo, G. and G.	1652
1058	Cordell, D.	1653
1059	Murphy, B.	1654
1060	McGauran, J.	1661
1061	Caruana, G.	1663
1062	Butler, B.	1666
1063	Weldon, P.	1667
1064	Veitch, L.	1668
1065	Theakstone, L.	1669
1066	Stevenson, N.M.	1670
1067	Phillips, L.	1671
1068	Newton, P J.	1672
1069	Walles, J.B.	1673
1070	Ryan, J.B.	1674
1071	Gardner, J.J.	1675
1072	Ayliffe Saba, R.A.	1677
1073	Foundation Genesis	1678
1074	Dittons, P.	1679
1075	Christian Medical Fellowship	1681
1076	Kvasnicka, M.	1693
1077	Jackson, E.	1697

1078	Wyatt, P.	1698
1079	Zimmermann, J. and A.	1699
1080	Sak, E.	1700
1081	C.C.	1701
1082	Brookway, J.M.	1702
1083	McKerrow, S.M.	1703
1084	Jackson, P.K.	1705
1085	Kelly, D.	1706
1086	Kushe, H.	1728
1087	Sutherland, B.P.T.	1741
1088	North Australia Aboriginal Legal Aid Service	1749
1089	Australian Federation of Right to Life Associations	1750
1090	Darwin Urban Palliative Care Nurses	1751
1091	Bernhoft, R.	1759
1092	Right to Life Australia	1760
1093	Lutheran Church of Australia	1761
1094	Syme, R.	1766
1095	Thomson, T.	1768
1096	Good Shepherd Fellowship Group (10 signatures)	1769
1097	Gunaratnam, L.	1771
1098	McNamara, T.M.	1772
1099	Voluntary Euthanasia Society of VIC Inc.	1773
1100	Hillock, I.M.	1774
1101	Wood, W. and R.	1775
1102	Yirrkala Dhanbul Community Association Inc. *and* Lanyhapuy Homeland Association	1780
1103	Lickiss, J. N.	1781
1104	Djakala, B.	1782

1105	Australian Medical Association, NT Branch	1783
1106	Howard, P.	1795
1107	Woodthorpe, S.	1796
1108	Lang, E.M.	1797
1109	Bourke, J.	1798
1110	Nunn, P.	1799
1111	Yapakurlangu Regional Council	1800
1112	Tonti-Pilippini, N.	1801
1113	John Plunkett Centre for Ethics in Health Care	1807
1114	Smith, T.	1812
1115	McKechnie, F.	1814
1116	Voluntary Euthanasia Society of SA Inc.	1816
1117	Bishop of the Northern Territory	1825
1118	Davis, C. A.	1830
1119	Dwyer, P.	1831
1120	Sebastian-Pillai, B.	1832
1121	Adamson, P.	1833
1122	Num, R.G.	1847
1123	Francis, K.	1848
1124	Fleming, J.I.	1851
1125	Hul, O.	1862
1126	Cook, M.	1863

These submissions have been re-keyed from the originals which are held in the Original Papers Collection, Legislative Assembly. Some may contain typographical errors or mistakes from the misreading of handwritten originals. Any differences are regretted but no responsibility is accepted for them.

SUBMISSION 916 1

NEWBURY PASTORAL CO. Newbury Farm, Sutton Forest 2577 Moss Vale 68 1159

Manager Moss Vale 68 1093

To Select Committee on Euthanasia 23 March 1995

Dear Committee,

I am aged 70. About 10 years ago I wrote to my Physician and my G.P. requesting that, in the event of my having a severe stroke or a cardiac arrest, I be not touched. In later discussions with both of them I have also made it clear that if I am not capable of enjoying any quality of life then to the extent possible I would like some assistance from them to bring about V.E. In support of this I now record:-

1 I consider that individuals should have control over their death.

2 As suicide is I understand not a crime I consider that a person giving me the wherewithal to bring this about should not be a criminal.

3 I find it unjust that I may have to find a doctor who is willing to break the law to bring about my death at my request.

Generally in my retirement I am having a ball and working reasonably hard with all normal farm work here. We run 200 plus breeding cows and in a good season can be maintaining up to 700 cattle.

My physician said in his report after my annual check up that I am extremely fit for my age. Should the fitness disappear or any mental ineffectiveness such as Alzheimers take over then I do not wish to be an embarrassment to myself or a trial to my wife and our 4 children. In the result I write to support the proposed Bill to bring about legal Voluntary Euthanasia.

Sincerely,

Phil. Simpson.

(E.P.T. SIMPSON).

SUBMISSION 917 1

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262 Bulwara Rd

Ultimo 2007

20.3.95.

Select Committee on Euthanasia

Parliament of the N.T.

Darwin.

Dear Sir/Madam,

This is a letter rather than a formal submission about personal contact with euthanasia. I believe you do have a minor problem with AIDS, but here in Sydney a bisexual man like myself is constantly seeing friends die of AIDS.

Last year a close friend of mine had multiple AIDS related diseases. He could see he was getting worse and nothing could be done - we discussed euthanasia and he admitted he had been storing drugs to do it himself. We decided that expert help was needed so I approached various doctors and groups to find out what to do. My friend was by now in hospital, he had got to a stage where anything taken by mouth would come out his nose, anything going down the neck went into his lungs. Many tests were carried out despite his weak state, he also was losing his voice. I got him to write his opinions down also to record his state of being. Eventually I found a G.P. who told me what to say, what terms to use to the hospital staff. The hospital staff were very relieved, said they could open his throat with surgery, but he was dying of many causes. They spoke at length with both of us by this time my friend couldn't speak and could hardly write. I notified his solicitor and his family so he was able to get all his affairs in order, treatment was stopped he was sedated and passed away very quickly. Other friends I have nursed have not been as lucky. For example another had become demented for at least six months, during the dying process. He was obviously in extreme pain - he simply screamed what seemed like 24 hrs a day in the hospital he was moved to an unused

section of the hospital. This minimised the stress on staff and patients but friends had to suffer this for days and nights before he finally died - in totally unnecessary pain and total loss of dignity. Other people had the experience of having doctors who simply needed the experience of trialing new techniques and drugs. The friends had AIDS and were dying but were told "this will probably not help you, but will help others".

I know like anything else euthanasia can probably be abused, but as a person living with AIDS I know it is necessary for people to have the choice. I greatly admire this attempt to legalise it, and hope it gains parliaments approval.

Yours faithfully,

John McInerny.

SUBMISSION 918 1

David Bernard

4 Edward Drive

Altona Meadows

Victoria 3028

24 March 1995

The Select Committee

Into the Rights of

The Terminally Ill Bill

c/o Secretary

Ms Pat Hancock

Legislative Assembly

GPO Box 3721

Darwin, N.T. 0801.

Dear Ms Hancock,

I am asking you to oppose the Rights of the Terminally Ill Bill. Such legislation if enacted will give opportunity to the frail and elderly Australians as well as the weak minded and sick to partake of this deadly service.

Euthanasia devalues all human life. Instead of encouraging terminally ill people to end their lives, the importance of sustaining relationships with these people must be provided. Lets not use technology to remove those seen as a burden, lets use it to control pain. Lets provide companionship, assist terminal patients and families in preparing for death, and offer bereavement care for the family if death occurs.

Please reply,

Yours sincerely,

David Bernard.

SUBMISSION 919 1

P.O. Box 2651

Darwin, N.T. 0801

March 24, 1995

The Chairman

Select Committee on Euthanasia

Legislative Assembly of the Northern Territory

G.P.O Box 3721

Darwin, N.T. 0801

Fax: 812528

Dear Sir:

Having listened to the many arguments presented, and then read the Private Member's "Rights of the Terminally Ill Bill", two things have become apparent to me and have influenced me to support the Bill.

The Bill does not force any decision on the terminally ill - it gives them the choice to legally terminate their life, with dignity. The penalties for coercion or opportunism are distinctly rigorous.

Many and varied religious bodies have forcibly opposed the bill. In doing so, they substantially restrict the freedom of choice and expression of people who do not subscribe to their religious views. This I find offensive, since if I were to act in a similar manner towards their perceived freedoms, they would morally berate me and attempt to legally pursue me.

This Bill, if passed, offers people a choice. A terminally ill person has the right to make the decision for themselves, either way. Unfortunately, this right does not presently exist.

In your deliberations, please consider the validity of this freedom.

Yours faithfully

George LaSette

SUBMISSION 920 1

O.P. ARORA

3/401, Trower Road,

Brinkin - N.T. 0180

(Res) Phone 278 773

25th March, 95

The Chairman,

Select Committee on Euthanasia,

GPO Box 3721,

Darwin NT

Sub:- Euthanasia Bill - in its Support.

Sir,

As desired by 'M Robson' in today's NT News, under 'Letters to the Editor' I am enclosing, herewith, a photostat copy of my letter published on 11th March, 95, Supporting the Bill.

If not very much inconvenience, please acknowledge its receipt.

Thanks,

Yours sincerely,

(O.P. ARORA)

Enclosed newspaper cutting, Letters to the Editor, Northern Territory News, Saturday, March 11, 1995.

SUBMISSION 921 1

P.O. Box 46

Tweed Heads NSW 2485

22 March, 1995

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

Darwin NT 0801

I am writing in support of the proposed law giving people the right to have their lives terminated lawfully by a sympathetic and humane doctor should the patient so choose.

You will no doubt get all sorts of correspondence from do-gooders who would have people treated worse than farm animals.

If a dog or a farm animal suffers excruciating pain at the same time as suffering a terminal disease or accident then the **local vet** can put the animal down without being treated as a murderer. Human beings who have a mind of their own and **who are in a position to be able to convey their feelings and wishes to others should not be treated worse than animals.**

Human beings should be given the right to decide whether they wish to continue living or dying and if the latter course is chosen they should be permitted to die in dignity with the assistance of a humane doctor. That doctor should be permitted to assist without being branded a murderer and treated by the law as one.

There are many instances that I could put to you which would enhance the proposition that the Bill should be favoured. The ultimate Bill of course will be what the politicians want. However please remember our bodies and our lives are probably the only items **we truly own in this world**. Nobody else owns them and it should be the owner of that body and only him/her that has the right to determine when he/she has had enough of it.

I am currently a fit and healthy 60 year old. I would like to have the right whilst I am mentally capable of putting to paper the circumstances under which I would like to have my life terminated. I would certainly have no compulsion about signing a document that this should be done if I was on a life support mechanism and in pain with no foreseeable chance of recovery in the opinion of two qualified medical practitioners.

Yours sincerely

Brian Davis.

SUBMISSION 922 1

32/70 Marina Blvd,

Ocean Reed

W.A. 6017.

March 29th 1995

The Chairperson,

Select Committee on Euthanasia

Darwin

Dear Sir or Madam,

Just over two years ago my late husband and I were overseas on a three month holiday. After the first month away my husband was not very well but managed to carry on for another month. When we arrived to stay with relatives in New Mexico USA my husband went to a hospital for tests.

After many tests by different Doctors and specialists finally I was told my husband was terminally ill and he deteriorated fast. After getting over the initial shock I approached one of the nurses and asked who I should see about keeping my husband comfortable and not receiving unnecessary treatment. I was given two forms to fill in. One, a living will, the other a right to die. After my husband and I both signed these forms I was able to dictate to the Doctors how I wanted my husband treated and it was a wonderful relief. When I returned home to Australia alone I asked my local Doctor if he knew of any similar scheme here in Perth. He told me about the Voluntary Euthanasia Society.

I contacted them and have become a life member. I strongly believe in the Marshall Perron Bill and that people should have the right to decide their own fate. I do not believe that palliative care always works for everyone and will be very happy to see Voluntary Euthanasia become law - strictly supervised of course.

I am

Yours faithfully,

Myra Andrew (Mrs).

SUBMISSION 923 1

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7 Hickory St

Lower Templestowe

Victoria 3107

27 - 3 - 95

N.T. Select Committee on the

Rights of the Terminally Ill Bill

G.P.O. Box 3721

Darwin 0801.

Dear Sirs,

I am writing to express my deep concern and opposition to legalised patient killing.

It is our duty to protect those least able to help themselves in our society - the sick and the frail. I urge you then to provide palliative care specialists and establish palliative care programmes, together with hospices so that solace and relief is available to the terminally ill.

Yours sincerely,

Marie Fearon (Mrs).

SUBMISSION 924 1

37/510 Marmion St

BOORAGOON WA

6154

27/3/95

The Chairperson

Select Committee for Euthanasia

Parliament of the Northern Territory

P.O. Box 3721/Darwin NT 0801

Dear Sir,

As a member of WAVES aged 790 years, I firmly believe the Marshall Perron Bill should be passed in its entirety, my reasons being that:-

1. Everyone should have the right to choose when they wish to die since that choice has been taken from them by the scientific world prolonging the life of the individual regardless of that individuals wishes.

2. That no one should b e expected to suffer pain or the indignities resulting from illnesses because of a minority moral outlook of others.

3. That no one should have their life expectancy extended once the quality of life is nonexistent because of that minority who wish to dictate their views to others.

(Mrs) C.E. JOHNSON.

SUBMISSION 925 1

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168 Cobb Street

DOUBLEVIEW WA 6018

24.03.95

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

DARWIN N.T. 0801

Dear Chairperson

I wish to give a vote of support to The Marshall Perron Bill on Euthanasia.

My reasons being :-

a) For myself - I do not find it at all appealing to just exist on this earth. For what reason and oh! what an expense. LIVE now thats different.

b) For my family - As a wife and a mother of four, I do not want to put my family into a situation where there may have to be a vote to have my life support system turned off. This could very well be a conflict of "wants" - possibly causing a family rift! Besides who wants to leave this decision in any other persons hands?

Thanking you for reading my letter this far. May I take this opportunity to wish the committee every success and my thanks to you all.

Yours sincerely,

JOAN SCALES (Mrs)

SUBMISSION 926 1

Barry Freer

PO Box 39494 WINNELLIE NT 0821 AUSTRALIA

Phone/Fax (089) 32 2556

The Select Committee on Euthanasia

P 0 Box 3721

Darwin NT 0801

Dear Committee

I wish to make the following submission to the Committee in support of the proposed Euthanasia Legislation as follows.

In my early years I attended. a preparatory school in Hamilton NZ. When I was about 10 years old one of the students in my dormitory was diagnosed with cancer, went to hospital and died there, all within 2 to 3 weeks. Due to his youth, I believe that this boy suffered very little pain, and in fact was considered quite "chirpy" up until the last few days of his life when he was heavily sedated.

Being a religious school his death was explained as being called to God.

Now that I am approaching the end of my life, where I am susceptible to many diseases, particularly the various cancers, I would like to be able to go with the same dignity that was afforded to this boy.

I completely refute the religious concept that euthanasia is killing, that "God forbids you to take your own life", or for you to have someone assist with ending your life. When you are in pain and can not experience any benefit from continuing with life, and you are in a position to request death, should you be denied that request. Some religious and medical groups believe that improved palliative care should be provided. Agreed, but when the pain and hopelessness of the situation continue, those suffering should have the option to request death.

Whilst the clergy should have a greater knowledge of the Bible and the teachings of Christ, I doubt if there is a specific commandment that you must not alleviate pain and suffering. In fact the reverse is the basis of the Christian faith, have consideration for those that are infirm and sick, poor or hungry.

I, and others involved, would like to submit more details to the Committee when it holds hearings in Darwin.

Trusting that the Committee will agree with our request.

Yours faithfully,

Barry Freer

SUBMISSION 927 1

PO Box 1682

Alice Springs

NT 0871

Dear Madam

I am writing to you to express my concern over the euthanasia bill. While I agree that no-one wants to promote needless suffering, I think euthanasia has the ability to be misused. We have all heard of people who have been medically pronounced as "having no hope of recovery", turn around and make a good or full recovery. What if the euthanasia bill had been passed and these lives had been signed away, rather than given a full chance?? Who can decide exactly where the line of "no hope of recovery" really lies??? I certainly wouldn't want it to be me.

Please record my opposition to the euthanasia proposal.

Thank you for your time.

Yours sincerely

Mandy Bowman

SUBMISSION 928 1

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6 Kerin Plce

R/Creek

0810

25-3-95

To The Committee

Ref Euthanasia Bill

At this point in time, my local member, who is apparently ready to vote on the above bill has not consulted me or my neighbours concerning our wishes.

In 1988 I witnessed my mother expire in dreadful atmosphere, for almost a week she wanted to got to heaven but was not allowed.

Emphysemia left her with less than ¼ of one lung and I leave it to your imagination, the pain and suffering, I saw it!!!

I don't believe the politicians have any right to vote without 100% consultation of their members.

I believe if the person suffering has a dire wish then under the legal definitions it should be administered.

Yours

Thomas M Gilbert

SUBMISSION 929 1

2/9 The Ridge

Glen Waverley 3150

27/3/95

The President

N.T. Select Committee on the Rights of the Terminally Ill,

Dear Sir,

I am writing to express my opposition to the Bill that Marshall Perron is proposing.

Doctors already have the power and the obligation to relieve their patients' suffering, even if death is hastened, and this is sufficient. To go through another process that would leave decisions on life and death up to doctors is fraught with danger.

I remain

Yours faithfully

Mrs H.V. Hill

SUBMISSION 930 1

18-3-1995

We, citizens of Australia, hereby request the members of the Select Committee on Euthanasia to support the bill on Voluntary Euthanasia.

We have recently seen the prolonged death of a loved one close to us. The woman confided to relatives, that she did not want to wake up. She did not tell her doctor, husband and son. She lived unhappily another two months, unable to communicate or do anything at all. She had not signed advance directives. A decision to bring forward her imminent death should not be a burden to a doctor or relatives!

If euthanasia would have been legal, she would have been aware of the choice that she - and only she - would have.

The supporters of voluntary euthanasia do not want to enforce their will upon other people. Contrary to the fundamentalists amongst us, who oppose euthanasia and make sure that their will is imposed upon everybody.

Please advance Australia.

Signed by 4 residents of Beecroft and 2 residents of Dulwich Hill

SUBMISSION 931 1

Pauline M. McKenna

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130 Blackburn Rd., SYNDAL, VIC. ,3149

tel (03) 803-0591

The Chairman

The Northern Territory Select Committee on the Rights of the Terminally Ill,

GPO Box 3721

DARWIN NT. 0801

Dear Sir

In an era when we send people to the moon so easily, and when we have the wonders of the various communications technologies, it is so ridiculous and amateurish to kill so-called terminally ill people, rather than spend time money and a little personal care to alleviate their suffering.

I spent many years as a nurse, from as long ago as the 1950s onwards. Even then no sick person was ever left to suffer. Apart from analgesia, they were always able to obtain family care, and spiritual and emotional care to assist them in their illness. It is said that sometimes the pain relief might have contributed to the death of the suffering person, but this was never the intention, and certainly the life of the suffering person was never deliberately ended. Nor in those circumstances of efficient medical and nursing treatment with real care was it ever suggested by the patients or their relatives. True mercy, loving attention, and adequate care made even the idea of "mercy killing" not an issue then, and it would not be an issue today if those virtues were in action today, among the medical and nursing people.

I ask you and your committee to reject the Private Member's Bill on Euthanasia. Please! Remember: Doctors' prognostications on life-span expectations of people thought to be dying are wrong as often as they are right.

Someone far wiser than I once said, "The lives you save may be your own."

Yours faithfully,

PAULINE M.McKENNA

26/03/95

SUBMISSION 932 1

David Smith,

5 Mawalan Court,

Ludmilla. 0820.

27/3/95.

Dear Members of the Committee,

I am writing this letter in response to Marshall Perron presenting a Private Bill entitled Rights of the Terminally Ill.

It's my opinion that this Bill should not be passed.

I don't disagree with the idea of euthanasia, but I have grave doubts about bringing legislation into this process.

Yours faithfully,

David Smith.

SUBMISSION 933 1

Catherine Smith,

5 Mawalan Court,

Ludmilla. 0820

27/3/95

Dear Members of the Committee,

I am writing this letter in response to Marshall Perron presenting a Private Bill entitled Rights of the Terminally Ill.

It's my opinion that this Bill should not be passed.

I fear that this process may become involuntary. The proposed bill has already outlined the consequences of this, which means that such events may happen hence some people may die against their wishes.

I feel that if euthanasia is an option for the terminally ill, then some terminally ill people may feel that they should take that option rather than be a burden on their family and friends.

I respect Marshall Perron's right as a citizen to present a Private Bill to parliament. What I'm upset about is the way Marshall Perron is using his power of office to try to hasten the legislative process for his own personal crusade.

I sincerely hope that this bill is not passed.

Yours faithfully,

Catherine Smith

SUBMISSION 934 1

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77 Vincent St.,

SANDRINGHAM,

VICTORIA,

3191

24 March 1995

The Select Committee into the Rights of the Terminally Ill Bill,

c/o Secretary,

Ms Pat Hancock,

Legislative Assembly,

GPO Box 3721,

DARWIN, N.T. 0801

Dear Ms Hancock,

We gather from press reports that a Bill to legalise "euthanasia" is to be introduced into the Northern Territory Parliament soon. Therefore we are writing to you asking that your committee, as elected representatives of the people of the Northern Territory, oppose this legislation.

This Bill will eventually affect all Australians so it is imperative that this devaluation of human life be curtailed immediately before those men and women who are considered a burden to society are "eliminated".

If ours is to become a truly 'caring society', there is a need for public policies which actively protect life at all stages of development.

As your committee obviously has the best interest of your constituents at heart, could we suggest that you oppose this euthanasia bill at every opportunity.

Yours sincerely,

Peter Morris Margaret Morris

SUBMISSION 935 1

IN CAMERA

CONIFDENTIAL

SUBMISSION 936 1

A & K Baird

9A View St.

Cottesloe W.A.

6011

The Chairperson

Select Committee on Euthanasia

Parliament of the Northern Territory

Dear Sir/Madam,

As members of the W.A. Voluntary Euthanasia Society we wish to express our support for the Marshall Perron Bill and for making legal the rights of all people die with dignity and without enduring great pain.

Yours faithfully

Kathleen Baird

on behalf of Misses Alison & Kathleen BAIRD

SUBMISSION 937 1

Mr & Mrs B P Sloan

11/21 Grasmere Road

Neutral Bay, NSW 2089

23 March 1995

Chairman,

Select Committee on Euthanasia

Parliament of Northern Territory

Dear Sir,

I write in support of the proposed legislation. Why?

First I watched my wife die from the progress of breast cancer. She suffered significant pain in spite of the best efforts of a Dr specialising in pain control and of the Drs and nurses at Peter MacCallum Hospital. [We then lived in Melbourne.] In the end she literally drowned as her lungs filled with fluid and she gasped for air. Fortunately it was fast at the end.

Second I am in my 70's and although reasonably healthy I do not want to die as I saw my Uncle Bill die after a stroke - slowly in a nursing hospital, not knowing his own children, having to be fed, suffering bed sores and unable to read, watch TV or communicate. That is not the sort of death anyone wants. I want to be able to decide when to die.,

Third I don't want to have to search for a Dr who will break the law. Assisted death with appropriate safeguards - and legal - is a better way to go.

Yours sincerely

B. P. Sloan

SUBMISSION 938 1

---

11 Cooper Rd

Wamboin

2620

28.2.95

Dear Chairman,

On the 23/2/95 I sent you a submission relating to the Bill on Euthanasia now before the Committee. On 25/3/95 an article appeared in the Melbourne Age in which 7 reputable doctors described their experience and pointed to the need for amendments to the Law.

This material would seem to be both relevant and important to the work of your Committee. I am therefore bringing it to your attention.

Yours sincerely,

John Greenwell

Enclosed with submission, Newspaper articles entitled Helping patients to die, by Nick Davies and A time to die, Melbourne Age

SUBMISSION 939 1

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16 Chester Street,

Subiaco. 6008

27.3.95

The Chairperson,

Select Committee on Euthanasia

Parliament of the Northern Territory,

P.O. Box 3721

Darwin N.T. 0801

Dear Sir

Having experienced the pain and suffering of my sister through Alzheimers Disease, I support the Marshall Perron Bill on euthanasia. I believe if my sister's wishes could have been met, she would certainly have chosen to ask that her life be ended rather than experience the suffering that she did.

I urge you to support this Bill.

Yours faithfully,

Mrs. Clare Hughes.

SUBMISSION 940 1

Salvation Army Village

425/31 Williams Road

Nedlands WA 6009

28th March 1995

The Chairperson,

Select Committee on Euthanasia

Darwin

Dear Sir/Madam,

Having today received the letter from "WAVES" regarding the Marshall Perron Bill on Euthanasia, I am writing to state the personal view of myself, and my friend, who also lives in this Retirement Village.

We know of great suffering endured by friends we have made here during the last fourteen years. There is also the devastation of seeing a friend or loved one become a "vegetable" who has previously expressed a desire for Euthanasia should he or she become incapable of coherent thought and yet being forced to live on and on.

We therefore, whole-heartedly support the Marshall Perron Bill.

Yours faithfully

Doris E Kirkby

and

Linda L Kelly

SUBMISSION 941 1

Mrs Corina M Levison

3/6 Kitchener Rd

Melville WA 6156

27th March 1995

To the Chairman

Select Committee on Euthanasia

Parliament of the Northern Territory

Darwin NT 0801

I wish to express my strong support for the Marshall Perron Bill on Euthanasia. I believe with all my heart and mind that one should have the right of choice to die with dignity, without pain, without causing unnecessary distress to loved ones, once life has become an intolerable burden for whatever reason.

In my immediate family and among my friends and neighbours I have convincing evidence that in some cases the best of palliative care is not the answer.

I am extremely impressed with the compassion and courage shown by Marshall Perron in introducing this Bill in the face of opposition from people with a narrow moral outlook! Please support him for the sake of the many who suffer needlessly.

Yours hopefully. I am of sound mind, in my 73rd year.

Corina M Levison

SUBMISSION 942 1

Mrs J. H. Lamb

38 Weeks Way

Bullcreek 6149

Western Australia

Chairperson

Select Committee on Euthanasia

Parliament of Northern Territory

PO Box 3721

Darwin 0801

28 March 1995

Dear Chairperson

I am willing to give my wholehearted support to the Northern Territory Euthanasia Bill soon to be presented in your parliament.

I have been an active member of the Western Australian Voluntary Euthanasia Society since 1981 and we are beginning to despair that a similar Bill will ever be presented to our parliament in Western Australia.

My personal story is of a kind and loving husband who became a sad, broken human being overnight after a massive stroke. He lived another two and a half years. Euthanasia (a gentle and peaceful death) would have been a blessed release for him.

In spite of all the criticism, helping people to die, when they have reached the stage where they don't wish to suffer any longer, is working in the Netherlands. It could work here.

Yours Sincerely

Joan Lamb

SUBMISSION 943 1

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69 Talbot Avenue

Como 6152

27-03-95

SUPPORT FOR THE MARSHALL PERRON BILL ON EUTHANASIA

The Chairperson

Select Committee on Euthanasia

Parliament of the Northern Territory

PO Box 3721 - Darwin

Northern Territory 0801

Dear Sir/Madam,

The Marshall Perron Bill on Euthanasia is a commendable step forward in the Vexing question of the Right-to Die - especially for the incapacitated aged - who have little quality in life, have become immobile and therefore lost their independence and dignity, have outlived their friends and many if not most relatives and have the added burden today of financial concern - management of their own probably limited affairs. Those who no longer savour life are not only those in distress, intolerable pain, discomfort mental and physical that must be endured, but persons who have been good citizens who feel they no long have any contribution to make. These persons are not encompassed in the Bill but some see hope of gaining voluntary death in the future if its contents are passed. Palliative and Hospice Care is a very expensive exercise in the Health Sphere and may not be supported except in selected cases in the future - which actually it is today. My compliments to those who support the Bill.

Most people do not express concern about death - but the sometimes difficult process of getting there.

(Miss) P. Jenkins.

But the old happiness is unreturning.

We have no grief as grievous as yearning.

We have no sadness sadder than our hope.

That the dark night breaks - and glory Shines around.

SUBMISSION 944 1

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33 Kiah Lodge

Ann Findley Pl

Nateau Bay 2261

To

Select Committee on Euthanasia

I do most sincerely support VE on the basis of the right of an individuals to have control over their deaths as they do over their lives and also any one helping one to die should not be a crime.

As to my own life I am almost 85 have been active in sport all my life and at the moment have leg trouble which makes it very hard to walk far. While I have a car and can get from A to B that's fine and am happy to live so, but if I lose my licence which could do at 85 and have to rely on other people it would be a living hell and without help I would be forced to commit suicide or think very seriously of it.

Sincerely

(Mrs) a Jentsch

SUBMISSION 945 1

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2 Kennedy St

Cunderdin

6407

27.3.95

The Chairperson

Select Committee on Euthanasia

Dear Sir/Madam

The Marshall Perron Bill on Euthanasia.

I wish to support the above because

My grandmother spent agonising weeks with breast cancer. She was a religious old lady but called on her God to take her to him, repeatedly and in her right mind, her pain was so agonising medics couldn't relieve her. We wished she could have been assisted to do so.

Y/faithfully

P. Bunbridge

SUBMISSION 946 1

"RONNEBY"

179 LESMURDIE RD.,

LESMURDIE, W.A. 6076

28/3/1995

The Chairperson,

Select Committee on Euthanasia,

Parliament of the Northern Territory

PO Box 3721

DARWIN NT 0801

Dear Sir/Madam,

I support the Marshall Perron Bill on Euthanasia.

Yours faithfully

Dick Grice

SUBMISSION 947 1

I L Dowling

38 Maurice St

Embleton WA 6062

29.3.95

Marshall Perron Bill

Dear Sir,

I would like to congratulate you on your stand on Euthanasia. I have belonged to W.A.V.E.S. for close to 13 years now. Since my husbands death nearly 18 years ago I have felt no one should have to starve to death because everything he tried to drink or eat burnt his mouth and throat, Epipharengal Ethiomia (I think it was only something like that but its years since I've ever heard, read or seen it written). I know I would only want to die with dignity than shrinking to his weight. I've carried a living will for 13 years and my Dr has 1 as well but would rather be sure that I could get a Dr to help me out of my pain and misery. Where is NO quality I want OUT.

I'm NOT suggesting this should be for everyone but this is MY choice. I would not be the only 1 suffering. My family would suffer, as well, and I don't think there is NOT any NEED for any of us to prolong suffering.

I trust what you have done for Northern Territory will soon be able to be done legally anywhere in the world where people are in a terminally ill situation.

I'm not a very good letter writer but do hope my small effort at writing this helps you to see there are many out here who feel you are a VERY brave person, to come out and declare your beliefs.

Thanking you,

I Dowling.

P.S. I'll be 70 tomorrow but keep good health so hope I'll be here for many years yet.

JD.

SUBMISSION 948 1

Colin A Brooker

65 Ferndale Crescent

Ferndale WA 6148

29/Mar/95

(SELECT COMMITTEE ON EUTHANASIA)

Dear Chairperson,

I would ask in my submission to your committee that you consider one point above all others, THE WISHES OF THE DYING! not those of a tiny minority; of all those I have either spoken to directly or heard of about 90% favour Active Euthanasia, 5% are undecided and 5% against, this means that for every 9 persons in favour .5 is against (18 to 1).

My father had a major stoke and died without dignity several yrs later and would have been appalled to learn his fate at the hands of others, this is the real killing, not dying by choice!

The only serious reservation I have about Active Euthanasia is that relatives have some say, this should be out of the question (unless the dying did not leave instructions) as the Last Wishes of the human concerned should take immediately enforceable precedence above all others; this can be done in a normal Will with a simple statement following the wish saying "I understand Active Euthanasia to involve the termination of my life due to Terminal Illness certified by 2 doctors in different sections of the hospital using an overdose of Anaesthetic". Hoping earnestly you will take this submission into account.

Yours Sincerely

Colin A Brooker.

SUBMISSION 949 1

69/33, McNabb Loop,

COMO WESTERN AUSTRALIA 6152

28th. March, 1995.

The Chairperson

Select Committee on Euthanasia

Parliament of the Northern Territory

P 0 Box 3721

Darwin N. T. 0801.

Dear Chairperson,

I have just received notification from our local W.A.V.E.S Committee about the Northern Territory Parliament committee re-the Marshall Perron Bill on Euthanasia and I wish to add my submission regarding the Bill.

I consider it should be my right to die when I wish. I was not consulted about coming into this world so I should at least have a say about my departure from this world before becoming a vegetable and thereby wasting the precious time of doctors and nursing staff, plus utilising a bed which could be better used for someone else who has a chance of life or who has a desire to live.

At the present moment I seem to be in very good health, but should this situation change I feel it would be my right to ask for the end to come peacefully, especially if I have made myself clear in my lucid days. This I have already done through the Living Will provided by my local W.A.V.E.S branch.

I would not wish my children and grandchildren having to see me suffering terrible pain or being a vegetable. I have seen families torn apart by both these conditions. I want my family to remember me as a happy person, not as a pain wracked wreck.

Whenever I think about my Father who died fifty-four years ago, a terrible picture always comes to my mind of a man, who for the last three weeks of his life neither looked nor sounded like the Father I knew. Instead, he was lying completely useless and making terrible breathing noises and that is a nasty picture to carry for the rest of my life.

If doctors will not help me should the need arise I would have no alternative but to advance the end myself before I got to that terrible state and thereby save my family long and ghastly memories. Surely it would be much better for a doctor to help me along in a peaceful way.

I am still enjoying life very much and hope it continues that way, but it would be comforting to know I could have a peaceful end if necessary. Why should people unknown to me and with certain religious beliefs etc. influence my decision.

Yours faithfully

Pauline J Green

P.S. My husband is of the same opinion.

SUBMISSION 950 1

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12 Jakobsons Way

Morley 6062

28/3/95

The Chairperson

Select Committee on Euthanasia

I would like to give my support to the Marshall Perron Bill for Voluntary Euthansia. Having been diagnosed last year with a brain tumour (non-malignant) but still being in a situation in the future where I could be damned if I do have surgery and

damned if I don't I would like to think I had a choice if my brain were to be drastically affected wither way, for doctors to hasten my departure with dignity.

Yours Sincerely

(Mrs) L Kaff)

SUBMISSION 951 1

47/39 Hertha Road

Innaloo 6018

Perth W.A.

28.3.95

The Chairperson

Select Committee of Euthanasia

I should like to state my support for W.A.V.E.S. Looking after my husband in his declining years and many months of pain and suffering with no hope of improvement was a terrible experience for both of us and for many families. Being a firm believer in Euthanasia I admire doctors who help in this sympathetic and humane way of relieving a lot of distress and pain. Our last journey in life is a lonely one and should be a peaceful one.

Sincerely

Marjory B Solley

SUBMISSION 952 1

18A Scarp Tce

Willetton WA

6155

28-3-95

The Chairperson

Select Committee on Euthanasia

Parliament of the Northern Territory

Darwin

Dear Sir/Madam.,

I totally support voluntary euthanasia as long as it is strictly controlled legally and medically. I witnessed the slow death of my 90 year old mother who wished to be allowed to die peacefully from the age of 88 years. Her poor old body had just worn out with age, though her mind was alert and her wish was just to join my late father in a peaceful and dignified manner.

Lets get euthanasia legal in this country for those who may need it, now or in the future.

Yours faithfully,

(Mrs) S.V. Smith

SUBMISSION 953 1

---

12 1st Ave

Mt Lawley

28.3.95

The Chairperson

Select Committee on Euthanasia

Parliament of the Northern Territory

PO Box 372

Darwin

I am 76 years of age and mentally and physically in good order.

During the last twenty years I have seen people who lingered in misery and sometimes agony yearning for death.

I visit contemporaries in Nursing Homes where they are clean and safe. They can't escape. They have no quality of life. The mobile wander up and down. The immobile slump in wheel chairs.

Some try to escape but the security system defeats them.

They cry to their visitors, "Take me home!" but they are impossible to cope with at home.

In the early stages they yearn for death - ask for it - cry for it - then nothing.

They should be allowed that release through euthanasia - their own personal choice.

Vera Coyle

SUBMISSION 954 1

28th mar '95

The Chairperson

Select Committee on Euthanasia

Parliament of the Northern Territory

Darwin

I believe that if, through terminal illness, a person desires to die they should be allowed to die or medically assisted to do so.

I support the Marshall Perron Bill on Euthanasia.

The resources used to keep people alive beyond any experience of life quality could be channelled to other health needs.

Rex Coyle

12 1st Ave

Mt Lawley

6050

SUBMISSION 955 1

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13 Luscombe St,

Kewdale 6105

28-3-95

The Chairperson

Select Committee of Euthanasia

Parliament of the Northern Territory

Darwin

Dear Sir/Madam,

Unfortunately, due to commitments arising from the death of a loved relative I am late in submitting this letter, but I hope it will still receive due consideration.

My husband and I wish to express our support for the Marshall Perron Bill on Euthanasia. In recent years we have witnessed loved friends and relatives suffer unnecessary pain and distress in the terminal stages of serous illnesses. We are both in our mid seventies and would like the privilege of being able to escape this final agony and humiliation to ourselves and at the same time ease the strain and stress our suffering is causing our loved ones.

At the present time we are in good health, but should illness cause our life to be unendurable, with no hope of any quality of comfort in the future, I feel we should have the right to request that our life be terminated.

Yours faithfully

Joyce Rice

(Mrs) Richard J Rice

I support the sentiments expressed in this letter.

Richard J Rice.

SUBMISSION 956 1

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15 Dawesville Road

Dawesville 6210

27.3.95

To the Chairperson

Euthanasia Committee

Parliament,

Darwin

Dear Sir/Madam,

As we are both in our late seventies we do not wish to lead a prolonged life, after we are unable to live with dignity, and we do not wish to be kept alive, and to be a burden for some one else to carry. We have no children.

We agree with both voluntary and full euthanasia and it is time the law was changed to make it legal - so rendering the inability for any Doctors to be sued, who may have helped some poor soul to die, with as much dignity as possible, as is left to him or her.

We have known numbers of our friends who should have had the opportunity to have this assistance - instead of living on for, in some cases years, as complete "vegetables". We have enough compassion to assist poor animals - why not, so much more, importantly, human beings.

Sincerely

(Mrs & Mrs Betty & Bruce Ross

SUBMISSION 957 1

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5 Sergeant Rd,

Melville,

West. Aus. 6156

The Chairperson,

Select Committee on Euthanasia,

Parliament of the Northern Territory,

P.O. Box 3721

Darwin, N.T. 0801

Dear Sir,

I, as an individual and also as a member of W.A.V.E.S. support the Marshall Perron Bill.

These are my reasons:

I dread the thought that I might become demented, develop Alzheimers disease or similar. Strokes have rendered some of my close friends incapable of moving or communication. Terminal painful diseases such as cancer are not my way of ending life.

For me it is a worry that I might end my life, helpless and pathetic in a nursing home. Those places are depressing.

We in West. Aus., advocate a "Living Will" which we sign, while of sane mine and before the downward slide in health. Three doctors would make the decision, when what I requested is warranted. This prevents interference by people, who might gain through the termination of a life. The anti euthanasia lobby needs to understand the strength of the "Living Will". The general public is persuaded by the anti group, that helpless people will be disposed of willy nilly to suit someone else's purpose.

We have the right to decide, ahead, so that we can enjoy our life now, without worrying about senility, incapacity and agony, in the future.

We want passive and active euthanasia made legal in conjunction with a "Living Will".

Yours faithfully

Gwen M Wallner

SUBMISSION 958 1

Yvonne Appleby

7/13 Forrest St

SUBIACO 6008 WA March 27 1995

The Chairperson,

I am a member of W.A.V.E.S. and I wish it to be noted that I give my support to the Marshall Perron Bill.

I feel very strongly that people should have a choice - where there is no quality of life and the patient requests euthanasia I think he/she has a right to it provided it is done with the approval of 2/3 Doctors, and they should not feel guilty - It also gives the patient an opportunity (in some cases) to say good-bye to the family and friends.

We have freedom of choice on so many matters, why should this be any different.

Sincerely

Yvonne Appleby

SUBMISSION 959 1

Tel: 381 5795 48 St Leonards Ave

W. Leederville

W. Australia 6007

29.3.1995

The Chairperson

Select Committee on Euthanasia

Parliament of N.T.

P.O. Box 3721

Darwin N.T. 0801

To whom it may concern

May I take this opportunity to support Marshall Perron's Bill on Euthanasia.

I am a staunch member of the West Australian Voluntary Euthanasia Society (W.A.V.E.S.) for the last 5 years, happily married for 55 Years with a loving family.

I find my terminal cancer an anti climax to a wonderful life. I have given my 'living will' to my doctor, family and carry details in my wallet.

In support of my conviction I pose the following questions.

1) Why is it acceptable to kill in wartime?

2) Why is such action sanctified by religious bodies?

3) Why in current circumstances are nursing services overburdened with the helpless aged, when with voluntary euthanasia, this service can be directed towards life saving in all other areas?

Yours sincerely

Olive A. Thurston.

SUBMISSION 960 1

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46 Rosebery Street

JOLIMONT WA

6014

27th March 1995

The Chairperson

Select Committee on Euthanasia

Parliament of the northern Territory

Darwin N.T.

Dear Sir/Madam

I would like to register my support for the Marshall Perron Bill on Euthanasia. I believe that euthanasia should be a matter of personal choice, and that the outlook of a minority should not overrule what I feel would be best for me, if the need arose. A chance to die with dignity and at an appropriate time if that ever became necessary.

Thank you for the opportunity to register my support for the Bill.

Yours sincerely

L.M. Ray

SUBMISSION 961 1

TAKEN IN CAMERA

CONFIDENTIAL

SUBMISSION 962 1

WARRUWI

COMMUNITY INC.

Goulburn Island

N.T. 0822

MAURICE RIOLI, MLA

Member for Arafura

Ground Floor CML Building

59 Smith St,

DARWIN NT 0800

14/2/95

RE: Bill for "Rights of Terminally Ill."

Dear Maurice,

A meeting was held at Warruwi Community on Friday l0th February 1995. The unanimous decision at Warruwi concerning the voluntary euthanasia bill was one of disagreement with the bill in respect to how it would effect people at Warruwi.

The people here would prefer to have terminally ill from Warruwi Community spend their remaining time with their families on the Community.

A comment from James Marrawul (senior health worker) which was supported by all council members present, was that in the case of pain and suffering, drugs could be administered to ease that pain and suffering.

I would question the decision making process refereed to in Part 2 Sub section 6; h, k & f. Re section f, I would question whether a Medical Practitioner has the qualifications to make judgement as to the competency of the patient to make a decision to end his or her life. Such a decision would require psychiatric evaluation and also the opinion of close relatives should be considered.

In its present state too much of the decision making rests with the Medical Practitioner and a second opinion from a Medical Practitioner. Medical conditions only should be saught from the Medical Practitioner.

In Part 2 Sub section m the onus again is on the Medical Practitioner. This time to make a legal judgement.

This bill asks decisions and judgements of people who may not be qualified to give them.

I hope these comments are useful to you. Sorry for the delay in replying .

We look forward to your next visit to Goulburn Island. At present we are upgrading our visitor accommodation and will soon be able to offer you a suitable place to stay if you wish to overnight at Warruwi.

Yours Faithfully

Andrew Murri

Community Development Officer.

for Warruwi Community

SUBMISSION 963 1

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19 Shayne St

Mandurah 6210

29th March

Dear Sir or Madam

As I had a sister-in-law who was indisposed and could not speak for several years (about 10 yrs) also a sister who was wheel chair bound for the last few years of her life. I would very much like to see Euthanasia introduced world wide, especially for all those requesting it.

Yours faithfully

Molly Medlen

SUBMISSION 964 1

PO Box 545

RED CLIFFS 3496

Dear Ms Hancock

I am writing to you to express my alarm at the proposed euthanasia legislation for the Northern Territory. This legislation affects all Australians. I am afraid vulnerable, sick and elderly Australians will travel to the northern Territory to 'avail' themselves of this deadly service. Acceptance of patient killing will further devalue human life and will place under scrutiny those whose lives are seen as a burden to society. I ask you to oppose the Bill.

Yours sincerely,

L.A. Mayers.

Concerned Australian.

SUBMISSION 965 1

David St,

Batehaven 2536

23rd March 1995

To the Members of the N.T. Select Com.

As a very healthy 73 year old, the idea of euthanasia is frightening to me. Why not focus on good pain relief and palliative care instead?

Are we senior citizens to be discarded as irrelevant because relatives, hospitals or doctors see us no longer human but merely obsolete nuisances?

What happened in Germany and is currently happening in Holland is not humane but out-right disregard for a person's dignity as a human being.

I am a very concerned voter.

Yours sincerely

Joan Couch

SUBMISSION 966 1

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24 Illabunda Drive

MALUA BAY 2536

N.S.W.

To:

The Select Committee on Euthanasia

Parliament of the Northern Territory

Dear Committee Members

I would like to add my voice to those in favour of legal voluntary euthanasia.

Firstly, I would like to congratulate the leader of the Government of the Northern Territory for having the courage and commitment to sponsor this bill.

I believe impartially that if a person who is in constant pain with a terminal illness decides that they wish to end their lives, it is their right to do so.

Their doctor should also have the right to help them to do this.

As we read in the press recently, doctors are helping their patients to die at the patients request - let us stop the hypocrisy and bring in legislation to support this.

Yours sincerely

Ruth Beeren

SUBMISSION 967 1

24/3/95

C/o Box 358

Wangaratta

3676

Victoria

Dear Sir/Madame,

I am writing to you in order to express my opposition to the killing of terminally ill people. I think people who are suffering gravely should be drugged but not killed. Have we the right to play at being God? No. What are drugs for if not to kill pain.

Please remember Holland where things are getting out of hand. Where God has been rejected and death pursued. Where mistakes are bieng amde an people gotten rid of all to willingly.

Thank you for you attention yours sincerely

K.D. Flanagan

I apoligise for the lateness of my protest.

SUBMISSION 968 1

Renate Grass

64 Esplanade Court

South Perth 6151

W.A.

27.3.95

To the Chairperson

Select Committee on Euthanasia

Parliament of Northern Territory

P.O. Box 3721

Darwin N.T. 0801

Dear Sir,

Having lost my husband early in January and seen him suffering badly over a 5 year time-span, I feel compelled to write to you.

When a previously active and intelligent person gradually looses more and more of his faculties, suffers increasing pain (which can only be "controlled" by morphine) and the doctors can't do anything, I do consider that inhuman.

If that person wishes to end his "natural" life earlier, he should be allowed to and be assisted, have a personal choice. I do not believe that anybody else has the moral right to deny him this.

I do hope that in the not too distant future enough decent people have the courage to make this choice legal.

Sincerely

Renate Grass

SUBMISSION 969 1

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16 Watson St.,

Bassendean 6054

March 25th

Select Committee on Euthanasia

Dear Chairperson,

My husband and I approve of The Marshall Perron Bill on Euthanasia. My cousin who was a vibrant beautiful girl married and became a loving wife and mother, a kindly caring neighbour and citizen. After many years she developed Parkinson's disease then Alzheimers disease. After a fall in which she suffered fractures she was restrained in a chair for most of the day. Many of the elderly patients in the nursing home were similarly placed. In the early stages of my cousins illness I would say "Soon you will be better and able to go home".

She would reply "What good would that be?".

I do not wish any more of my family or myself to be kept alive when that life has lost its usefulness pleasure or just quality.

Thank you for dedicated concern.

Ivy Hardie

SUBMISSION 970 1

Ian G Green

7 Jackson Avenue Winthrop 6150 Western Australia

Tel (09) 310 9550 Fax (09) 310 9696

27 March 1995

The Chairperson

Select Committee on Euthanasia

Parliament of the Northern Territory

PO Box 3721

Darwin N.T. 0801

Dear Chairperson

I write to support the Marshall Perron Bill on Euthanasia.

There is much said and written about 'The right to life', but I also believe people have a 'right to death' if that life has become unbearable due to having an incurable and painful disease such as Cancer.

Although not a part of Mr Perron's Bill, I also believe a person should be able to arrange in advance a merciful release if in old age they become a burden on their kinfolk and the community at large.

I trust these thoughts assist you in your onerous deliberations.

Yours sincerely,

Ian G Green

cc: W.A.V.E.S.

SUBMISSION 971 1

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95 Middleton St.,

Mt Gravatt 4122

28.3.95

Chief Minister of the N.T.,

Dear Mr Perron,

Just a friendly reminder that you are not God. Therefore you have no right to decide whether a life is worth living or not.

Form personal experience I can assure you that there are very good palliative care facilities available now, so I would urge you to withdraw this Bill.

Thanking you,

Yours sincerely

Roslyn Lee

SUBMISSION 972 1

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37 Grasmere Road,

Cremorne, N.S.W. 2090

Telephone: (02) 953-2579

27 March, 1995

The Chairman

Select Committee on Euthanasia

Parliament of the Northern Territory

PO Box 3721

DARWIN NT 0801

Dear Sir,

Congratulations on taking this initiative.

No-one who has experienced personally the "obligation to live" (misnamed "right to life") could fail to support you.

There was Hugh McNeil. He once walked tall. Recruiting in 1914 was not quick enough. Hugh sailed to England to join the R.F.C. He survived the war, to spend the last six months of his life a vegetable unable to recognise any member of his family, kept alive on a life-support machine regardless of the please of his wife after fifty years of marriage.

Or - nameless because still too well known - journalist, editor, historian, bon vivant, wit and host extraordinaire. Took eighteen months for him to die, during which time he saw virtually no-one apart from his wife. Did not want to be remembered that way. Thought that he had an arrangement with his doctor, but the doctor reneged. Euthanasia was against the law.

My mother, when in her early fifties was diagnosed as having cancer. Her brother, a medic who loved his sister, could not refuse her. Cyanide pills were made available. There was no cancer. The pills were burnt with a celebratory glass of champagne. My mother is now a fit 93-year old, and a member of the Voluntary Euthanasia Society.

Sincerely,

Damaris Bairstow

SUBMISSION 973 1

Unit 2, 10 French Rd.

Melvile

Western Australia 6156

28.3.1995

Select Committee on Euthanasia

Parliament of the northern Territory

Darwin N.T.

I wish to express my support for the Marshall Perron Bill, and my sincere hope that the Bill will receive careful consideration.

My mother lived to be 92 years of age, but she had a very poor quality of life. She was profoundly deaf, a almost blind and towards the end she had peripheral circulatory failure. Although she was very weak, she was very distressed because of her incontinence, as her personal hygiene was important to her. Her hands and feet were black through lack of circulation. My mother's continual pleads to me "can't they help me to finish this - I've had enough", caused me heartache.

My husband had a history of heart attacks and strokes from January 1975. He was admitted to Nursing Home in 1987, and in 1990 Adens Carcinoma of lunch was diagnosed. I was told this was not operable, and that Chemotherapy would not be used, but he had 10 treatments of Radiotherapy. There was no other treatment or medication for the cancer. After one year there was

metastasise diagnosed and my husband lost weight until he was virtually a living skeleton, and he was incontinent. I found it very distressing to hear him calling out in pain when staff members were moving him to keep him clean. At the onset of his sickness, due to heart disease and stroke, he always tried to be optimistic. However, once the cancer invaded his body, he spoke of his wish to be helped out of his suffering. To add to my distress, he blamed me for not carrying out his wishes!! He died in 1992.

My mother and husband were both cared for in the same Nursing Home, and I want to stress that the care and attention given to them was excellent, and I know that several of the carers shared my opinion. In cases where death is inevitable it would be merciful to the patient and also their family, to facilitate their passing into peace. Because of my experience of spending so much time in the Nursing Home, and watching other patients, I have made a living will and I hope that my life will not be extended needlessly. I repeat my support for the Euthanasia Bill.

Yours Sincerely,

(Mrs) Nera Wetherop

SUBMISSION 974 1

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11 Chester Street,

Subiaco. 6008.

27.3.95

The Chairperson,

Parliament of the Northern

P.O. Box 3721,

DARWIN N.T. 0801

Dear Sir,

I wish to support this Bill on euthanasia.

My father suffered a heart attack and although he was resuscitated, he no longer had any control of his personal hygiene and for the last ten years of his life, depended on the nursing staff of the aged persons home to care for him.

My father suffered a heart attack and although he was resuscitated, he no longer had any control of his personal hygiene and for the last ten years of his life, depended on the nursing staff of the aged persons home to care for him.

He had been a very active man with a very active mind and on the occasions we had discussed the possibility of being confined to bed and having no control of life, he had always said that was a situation he didn't want to find himself in.

However, at that time, there were no living wills and he was not able to declare his wish that should he no longer be in control of his life, then he would hope that someone would be able to offer him euthanasia.

I believe that this Bill must be supported to ensure that people are able to die with dignity.

Yours faithfully,

Mrs. Pauline Diggins.

SUBMISSION 975 1

Box 6

Lalbert 3542

27.3.95

Committee on the Rights of the Terminally Sick

Box 3721

Darwin 0801

Dear Committee

It is with expression of fear that I write this note. The fear that if Euthanasia is Legalised many people will die well before their time be it by their own decision or those of Doctors or relatives. Life is so precious even up to those last minutes and should not be taken away till time is ready.

I am asking you not to let this happen in your State. You would know if it were passed in one State it would spread.

Thanking you in anticipation.

Yours sincerely

(Mrs) Veronica M. Bookharn

SUBMISSION 976 1

Parish of Our Lady Help of Christians

Father G. Remie S.D.B., P.P.

P.O. Box 6, Palmerston N.T. 0831

Phone (089) 32 3922

Fax (089)32 4384

TO THE N.T. SELECT COMMITTEE ON THE

"RIGHTS OF THE TERMINALLY ILL" BILL,

G.P.O. BOX 3721

DARWIN 0801

Dear Members,

Allow me first of all to introduce myself: My name is Father Gerry Remie SDB PP. I am a Catholic Priest and have for over 30 years been active in education. I started as headmaster of a place called "BOYS' TOWN" in Engadine, near Sydney and was administrator of a large agricultural college in Victoria and principal of Saint Mark's School in Port Pirie (S.A.).

I am now almost 70 years old and have retired from active classroom teaching being instead involved in the Parish Ministry here in Palmerston where we have built a church and a large primary school.

I have had and still have much contact with young people and have often been involved in counselling sessions with young people even now here in Darwin on visits to O'Loughlin College and St. John's College. I do a lot of listening to young people and the proposed Bill worries me, because of the impact it will have on the young adults in our society. Here follow some of my reasons:

RESPECT

Young people already find it difficult to have and to show genuine respect for older people, especially if and when these people do not seem to produce anything much that seems either useful or pleasant or beautiful. If 'brushing them aside' is seen and known as a viable possibility in the minds and hearts of the young, then I shudder to think how difficult it will be to inculcate into these young people genuine respect for the elderly.

SERVICE.

Wherever I was involved in education I always tried my utmost to inspire our young people with the will and equip them with the ability to serve society. I did not ever want them to acquire an attitude of holding up one's hand and wait to be served or

foster the conviction that society owed them a living. Rather I tried to give the young a real pride in serving others, in helping where help was needed. Old people need to be able to rely on the young for many things and to be convinced that the service of the young is gladly given and in fact that the young will be proud to help and support the elderly citizens. The proposed Bill will give the

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impression to the young that serving, helping and giving are outdated and that 'modern society' has better and easier answers. I know that this is not the intention of the proposed bill or its author; but I am certain that this impression will be created in the young once Euthanasia has been made legal.

JOY

"Where does Mother Theresa get her smile", I often asked my youngsters and the answer they knew I wanted to hear was always "From Giving Herself". Again I seem to be totally at odds with the honourable intentions of the proposed Bill and its author, who claim to wish to lessen pain and wipe out suffering. Euthanasia seems an 'easy' way out for the patient and the family and the rest of society. Educationally I must again disagree. When there is severe and genuine pain we must teach our young people that 'wiping it out' is not the solution; but instead that we ought to 'reach out' and 'put our shoulders under the burden of others'. The proposed Bill seems to ignore that possibility and will deprive our young people of the desire and the ability to give REAL JOY. Not the flimsy solution of the quick fix, like a drug addict often seeks and finds; but the real McCoy of a pain shared and a burden carried together. This real JOY of helping does also flow into the patient who is helped. People who ask for euthanasia are often lonely and have not tasted the JOY of giving in the people who surround them. This joy and service is something that needs to grow over years and be really part and parcel of the way we educate our young people. The proposed Bill will cut off many possibilities in this field.

I know you are receiving many other submissions and I have tried to highlight some of the genuine concerns I have with the proposed Bill from the point of view of a christian educator of many years.

I hope my contribution will be of help in your deliberations.

May God bless your very important work.

Father Gerry Remie SDB PP

SUBMISSION 977 1

E & J Cypher

3 Louden St.

BALGA 6061

27.3.95

Dear Chairperson,

We commend the Marshall Perron Bill on Euthanasia, to the Northern Territory Parliamentary Select Committee.

We have been a member of W.A.V.E.S. for many years, therefore we support the bill.

Personal choice should not be withheld if the person requiring help asks for it, and the reason in asking is illness, losing personal dignity.

Yours sincerely

E Cypher

Joyce I Cypher

SUBMISSION 978 1

Perth 27-3-95

Dear Chairperson

Select Committee on Euthanasia

Parliament of the Northern Territory

Darwin

I am in full support of the Marshall Perron Bill on Euthanasia to avoid unnecessary cases of cancer, aids, etc suffering. It is a matter of a personal choice taken with the doctors involved.

I hope you are successful

Yours

Merle de Pover

SUBMISSION 979 1

N. Rennie

57 Inverness Circle

Kelmscott 6111

To

The Chairperson Select Committee V.E.

I am an old person in very good health, and enjoying life very much.

However I have known of three cases where the right to die would have been a blessing, when the end was inevitable anyway. So I am all for the right to die of your own choice instead of being dragged on in pain and misery. I do feel it must be legalised.

I am

Yours faithfully

(Mrs) N. Rennie

SUBMISSION 980 1

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38 Parkland Villas

Hungerford Av.,

Mandurah

W.A. 6210

27.03.95

The Chairperson

Select Committee on Euthanasia

Parliament of the Northern Territory

Darwin

Dear Sir/Madam

ref: Marshall Perron Bill on Euthanasia

We, the undersigned, would like to add our support to this Bill on the grounds that as we have no choice about entering this world we ought to be accorded the fundamental Human Right of leaving it when we think fit. We strongly oppose those who would seek to suppress this right on their interpretation of moral or religious principles particularly as we accept their right to their own opinion and have no desire or intention of encouraging anything other than voluntary euthanasia for those who wish for it.

Our views have, in part, been formed as a result of visits to geriatric wards and nursing homes with their pathetic, and sometimes outrageous, human contents. We hope to be spared not only such an ordeal but the unnecessary suffering caused by extended medical care carried out in no more than the expectation of a few more weeks of a useless, painful and degrading life.

G.A.M. STEEL

P. STEEL

SUBMISSION 981 1

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173 Grand Prom.

Doubleview W.A.

60018

The Chairperson

Select Committee on Euthanasia

Parliament of the Northern Territory

Dear Sir/Mrs/Ms,

With apologies for lateness due to late notice, I wish to express my strong support for the Marshall Perron Bill on Euthanasia.

Due to personal experience with family and friends, I believe that this is a matter of personal choice that should not be withheld because of a minority moral outlook or any other reason.

Yours faithfully

(Mrs) C Guppy

Members W.A.V.E.S.

SUBMISSION 982 1

Mrs R Margadant

17 Galliers Avenue

ARMADALE W.A. 6112

March 27th 1995

To the Chairperson

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

DARWIN N.T. 0801

Dear Sir,

In support of the Marshall Perron Bill

Please allow me to introduce myself: I am an 80 year old Dutch woman, having lived in Australia for 10 years now. In 1974 my mother diedat the age of 90, after an accident that caused her skull and both her hips broken. As apparently nothing could be done to repair the damage, she was kept alive in indescribable agony for four! years, during which time she decayed noticeably, both physically and mentally. She was no longer alive: She was a living screaming corpse. In spite of all my pleas to various physicians, not one of them was willing to make an end to her agony, because her heart kept pulsating, and .. "Thou shalt not kill...". If I had been able to do it, I would have done it, but.. I did not know how... And this was in the Hague, HOLLAND! Since then I have been a steady member of the Dutch Euthanasia Society, and of W.A.V.E.S. Since I came to live in W.Australia I keep a statement in my purse, and in my car, that I want to be euthanised when a reasonable dignified life is no longer possible for me.

Therefore hope with all my heart that the laws in all of Australia will be changed into what can only be called a charitable treatment of people who are no longer able to make an end to their agony.

Yours faithfully

R. Margadant

SUBMISSION 983 1

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20 Scalby St

Scarborough

WA 6019

27-3-95

Dear Sir

It is my belief that Vluntary Euthanasia is a matter of personal choice that should not be withheld because of a minority moral outlook.

Yours faithfully

Audrey Parish

SUBMISSION 984 1

P.O. Box AU77

UNIVERSITY OF NEW ENGLAND

ARMIDALE, N.S.W. 235l

25th March, 1995

The Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

DARWIN, N.T. 0801

Dear Sirs,

I am writing to endorse the proposed action to legalise voluntary euthanasia in the Northern Territory.

I have been a member of the VES Society in NSW for the past three years, mainly because I have seen close friends suffer the distress and indignities of terminal disease because their lives were unnecessarialy prolonged.

One particular case in point, I would like to outline. A friend of mine was diagnosed as having Motor Neuron Disease at the age of 45, and was given 'two to five years' life expectancy. Her two youngest children were then aged 8 and 11. She is still

alive six years later, having spent the past two years in a nursing home, completely unable to do anything for herself. She is now also suffering from dementia and does not know any of her family. Her husband has now had a heart attack, no doubt caused primarily by the stress of trying to cope with his wife and three children still at home - the two youngest, now aged 14 and 17, unable to remember a time when their mother was not sick. With the good care and nursing she is receiving in the nursing home, this situation could continue for a further period of months, or even years, adding comsiderably to the intolerable situation for the rest of her family. If she had been allowed to die with dignity before she reached this appalling condition, not only would she have been afforded a more peaceful end, but her husband would probably still be able to work and the rest of the family would have been able to live much more fruitful :and less stressful lives.

I sincerely hope that Voluntary Euthanasia will be legalised in the Northern Territory, and hopefully, this example will then be followed by the other states.

Yours faithfully,

Elisabeth Macdonald

SUBMISSION 985 1

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18 Guava Street,

Red Cliffs, 3496

Dear Pat

I am writing to you to express my alarm at the proposed euthanasia legislation for the Northern Territory. This legislation affects all Australians. I am afraid vulnerable, sick and elderly Australians will travel to the Northern Territory to 'avail' themselves of this deadly service. Acceptance of patient killing will further devalue human life and will place under scrutiny those whose lives are seen as a burden to society. I ask you to oppose the Bill.

This Bill has the potential to do as Hitler wanted - to rid the World of persons considered imperfect.

Yours sincerely,

Concerned Australian

Mrs. Marie Adams

SUBMISSION 986 1

Shelly Rd

Walwa

Vic 3709

26.3.95

N.T. Select Committee

Rights Terminally Ill

I am writing to ask you to oppose any Bill for the legalisation of Euthanasia. I am totally opposed to any law that allows a Doctor, or any other person to give treatment that deliberately ends a human being life. Doctors are for healing not killing. No one has the right to decide the time of a person's death, not even the person themselves. Please oppose this legalisation.

Thanking you. Yrs sincerely

(Mrs) P. Jeffries.

SUBMISSION 987 1

27-3-95

TO WHOM IT MAY CONCERN

I am all in favour of Voluntary Euthanasia, I am a member of WAVES and over the last few years have watched my Mum (cancer) Dad (Emphysema) my sister (cancer) and friends also cancer pass away. The nursing staff and Doctors do a marvellous job jut why? Can't they help people die with dignity, with just one overdose and still not get into trouble with the Public or Media.

Hoping this will become lawful very soon.

I remain

Name and address withheld upon request.

SUBMISSION 988 1

L.S. & J.H. Eddington

92 Normandy Road

Inglewood

WA 6052

27 Mch '95

The Chairperson

Select Committee on Euthanasia

Dear Sir/Madam

We wish to express our support for the Marshall Perron Bill on Euthanasia.

When technology has reached the stage that a human body can be kept alive without any quality of life then humane action must be taken by society.

However, the time to start the individual action is when we are mentally fit and physically healthy by signing copies of a "Living Will" to speak for us when we are no longer capable of communicating our wishes to others.

Sincerely

L.S. Eddington

Joan H Eddington.

SUBMISSION 989 1

13B Anchor Place

Safety Bay, 6169

Western Australia

March 25,1995

Dear Sir;

Being a member of W.A.V.E.S I am writing to express my support for your Bill on Euthanasia to be referred to a Northern Territory Parliamentary Select Committee for consideration.

My wife and I are experiencing a personal situation with a relation who is suffering a 'Living Hell'. This person was diagnosed some years ago, as having 'Multiple Sclerosis'. The condition of this person now is that, the only part of the body she can move is her head. The body is wasting away due to lack of movement. This condition has been present for some years, and it could have contributed to the early demise of her husband. All dignity and meaning of life have long; since vanished, and it is so

heart wrenching for my wife to see her sister suffering, not so much in pain, but perhaps some-thing worse and that is suffering the humiliation of having someone carry out the basic personal functions, that we who are healthy enough take for granted.

The quality of life for this person is such, that she has often expressed the wish to die, and as her voice is becoming weaker, it will not be long before she is unable to make her wishes known. It is cases such as this that we consider come within the 'Aims' of the Society, as there is no cure or treatment available that can help this person.

Yours faithfully

K. Bracken

SUBMISSION 990 1

Gwen Ward

Unit 18. 125 Alfred Road,

Mt. Claremont. W.A. 6010

27 Mar 1995

The Chairperson,

Select Committee on Euthanasia,

Parliament of the Northern Territory,

P O Box 3721

Darwin N T 0801

Dear Committee Member,

Re Euthanasia

What a brave person Marshall Perron is to publicly present a Bill on Euthanasia. This is a subject previously avoided by our lawmakers and yet it is a subject quite essential to the welfare of present Australians, and to the welfare of all future Australians.

God has moved in a mysterious way to develop a very wonderful human body. Its survival is limited, some bodies have only a short time to live, and some are developed to live a very long time. Unfortunately medical research has interfered with this body, and have determined that it is their right to keep alive every person, ignoring any feeling for the total mental condition of the person to whom the body belongs.

This "keeping alive" ignores whether the person is experiencing constant discomfort, pain, and/or the loss of various senses. Some of these people wish to end the intolerable loss of dignity and are appalled with the unnecessary waste of resources both personal and monetary. Each day becomes unending.

I live in a retirement village and the constant fear of each resident is that he or she will develop a condition that will give them an intolerable span of life, but the fact is that each finally goes to a nursing home, where he or she exists for as many years as medical science can keep them alive.

As members of the Committee looking into the question of allowing euthanasia on request to an ailing patient, you have been granted an important part to play in deciding whether or not to rectify the present dreadful state of keeping alive people whom God has already decided should be allowed to come to Him.

May your deliberations and decisions be correct.

Yours sincerely,

(Gwen A. L. Ward)

SUBMISSION 991 1

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55 Philip Rd

Nedlands 6009

26-2-95

The Chairperson

Select Committee on Euthanasia

Parliament of the Northern territory

P.O. Box 3721

Darwin NT 0801

Dear Sir,

Your Committee has asked for submissions regarding the Marshall Perron Bill on Euthanasia. I strongly support the Bill. It is most offensive to me that, because of opposition to the Bill, people in severe pain should have to spend their last days in continuing suffering though they have expressed a wish to die. At present it is illegal for doctors to assist such people to die, but there are known to be doctors who are willing to assist their patients to die with dignity upon request. The passing of the Bill is most necessary to give these doctors the legal right to take such a course as a natural part of the treatment process. The Bill includes safeguards against any possible misuse or abuse.

In my view, though it is an important step in the right direction, the Bill does not go far enough. It only applies in cases where the patient is suffering severe pain and where medical advise is that the patient will die within 12 months. It does not cater for the needs of those who have lived life to the full but who in old age suffer from various chronic conditions that deprive them of all the dignity they once had, and that impose great sadness and hardship on those who love and care for them. We all must die, and surely a person should have the right to request a peaceful death when life is no longer meaningful and has become an intolerable burden. I sincerely wish this for myself. I have discussed it with my family who fully support me.

Yours faithfully

(Gwynneth A Oxnam)

SUBMISSION 992 1

HEYTESBURY STUD PTY LTD

HEYTESBURY THOROUGHBREDS (ACN 008 702 270)

South West Highway, Keysbrook, 6206 Western Australia

Telephone (09) 525 2300. Facsimile (09) 525 2502

25/iii/95

Re. The Marshall Perron Bill

The Select Committee on Euthanasia

We strongly support this matter.

Several relatives of ours, in various Countries have certainly been assisted by Doctors to die peacefully. For each case it was cancer and there was no hope. We did not, nor did they, wish to suffer agony - perhaps for years. For what reason? This Bill MUST be passed.

E.C. Holmes a Court

C R A Critchley (husband)

We are both Members

SUBMISSION 993 1

J H and R M WATTS

144 Gibb Road

Nowergup

Perth 6032

27 March 1995

The Chairperson

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

Darwin N.T. 0801

Dear Sir/Madam

My wife and I wish to record our wholehearted support for the Marshall Perron Bill and understand that although submissions closed on the 24th March the select committee is prepared to grant a brief extended period for those of us in Western Australia being members of the West Australian Voluntary Euthanasia Society.

To summarize the reasons for our support we should first state that we are of mature age and of professional status.

Prior to being employed in Town Planning here I was a Welfare Officer for over twenty years in New Zealand where I studied for two years for a Diploma of Social Science at Victoria University and prior to that was a Police Officer.

Our combined experiences of witnessing numerous people die in totally undignified ways (and immuno to purportedly pain killing drugs) and wishing to die in a peaceful, pain free and dignified way surely must be the right of every individual subject of course to legislative safeguards.

My own mother at age 86 suffered extreme angina and partially collapsed vertebrae and often actually said to me "Why won't they let me die". My sister died at age 57 from cancer of the colon, received little pain relief from morphine or similar drugs and died an agonising, undignified death after what was to both she and her loved ones an interminable period.

During my studies at Victoria University I was part of a team studying the effects of alcohol and smoking representing a two year study.

As one of the mature-age students I was required to help formulate and acquire raw data from elderly patients within the terminal care ward at Wellington Hospital and without exception those coherent enough to hold an intelligent conversation expressed a wish to terminate their lives when they wishes this to occur.

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Finally, my wife and I recently had the distressing experience of virtually watching a close friends, a lady in her late 70's die from cancer.

The gradually increased amount of morphine administered to lessen her pain rendered her totally incapable of conversation but her body language clearly indicated her pain was persistent.

The distress to this lady and all those who virtually watched her die should not be necessary.

One can only assume that the death certificate will record "Died from natural cause" whereas in fact it was the morphine overdosage that did so.

In our view, each individual has the right of self determination in this issue and the law should reflect this, NOT the views of a

minority of persons who are trying to prevent a logical extension of the caring process, namely Euthanasia.

Yours faithfully

J H Watts R M Watts

SUBMISSION 994 1

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5 Osborne St

Joondanna 6060

28/3/95.

The Chairperson

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

Darwin N.T. 0801

Dear Sir/Madam,

My wife and I wish to express our wholehearted support for the Marshall Perron Bill.

We are residing in an Aged Person's Home Complex, and are constantly in personal contact with people suffering severe disabilities and terminal illnesses. Some have expressed a wish to have relief from continued suffering, as palliative care is not always effective.

Our strongly held belief is that this should be a personal choice that should not be denied by the moral outlook of a minority.

Yours Sincerely,

Irvine Hutchison

SUBMISSION 995 1

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22 Hamersley Road

Subiaco WA 6008

28 March 1995

The Chairperson

Select Committee on Euthanasia

Parliament of the Northern Territory

PO Box 3721

Darwin N.T. 0801

Dear Sir/Madam

MARSHALL PERRON BILL ON EUTHANASIA

I would like to add my name to the ever-increasing number of people who agree with the Marshall Perron Bill on Euthanasia.

As I see it, it could be just as well argued that any member of the medical profession who flatly refuses to heed the wishes of his terminally ill patient in pain (physically, mentally and emotionally) or who ignores the wishes of his/her immediate family, could be accused of being uncompassionate.

Admittedly, the whole matter must be handled with the utmost care and compassion, and perhaps a special Ethics Board could be set up for this purpose. Any law which would punish a doctor for having the compassion to relieve his patient's suffering by complying with his final wish is a draconian law and should be changed.

When the President of the AMA in Western Australia declared that the medical profession were 'about supplying palliative care - not killing people' (an unfortunate choice of words), I think it should be realised that the 'palliative care' stage is what many elderly people fear most - for themselves and for their families.

I am of the opinion that all people should have the "right of choice" in this matter, and should not be dictated to by doctors or religious people who try and force their beliefs on the wider community.

Yours faithfully

Margaret Weymouth

SUBMISSION 996 1

1/24 Ramsdale St.,

Scarborough 6019

March 28th 1995

To the Chairperson,

Select Committee on Euthanasia,

Parliament of Northern Territory,

P.O. Box 3721

Darwin N.T. 0801

I wish to offer my support for the Marshall Perron Bill on Euthanasia.

I am in agreement with the principles of Passive Voluntary Euthanasia and Active Voluntary Euthanasia and consider that the legalisation of such practices is very necessary.

It is my firmest wish to be able to die peacefully and with dignity for the sake of myself and my family.

Yours sincerely

Clare Conley

Member of West Australian Voluntary Euthanasia Society

SUBMISSION 997 1

Mrs I Smith

Unit 53

39 Hertha Rd

Innaloo 6018 Vic

To

The Chairperson

Regarding the Marshall Perron Bill on Euthanasia which I fully support. At the age of 86 I think I deserve the freedom of choice what happens to my body when I loose the will to live when all my dignity is lost for ever and I am no longer the human being I was accustom to in my past life. I have had plenty of time to witness the appalling tragedy I have seen some of

my friends have been forced to suffer because they didn't have the right to have their wish to peacefully pass away.

From Ida Smith

SUBMISSION 998 1

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25 Lynton Street

Swanbourne

W.A. 6010

28 March 1995

The Chairperson

Select Committee on Euthanasia

Dear Sir/Madam,

I am writing to express my support for the Marshall Perron Bill on Euthanasia. I am delighted that the subject of euthanasia is to be debated publicly in one of the legislatives of the country. It is a pity that politicians in the state of Western Australia have not shown the courage of Marshall Perron. Surely we are mature enough to allow those who want a peaceful and dignified death to have it.

No one is suggesting that people should be made to act against their will.

I look forward to the success of the Marshall Perron Bill.

Yours faithfully

Lawrence M Smitheringale

SUBMISSION 999 1

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13 Helston Ave

CITY BEACH

WA 6015

28/3/95

The Chairperson,

Select Committee on Euthanasia

Dear Chairperson,

I write this in haste having 10 minutes ago heard of your existence and extended submission date.

1. My wife's aunt suffered a stroke more than 4 years ago. For that period she has been able only to move her left arm and eye-lids. She has been bed-ridden and is fed by tube.

She acknowledges no one nor has she done so for 4 years!

If her brain is alive it must be HELL for her trapped in that body that cannot respond to any desires she may have. If her brain is dead then what point is there in her being kept alive?

In the former case her carers(?) are her torturers - and hardly humane.

2. My mother, a lung cancer sufferer, was treated at home and given increasing doses of morphine by her doctor when suffering coughing or pain. Eventually she died from an overdose. My mother had asked us to ensure that, if necessary, she should be helped in that way.

We are eternally indebted to that doctor.

There must be many people like me who fear a death like my wife's aunt. I want to live my full term but the dread of living in a dead shell of a body or in having no say on how I die could induce me to suicide on suspicion only that a stroke or Alzheimers is in store for me.

For these reasons I support the Perron Bill - inadequate as regards the 1 year condition which I believe should be eliminated.

I also believe that how and when one dies is a personal choice and should not be withheld because of a minority moral outlook, and that palliative care cannot cope in all situations.

Yours sincerely,

John Nelson

SUBMISSION 1000 1

27.3.95

199 Oxford House

Airforce Estate

Bullcreek 6149

Chairperson,

Select Com on Euthanasia,

Darwin

I firmly believe that voluntary euthanasia should be made legal. I've had personal knowledge of invalids just praying for a happy release from a pointless, and usually painful existence Not being able to speak much, completely unable to do anything for themselves - a pitiable existence.

Please, please encourage this Bill to go thru!

Sincerely

Mrs M E Boxall

SUBMISSION 1001 1

Fiora B Marbury

453 Lewin Way

Scarborough WA 6019

27.3.1995

The Chairperson

Select Committee on Euthanasia

Parliament of the Northern Territory

PO ox 3721

Darwin NT 0801

Dear Sir/Madam,

WAVES (West Australian Voluntary Euthanasia Society), of which I am member, informed me today that the above

Committee has asked for submissions from interested people regarding the Bill on Euthanasia.

I wish to go on record as a strong supporter of the Marshall Perron Bill. I certainly don't advocate wholesale slaughter of the and infirm, but it is my considered opinion that it's inhuman to keep alive terminally ill people who want to be helped to die.

When my mother was dying of cancer, I had to watch her unremitting agony although she desired to have her life ended. Physicians and nurses kept assuring me that with palliative care she was not suffering -- true, physical pain was controlled by drugs which kept her stupefied most of the time. It became obvious during her brief periods of lucidity how cruel it was to keep her alive against her wishes. When people speak glibly of the sanctity of life, they forget that to many people it is its quality -- or, rather, the loss of it -- that counts more than the sheer fact of being alive.

Veterinary surgeons have helped my dogs die peacefully whenever it became obvious that because of their advanced age and sickness they had no chance of recovery and nothing more could be done to improve their condition. Why should we treat ourselves with less compassion than we show our pets?

When my time comes and staying alive is equivalent to protracted physical and mental suffering, I hope I'll be allowed to die humanely like my dogs, not barbarously like my mother.

Thank you very much for your attention.

Fiora Marbury

SUBMISSION 1002 1

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40 Taylor Way

Hillarys

WA 6025

28/3/95

Dear Sirs/Madams

RE The Marshall Perron Bill on Euthanasia

Please consider this Bill favourably!

I am an old lady of 75 years, - in my 30 years as a practising Nursing Sister, I have seen many people die; - slowly - painfully - or under the influence of Pethidine or Morphia.

This is not a pretty sight - and certainly not dignified. It is distressing to caregiving relatives. Occupies hospital beds for longer than needs be.

The R.S.P.C.A.. can prosecute if an animal is left to suffer - Why do humans hesitate to end life in these circumstances saying "It's God Will" - when they interfere with Gods Will, by using life support machines?

I.K. Thorpe S.R.N.

SUBMISSION 1003 1

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19 Grenfell Av

Duncraig WA

The Chairperson

Dear Chairperson,

I wish to offer my support to the Marshall Perron Bill on Euthanasia. I have visited 4 nursing homes over recent years to see friends, and have been so sad to see elderly people distressed - many hoping and praying that they will die that, particularly with those unable to do anything for themselves. I determined then and there that I would not wish to live in that condition - or inflict that on my family, and joined the Euthanasia Society where I was able to make a living will.

I admire greatly the Doctors who have admitted ending a life. It's only humane. Two of my friends were helped one by caring doctors thus ending their misery, one was offered the help but declined.

Here we are with the population of elderly people expanding and the respite care and hospitals declining. It just makes no sense to prolong the suffering of these people who no longer wish to be kept going with drugs.

Yours sincerely

G. TAYLOR

SUBMISSION 1004 1

27-3-95

Re the Marshall Perron Bill on Euthanasia

I agree that the "Right to die with dignity" should lawfully be the way that we could be helped to end our lives in certain circumstances. My own wish is:-

That a terminally ill person should NOT be given medication that will PREVENT their death but given medication for pain and allowed to die in peace. Not brought back to a life they no longer want to live.

I have recently been through this situation with my late husband, who at his death was in his mid eighties. Prolonging life is very cruel, not only to the patient but his family and his friends.

I hope that the Marshall Perron Bill is passed and that Western Australia will pass a similar law in the very near future. Being now over eighty, it is something that I think of for myself very often.

Yours faithfully

E.K. Wilde (Mrs)

SUBMISSION 1005 1

28.3.95

Dear Chairperson,

The reason I am all for Euthanasia to become legal is I feel my late husband was kept on life support machines for nine weeks unnecessary, because three Specialists told me that there was nothing they could do for him. They even rang early in the mornings to tell me they had to resuscitate him, now what for? I think this act was inhuman, they would not have let an animal suffer like it, further more it was a waste of money as he was in intensive care, by the way my husband was nearly seventy five years old when he finally died.

Wishing you every success.

Yours Sincerely

M.F. Cummings

SUBMISSION 1006 1

C B Hugall

115 Victoria Avenue

Dalkeith 6009 WA

28-3-1995

The Chairperson

Select Committee on Euthanasia

Darwin N.T.

Dear Sir/Madam,

May I support the Marshall Perron Bill currently under review by your Committee.

My wife was forced to endure a long death from cancer - one which we would not have tolerated for a dog let alone a person we all loved. When hospitalised at Sir Charles Gardiner in Nedlands and realising her prospects were hopeless the unfortunate girl managed to cut her wrists with some old instrument she managed to locate and was able to hide the bleeding through 2 routine injections and was close to death when discovered. She was chastised and "saved" to endure another 2 months of torture before death finally released her from suffering. For 3 months she wanted to die. She was prevented from doing so - her family suffered with her. Euthanasia would have granted her relief.

Sincerely Charles Hugall

SUBMISSION 1007 1

52/54 Leige St.,

"Lodge" A 15

Woodlands 6018

W. Aust. 27/3/95

The Chairperson

Select Committee on Euthanasia

Parliament of the Northern territory

Darwin N.T. 0801

Dear Sirs,

I support (wholeheartedly) the above.

My reasons -

I saw my sister, sister-in-law and aged old friends all die in agony. I also saw another close relative take 2½ years to die in hospital after stroke. In all these cases the nursing staff asked my mother, sister and relatives not to go to see them as they were all dieing in agony.

May I also point out not everyone can take morphine - myself included.

My son-in-law and daughter visited their dying mother and my son-in-law looked at his wife and said - they would not do this to a dog.

Although a blind person I have use of all my faculties but feel I should be allowed to decide for myself when the pain becomes well past too much.

If other people feel enabled by pain then they should, of course, speak for themselves.

The following aged people below support this letter which I hope will reach your committee in time.

Signed by writer,

Phyllis Pope (blind person)

I support this lady also signed below by myself.

A McNabb

52/54 Leige St.,

A 7 Lodge

Woodlands 6018 W. Aust.

John Hop

(same address A.14

as wife - "Lodge" W.A. 8018

SUBMISSION 1008 1

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17 Fourth Ave

Mandurah

W.A. 6210

28.3.95

The Chairperson

Select Committee on Euthanasia

Parliament of N.T.

P.O. Box 3721

Darwin 0801

Dear Sir/Madam

I write to urge the Committee to support the Marshall Perron Bill.

There is a growing feeling, amongst the general public throughout Australia, that people should be allowed an option to escape from a terminal condition that has become intolerable.

I work as a nurse, and know doctors who have ordered drugs in doses high enough to hasten the death of an unduly distressed terminally ill patient. Surely these compassionable professionals deserve the protection of the law, to meet their patients wishes, in a properly controlled environment.

I have also nursed patients who have been extremely distressed by pain, poorly controlled by pitifully inadequate doses of analgesia and narcotics. Their doctors have refused to order more than minimal doses of drugs at four hourly intervals because they might give too much.

Doctors are now coming out and admitting to helping patients to die.

People are speaking out in favour of voluntary euthanasia.

Some of us have living wills which we hope somebody some day may acknowledge. These points to me demonstrable a need for a change in legislation, to keep pace with changes in social thinking.

If doctors do not have the legal right to assist patients to end life, and therefore suffering, do they have the right to prolong it?

Surely that choice belongs to the individual. I therefore urge your committee to support the Marshall Perron Bill on Euthanasia, and give Territorians the right to choose.

Maybe those of us who live in other States can hope our Governments will then follow your enlightened approach.

Yours faithfully

Chris Baker

(Mrs) A C Baker

SUBMISSION 1009 1

28.3.95

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

DARWIN 0801

Dear Chairperson,

As a member of the West Australian Voluntary Euthanasia Society, I wish to express my strong support for the Marshall Perron bill on Euthanasia.

I am a retired nurse, and have witnessed many deaths. Despite the very best of medical and nursing care, many die in agony. It is not possible to prevent all pain. Bone cancer is particularly painful, and resistant to medication.

As well as the question of pain, the quality of life is of supreme importance. I will relate just one instance to illustrate my contention.

A young woman, early forties, a cancerous ulcer that was eating one side of her face, invading nerves and tissues. Not only was this hideous to look at but the stench from the putrefaction was noticeable outside the room in which she lay, and was offensive down the corridor. It was nauseating to those of us caring for her, so how must it have been to this poor, suffering woman? Sometimes in her agony, she nearly threw herself out of the bed. How she longed to die, and what had she to live for? She was acutely aware of her situation, and constant pain-killing medication did not relieve her mental and physical suffering.

As she was in Palliative Care there was every facility there for her to receive a decent, caring end to her suffering.

There were oncology specialists, psychologists, nurses, and most importantly, her family were involved in every aspect of her care. Think what they were suffering.

Do we have the right to force her to go on living?

Please think well on this.

Sincerely

Yvonne Shannon

SUBMISSION 1010 1

Mrs Joan & Mr Owen Loneragan

16 Deverell Way

BENTLEY SOUTH

WA 6102

29 MARCH 1995

The Chairperson

Select Committee on Euthanasia

Parliament of the Northern Territory

PO BOX 3721

DARWIN NT 0801

Dear Chairperson

re EUTHANASIA & The Marshall Perron Bill

Our personal choice for Euthanasia is our inalienable right when we choose to make that decision while we are able.

The decision is a personal natural law, which belongs to the members of our family, individually and collectively.

Our choice and decision has no relevance to anyone else. We relentlessly oppose other persons or organisation/s imposing their will to interfere with this.

We support the Marshall Perron Bill and all Doctors and others in favour of Euthanasia.

Yours faithfully

Owen Loneragan

J E Loneragan

SUBMISSION 1011 1

Sandra Smith

3/70 Dixon Rd

Alice Springs 0870

To Whom It May Concern

I wish to express my view on the euthanasia issue. I believe just like abortion it is a matter of choice.

I personally do not agree with abortion. To me this is an act of murder. However it is my opinion and belief that I don't think I have the right to make this decision for another person or to judge them for what they believe.

As with euthanasia I believe that I as a grown adult should have the legal right to end my life in a humane and dignified manner. If a horse breaks its leg it is put to sleep in a humane and peaceful way. I am expected as a human to just accept the pain, humiliation and distress that can be caused by a terminal illness. My family also are expected to just live in suffering and to be left praying for the day I will die and be at peace.

I personally could never put my family through the torment of Alzheimer's disease. If I was to discover that I had this disease or any other like it I would choose to end my life. If I was not given the option to die peacefully and legally. Then I would buy a gun.

With issues such as euthanasia, abortion or even drug abuse history has shown is that by making it illegal it doesn't stop it from happening if only make it more dangerous and a lot more stressful. Not only for the person involved but also the people around them.

In answer to people who fear that it make possible for two medical practitioners to calibrate in order to commit murder or even to simply decide on an easy alternative. I believe the second medical practitioner in question should be appointed by the court or an independent body. This would rule out any chance of malpractice. It would also rule out any further allegations if the two practitioners were direct colleges. This then also protecting themselves.

Finally just as I don't think I have the right to judge others for their opinions, I don't believe any other person has the right to force their opinions onto me or judge me for mine.

Yours Sincerely

Sandra Smith

SUBMISSION 1012 1

9/10 Mardo Avenue

Australind

Western Australia

29.4.95

The Chairperson

We are writing to express our strong support for the Marshall Perron Bill. As senior citizens both close to eighty, we would not wish our lives to be prolonged should we become victims of any of the more serious complaints eg Alzheimers disease, cancer etc associated frequently to people in our age group.

We would not wish for treatment (except painkillers) when we are no longer able to control our affairs on bodily function having sadly witnessed the effects on the elderly within our own families and circle of friends and acquaintances.

We are firmly convinced that freedom of choice should be everyone's right and that no pressure groups or religious bodies should be allowed to infringe these rights.

We trust due regard will be given to this most important issue.

We remain

Yours faithfully

Celia & Joseph Frankland

SUBMISSION 1013 1

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41 Kurannup Rd.,

Albany 6330

West Australia

The Chairperson

Select Committee on Euthanasia,

Parliament of Northern Territory

Dear Sir/Madam,

It is unfortunate that here the West Australian Voluntary Euthanasia Society did not know that you were calling for submissions regarding the Bill, until almost too late.

I strongly support Mr Marshall Perron's Bill and admire his initiative and courage in introducing it into the Northern Territory Parliament. It is my firm belief that everyone should have the choice whether or not to end his or her life, and that help should be available from the medical profession, without retribution from the law, and without stigma attaching to anyone. I would like the choice to be available to anyone, not just the terminally ill. It is regrettable that the word "euthanasia" means "murder" in the minds of so many people, and that the word "voluntary" seems to be overlooked. At the same time, there is too much emphasis on palliative care; it may be a lot better than it was, but we all know that it doesn't work for everyone.

I cannot stress too much my support for the Bill, may it pass unhindered.

Yours truly,

H.M.E (Beth) Barnes.

SUBMISSION 1014 1

Unit 64

"Kertome Aged Village"

30 Winifred Rd,

Bayswater 6053 WA

Dear Chairperson,

I am a member of WAVES which I believe in. As an example, my eldest sister Mrs Doreen Ridgill, at the age of 71 years was a happy busy person. That was in June 1987 almost ten years ago. She lived alone and was apparently going to shower, when she fell and bruised herself badly, when she hit the door frame her brain haemorrhaged and later had a stroke. Four days later, her daughter phoned me because she couldn't contact her mother by phone and knocking. I told her to ring the police immediately, she was unconscious and almost frozen, as it was winter and she had no clothes on. She spent nearly a month in Royal Perth Hospital, then to a country Nursing Home in Narrogin and about five years ago was put in another nursing home in Geraldton, as her daughter was transferred from Narrogin to Geraldton.

She has never walked and could vaguely for a few years talk but since then she's confined to bed, she can't move or speak and doesn't know anyone at all. She is diabetic but was taken off insulin and all medication six months ago. She is a living skeleton and her family and all her friends are heart broken.

Bring in Voluntary Euthanasia.

Mrs D McCorry

Extra addition.

If any of you people lived in an aged centre as I do (I am 75) you would see tragic things everywhere. Old people over 90 years, wandering around most with Senile Dementia, often with no clothes, can't find their rooms, some never seeing their families or friends, wetting and soiling their beds, living on endless tablets, I could go on and on, but you have to see it to believe.

The staff and supervisors are wonderfully kind and caring.

I myself can barely see with eye damage.

I can't write or do much because of arthritis and I am also Diabetic. Until you get old you can't even imagine how old age affects you, and Euthanasia is the only answer, so one can die with dignity.

D J McCorry

SUBMISSION 1015 1

To the Chairperson

Select Committee on Euthanasia

Parliament of Northern Territory

P.O. Box 3721

I wish to offer my support for the 'Marshall Perron Bill' on Euthanasia.

I am in agreement with the principles of passive Voluntary Euthanasia and consider that the legalisation of such practices is very necessary.

It is my fervent wish to be able to die peacefully and with dignity for the sake of myself and my family.

Yours sincerely

Sylvia Woodthorpe

"Member of the West Australian Euthansia"

SUBMISSION 1016 1

Flat 7

2 Headingly Road

KALAMUNDA

WA 6076

Tel. 293 2127.

29 March 1995

Dear Chairperson,

I am a widow and will be 89 on Good Friday. I often find that after 80 one is considered to be either deaf or daft.

Well, I am not deaf and not as daft as those who say we break the law if we refuse to have our lives prolonged when we could die naturally.

When we are kept alive by drugs and tubes put into us giving us air, blood and food and we ask the doctors to remove all this, both of us are breaking the law.

Had it been 150 years ago when in too much pain or too helpless we would just have died.

It seems to me that in a number of matters we are progressing backwards! Apart from anything else, think of the expense of keeping one alive but unconscious for years.

That is why I am supporting the Marshall Perron Bill. I only wish that I could have as many votes for it as I have years.

Yours sincerely

Frances M. Deacon.

SUBMISSION 1017 1

9/158 Bibra Drive

Bibra Lake

WA 6163

31.3.95

Dear Sir,

In response to a letter from the Perth branch of WAVES. I will express my support for the Marshall Perron Bill.

I have had contact with two people wishing to die, my mother and now my husband.

My mother was not ill but old and tired and very frail. She died at 95 but had repeatedly said she wanted to "go to sleep and not wake up". She felt that the quality of her life had gone. She had moved into a nursing home as I could no longer care for her and my husband at home.

My husband, 68 years old, now also lives in a nursing home and has done so for the past eighteen months. He has severe Parkinsons's Disease - diagnosed twelve years ago. He can no longer stand, walk, sit without support, feed himself, turn over in bed and has great difficulty communicating as his mouth and throat muscles have been affected. All his food is blended but swallowing is also difficult. His bladder no longer functions - has a supra pubic catheter which frequently blocks necessitating visits to hospital. His bowels also have to be cleared periodically. His greatest fear is no longer being able to make his needs known. What quality is left for him? Like my mother he too wants to "go to sleep and not wake up".

Having been visiting nursing homes for many years and seeing all those poor souls in similar situations, I really feel that our own lives should be controlled by ourselves and that "death on request" should be allowable.

Yours faithfully

Anne Bradshaw

SUBMISSION 1018 1

No 2 Tallong Court

Riverside Gardens

Mandurah

6210

30th march 1995

Dear Sir,

I am a former nurse writing to express my deep concern about the proposed Bill on The Rights of the Terminally ill now before the Committee.

As a nurse for twenty years in our post Christian society I had considerable experience with death and dying. I worked often with the terminally ill and with the aged. I have searched my memory and can truthfully say in all those years I don't remember a single case where a patient expressed the wish to die. While ever there was some small thing to enjoy they wanted to keep on living. It might only be a glass of beer but it made life worthwhile.

The problems I felt, were with the relatives and friends, not with the patient. This was remarkably so when a dying person and their loved ones had no clearly defined religious beliefs. There is no doubt in my mind that clearly defined religious beliefs and a strong faith and Christian ones in particular, makes sense of suffering and helps a person to die with courage and dignity, which is what the proponents of euthanasia say they want. Even in our secular society I have seen it happen often enough to know that it cannot simply be ignored as if it does not make a difference. However, religious faith was not something that had happened to them suddenly just because they were dying. Rather it had been part of their lives and it had grown with them as they grew older. Then when death seemed in sight that faith took on a new and beautiful dimension. It was as if they were given the extra strength to deal with it. It was a comfort for them to be able to talk about the hopes they had with their loved ones. Moreover because their loved ones usually shared their faith, though it was painful for them because they were the ones being left behind, nevertheless their shared hopes could be talked about quite naturally. Quite honestly, speaking as a nurse in these cases, I felt more sorry for those left behind than I did dor those who were dying.

For those who at best had only vague Christian beliefs death was much harder for them and their relatives in my experience. They were confused, bewildered and afraid because their faith and hope was weak. I have even seen relatives blaming ministers of religion for 'frightening' their dying loved ones when the man was only doing what he was trained for and had been asked to do by the patient. You see people think they can 'cram it all in' at the end of their lives and that is not impossible. The meaning of life and death has to be lived and talked about constantly with the ones who love you when you are fit and healthy not wait until you are dying because then it is too late.

I have had some good friends who have died and their deep faith and hope has been an inspiration to me. One of my friends who died of a bone disease was more worried about her husband being there at the end than she was about her pain. Another young friend of mine recently died of cancer which was discovered when she was five months pregnant with her

2

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second child. She courageously gave birth to her son rather than have it killed and she died when he was only three months old. While it seems very sad that she died so young those who knew her know that she lived a full and useful life and died secure in the knowledge that her children would be brought up by a loving family. As she had strong faith and hope she also believed she could help them more from heaven. Her death was beautiful and her funeral testified to the good she had accomplished in her short life.

The excuse for euthanasia usually put forward is unbearable pain. As a nurse I know no pain in unbearable. Rather it is the patients capacity to deal with it which is the problem. That is because everyone has a different pain threshold. One person may have exactly the same operation as another but one person will complain of more pain than the other. Dealing with physical

pain, through better palliative care, is what we should be concentrating on, not euthanasia. However, physical pain is only one aspect of the experience of dying as I have already said.

Euthanasia in any form is the sign of a selfish and uncaring society. I became a nurse to help save lives not take them away and this is what would happen if voluntary euthanasia got out of control. No one can say with certainty that it won't. We have the Dutch experience to prove it and it is arrogance for Australians to think they are more sincere than the Dutch in this. Even our Doctors don't want it legalised and they should be listened to even though some have admitted that they help patients to die. To expect a nurse to administer a lethal dose with the deliberate intention of ending a life is turning her into a killer not a healer. Nurses cannot be both and keep the trust of their patients with whom they work so closely. When I used to look into a sick persons eyes they were as full of trust as a babies. I would never have wanted that look to be replaced with fear. It would have made me feel like a brute. I was not there to have power over life and death of my patients. I was there to learn from them about the meaning of life and death and human suffering and courage. I was there to love and work for them. I was not there to kill them out of misguided pity because that is all euthanasia is in my opinion.

One solution would be to restore our Christian values which we have lost,. Even Russians are not as stupid as we are but that is because after seventy years of official atheism they have been forced to admit that Christianity does work and that it has a stabilising and good effect on society. That is why Russian Christians are free again after being persecuted for decades so they can help rebuild the mess atheism caused.

It is doubtful whether those who ask for voluntary euthanasia think of anybody but themselves let alone God or Christ. They see no reason why they should have to suffer. They see suffering as having no value. This is sad because there is nothing worse than to feel that pain and suffering is just a waste. If they do have a god he is not just but harsh and punishing because he sends people pain and there is no good derived from it. That is simply not true because the world would be a far worse place if there was no suffering in it because then we would have no love and compassion either. Love and compassion is what makes us strive to conquer disease, provide better medicines and care and help build a better world in our own small sphere. Suffering, therefore is necessary for our world to be a better place. Mother Teresa of Calcutta in her work with dying has inspired many, especially the young and strong, to follow her example. This is the philosophy we should be teaching not the selfish philosophy of euthanasia.

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Finally, people should not be given the legal right to end their lives and inflict the very real possible consequences of such laws on the rest of us. The present laws on abortion murders are not being enforced so how can it be guaranteed that laws on Euthanasia will not be abused as well? Is a helpless old person or an intellectually handicapped person, shut away from the world in a nursing home any more visible than a child in the womb is? It is not being visible that has caused so many unborn to die. Even the reason for killing does not change much as many have had abortions because a baby would be an 'inconvenience'. The sick, disabled and aged are 'inconvenient' too when we don't want to look after them.

I sincerely hope my experiences and opinions will be taken into consideration by your committee because if this Bill is passed it will mean a step back for our civilisation.

Yours Sincerely

Partricia Halligan [Mrs]

SUBMISSION 1019 1

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57 Goldsworth Road,

Claremont, 6010 WA

26.3.1995

The Chairperson

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

DARWIN N.T. 0801

Dear Chairperson,

I support the Marshall Perron bill on Euthanasia.

For many years my mother was a patient at the Paraplegic, Quadriplegic Centre in W.A and at one stage shared a room with a young girl whose only contact with us was one eye blink for "yes" and two eye blinds for "no". Otherwise she was totally paralysed.

My nephew was head injured in a road accident four years ago and is now eleven years old. He is totally a "vegetable" needs constant attention with one parent constantly with him.

My oldest friends wife is in the last stages of Huntingtons Disease and requires family attention at all times. When last I was able to communicate with her, about a year ago, she was always giddy and nauseous.

This society sent young men to Vietnam to be killed. Over one thousand were killed after being conscripted and sent there and more than that number have taken their own lives since then. Groups and organisations who did not object to the drawing of lots to kill young men now, without any knowledge of the circumstances, state that they are opposed to any form of euthanasia. What hypocrisy!

No group or person quoting their religious or moral beliefs and bigotry have the right to deny the personal choice of others to use euthanasia.

Thank you for the opportunity to write.

Yours faithfully

Douglas Sedgwick

SUBMISSION 1020 1

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159 Forrest Street

Peppermint Grove

Western Australia

To the Select Committee

Dear Sirs,

We wish to give our support for the Marshall Perron bill as we are life members of W.A.V.E.S. and believe that this is a matter of personal choice.

Sincerely

Peter & Mollie Smith

SUBMISSION 1021 1

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85 Memorial Avenue

Baskerville

W.A. 6056

To the Chairperson

Select Committee on Euthanasia

Parliament of the Northern Territory

Congratulations to Marshall Perron. As a long-time member of W.A.V.E.S. I envy you for this big step in the right direction.

My experience as a nurse made me aware that pain is by no means the only reason for a person to beg for an end to a life that is devoid of quality and meaning.

There is no point in repeating examples although I am continually surprised at the morality argument which neglects the fact that so many sufferers have had their lives prolonged by artificial means.

Please note my support for the Marshall Perron Bill on Euthanasia.

Yours sincerely

Molly Wereford Roberts

SUBMISSION 1022 1

Unit 53

39 Herth Rd

Innaloo 6018

To

The Chairperson regarding the Marshall Perron Bill on Euthanasia which I fully support. At the age of 86 I think I deserve the freedom of choice what happens to my body when I lose the will to live when all my dignity is no longer the Human being I was accustomed to in my past life. I have had plenty of time to witness the appalling distress I have seen some of my friends go through and suffer because they didn't have the right to have their wish to peacefully pass away.

From

Ida Smith

SUBMISSION 1023 1

31/3/94

6 Hartley St

Alice Springs 0870

The Chairperson

Select Committee on Euthanasia

GPO Box 3721

DARWIN NT 0801

Dear Sir/Madam

I am writing to OBJECT to the Bill for the rights of the terminally ill.

I feel this Bill is moving far to fast before the people involved even have an opportunity to define what they are talking about.

Most people interviewed in the media are for the Bill based on the philosophical principle of double effect. They don't even know that the "principle" of double effect allows increasing doses of painkilling medication so long as the side 'effect' is not the intention in the short terms of the life. There is no need for this bill as these rights of the dying are already legal.

Yours sincerely

Mary Hunter

SUBMISSION 1024 1

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lan Croft

24 Jolliffe St

Busselton 6280

29 March 1995

The Chairperson

Select Committee on Euthanasia

Parliament of Northern Territory

PO Box 3721

Darwin NT 0801

Dear sir,

I wish to express my support for the Marshall Perron Bill. I feel that we, as a society, treat our pets with far more humanity than we allow ourselves.

I strongly feel that I want to have the right to say when and how I die. I don't want any one else to dictate this to me but if I decide that my time has come, I want the right to be able to say so (- and for a professional person to be able to assist me in that desire without stigma or offense).

Yours faithfully,

lan Croft

SUBMISSION 1025 1

Eric Bromilow

22 Edward St.

Albany W.A.

The Chairperson

Select Committee on Euthanasia,

Darwin N.T.

Dear Sir or Madam,

I write as a long-term member of WAVES. I joined almost at its foundation, as I was even then deeply concerned by the spectacle of people being kept alive against their will. I support the Marshall Perron Bill.

50 years ago, I visited a dear friend in Royal Perth. He told me he was being used as a guinea-pig. He had advanced cancer of the bladder, and was seen every bay by a group of student 'doctors'. They knew he had no chance of cure, but they had him fitted with an array of drips and drains. They had his hands tied, to prevent his pulling out the tubes, and, he said, to prevent him jumping out of the window - 6th Floor. I heard later that he took about 4 months to die. His mind was bright and lucid to the end.

About 20 years ago, my mother was taken from her own home, where she had lived since her marriage, 60 years earlier. "Doctor's orders". He feared she might have a fall, outdoors, and die of heat or cold in a few hours. She was put in a Silver Chain terminal home. The staff did their best, but no hospital could replace he*r* ability to sit on her own front verandah, seeing the familiar view across the park, and speaking to neighbours passing by, or having one come in for a cup of tea. Before she was uprooted from her home, she read the daily paper, took an interest in radio and television. The shock, at 85, of being transplanted, made her unable to read, or hear conversation. She might as well have been underground in solitary confinement. They call this "palliative care". Each time I visited her, she told me that every night she prayed that she would not see another

morning. This dragged on for 3 years. How much better to have left her home, to live, not exist, till nature or chance gave her speedy relief. She was too old, and too deeply set in old-fashioned beliefs, to be a candidate for V.E., but illustrates the absurdity of "Doctor knows best".

About 8 years ago, a dear friend was dying slowly of inoperable cancers, stomach and others. She asked me to help her speed up her dying, but, since she was too weak to get out of bed, any advice was useless. instead, she starved herself to death.

I have saved a few lives, and risked my own, many times. I'm not afraid of dying, but I'm afraid of an accident or stroke that would put me at someone else's mercy, so I am prepared to end my life while I am active enough to do it, trading an unknown period of active life for the privilege of avoiding a long, miserable exit. The law forces me to gamble, rather than trust the 'system'. I'm 70.

Yours sincerely

Eric Bromilow

30.3.95

SUBMISSION 1026 1

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3 Granby Cres

Nedlands 6009 WA

The Chairperson

Dear Sir,

I am in all ways in favour of your THE MARSHALL PERRON BILL ON EUTHANASIA as being a person who had to sit with and watch one of my closest friends suffer from Cancer. In the last 2 weeks of her existence on this planet was sheer hell and I have lost count the number of times she asked is there someway she could be put out of her misery. She kept saying she only wished she could be an animal and that way put out of misery. I do not think it is fair that a human being should be made to suffer this way and if it is his or her wish to terminate their life then they should be granted this as it is their life and belongs to no one on this planet. I wish you well in your campaign and should we lose we must keep fighting to be given the right which is ours and nobody else's.

Yours

RV Bort

SUBMISSION 1027 1

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28 Minora Road

Dalkeith 6009

28th March '95

The Chairperson

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

Darwin N.T. 0801

I am a member of the W.A. Voluntary Euthanasia Society. I am expressing my support for the Marshall Perron Bill. I am 80 years of age in July, a War Widow, have a son and daughter both married with children.

All my life I have had an opinion that in circumstances where there is no quality of life a person should be able to say "I am ready to go". My grandfather who was a Chemist always said if you had a sick cat or dog suffering and no cure you would

have that animal put to rest. Why can't the same apply to a human being. Isn't it better to remember someone in moderate health rather than someone who is a vegetable.

Sincerely

Mary Frances Frizzell

SUBMISSION 1028 1

Mazie Finch

2 Cygnet Cresc

Augusta

6209

26.3.95

The Chairperson

Select Committee on Euthanasia

Parliament of the Northern Territory

PO Box 3721

Darwin

Dear Sir/Madam,

As a ex trained general and midwifery nurse now aged 79 years and a regular visitor to terminally ill aged people I wish to support the Marshall Perron Bill. I have signed a form and left it with Dr Williams file and with my family desiring that my life must not be prolonged should I develop a terminal illness.

My mother had Alzheimers as has my brother-in-law now. Devastating for all concerned.

I do hope you are successful in your cause. At present I am very well and live alone in my own home with two caring children in Perth.

Sincerely

Mazie Finch

SUBMISSION 1029 1

29.3.95

To the Chairperson

Select Committee on Euthanasia

Dear Sir,

I am a person of 83 years and support the Marshall Perron Bill. My health is reasonable, arthritis is my enemy, in constant pain. I still would like to have my mentality when the living will becomes legal and wish to be able to terminate my life when quality has gone. I am a life member of Waves.

Respectfully

Norma A Poole

No 5 Whittlesford St

East Vic Park

W.A.

SUBMISSION 1030 1

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32 Hill St,

Clifton Springs

Vic 3222

30.3.95

Dear Committee Members,

I am concerned over the Rights of the Terminally Ill Bill. Have you seriously thought it all through? Are you really willing to be responsible for so many deaths? Have you considered what it could lead to? Even now seven doctors in Victoria have admitted to helping patients commit suicide, which is against the law, so how do you think you will be able to control everybody involved, to safeguard only those whom you specify will be helped to end their lives? Would the medical profession make broader and broader the boundaries by their own opinions? Would euthanasia extend to those with senile dementia because they don't enjoy the quality of life they once did, or to retarded children - neither of which is a terminally ill condition? I could go on. The consequences of such a Bill could be horrific.

Euthanasia is wrong regardless of a person's opinion of the quality of life. There is more to life than mere breath. I don't believe mere man can bear the responsibility of terminating life in this way. By making killing legal, we try to civilize what we once condemned Hitler, Idi Amin, Pol Pot and the such life for.

One day we all have to stand before our Creator and give account. Please reconsider for your own conscience sake and for those you would make a party to this.

Yours sincerely,

Rita Bowden (Mrs)

SUBMISSION 1031 1

P.O. BOX 27

DEER PARK 3023 VIC.

28 MARCH 95

Ms P Hancock

Secretary

Select Committee into Rights of Terminally Ill

G.P.O. Box 3721

Darwin N.T. 0801

Dear Madam,

I am writing to express my concern and my opposition to the proposed bill - 'The Rights of' the Terminally Ill'.

Our nation, and virtually every other 'civilised' nation in history, has been developed on the concept of the inviolability and sacredness of human life. This bill is a radical and dramatic step away from this concept and is either a giant step into the unknown or, more likely, a repeat of the process which culminated in 'The Holocaust' fifty years ago under the Nazis. The Netherlands is the only other country in recent times to follow this path and only six years after passing similar legislation, a recent inquiry found that more than 50% of assisted deaths of patients were assessed to be involuntary.

I believe (a) that you are opening a real Pandora's Box here and you will never be able to close it and (b) that if this bill is

passed it will set a precedent for the other states to follow. Therefore I urge you to oppose this bill.

After all why should doctors have to resort to killing a human being when the advances in medical technology and palliative care can anyone to die with true dignity

Yours sincerely

Dave Forster

Margaret Forster

SUBMISSION 1032 1

"Callista"

Cowwarr 3857

28-3-95

The Secretary

Select Com.

Rights of Terminally Ill Bill.

Dear Madam,

I wish to express my grave concern over the proposed euthanasia legislation for the Northern Territory. Although this legislation is just for the N.T. it will ultimately affect all of Australia as sick, elderly or incompetent people will feel pressured to go north to remove themselves from an uncaring and threatening situation. Acceptance of patient killing will further devalue human life, and cause a rift in the medical profession who are already divided on the issue.

I urge you to oppose the Bill.

Yours sincerely

(Mrs) Mary Harkin

SUBMISSION 1033 1

47/128 Bibra Drive

Bibra Lake

Western Australia 6163

28th March 1995

The Chairperson

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

Darwin N.T. 0801

Dear Sir or Madam,

I am writing to express my support for the Marshall Perron Bill on Euthanasia.

The older I get, the more I believe that euthanasia should be legalised. Over the past few years - in hostels or nursing homes, useless and sometimes painful lives which brought them no pleasure and which were heartrendingly sad for those who loved them and saw them suffer.

In particular I remember a woman of 91 who had been almost blind for a very long time but who lived alone, looking after herself. She was a very brave woman. In all the years I had known her I had never heard her bemoan her blindness. She ended up totally blind, in a nursing home and each time I went to visit her she told me sadly that she "had lived too long". I was thankful when I heard of her death.

We put our beloved animal pets to sleep when they are too old or too ill or in too much pain to enjoy life - surely human beings should be accorded the same sympathetic kindness.

Yours sincerely,

(Mrs) Ursula Duffield

SUBMISSION 1034 1

A.A. & C.E. Louden,

21 Hawford Way,

Willetton,

Western Australia 615 5

28 March 1995

The Chairperson,

Select Committee on Euthanasia,

Parliament of the Northern Territory,

P.O. Box 3721,

Darwin N.T. 0801

Dear Sir or Madam,

We are writing to you to express our support for the Marshall Peron Bill on Euthanasia. Although we live in Western Australia we have been made aware of the general content of the Bill and wish to encourage it's successful passage. We feel sure that the Bill, if passed, will benefit the people of the Northern Territory and be an enlightened example to the other Governments of Australia.

We unreservedly support the concept of permitting individuals to choose to minimise their suffering in terminal illness. We have recently experienced the loss of a loved one after a long illness. Whilst most of the illness was endured with reasonable quality of life, the last months were agony for us and our loved one. We were forced to witness the misery of our relative, who wanted desperately to end a happy life in a controlled and dignified manner, deteriorating for weeks in helpless anguish. We think the frustration of losing control of her own life resulted in more suffering than the disease.

We are delighted that at least one legislature in Australia has had the courage to deal with this difficult issue and urge that your main consideration be the suffering of those with terminal illness, not the moral dilemmas of philosophers.

Yours Sincerely

A.A. & C.E. Louden

SUBMISSION 1035 1

DAVID M. GAWLER

M.B,. B,S, F.R.A.C.S.. F.R.C.S.

VASCULAR SURGEON

177 BUCKLEY STREET

ESSENDON. 3040

27 March 1995

The Select Committee into the

Rights of the Terminally Ill

C/O The Secretary Ms Pat Hancock

Legislative Assembly

GPO Box 3721

DARWIN NT 0801

Dear Committee Members,

As a busy vascular surgeon in both the public hospital sector and in private practice, I am writing to express my absolute alarm at the proposed euthanasia legislation for the Northern Territory. This legislation opens the door to all kinds of dehumanising outcomes. As has happened in Holland, a rapid progression occurs from voluntary euthanasia to involuntary euthanasia and the situation can rapidly deteriorate to something approximating the horrors of Nazi Germany. To open the door to this form of treatment is highly dangerous.

Further, the real need of the dying is for excellent high quality palliative care. I understand that in the Northern Territory there is a near absence of such specialists and I think the need to rectify this deficiency is most urgent. It is almost laughable that the state with the poorest representation of trained specialists in palliative care should be the one pioneering such dangerous legislation. Perhaps the one leads to the other.

Unfortunately the proposed legislation would be a precedent in Australia and other states may well follow the unfortunate example of the Northern Territory.

I certainly believe that high quality palliative care completely obviates the need for voluntary euthanasia and this has been very adequately demonstrated in many parts of the world where good quality institutions specialising in terminal care are able to maintain patients pain free and with good quality of life until the end. This is in stark contrast to the commerce in death which is proposed.

I entreat you to avoid taking a step which would become infamous in retrospect.

Yours faithfully

DAVID GAWLER

SUBMISSION 1036 1

The Chairperson

Select Committee on Euthanasia

Parliament of the Northern Territory

PO BOX 3721

DARWIN N.T. 0801

Dear Chairperson,

This letter is to support the Marshall Perron Bill on Euthanasia.

For many years now I have been of the opinion that if I was to become so sick that the normal joys of living where to come to a halt and that for the remainder of my years I would have to either be in pain all the time, or have to be a burden to my children because of incapacity (which would mean, out of love or duty, they would have to take care of me all the time,. which

would then be encroaching on their family or single young lives), or live out the rest of my life in a nursing home. I would rather have the choice to be able to leave my family and friends in a peaceful, loving way.

I draw these conclusions because my mother, a widow, is in a Nursing Home. She is 88 years of age and can still walk a little. She can not read much or watch TV or sew, because of loss of good eyesight. Her hearing is somewhat impaired so she cannot take part in usual conversation. Her memory is almost non-existent due to recurring minor strokes. She has become isolated, not being able to make friends as she cannot remember the last time she met them. My brother and I visit her regularly, and as soon as we leave she has no recollection of our visits. This leaves her feeling alone, unloved and uncared for. She often says that she wishes she could be with my deceased father.

Having to witness the indignity of loss of normal bodily functions: ie incontinence, unable to feed oneself, wash oneself etc. I would like to think that I would be able to have the choice to end my life peacefully, and in a dignified way, whilst I am still able to make such decisions.

Yours faithfully,

Thelma Le Surf.

SUBMISSION 1037 1

"Delorainne"

163 Orange Valley Rd

Lesmurdie

March 27th

The Chairperson

Select Committee on Euthanasia

Dear Chairperson,

I write in strong support of the Marshall Perron Bill. I am a life member of the W.A.V.E.S. organisation. Listed below are my many reasons for my beliefs. I am seventy three years of age.

As a nurse I have supported those struggling to die. Fifteen years as a First Aid Officer by the Order of St John brought many dealings with smashed and non repairable bodies.

The slow death of my father (aged 57) after having been gassed in France (1814-18).

The suffering and final deaths of my husband's two brothers (one having had a leg removed with a meat saw on Burma railway, and the other's mental condition after four years P.O.W. Cmte).

I have a 84 y.o. husband who has made it clear that he depends on me to see he does not "linger".

I am cancerous, already two operations. I have seen to it that I am allowed to leave this earth when I am ready!!

Faithfully

Marg E Bamford (J.P.)

SUBMISSION 1038 1

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31 March 1995

The Chairman Select Committee on Euthanasia

GPO Box 3721

DARWIN 0801

Dear Sir,

EUTHANASIA PROTEST

I herewith lodge my protest of Marshall Perron's Private Bill endorsing the supposed mercy killing of the terminally ill.

I consider that the introduction of this private members Bill to be a blatant abuse of power and position. The Bill does not have it's foundations in the backing of that members electorate. A non member has no such ability for this very reason. Government in Australia is representative and not authoritarian. Whilst it is obvious that Mr Perron now has no immediate personal gain from the Bill being enacted, his "Knee Jerk" reaction to private circumstances is only available to him because of position. Certainly there are similarities to Mr Perron's actions and to other parliamentarians across Australia who have been prosecuted, reprimanded or otherwise penalised for using their position for personal advantage.

Supporting such a Bill raises criticism of an economic, opportunistic Government. Opportunity to reduce aged care costs and opportunity to increase bed turnover and hospital beds available for those more able to pay. I find this a despicable thought, especially when the Government is more than willing to support a great number of the population through social welfare programs which "improve the recipients quality of life". A further negative of this cost saving is that rather than being a means of giving the terminally ill dignity and respect it leads to them being treated as a commodity, expendable for the sake of economics.

I believe that history has proven that given the Bill is enacted there will be considerable contest to the law and the statutory conditions therein which will inevitably lead down the same road as abortions which are effectively on demand. Life is not an inconvenience and there is a great risk of determinations being made by relatives and doctors where it is in their best interests and not the terminally ill to euthanase a patient. The patient themselves could be pressured covertly or not, by the mere existence of the availability of euthanasia to claim their "right".

A further issue lies in the contrast between the attitude toward criminals being sentenced to death and the concept of euthanasia. Does not the terminally ill patient deserve the opportunity to be given the best of care, the best of medicine, and the greatest opportunity to life available. As there may be a chance that the guilty criminal may be innocent or rehabilitated so too the terminally ill might be cured, go into remission, or at some time prior to their natural death be fortunate enough to avail themselves of new technology or medicine which will enable a longer and worthwhile life.

There is a great risk that care givers might abrogate their role and consequently bring about an increased rate of decline in the patients health and precipitate an early decision on euthanasia. Or worse, take the decision into their own hands or act on the recommendation of a relative.

2

There is also a great risk that patients would exert their right to refuse treatment and then, due to a deficiency in the provision and availability of alternative care, turn to euthanasia (assisted suicide). Their illness being an effective means to a desirable end which is only desirable at a time because of some occurrence in their life which has lead to an undiagnosed state of depression, unnecessary pain, or self perceived pressure from guilt of being burdensome.

Do not doctors make mistakes? Do not people change their mind? Could it not be too late? Will not the law be challenged to make it more available under equal opportunity legislation or the right for others to make the decision? Will there not be opportunity for collusion among the medical profession for expedience over lawful process? Are there any guarantees that mistakes will not occur?

If the answer to any of the above questions is YES then the legislation should not proceed as there is absolutely no way of legislating against human nature.

Yours sincerely

CLIVE BROWN

BBA ASA

SUBMISSION 1039 1

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5 GASON STREET

ALICE SPRINGS
N .T. 0870

THE CHAIRMAN

SELECT COMMITTEE ON EUTHANASIA

DARWIN, N.T

Dear Sir,

I would like to make it very clear to the Select Committee investigating the RIGHTS OF THE TERMINALLY ILL BILL that I am strongly opposed to the Bill and wish to see it defeated in Parliament.

There are many reasons why I feel so strongly about this issue and I will make at least some of them clear in this letter. A Bill of this kind can only offer a sense of hopelessness and defeat to those suffering a terminal illness. Instead the Northern Territory should be looking at offering a program of comprehensive palliative care that will give hope and support to all Territorians who are faced with such a personal crisis.

This Bill offers death, pure and simple, as the only alternative to those who are too alone in this world to believe that other human beings would offer comfort and caring in this terrible crisis. If you live in the Northern Territory at present you would be right to think that you would be alone at this time, because currently there is no support available to the terminally ill. There seems to be an organisation in the Territory for everything, except for the dying.

This Bill suggests to those who are dying that instead of a dignified and productive life to the end that accelerated death is the only answer. Life is to be valued every single day and every human being has the right to be nurtured and supported throughout their life. Are those people who have a terminal illness to be denied that right from their leaders and peers. The Northern Territory Government is proposing to remove those rights from good people who deserve better.

My father died of cancer 15 years ago and was offered limited palliative care, but even that allowed for comfort and dignity in his last months, which enabled him and his family to talk, express our love and finally, to appreciate all that he meant to us throughout his life. It was a wonderful time of love and caring which I was proud and sad to be a part of.

My father never once asked to die before his time. He only wanted to know how much time he had left, in order to get on with his life and complete the tasks he had set himself. Accelerated death was not an option he ever considered and for that his family admired his courage and faith in himself.

Euthanasia can only be an easy way out for those who are onlookers of the dying process, we see that clearly when we realise that Mr Perron is not a dying man, he is merely a man who wishes to reduce the suffering for himself, when faced with a dying friend or relative. Whose best interests is he looking out for?

2

Mr Perron obviously has no idea of the value of good Palliative Care. To suggest that it is a waste of time really proves that he truly is a backward uninformed man. In the Territory where palliative care is not offered to the public, or where good oncological care is not sought out, to offer Euthanasia as the only solution is absolutely ludicrous. The Northern Territory Government will risk enormous embarrassment if it attempts to pass this Bill without first giving due respect and support to the benefits of palliative care.

This Bill will not make for innovative Government, but surely for regressive and archaic practices, not in keeping with the standards of the world today.

Abortion laws when first introduced were guided by strict codes of practice to ensure appropriate delivery of service - look how that issue has come full circle in such a short period of time. We now have abortion "on demand", and its true purpose of use in exceptional circumstances has long been forgotten. Doctors are only human, and are susceptible to the same corruption of values that we all face every day of our lives. Is it reasonable to expect such honesty in the face of inevitable temptation, from people who are just as human as everyone else in this world?

Another cause for concern is that this Bill discriminates against all those other people who are suffering, and will certainly die a painful death from other equally fatal conditions. It will not take long for these people to challenge this Bill in the courts,

and, in a short period of time, the Northern Territory will be offering Euthanasia as freely as it does Panadol.

I have experience in the field of Palliative Care, and have never heard a well managed patient ask for death, in preference to taking and using every day of life still granted to them. Palliative Care well delivered by trained persons and friends is the only hope of dignity and peace in the dying process. An unnatural death offers only guilt and uncertainty and a deep sense of failure.

Good Palliative Care provides a holistic approach to every aspect of the dying process. Holism is a powerful term that encompasses, not only the dying person, the disease or just the symptoms- but rather the whole life circumstances that surround that person.

Palliative Care aims to provide three main areas of support, physical, emotional and chemical. Physical support involves the provision of equipment, dressings, oxygen and a network of carers that may be needed as the disease progresses. The dying will need all of this to make life more comfortable and independent and often involves the preservation of personal dignity for as long as possible.

Emotional support concentrates on allowing the terminally ill to discuss their fears and concerns with others. Palliative care attempts to educate the client and the carers about the disease process and offer solutions on the best way to cope with each new situation.

Chemical support, as the name implies, concentrates on the use of various drugs to alleviate symptoms like pain, nausea, depression, stress. The type and amount of drugs used are guided by the dying persons needs and wishes.

3

Palliative Care aims to make life more comfortable, productive and preserves the dignity and self worth of the client. It can be offered in hospital, a nursing home or in the family home where it is often of most value and assistance. When a dying person asks to "end it all" are they really saying; "I simply cannot handle this pain and isolation any longer?"

A dying person still has something to offer and receive until the day he dies. Life is a precious gift that should be held dearly, and that right protected and supported by Legislation and Governments. Are Australians ready to discard and waste this country's most significant natural 'resource- its people?

If this Bill is passed the Northern Territory will become an oddity, a place of derision by other States and Countries. Remember Africa and it's Apartheid laws, how did the rest of the world view laws that flouted the most basic of human rights - that all people are equal. Will the Northern Territory be looked upon any differently - I don't think so.

Finally, let me restate that I wholeheartedly oppose the proposed Bill, in any form, and would prefer that the Government look closely at choosing palliative care. Humanity needs Governments who are willing to care about people, not throw them away.

Yours sincerely,

DEBORAH BROWN

SRN. SRM. BACH APP SC (Nsg) .

SUBMISSION 1040 1

Karin Packer

320 Alma Road

North Caulfield Vic. 3161

27th March 1995

The Select Committee into the Rights of the Terminally III Bill

Legislative Assembly

GPO Box 3721

DARWIN N.T. 0801

Dear Members of the Select Committee

I am writing to you to express my alarm at the proposed euthanasia legislation for the Northern Territory. This legislation affects all Australians. I am afraid vulnerable, sick and elderly Australians will travel to the Northern Territory to "avail" themselves of this deadly service. Acceptance of patient killing will further devalue human life and will place under scrutiny those whose lives are seen as a burden to society. Where does the Sanctity of Human Life lie? I urge you to oppose the Bill.

Yours sincerely

Karin Packer

SUBMISSION 1041 1

PO Box 1206

Alice Springs

31.3.95

Dear Members of the Committee,

I wish to express my deep concern at the Rights of the Terminally Ill Bill introduced by the Chief Minister recently.

The Dutch experience with legalised Euthanasia has demonstrated how, in spite of "built in checks or balances", the law can become so amended and diluted to the point where the terminally ill have, have in effect, no rights at all.

Surely the abortion laws as they now stand must be a warning to what happens, when, with the best of intentions, laws are enacted which effect innocent human life. The original intent in legalizing abortion was to decriminalize pregnancy terminations in limited circumstances. The reality now however, is that abortion is just another Family Planning technique.

There can be no certainty that legalized Euthanasia will not deteriorate in the same way.

Today's proposed "Right to Die" laws may easily lead to patients having to prove their "Right to Live".

I respectfully ask that the committee oppose the Bill and recommend instead improved Palliative Care.

Yours sincerely,

Pat O'Dwyer

SUBMISSION 1042 1

The Chairperson

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

D A R W I N · N.T. 0801.

RE: THE MARSHALL PERRON BILL ON EUTHANASIA.

TO WHO IT MAY CONCERN.

As a Member of the W.A. Voluntary Euthanasia Society I am delighted that at last someone is not afraid to "stand up and be counted" in Parliament. I consider it to be a moral issue and should not depend on Party Votes.

The opponents of Voluntary Euthanasia who spout about Palliative Care being the answer to terminal illnesses should also explain how they will supply and maintain the large number of Palliative Care Centres they will need to care for the thousands of people now in Nursing Homes who would be transferred to Palliative Care. This would also affect the Government's efforts

to have as many people as possible to stay in their homes as long as possible to prevent having to build more Nursing Homes. Would they be willing to build Palliative Care Centres?

Most of the elderly would prefer to stay in our homes as long as possible, with help from organisations such as Meals on Wheels, who are constantly advertising for voluntary helpers, and Silver Chain help and many others.

My own recent experience has made me doubt the sincerity of the Government wanting us to remain in our homes as long as possible. I want to be as independent as I can but need a little help with transport and applied for a Taxi-concession to go shopping and to attend a few of the Organisations of which I am still a member - e.g. British Ex-Service Association! W.A. Voluntary Euthanasia Society; Ex-Rhodesian Association; the Arthritis Foundation, and until recently Council for the Aged. As well as having Arthritis in my joints especially in my fingers knees and feet, I had a nasty fall four years ago which after ten weeks of agony at home I was in hospital for a month having a skin graft on an ulcerated leg. I have several other old-age complaints like being unable to kneel and so have to pay someone to help with the housework etc. and can only walk a short distance with the aid of a stick. I was refused a concession because I am not (a) Permanently unable to walk (b) am not totally dependent on a wheel-chair (c) totally Blind (d) need a Carer with me at all times. If I had one of these disabilities I would not want a taxi - I would need to be in a Nursing Home! Meanwhile I have to manage as best I can and depend on dying peacefully when I can no longer cope. As the Law stands now I am not allowed to have help to die peacefully and so would have to resort to suicide which is not always successful.

However, it is for the people who have no quality of life left and suffer intense pain and emotional humiliation that I support Voluntary Euthanasia and would point out that no-one will have it forced upon them as they have the right to refuse, but they have no right to say that I should not support it. We have been fighting for ten years for Law Reform as we must have safeguards so that it will not be abused. No wonder other States say that W.A. means "Wait awhile! " When are we ever going to catchup with the rest of the World! Congratulations Marshall Perron you deserve our support.

Sincerely Mrs. Elsie P. Smith, 18 Hawthorne Crescent, Bentley. W.A. 6102

PS I shall be 85 in August.

SUBMISSION 1043 1

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29 Winich Rd

Bull Creek

30th April 1995

The Select Commission

on Euthanasia

Parliament of Northern Territory

Dear Sirs,

I wish to advise that I whole heartedly support Marshall Perron's Rights of Terminally Ill Bill.

I am 80 years of age and many people of the same age whom I am in contact assure me that they also feel very strongly that this Bill should be passed.

Yrs faithfully

Deane Spark

SUBMISSION 1044 1

(Mrs) G E Barnes

145/31 Williams Rd

Nedlands W.A. 6009

31st march 1995

The Chairperson

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

Darwin N.T. 0801

Dear Sir/Madam

Re Marshall Perron Bill on Euthanasia

I am a Life Member of the W.A. Voluntary Euthanasia Society, namely WAVES and at our last meeting it was brought to our notice that your Committee has asked for submissions regarding this Bill from interested people. I am one of those persons deeply interested in Marshall Perron's proposed Bill on Euthanasia. I admire his unshakeable belief, in the cause and I can think of numerous reasons why it should be supported.

I am elderly but one does not have to be old to suffer the indignity of a less than gentle death. There are many afflictions and diseases that rob both young and old of a decent quality of life, so I feel a human being should have the choice of when he or she wishes to die.

In our WA Society we have the availability of signing what is known as a Living Will. I feel this declaration is of profound importance as it is signed by the individual when of sound mind requesting quote "If there is no reasonable prospect of my recovery from physical or mental illness or impairment expected to cause me severe distress or to render me incapable of rational existence, that I be allowed to die and not be kept alive by artificial means and that I receive whatever quantity of drugs may be required to keep me free from pain or distress even if the moment of death is hastened". Unquote.

You have probably received copies of this Living Will, but our Society considers it such an important issue that it bears repeating for discussion again and again with the hope of it becoming a lawful document in the not too distant future. Currently this document can be used as evidence in a Court of Law.

Hoping my small measure of input towards Marshall Perron's Bill swells the interest of the course and wishing every success of passing the Bill through Parliament.

Yours Faithfully

(Mrs) G E Barnes

SUBMISSION 1045 1

NT AIDS GPO Box 2826 Darwin NT 0801

COUNCIL INC 1/1 Carey St Darwin NT 0800

The Chairman,

Select Committee on Euthanasia
GPO Box 3721
Darwin.

Dear Mr Poole,

The Northern Territory AIDS Council Inc. Supports the Rights of the Terminally III Bill for the following reasons:

a) Our clients have expressed a wish to have the option of assisted termination of life enshrined in law. Most people would hope they are not in the position to request a need to euthanasia. However the many illnesses associated with AIDS are often so very painful and debilitating that voluntary requested assistance to terminate their life is the only dignified method they see to relieve their pain and suffering.

b) The frequent suicides through undignified means such as gassing, overdosing, shooting, hanging, car accidents etc cause great distress for the relatives and friends left behind and unnecessary trauma for ambulance officers and police. Two of the recent suicides which has occurred were very traumatic for all those concerned.

c) The Northern Territory AIDS Council also acknowledges that there is a .Lack of an effective palliative care in Darwin and this is another issue which makes quality of life impossible to be maintained for those suffering with a terminal illness. It seems that the use of opiate drugs such as morphine is unavailable for the patient and is administered often too late and also far too infrequently which again results in severe distress for the terminally ill and those close to the person.

d) The Northern Territory AIDS Council fully believes that the decision to terminate ones own life is a decision that should only be made by the person involved and once a decision has been made, it should then be respected by all involved. At no stage will the Northern Territory AIDS Council apply any pressure to any of our clients to utilise voluntary euthanasia. If clarification is required on any issue with regards to their illness the Council will continue to provide the various options that are available and if voluntary euthanasia is available then this would be one of the options provided to a client.

e) It is a belief by many members of the Council that voluntary euthanasia is an important health issue and should be available upon request by all Australians.

Yours sincerely,

Bill Davies General Manager. 24/3/95.

A BROADBASED COMMUNITY HIV/AIDS ORGANISATION

Patron:Justice Sally Thomas

SUBMISSION 1046 1

Mr.W.K.Hamblin,

38 Guildford Rd.,

Mt.Lawley. 6050.

To-

The Chairperson,

Select Committee on Euthanasia,

Parliament of the Northern Territory,

P.O.Box 3721,

Darwin, N.T. 0801.

28MAR95.

Dear Sir/Madam,

I am a member of the West Australian Voluntary Euthanasia Society and I am writing the enclosed letter to express my support for the Euthanasia Bill which is being presented in Parliament at this time.

I am,

Your's sincerely,

Walter. K. Hamblin.

2

Mr.W,K,Hamblin,

38 Guildford Rd.,

Mt.Lawley. 6050.

TO-

The Chairperson,

Select Committee on Euthanasia,

Parliament of the Northern Territory,

P.O.Box 3721,

Darwin. N.T. 0801.

28MAR95.

Dear Sir/Madam,

I am a bachelor, living alone. I have many interesting and satisfying activities, all needing good health and free movement.

Unfortunately I recently found myself invalided and bedridden, unable to fend for myself in most ways. The X.rays indicated that this might well become a permanent condition and I was horrified at the prospects. Fortunately, I did regain my former good health and mobility, but, as I am now approaching my 70th birthday, I realise that I cannot expect to retain this good health for many more years.

I recently investigated the prosects of selling my home and moving to a retirement village where I found could afford only a "bed-sitter" with no room for my books, my writing materials, my tools, my clothes, not even a garage for my car. Life without these essential things would be unbearable. So I have elected to live on in my own home for as long as possible.

Another important experience in my life occurred when I was still 19 years of age. I was involved in a motor-bike accident which rendered me unconscious for several days then in a coma which extended beyond two months. During this time I was physically active but unaware of what I was doing, so that I needed constant attention. I had suffered a fractured skull, a lacerated eye, burst ear-drum, facial paralysis, etc.. and there was no guessing what the future held for me. It was not possible to always have someone at my bedside at the hospital and I had some dangerous accidents while unattended, so my mother took me home to nurse me with the aid of a part-time private nurse; and there I miraculously regained my senses, after perhaps another month.

During all this time during which I had -

1. Lain for hours in the blazing sun on a country road, being pestered by flies and ants.

2. Been fortuitiously found and transported to the Morawa Hospital.

3. Been flown to Perth from a headlight lit sports ground at Morawa.

4. Lain for weeks in a West Perth hospital and weeks more at home, under constant treatment.

I was apparently oblivious to worry or pain, for I have no recollection of it.

3

The point of my story is that, from my experience of near death, I fully believe that death can only be a welcome relief from earthly suffering, and I think that it should be seen as cruel to prolong a suffering life where there is no hope of meaningful existence. I was young and very healthy at the time of my accident (having just been discharged from the RAFF) so that recovery was possible, but for the incurably suffering with no hope for improvement every waking hour must be spent praying for the release that only death can bring.

True, respect for life is paramount for civilization and a patient (or family) must never have to fear consulting a doctor because he might prescribe death. There must be stringent safeguards and prohibitions.

Death is inevitable for everyone and the way of dying is a most important part of a complete life. It should be everyone's right,

if possible, to choose to die in peace and with dignity.

I am enthusiastically in support of your Bill to legalise euthanasia when it is the only humane course of action for the patient, and is what the patient has expressly authorised.

Hoping that my thoughts on this important matter will be helpful,

I am,

Your's Respectfully.

Walter. K. Hamblin.

SUBMISSION 1047 1

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34 Rosewall St

Upper Mt Gravatt

31.3.95

N.T. Select Committee

on the Rights Terminally

Ill Bill

I wish to lodge opposition to legalised patient killing. I believe our time is in God's hands. I am all for alleviating suffering and not prolonging the terminally ill's life uselessly.

Yours faithfully

(Mrs) P Hill

SUBMISSION 1048 1

The Select Committee on Euthanasia

Parliament of N.T.

P.O. Box 3721

Darwin N.T. 0801

65 Barton Street

Katoomba

NSW 2780

Dear Sirs,

I wish to support the referendum legalising doctor assisted suicide.

Voluntary Euthanasia is the right of every person suffering prolonged and incurable pain, disease, or deformity.

I hope you are successful in having this issue legalised. Having nursed for 20 yrs in a hospital for geriatric and terminally ill, I understand the needs of some patients.

I am 82 yrs of age. To know that such help would be available to me should I need it, would be a great consolation.

Yours faithfully

Charlotte E Nicoli

SUBMISSION 1049 1

William A. Bemelmans

1 Breaden St,

ALICE SPRINGS 0870

3rd April, 1995

The Chairperson

Select Committee On Euthanasia

GPO Box 3721

DARWIN N.T. 0801.

Dear Hon. Chairperson and Committee Members,

I am writing to you to express my grave concern over the proposed bill to legalise euthanasia in the Northern Territory.

As a Catholic, I cannot in any way condone euthanasia as it directly contravenes all that I believe in about the sanctity of human life in all it's stages from conception to old age. Now a days people who are terminally ill are given much support and kept free from pain and given excellent palliative care in order to insure that when they do actually die, they do so with dignity and peace. I have a strong belief that where there is life there is hope and I don't under any circumstances see the need for euthanasia to be legalized.

In my opinion the legalization of euthanasia is suicide and, in it's most abused form, murder sanctioned by the state.

My own father died of Cancer and even when it had reached it's most terminal and critical stage we as a family still lived in hope and share much quality time with him before he died; hope and time that families who are allowed to practice euthanasia won't have.

Again hon. chairperson and committee members, I appeal to you to stop this proposed legislation from being passed and in so doing to promote for all Territorians and, for that matter, all Australians a profound and deep respect for human life in all it's stages and quality. I am praying for you and the N.T. Parliament, especially the select committee, that you will do this.

Yours Faithfully

William A. Bemelmans

SUBMISSION 1050 1

33B Woolnough St

Daglish, W.A. 5008

2/4/95

The Chairperson,

Select Committee on Euthanasia

Parliament of the N.T.,

P.O. Box 3721

DARWIN, N.T. 0801

Dear Sir,

I wish to give my strong support to the Marshall Perron bill on Euthanasia.

I believe that one should be able to make the personal choice to die painlessly if one is in great pain from an incurable illnesses or if one's quality of life has been unbearable for a sustained time.

I would not dream of imposing my view on those who think otherwise but, on the other hand, I do not think that this minority should be able to impose their views on the majority of us who would like the option of a peaceful, arranged death when the time is right - of course, with all necessary safeguards against abuse.

Palliative care is suitable for some cases and is all some people want. However, palliative care, in my opinion, can not cope with all cases; for instance, when medication can not deaden constant pain or in diseases like motor neurone disease where all physical functions are lost. Again, if a patient wants only palliative care, that is their right to have it for as long as necessary. Surely it is my personal right to refuse palliative care, if I so wish for the option of a peaceful, immediate death.

I heard that a criticism of courageous Marshall Perron was that his judgement had been distorted by the circumstances of his mother's death. I consider that his judgement was not distorted but as sharpened by the anguish of seeing his beloved mother dying a prolonged unnecessarily agonising death.

Many opinion surveys have confirmed that the majority of people favour euthanasia under carefully defined conditions. I urge the committee to be guided by the humanitarian views of the public and to support this important Bill.

Yours faithfully

(Mrs S Loney)

SUBMISSION 1051 1

30.3.95

To: N.T. Select Committee

on the Rights of the Terminally Ill Bill

Dear Sir/Madam,

FEAR GOD AND PRAISE HIS GREATNESS

HE CREATED YOU AND ME

OPPOSE LEGALISED PATIENT KILLING

The Killar Family

807/76 Roslyn Garden

Elizabeth Bay NSW 2011

and

20 Hill St.,

Mt St Thomas

Wollongong NSW 2500

2

30.3.95

Our friend Mrs Trinidad Morgan, address 9/81 Roslyn Gardens, Elizabeth Bay, is dying of leukaemia. After the settling down period of coming to the realization that she is dying - she said to me "that it is a privilege" to know that one is dying as it gives her time to prepare her should for eternal paradise".

She is at present in the Sacred Heart Hospice at Darlinghurst, Sydney, should you wish to consult her if she would like to be "killed" by the hands of her doctor.

The Killar Family

SUBMISSION 1052 1

Berrybank Station

Lismore

Vic 3324

23.3.95

The Select Committee into the Rights of the Terminally Ill

G.P.O. Box 3721

DARWIN

I am deeply concerned at the proposed euthanasia bill proposed. Given human nature it is dangerous to put into the hands of very fallible human beings the ultimate power - to cause another's death. The example set by Holland shows that voluntary euthanasia leads to non voluntary euthanasia.

Please oppose this trend in Australia.

Signed

Bev White

for John White

Michael White

Gerard White

Elizabeth White

Deidre White

Julian White

SUBMISSION 1053 1

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60 Broadway

Bassendean 6054

April 4-95

The Chairperson

Dear Sir/Madam

I would like to register my support for the Marshall Perron Bill on Euthanasia.

I consider voluntary euthanasia should be afforded to me as a right. I do not wish to influence any other person, but I would like to be able legally, to terminate my life if it became unbearable, or if my mental condition deteriorated to a point where I was no longer myself.

Yours sincerely

Pamela Day

SUBMISSION 1054 1

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21 Morgan St

Shenton Park 6008

W.A. 2/4/95

Dear Sir/Madam

I am writing to express my support for the Marshall Perron Euthanasia Bill. My reasons being the same as WAVES of which I am a member and a personal view that the hypocrisy albeit because of legal constraints, is insupportable, and as an ex married to a highly qualified physician for many years, I have always been aware that members within the profession have, when appropriate, adopted a compassionate approach for terminally ill patients mainly the elderly whose lives have no quality and in unendurable pain.

Yours faithfully

S Calder

SUBMISSION 1055 1

Chairman 31-3.95

The Select Committee on Euthanasia 3 Cummings St,

GPO Box 3721 Alice Springs,

Darwin NT 0870 NT

0801

Dear Sir,

Twelve years ago I watched my father die a slow and painful death from Cancer. Without doubt it was a most painful experience for the whole family. No-one likes to see a loved one in pain, but in 20-20 hindsight I would say that I am a better person for having endured this suffering with him.

'Better' because I can empathise with others facing this situation. 'Better' because I have faced my own mortality. 'Better' because, in comfortable moments, my Father was able to share aspects of his character, learned wisdom's, his aspirations for the family and most of all to express his incredible love for us all.

I had never understood my Father until these revelations. They were spontaneous moments that could not be rehearsed. pre-arranged or anticipated. They are moments that have greater depth and meaning as the years pass.

I would have given anything to reduce the pain my father experienced, to make bearable the grief on his death but I would not trade his experience for a 'clinically clean' legal suicide that begs a thousand questions.

In light of this personal experience I implore you to defeat the 'Rights of the Terminally III' Bill in favour of immediate and substantial improvements in Palliative Care facilities.

Yours Sincerely,

Carmel Williams

SUBMISSION 1056 1

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42 Parer Drive

Wagaman 0810

NT

3rd April, 1995

Dear Ms. Hancock,

I am writing to you to express my concern and alarm at the Chief Minister Marshall Perron's euthanasia bill. As a registered nurse in the Territory it is my concern that euthanasia seems to be Mr Perron's first step to caring for the terminally ill.

The Northern Territory has no medical oncologist, limited radiotherapy services, absolutely no palliative care specialist, an adequately resourced domiciliary palliative care program and not a single hospice.

I believe that the implementation of adequately funded palliative care programs is the first and only step towards caring for the dying in our community.

Marshall Perron should not be giving doctors a licence to kill. The medical profession is there to cure and to CARE, and should not be asked to kill. Our government should be financially supporting the establishment of adequate and appropriate palliative care in the Territory, allowing the terminally ill to die with the dignity that they are entitled to.

If euthanasia is made legal, very little money will be put towards the current, limited palliative care services available, and this concerns me. Those who DO NOT choose euthanasia as an option will be placed under extra unnecessary suffering. We must try to eliminate human problems NOT human beings.

This issue is not a matter of the right to choose, because good law involves good moral principles.

Our elected representatives must provide the above services NOT euthanasia. Please oppose this bill.

Yours faithfully

Robyn Hair

SUBMISSION 1057 1

Select Committee on Euthanasia

GPO Box 3721

Darwin NT

29/3/95

Dear Sir,

We are writing to add our voices to the Euthanasia Debate. We welcome the Euthanasia Bill and hope it will be passed into legislation as we feel it will serve our community well.

Like many, we have known and cared for people who have died of terminal illnesses and have witnessed the point where their illness has eroded the quality of their lives to mere existence. We fear, one day, reaching this point ourselves and having no control of a life that has totally debilitated and degraded us beyond recognition of our former selves.

As for the question of whether we have the 'right' to end our own life in the case of a terminal illness, it is a question with no correct answers forthcoming. We would like to live in a society where legislation allowed each one of us the freedom to address this question to the best of our ability and for our own peace of mind.

Yours Sincerely

Grace & Gus Matarazzo

GPO Box 1672

DARWIN NT 0801

SUBMISSION 1058 1

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185 Shenton St.

Geraldton

West Australia. 6530

The N.T. Select Committee on the

Rights of the Terminally Ill.

Dear Sir/Madam,

We wish to express our concern at the proposed bill legalising euthanasia in the Northern Territory.

We are convinced that not only is such a Bill immoral in itself but will inevitably lead to an increasingly liberal application.

No person or government has a mandate to terminate life in this manner. Societies which have introduced similar legislation (eg. Holland) have witnessed a devaluing of human life with profound effects on both the caring professions and the community in general.

We respectfully the committee to recommend that this Bill be withdrawn.

Yours faithfully,

Douglas Cordell, Public Health Physician

Susan Cordell, Social Worker

24 March 1995.

SUBMISSION 1059 1

THE CATHOLIC PARISH AND CHURCH OF SAINT JOSEPH, KATHERINE N .T.

Entrusted to the pastoral care of the Salesians of Don Bosco

Catholic Presbytery

P.O. Box 65.

KATHERINE. N.T. ,385

Tel-(089) 71 1460

Fax (089) 71 1418

SUBMISSION TO N.T. EUTHANASIA SELECT COMMITTEE

KATHERINE APRIL 31995.

INTRODUCTION:

My name is Brendan Murphy. I am a Catholic priest, and the parish priest of the parish of Katherine, I am pastorally responsible for the Catholics of Katherine and surrounding regions.

Although my pastoral responsibility is to some extent the cause of my request to address the Select Committee, I do not presume to speak as a representative of my parishioners. My views are my own. and although they do not conflict with the doctrines of the Catholic Church, some opinions I express may not be the only ones possible within the framework of those doctrines.

I had requested permission to make an oral submission to the Select Committee in Katherine in the late afternoon of April 5. Since that became impossible, I offer the following as a written submission.

2. RIGHTS OF THE TERMINALLY ILL BILL: An examination.

I shall begin by drawing attention to aspects of the Bill which I believe deserve closer analysis:

a) The Bill declares itself "a Bill for an Act to confirm the right of a terminally ill person to request assistance from a medically qualified person to voluntarily terminate his or her life in a humane manner."

The Bill asserts, without establishing, that persons have a right to voluntarily terminate their life.

b) Part 2, number 3:

"A patient... in reasonable medical judgment...likely to die within 12 months...may request the medical practitioner to assist the patient to terminate the patient's life."

This section raises the following issues:

i) the reliability of doctors' judgments in predicting life expectancy.

ii) Why should it be the Medical practitioner, traditionally dedicated to serving life, to assist the patient to terminate his or her life?

2

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iii) When May the patient request such assistance?

Immediately upon diagnosis, or when pain becomes difficult to bear? Does the law seek to confer upon the person the right to voluntarily terminate his or her life on the grounds of prognosis of future pain, or on the grounds of pain itself?

c) Part 2: number 4. Response of medical practitioner:

"A medical practitioner ...may...for any reason...refuse to give that assistance."

This clause presumably is intended to protect those medical practitioners who have serious moral objections to assisting a patient terminate his or her life.

I suggest that the proposed legislation will deepen divisions in the medical profession.

One might reasonably ask.' If a person has a right to request assistance to terminate his life. what right has a doctor to refuse, if the request is within the scope of the civil law?

In isolated Territory communities, what pressure is created and placed upon a doctor who would refuse to administer, according to the proposed law, lethal drugs to a person who requests

d) Part 2. Number 6 Conditions under which medical practitioner may assist.

"A medical practitioner may assist a patient to end his or her life only

a) the patient has attained the age of 18 years."

The obvious question is: Why should a suffering young patient be deprived of the "right" to terminate his or her life if such a right exists?

b) "the medical practitioner is satisfied, on reasonable grounds, that the patient is suffering form a terminal illness and is likely to die within 12 months as a result of the
illness."

The obvious difficulty with this clause lies in the unreliability of doctors' predictions. Even from my very limited experience, I could furnish examples of wrong medical predictions.

d) "the illness is causing the patient severe pain or suffering or distress;"

How severe must the pain. suffering or distress be ?

Does a state of depression constitute distress?

Who decides ?

(The issue of mental illness is also one that requires consideration.)

e) "the medical practitioner has informed the patient of the nature of the illness and its likely course, and the medical treatment,

including palliative care, that might be available to the patient."

The debate on this Bill has already highlighted the need for better palliative care in the Northern Territory.

f) there is no medical treatment reasonably available and acceptable to the patient that will relieve the patient's severe pain or suffering or distress;

What is thought to be medical treatment reasonably available and acceptable constitutes a value judgement.

Who makes that value judgement?

If the person making the request makes the judgement, does it in mean that such a person may refuse what the general public or the medical practitioners, believe to be medical treatment reasonably available and acceptable?

If so, does the proposed legislation not in fact open itself up to what the community would presently hold to be serious abuse?

e) Part 2, number 7: Patient who is unable to sign certificate of request.

I offer the opinion that the proposed section 7 lends itself to the possibility of serious abuse.

f) Part 3: Records and reporting of death: Number 12, part 2.

".. the Attorney General.. shall report the number (of patients who died as a result of assistance given under this Act) to the Legislative Assembly."

Why is it deemed necessary to report such numbers to the Legislative Assembly?

3. GENERAL ISSUES:

I would like to offer some general comments and observations on matters already raised, and on associated issues:

a) The proposed "right" to voluntarily terminate one's own life.

It is obvious in our Australian society that there is difficulty in finding consensus concerning the basic human right to life.

Civil law defends the life of the human person at some stages, but not at others. An unborn human being may, according to civil law, be killed with but a born human being may not. Given the present biological knowledge which establishes as incontrovertible the fact that human life develops continuously from the moment of conception. present Australian civil law (with some variations) appears to accept the allowability of killing unborn human beings simply on the grounds of geographical location.

Given that our civil law already allows for the killing of the defenceless unborn. it is not surprising that some people now presume the right to terminate their own life, and presume the right to demand assistance in that act.

It remains true, however, that the right has not been established; just as the right to kill the defenceless unborn has not been established on grounds. (Perhaps the only grounds on which the present practise of killing 0f the unborn could be defended would be those of a mother's ownership of the unborn child; and our society does not accept the concept of one person owning another person, at any stage of life, and even if it did, as some societies have in the past, the question would still remain: "Is it moral for one person to own another person?)

In his Second Reading Speech on the Rights of the Terminally Ill Bill, the Chief Minister, Mr Perron. quoted John Stuart Mill's essay "On Liberty". "...over himself, over his own body and mind, the individual is sovereign."

The context of Mill's statement is not given. If that statement constitutes the foundation for the establishment of a "right" to terminate one's Own life, then it is a statement worth looking at very closely.

Does society in fact accept as truth of what Mill's statement appears to assert?

Our society does not allow the institution of slavery of the individual is sovereign over himself, why should he not sell himself

into slavery if he so desires.

Should our society allow purposeless self-mutilation ?

Should our society allow the suicide of healthy persons (leaving aside for a moment the suicide of sick persons?)

Should our society allow the use of any drugs whatsoever, regardless of effects upon the individual?

A little thought and investigation soon reveals that in fact society has long recognised that for its own survival, it must, in setting public policy, set limitations on the activities of its individual citizens.

Mr. Perron's proposed Bill does us the service of calling to mend that the matter of basic human rights is one that requires further reflection. What in fact is the moral grounding of this right to human life? When does this right begin and why? Does the right in fact depend on the State's establishment in law? If so, then the State has the power to take away the right. The precariousness of such a situation is obvious, and the scene has already been visited in this century in more than one time and place.

b) Compassion.'

The word "compassion" comes from the Latin, meaning "to suffer with". This word has been used frequently in recent debate by those who seek to support the Rights of the Terminally ill Bill.

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While I do not question the compassion of those who seek to allow voluntary euthanasia, I suggest that the implication that those who oppose it lack compassion is an incorrect one. The implication is a dangerous one if there is to be healthy debate on this issue.

My own observations are that are many deeply compassionate doctors, nurses, supporting family who do in fact suffer with, generously, lovingly, with fortitude, their terminally ill patients or family members, and that they would be horrified at the thought of actively assisting in an act to deliberately terminate the life of the patient or family member. I need only refer to present experience to find confirmation of such compassion.

c) Suicide and assisting the act.

People will continue to commit suicide, for a variety of reasons among them, the unwillingness to accept future or present pain.

The first fact to be recognised in the present debate is that the act of suicide affects more than the individual who dies. I doubt that that fact needs defending.

Voluntary euthanasia involving the medical profession will affect not only the immediate family and friends of the person who dies, as it does at the moment, but the entire medical profession. and public confidence in the medical profession itself.

If that assertion needs defending, then I suggest a reading of the experiences in contemporary Holland would be sufficient.

d) Voluntary euthanasia and non-voluntary euthanasia.

In his Second Reading Speech, Mr Perron sought to anticipate argument against the Bill on the grounds that it would lead to non-voluntary euthanasia "as was practised in the politically corrupt Germany in the 1930s and 40s...It is...an insult to Australian doctors to seek to pretend that the profession would be associated with such a wicked scenario."

Mr Perron's linking of the present debate with Nazi Germany could be interpreted as a suggestion that those who oppose the proposed Bill, maintain that the eventual effect of this Bill will be the excesses associated with Nazi Germany.

What can be asserted is that some of those who have studied the matter of Nazi Germany have concluded that the origins of the barbarities of the Nazi regime lay in the change of attitude of doctors.

I quote from the 1949 New England Journal of Medicine:

"Whatever proportions these crimes finally assumed, it became evident to all who investigated them that they started from small beginnings. The beginnings at first were merely a subtle shift in emphasis in the basic attitude of the physicians. It

started with the acceptance of the attitude, basic in the euthanasia movement, that there is such a thing as life not worthy to be lived. This attitude in its early stages concerned itself merely with the severely and chronically sick.

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Gradually the sphere of those to be included in this category was enlarged to encompass the socially unproductive, the ideologically unwanted, the racially unwanted and finally all non-Germans. But it us important to realise that the infinitely small wedged-in fever from which this entire trend of mind received its impetus was the attitude toward the non-rehabilitate sick."

Those who propose voluntary euthanasia need to heed the voices of experience, of history.

The assertion of those who oppose voluntary euthanasia need not be that such legislation would lead to a Nazi Germany style society. The assertion need merely be that experience indicates that the allowing of voluntary euthanasia will affect the medical profession and that the possibility of abuse is a very serious one.

The experience of contemporary Holland is also, quite obviously, very relevant. It is not sufficient to assert that the Dutch law is different and therefore the Dutch situation is not relevant to Australia.

The 1991 Remmelink Report is probably by now well known. That Dutch report documented the high percentage of cases of non-voluntary euthanasia.

The onus of proof lies with those who assert that abuses elsewhere could not happen here. It is not sufficient to assert that it is an insult to Australian doctors to suggest that some might abuse their position.

The Australian abortion legalisation experience already stands as witness to the fact that narrow parameters quickly become widened.

e) Palliative Care.

The Rights of the Terminally Ill Bill has brought to the attention of the Northern Territory public that palliative care in the Territory is inadequate.

It has also made it clear that better palliative care is the immediate solution to the difficulty that Mr. Perron brings to our attention.

Further, palliative care literature asserts that given the state of possible palliative care today, euthanasia is simply not necessary.

I quote:

"The binary logic of the alternative, dying with pain or euthanasia, may have held true in earner periods, before the development of modern methods of palliative medicine and palliative care. It does not hold true today, anywhere in the world. The civilised solution rests with a rapid implementation of programmes of palliative medicine and palliative care, not with resignation to pressures for euthanasia.

Euthanasia. even when motivated by compassion, is not a socially acceptable substitute for the establishment of effective programmes of palliative medicine and palliative care."

7

D.J. Roy**,** Charles-Henri Rapin, in European Journal of Palliative Care, (vol 1, no.l.)

Modern medicine and the patient's rights.'

One element that continues to emerge in public correspondence on this issue of euthanasia is the fear of protracted suffering caused by surgery undergone to prolong life.

Doctors have a duty to carefully inform patients of the consequences of surgery that might prolong life for a while, but cause much suffering. Patients should be well aware of their right to refuse such surgery.

A "life at any cost" approach by some doctors can cause much unnecessary suffering to individuals, and much legitimate

concern among the general public.

Further, the legitimacy of the practice of using pain killing drugs to alleviate pain. even when a certain, unintended, effect is to shorten life, should be known.

The legitimacy of the practice of removing patients from life support systems that might be deemed "extraordinary" should also be widely known.

Too often, the fear that is expressed in public correspondence is based on Misinformation or ignorance.

Politicians and conscience:

In the Northern Territory euthanasia debate, the term "conscience vote" has been frequently used.

The term has usually meant that a politician will vote according to his or her conscience.

Given the seriousness of the issue at stake in the present proposed legislation, I offer the hope that the politicians who have the unenviable task of voting on this proposed Bill will be thoroughly conversant with all the issues involved as they apply to our society, and vote according to their conscience.

Demographics and the public purse:

The fact that Australia faces increasing and serious difficulties with an ageing population means that the pressure for euthanasia is not likely to disappear.

Palliative care is More expensive than dispensing lethal drugs.

Our society has important decisions to make in the future. Please God the easy and cheap solution will not be taken.

Thank you for your time and for this opportunity.

(Ft.) Brendan Murphy SDB.

SUBMISSION 1060 1

PARLIAMENT OF AUSTRALIA · THE SENATE

Senator Julian McGauran

National Party

Victoria

Suite 17, Collins Place Parliament House

45 Collins Street Canberra ACT 2600

Melbourne Vic 3000 Phone: (06) 277 3664

Phone: (03) 650 3622 Fax: (06) 277 3225

Fax: (03) 650 3565

3 April 1995

Mrs Pat Hancock

Secretary

Select Committee on Euthanasia

Northern Territory Government

P.O. Box 3721

DARWIN NT 0801

Dear Mrs Hancock,

Please find enclosed my submission to the Select Committee on Euthanasia.

I have also included two newspaper articles which detail real life examples of the emotional phases of a person contemplating euthanasia.

Yours sincerely,

SENATOR JULIAN McGAURAN

National Party, Victoria

2

Submission to Select Committee on Euthanasia.

Doctors at our Peter McCallum Cancer Clinic will testify that during treatment patients go through many emotional states including a desire for induced death. Yet in most, if not all cases, the patient endures to be able to reconcile their fears and fate and to make peace with their family and friends. Families and friends who then support active euthanasia based on the wish to escape their own personal trauma deny the sick the full scope of that emotional journey.

The real fear of legitimising euthanasia is the great uncertainty of where it will lead society. It would be a grave error to believe we could ever contain or limit the procedure to the so-called aged and frail. Once society normalises the state of hopelessness it then accepts the broader practice of suicide. After all, suicide is only ever chosen when the point of utter hopelessness is reached. As a society we have a responsibility to keep hope alive. Australia already has a tragic suicide problem that, for the first time, has surpassed the death rate on our roads. We are obliged to commit the same social resources to tackle this problem as we do in other spheres.

What is so different to promoting euthanasia as a remedy for physical despair and accepting suicide as a cure for emotional despair? Where will society draw the line when it abandons life to self induced death in the face of hardship? For every shining example of benevolent active euthanasia there is a compelling case where life is discarded all too easily.

There is a clear difference between the right of a person to accept their fate by refusing massive amounts of medical treatment and the choice and administration of medicines that kill. While this distinction is clear, it is beyond the capacity of legislators, commentators and academics to distinguish between the blurred lines of murder, suicide and active euthanasia. This is the perilous adventure society would propel itself on if it chooses to accept the philosophy of death by request.

A democratic society should demand of its leaders the unequivocal endorsement of the sanctity of life. Beyond all rights must be the right to life. A Bill of Rights which omits this is no Bill of Rights at all.

The practice of euthanasia would enshrine the view that life can be terminated by one's own will or worse, the will of another. Even Hippocrates, the founder of the medical profession in 400 BC and author of the doctor's Hippocratic Oath, knew this. That is why he made every doctor swear never to kill - not even at the patient's request.

SENATOR JULIAN McGAURAN - National Party -Victoria.

Enclosed with submission newspaper articles from Australian, Wed, 29/03/95 p.8. US Surgeon to support pro-lifers, and, Multiple Cancer survivor campaigns for life.

Sunday Herald Sun, April 2, 1995, Actor vows drug dealer justice, and My brother said: Help me to die.

SUBMISSION 1061 1

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875 Roversdale Road

Camberwell

Vic 3124

3 April 1995

The Hon. Eric Poole

Dear Mr Poole

Ref: The Proposed Euthanasia Bill

One of the members of the Northern Territory Legislature is circulating a 2-page document purporting to summarise the basic arguments of both sides of the euthanasia issue.

That document is seriously deficient because the writer of the No case, who probably also wrote the Yes case, has an inadequate understanding of the depth of the anti-euthanasia case. An obvious flaw in that document is the arguing of the Religious Consideration only on the Yes side, when there are powerful, positive religious consideration on the No side.

The blind must not be allowed to show the way.

I have, therefore, drafted for your consideration the attached new summary for the No case which stacks up a lot better against the Yes case.

Yours sincerely

Guy Caruana

2

Yes

Supporters of euthanasia argue for individual human rights.

Decriminalisation

Voluntary euthanasia occurs now. Some doctors admit to doing it but others refuse for reasons Including Year of breaking the law. Their suffering patients must bear up until the end or seek help from family and friends for an early release. Legal reform would decriminalise what now happens. The law should be restricted to adults who are competent. There should be no compulsion.

The Guarantee of Liberty

The liberty to live one's life is meaningless unless it entails the liberty to end one's life. Legalising voluntary euthanasia would guarantee the right to quit an existence which has become insupportable. Adequate procedures flamed in law requiring a second medical opinion and signed authorities by the patient can provide the needed safeguards.

Fact of morality

Modern technology allows life to be extended for the sake of extension. without any thought for the quality of the life extended. Perhaps the theory is that if life is longer. It is automatically better.

Medical profession

Medical staff are human. They hate seeing patients suffer needlessly. But doctors know that under the present system they stand a good chance of being disbarred and jailed if they relieve patients of their burden. If voluntary euthanasia was available, they would be spared this dilemma. In real life "miracle" recoveries are rare. Many patients ask for relief.

Religious considerations

The views of the churches and their followers in opposition to any form of euthanasia is acknowledged and their rights respected.

No individual who opposes voluntary euthanasia is required to have anything to do with it.

Religious opposition should not deny others the right to make their own decisions.

Euthanasia is not murder

There is a universal ethic against murder, which is the *involuntary* killing of one person by another. Voluntary euthanasia is a far cry from murder, although both involve death. In voluntary euthanasia, the patient desires death and does not regard this as wrong or unethical.

Torture, the deliberate infliction of pain and suffering, is also universal ethically condemned, yet many patients' dying days can be likened to torture.

3

NO

Opponents of euthanasia argue in terms of human rights, medical ethics and religious principles.

IN A NUTSHELL

Euthanasia is final; there is no possibility: of changing one's mind. Most people who have helped relatives die have regretted it later. In the most infamous society for euthanasia to-day, Holland, 56% of persons whose life was terminated in 1991 did not request to be killed.

THE SLIPPERY SLOPE

Once voluntary euthanasia is legal for any combination of circumstances, active termination of life will be extended to the terminally ill who prefer to live in peace and beyond them to the aged, the handicapped and the unwanted. Legislators will turn a blind eye, as in Holland and currently in Victoria, to the excesses of doctors, nurses and relatives.

PRESSURE ON THE SICK

The patients' alleged mental suffering could result from various pressures from those around them. Family pressures, some inspired by genuine concern some selfish and unscrupulous, would be exerted on the elderly to encourage them to take a quick exit. The fears or the old and infirm will increase.

DYING WITH DIGNITY

This means entirely different things to different people. True death with dignity is helping a dying patient to Live, even as he dies, by providing as much physical relief and emotional support as possible. There is no dignity in presenting euthanasia as an option to a sufferer. Doctors must use every reasonable means to free patients from pain.

RELIGIOUS CONSIDERATIONS

No religious person in his right mind will wish his worst enemy to suffer a long painful illness. Suffering, especially of the innocent, always has and always will perplex everyone. Except, perhaps, a few Christians like Mother Teresa of Calcutta who have learned the paradoxical fact that suffering can have "real benefits" if the "sufferer" takes the opportunity to learn about these things from the right teacher. We never hesitate to try every possible medical cure. When we become incurable, there is still one more way we can help ourselves. This matter is of academic interest to the healthy, who cannot experience the benefits anyway. it is crucial to the suffering.

EUTHANASIA IS A FORM OF MURDER

We kill animals when they are suffering to put them out of their misery. e But every human has unique dignity, a right to respect from others, whether he is sick or well, old or young, rich or poor, healthy or handicapped. All humans have a right to live with serious illness or incapacity. No one has aright to be killed or to kill himself. This truth was understood by advanced civilisations wince time immemorial, Hippocrates lived 2400 years ago.

SUBMISSION 1062 1

55/17 May St

Ludmilla NT 0820

6.4.95

The Chairperson

Select Committee on Euthanasia

PO Box 3721

Darwin NT 0801

Dear Sir,

You will have received a copy of a letter I wrote to the Chief Minister (dated 6.3.95) on the matter of the Rights of the Terminally Ill Bill.

I would like to make further comments.

I believe that once the sanctity of life precedent is broken, abuses will tend to expand, usually under the pretence of (mistaken) idealism. Sanctity of life as we have come to accept it in the Western moral tradition, does not depend on whether someone judges you capable of memory, compassion, or thinking, but essentially on the sheer fact that you are alive and the assumption that life is an incomparable gift.

Traditional Western law, medicine and morality have never been willing to concede that the relief of suffering is unambiguously of greater value than life itself.

Those who favour ending the life of a suffering person speak of "death with dignity". I am afraid that phrase comes to mean "end it all soon". There is a wonderful dignity in acceptance of the specific conditions of human existence which may include loss and suffering.

Proponents of euthanasia make much of polls that indicate a majority say yes. I believe such polls make the mistake of reducing a complex set of issues to the least meaningful level of generalisation. In any case it is possible to have a moral consensus that is morally wrong.

I am especially concerned about the often strong emphasis on "self-choice", as though the assertion of individual rights self-evidently overrides all other social and moral considerations. No man is an island entire of itself. An individual's decision to have his life ended - or a law to make it legal - will have a tremendous effect on society as a whole. Succeeding generations will be influenced by the acceptance of such law. The values underlying the law will inevitably seep into the conscience of the body-corporate. These trends will affect the mood and thinking of others. I should be my brother's keeper and my right to self-determination has limits. There is a cult of selfishness with the wood not being seen because of the individual trees.

Some who favour euthanasia talk of religious views being "forced" on a majority. My views certainly have their basis in my convictions and beliefs as a Christian. But I reject the charge that my views are being forced on anyone. If they gain acceptance - well. But if laws are introduced contrary to Christian truth. in this country I have to make the best of it - while not ruling out continuing responsible objection to such laws.

My wife and I pray continually that our laws will be just and wise - and godly.

Yours sincerely,

B. Butler

Enclosed with submission article from Church Scene 17/3/95 entitled Frail elderly 'fear pressure to opt for assisted death.

SUBMISSION 1063 1

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417 CHAPMAN RD

GERALDTON W.A. 6530 3RD APRIL, 1995

THE CHAIRPERSON

COMMITTEE OF EUTHANASIA

PARLIAMENT OF THE NORTHERN TERRITORY

P.O. BOX 3721

DARWIN N.T 0801

DEAR CHAIRPERSON,

I AM A MEMBER OF THE WEST AUSTRALIAN VOLUNTARY EUTHANASIA SOCIETY WHO WOULD LIKE TO PUT MY VIEW FORWARD IN FAVOUR OF EUTHANASIA, ONLY IF STRICT GUIDELINES ARE ENFORCED.

1) THAT THE INDIVIDUAL CONCERNED, IS OF SOUND MIND REQUESTS THE RIGHT TO DIE. IF HE OR SHE IS NOT, THE MAJORITY OF THE FAMILY CONCERNED AGREES.

2) ALL AVENUES OF TREATMENT, HELP ETC HAS BEEN EXHAUSTED AND IF THE ONLY PATH IS EXISTING WITH NO QUALITY OF LIFE.

3) THAT THE PERSON'S DOCTOR ALSO AGREES THAT NOTHING MORE IS POSSIBLE, A SECOND DOCTOR'S OPINION IS ALSO OBTAINED).

4) A LAW IS PASSED TO DETER THE UNLAWFUL USE OF EUTHANASIA AND IF ANY PERSON OR PERSONS WHO DOES SO FOR E.G. MONETARY OR ASSET GAIN, FORFEITS THE RIGHT OF THAT GAIN.

TO ME, THIS LAW REGARDING EUTHANASIA GIVES THE PERSON THE RIGHT TO DIE WITH DIGNITY AND SHORTENS THE TIME OF SUFFERING USUALLY IN PAIN FROM A TERMINAL CONDITION.

MANY PEOPLE WHO REACH THIS STAGE WOULD PREFER THE TIME AND MONEY TO BE PUT INTO THE HEALTH CARE WHERE HOPE AND CURES MAY BE NEEDED FOR ALL AGE GROUPS.

I HAVE WORKED AS A TRAINED NURSING AIDE AND ALSO COMMENCED MY GENERAL NURSING FOR 2 YRS, WHERE I HAVE EXPERIENCED THE LOOK OF PAIN, HOPELESSNESS OF ALL AGES WHO SUFFERED FROM A TERMINAL CONDITION SOME BEG TO DIE, AND DAY AFTER DAY WHEN YOU REPEATEDLY HEAR THEM, SOME PEOPLE MAY IN A WEAK MOMENT BE TEMPTED TO PERFORM THEIR WISH. IF THE SUFFERING IS PROLONGED OVER A LONG PERIOD OF TIME, THEIR LOVED ONES WHO VISIT DAY BY DAY ARE SUFFERING ALSO. IN THE END THEY WISH THEM TO DIE SO THEY MAY BE AT REST AND IN PEACE. BUT THE GUILT COMPLEX REMAINS WITH THEM FOR YEARS BEFORE THEY OVERCOME THAT FEELING.

UNFORTUNATELY, IN REALITY, THE LACK OF HOME CARERS, HOSPITAL FACILITIES AND MONEY MAKES THIS BILL A SERIOUS REALITY.

HOPING THAT THIS BILL WILL BE THE FIRST AND THAT OTHER STATES WILL FOLLOW

YOURS SINCERELY,

Phyllis Weldon

SUBMISSION 1064 1

33/10 Roebuck Drive,

Salter Point 6152

W.A.

To

The Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

DARWIN....N.T.

Dear Sir,

Congratulations on your courage to pursue the availability of Euthanasia to needy cases. It is beyond comprehension why mature, and seemingly intelligent people in authority will not acknowledge the rightfulness of this request.

Before voicing an opinion, or making final decisive laws on this subject, all those concerned in doing so should be obliged to help in a C.Class Hospital, for at least three (3) weeks, where they would become very aware of what the lack of "quality of life" really means.

Keep on, knowing you are not alone in pursuing this very humane and necessary law.

Sincerely,

(Mrs) Lillias Veitch

W.A.V.E.S. Member

SUBMISSION 1065 1

Lucy Theakstone

Unit 4C

24 Stokes Street

PARAP

The Chairman

Select Committee on Euthanasia

GPO Box 3721

DARWIN NT 0801

Dear Sir

I support the Rights of the Terminally Ill Bill 1995 because I believe that voluntary euthanasia **stops years of unnecessary suffering** because of the following:

· terminally ill people have NO quality of life because of deterioration;
· the level of drugs needed for complete relief from pain is so high that patients do not know anyone or whether it is day or night - again no quality of life;
· so many people suffer the agonies and indignity of being incontinent and would rather be dead;
· the moment patients feel the painkillers wearing off they are in agony;
· people treat their pets better than their "loved ones" by asking vets to put them out of the misery.

With regard to the arguments put forward by people who are against the Bill, I do not see how it can be abused. It is quite clear that the patient must be terminally ill, it is their own request and there have to be two doctors opinions.

I have told my next of kin I have had enough pain going through the operations I have already had and that I do not want to have another one. I trust she will abide by this.

Yours sincerely

LUCY THEAKSTONE

SUBMISSION 1066 1

"Myola"

Duranillin

WA 6393

March 24 1005

The Chairperson

Select Committee on Euthanasia

Parliament of the Northern Territory

Dear Sir or Madam,

I thoroughly support the Marshall Perron Bill on Euthanasia.

I am 78 years old, in good health, but I find on speaking with friends, that one and all are not frightened of dying but are terrified of being kept alive, in a state they would hate to be in and would not expect to be made to exist in.

The great fear of not being able to control their own death and die with dignity is the most worrying part of being terminally ill. To make a person continue to live when pain and deterioration is the only future is cruelty. We would not allow it to happen to our animals - but it is wished on our loved ones.

Please support this very necessary bill.

Sincerely

N.M. Stevenson

SUBMISSION 1067 1

Unit 2 - 179 Kooyong Rd

Rivervale 6103 WA

April 2nd

Dear Sir,

Thank you for your correspondence. I have been staying with my son for a week - and have just returned. As regards Euthanasia, it has my vote anytime. I watched my husband and the machines he was on. I personally asked him to be taken off them, as we both had seen so many elder people wishing to go - and were being kept alive - we promised each other when our time came we would see to it - so now I am begging it for me. I thank you and God Bless you all - the Lord knows all.

Lilian Phillips

SUBMISSION 1068 1

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27 Welton Drive

Coldstream

3-4-94

To The Hon Barry Francis

Dear Sir,

I am writing to ask you to express my alarm at the proposed euthanasia legislation for the Northern Territory. I see it as patient killing and will place under scrutiny those whose lives are seen as a burden to Society. I ask you to oppose the bill.

Yours sincerely

(Mrs P. H. Newton)

SUBMISSION 1069 1

4, Kerferd Road,

Glen Waverley 3150,

Victoria.

4th April 1995

The Chief Minister of N.T. The Hon. Marshall Perron.

C/- Parliament House,

State Square,

Darwin. N.T. 0800.

Dear Sir,

I am writing to ask you to express my alarm at the proposed euthanasia legislation for the Northern Territory.

Acceptance of patient killing will further devalue human life and will place under scrutiny those whose lives are seen as a burden to society.

I ask you to oppose the bill.

Yours sincerely,

J B Walles

SUBMISSION 1070 1

"The Ridge"

Pyalong 3521

5th April '95

The Select Committee

"Rights of the Terminally Ill" Bill,

GPO Box 3721

Darwin

My husband, family and I wish to protest most strongly against the proposed Euthanasia Bill said to be introduced into your parliament shortly.

With the development of palliative/hospice care in recent years, patients are given every possible assistance to cope with their pain with dignity until death comes naturally. Then no-one, be they doctors, nurses or relatives, would be left with the feeling of guilt that they had taken an active part in hastening death.

Doctors already have the power to withdraw treatment from a terminally ill patient and not to go to extraordinary lengths to preserve that life but that is very different from taking an <u>active</u> role in assisting suicide or the death of a patient. That would amount to murder.

Your proposed bill would open the way to many abuses, especially towards the mentally disturbed and infirm elderly people. I enclose a letter for you consideration.

Yours truly

(Mrs) J. B. Ryan

Enclosed with submission article from The Age, Thursday 30 March 1995, entitled Facts needed to balance doctors' euthanasia push, edited by John Messer.

SUBMISSION 1071 1

PO BOX 3854

ALICE SPRINGS N.T. 0871

Select Committee on the Rights of the Terminally Ill

GPO BOX 3721

DARWIN N.T. 0801

The issue being considered by this Committee is fraught with complexities beyond the scope of any individual submission. I shall therefore restrict myself to questioning Definitions and Governmental Responsibility.

Role of Government

Legislation formulated by democratic Governments has traditionally been for the common good. Governments which use their legislative power to single out individuals, for whatever reason, are Governments which have lost their moral mandate.

Definitions

There are a number of terms used in this Bill which are disturbing, given their inherent imprecision. I list them below.

1. Terminally Ill. A person is deemed to be terminally ill under the terms of this Bill if he/she is, "'within reasonable medical judgement" likely to die within twelve months. (Part 2.3) *This is a vague definition, which gives credence neither to the ability of the medical profession., nor to the courage of the seriously ill.*

2. Reasonable/ly. Refer Section 6(a), (b), (f), et al. *Such carte blanche terms acquire terrifying connotations when the issue under discussion is the value of human life. There are numerous accounts of doctors in the Netherlands making "reasonable" decisions about the worth of an individuals life vs. the number of available hospital beds. Is this the future of medical practice in the Northern Territory?*

3. Competent (mentally). Refer Section 6(h). *There is no requirement for the practitioner deciding the issue of the patients' competence to have any psychiatric qualifications. Again, this is a completely illusory safeguard.*

4. Natural Death. Refer Section 11(2). "'A death...shall not be taken to be unexpected, unnatural, or violent"' *What options does this leave the euthanasing doctor, other than to record his victim's death as having occurred naturally? Doctors in Nazi concentration camps had no qualms about issuing thousands of certificates nominating "death by typhoid" for victims of the Aryan purity campaign.*

Is this 'the future for us'? What ramifications are there for the sick and elderly who have. bequeathed large gums to their nearest and dearest?

2

Paterfamilias

In Ancient Rome, the father held the right of life and death over his household. The State held the same right over the citizens, symbolized by the fasces, the axe-and-rod bundles, nowadays illustrative of the Fascist ideology.

Our political system has eschewed this concept, until now. Mr Perron's Bill appears to protect individual liberty; but it creates the framework for a medical autocracy which will exercise *paterfamilias* with neither check nor balance. Abuses are happening elsewhere, and nothing in Mr Perron's Bill, nor the press release accompanying it; does anything to prevent them happening here. Human nature is inherently corrupt. Laws promulgated by Parliament should serve to protect life, not render it a thing of relative and quantifiable value.

J.J. GARDNER

08 APR '95

SUBMISSION 1072 1

Ronda Anne Ayliffe Saba

PO Box 3603

Alice Springs NT 0871

22.3.95

Phone: H/5500867 AH

W/528188 ext 37 BH

Dear Sir/Madam,

I am writing to you to express my support for 'Euthanasia', The Rights of the Terminally Ill'. I believe that with Euthanasia it gives the patient the option to end their suffering sooner, rather than later, and with less suffering and stress on them, their family and friends.

My mother committed suicide because she did not want to be a 'burden' to her family. While we that are left behind do not feel that she would be a burden, I think most terminally ill patients feel that they are. My mother also could not take, and, didn't want to feel any pain, physically and mentally, and most of all she wanted to die looking like herself. She had cancer. My mother wished for Euthanasia to become legal. Unfortunately she died in the middle of the bush with no one there to help her. I feel that with Euthanasia it would give the patient the time to say goodbye to their family and friends, and the relief to know that their family is around them. With Euthanasia it would give the patient the choice. At least they would not have to plan to commit suicide. My mother planned for at least 4 months, she must have had a horrific time, e.g. she had to decide how to do it, the time so no one would disturb her etc.

I can not stress enough that nobody has the right to deny a terminally ill patient the right to die with dignity, and nobody has the right to choose Euthanasia but the terminally ill patient. Finally they should not be made to feel guilty about ending their suffering by religion or people with different morals.

Yours Sincerely

Ronda Saba

SUBMISSION 1073 1

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16 March 1995

The Hon Eric Poole

Member, Legislative Assembly

Northern Territory

Dear Mr Poole

Please find enclosed some material regarding euthanasia.

As a bill on this issue has been proposed we hope that you read the two papers which give very sound reasons why such a bill should be rejected.

We trust they will be helpful to you.

Yours sincerely;

(signed by) Patricia Judge (Mrs)

for Dr Vincent Morgan

President

FOUNDATION GENESIS

PO BOX 414

LANE COVE 2066

Enclosed with submission articles:

Regarding Euthanasia, Foundation Genesis Newsletter December 1994, pp 1-3.

Section from Medical Ethics: Select Committee Report, [LORDS] [9 May 1994] pp. 1345 - 1355

Foundation Genesis Membership Coupon.

SUBMISSION 1074 1

DITTONS

BARRISTERS AND SOLICITORS

18 Leichhardt Terrace

Alice Springs NT 0870

Australia

TELEPHONE**:** (089) 53 2242

FAX**:** (089) 53 2159

PRINCIPAL Pamela Ditton M Pub Law

ASSOCIATE Michael Prowse Dip Law (SAB)

10 April 1995

The Hon Eric Poole, Chairman

Select Committee on Euthanasia

PO Box 3146

Darwin

NT

Dear Mr Poole

Re: Select Committee on Euthanasia

I request that you accept my short submission although it is late. I was working interstate then unwell for a few days. I would have liked to have given evidence when you were in Alice Springs. I am not seeking confidentiality as I would have been prepared to give evidence in an open session.

I consider the Rights of the Terminally Ill Bill is excellent and I will be pleased to see it enacted in its present form. If the bill becomes law it should be reconsidered by the same committee after 3 years in operation to see if any amendments are required. The arguments in favour of the legislation have been expressed by various people and there is little I can add that is new.

Some of the correspondents in newspapers seem to have missed the point - that terminally ill people must be capable of giving their consent, and in fact give their consent, right up to the end. It is, in my view, quite mischievous to suggest that this legislation can be seen as having any parallel to legislation that was the precursor of the Holocaust.

In fact the safeguards in the bill are so stringent that I doubt many people will fall within its ambit. Some people have said they want the bill extended to allow a terminally ill person to sign a direction like that in the Natural Death Act saying that if a certain event happens e.g. dementia, then they want to die. I do not support that further step at present as I consider that the right to withdraw consent at any stage is a proper safeguard.

2

I add my voice to the chorus of complaint about the lack of good palliative care in the NT. The proposed legislation will be scrutinised worldwide and the NT Government will look very shoddy if the choice of a terminally ill person is between inadequate palliative care and voluntary euthanasia. Our society should be able to offer a terminally ill person a real right to choose between quality palliative care and the right to die.

I have frequently lectured to health professionals on legal topics such as informed consent to medical treatment and negligence. I always cover the topic of the Natural Death Act. I am always shocked at how little knowledge there is among health professionals about this legislation. The government has not even produced a leaflet about the legislation for distribution in e.g. doctors waiting rooms, lawyers offices, nursing homes, advice agencies. I have spoken to other lawyers and suggested that the legal profession should routinely inquire if someone making a will wishes to sign an direction under the Natural Death Act and have received little response.

The topic of the right to die is so emotional that if the bill becomes law the government should make sure that accurate and well prepared leaflets are widely distributed to counter some of the nonsense that is appearing in letters in the press. The leaflets should combine information on the Natural Death Act and the Rights of the Terminally Ill. The leaflets from the Anti Discrimination Commission are an example of what I have in mind. I am concerned that there may be a climate of fear building up in the community who think that invalids can be "put down" by relatives. The government is under a strong moral obligation to dispel such falsehoods once the bill is passed.

Finally, although I support the bill in its present form, one change that I would not object to is inserting a 28 day residence in the NT. It might remove the fuel for some of the cartoonists emotive excesses - "death capital of Australia".

Yours faithfully

PAMELA DITTON

Barrister & Solicitor

SUBMISSION 1075 1

CHRISTIAN MEDICAL FELLOWSHIP

157 Waterloo Road, London SEI 8XN · Tel: (0171) 928 4694 , Fax: (0171) 620 2453

To: Select Committee on Euthanasia Fax No: 010 61 89 816158

FAO: The Chairman No of Pages: 9

From: Dr Peter J Saunders Date: 4 April 1995

The Chairman

Select Committee on Euthanasia

GPO Box 3720

Darwin NT 0801

Australia

4th April 1995

Dear Sir,

Please find attached my personal submission to the Select Committee on Euthanasia regarding The Rights of the Terminally Ill Bill 1995.

I apologise for the fact that this has arrived beyond the deadline of 24th March, but I was only able to receive a copy of the proposed Bill by Fax on 30th March. I heard last week from a senior physician in Australia that the Committee were still

accepting submissions and so would be very grateful if you could take this personal submission into consideration in your deliberations.

I'm not an Australian citizen, rather a New Zealander, but as a Fellow of the Royal Australasian College of Surgeons (RACS) I'm very concerned about this whole matter. I'm particularly concerned that the RACS has reached its own position without proper review or consultation and without reference to grass-roots feeling on the matter.

Much thanks for the opportunity to contribute to the discussion on this most important Bill.

May I wish you all the best in your deliberations.

Yours sincerely,

Peter Saunders

Student Secretary

2

SUBMISSION TO THE SELECT COMMITTEE ON EUTHANASIA

THE RIGHTS OF THE TERMINALLY ILL BILL 1995

PETER JAMES SAUNDERS

INTRODUCTION

I am making this submission in my capacity as:

1. Student Secretary of the Christian Medical fellowship, an interdenominational group of

over 4,000 British doctors.

2. A lecturer and writer in the field of Medical Ethics.

3. A fellow of the Royal Australasian College of Surgeons.

4 A New Zealand citizen.

I am opposed to the passage of this Bill which believe erodes rather than protects the rights of the terminally ill.

The Submission is in two parts. The first part outlines general objections to legislation permitting voluntary euthanasia. The second part raises specific objections to the wording of the Bill as it stands,

PART 1: GENERAL OBJECTIONS TO EUTHANASIA LEGISLATION

The 'Rights of the Terminally Ill Bill' is an attempt to legalize voluntary euthanasia. I believe that such a move is both unnecessary and dangerous for the following reasons:

1 Voluntary euthanasia is unnecessary because alternative treatments exist.

It is widely believed that there are only two options open to patients with terminal illness: either die they slowly in unrelieved suffering or they receive euthanasia. In fact, there is a middle way, that of creative and compassionate caring. Meticulous research in Palliative medicine has in recent years shown that virtually all unpleasant symptoms experienced in the process of terminal illness can be either relieved or substantially alleviated by techniques already available.

This has had its practical expression in the hospice movement, which has enabled patients symptoms to be managed either at home or in the context of a caring in-patient facility. It is no surprise that in the Netherlands, where euthanasia is now accepted, there is only a very rudimentary hospice movement. By contrast, in the UK, which has well developed facilities to care specifically for the terminally ill, a House of Lords committee recently ruled that there should be no change in the law to allow euthanasia. 1

3

This is not to deny that there are many patients presently dying in homes and hospitals who are not benefiting from these advances. There are indeed many having suboptimal care. This is usually because facilities do not exist in the immediate area or because local medical practitioners lack the training and skills necessary to manage terminally ill patients properly. The solution to this is to make appropriate and affective care and training more widely available, not to give doctors the easy option of euthanasia. A law enabling euthanasia will undermine individual and corporate incentives for creative caring.

2. Requests for voluntary euthanasia are rarely free and voluntary

A patient with a terminal illness is vulnerable. He lacks the knowledge and skills to alleviate his own symptoms, and may well be suffering from fear about the future and anxiety about the effect his illness is having on others. It is very difficult for him to be entirely objective about his own situation. Those who regularly manage terminally ill patients recognise that they often suffer from depression or a false sense of worthlessness which may affect their judgment. Their decision-making may equally be affected by confusion, dementia or troublesome symptoms which could be relieved with appropriate treatment. Patients who on admission say 'let me die' usually after effective symptom relief are most graceful that their request was not exceeded *to*. Terminally ill patients also adapt to a level of disability that they would not have previously anticipated they could live with. They come to value what little quality of life they have left.

Many elderly people already feel a burden to family, carers and a society which is cost conscious and may be short of resources. They may feel great pressure to request euthanasia 'freely and voluntarily'. These patients need to hear that they are valued and loved as they are. They need to know that we are committed first and foremost to their well-being, even if it does involve expenditure of time and money. The way we treat the weakest and most vulnerable people speaks volumes about the kind of society we are.

3 Voluntary euthanasia denies patients the final stage of growth

It is during the time of a terminal illness that people have a unique opportunity to reflect on the way they have lived their lives, to make amends for wrongs done, to provide for the future security of loved ones and to prepare mentally and spiritually for their own death. Not all make full use of this opportunity, but those involved in hospice work often observe a mending of family relationships and rediscovery of mutual love and responsibility that may not have been evident for years.

It is often through facing the hardship that terminal illness brings, and through learning to scent practical help of others that human character and maturity develops most fully. Death if properly managed can be the final stag, of growth. It can also be a time when words are spoken and strength imparted that will help sustain 'those left behind through the years ahead.

Losing the opportunity of caring for vulnerable people denies us an essential part of our humanity. We conquer suffering, not by being insulated from its realities. but by facing it. Voluntary euthanasia, by artificially shortening life, denies these possibilities.

4

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4 Voluntary euthanasia undermines medical research

One of the major driving forces behind the exceptional medical advances made this century has been the desire to develop treatments for previously fatal illnesses, and the eagerness to alleviate hitherto unmanageable symptoms. Medical research is essential if medicine is to advance further. When the focus changes from curing the condition to killing the individual with the condition, this whole process is threatened. The increasing acceptance of prenatal diagnosis and abortion for conditions like spina bifida, Down's syndrome and cystic fibrosis is threatening the very dramatic progress made in the management of these conditions, especially over the last two decades. Rather than being employed to care and console funds are being diverted to fuel the strategy of 'search and destroy'.

If euthanasia is legalised we can expect advances in kentology (the science of killing) at the expense of treatment and symptom control. This will in turn encourage further calls for euthanasia.

5 Hard cases make bad laws

Legalisation of euthanasia is usually championed by those who have witnessed a loved one die in unpleasant circumstances, often without the benefits of optimal palliative care. This leads to demands for a 'right to die' In reality the slogan is misleading. What we are considering is not the right to die at all, but rather the right to be killed by a doctor; more specifically we are talking of giving doctors a legal right to kill. This has its own dangers which we shall consider shortly.

Allowing difficult cases to create a precedent for legalised killing is the wrong response. We need rather to evaluate these difficult cases so that we can do better in the future. This was clearly demonstrated in the case of Nigel Cox, the Winchester rheumatologist found guilty of attempted murder after giving a patient with rheumatoid arthritis a lethal injection of potassium chloride in August 1991. Had he been willing to consult those specialised in pain management, he could have relieved his patient's symptoms without killing her.2 If errors of omission are acknowledged, changes can he made.

The European Association for Palliative Care recently registered its strong opposition to the legalisation of euthanasia.3 If care is aimed at achieving 'the best possible quality of life for patients and their families' by focussing on a patient's physical, psychosocial, and spiritual suffering, requests for euthanasia are extremely uncommon.

The answer is not to change the law, but rather to improve our standards of care.

6 Autonomy is important but never absolute

Autonomy is important. We all value the opportunity of living in a free society, but also recognise that personal autonomy has its limits. Rights need protection, but must be balanced against responsibilities and restrictions if we are to be truly free.

5

We are not free to do things which limit or violate the reasonable freedoms of others. No man is an island. No person makes the decision to end his or her life in isolation. There are others who affected: friends and relatives left behind, and the healthcare staff involved in the decision-making process.

Western society no longer recognises suicide as a crime, but still appreciates that a person's decision to take his or her own life can have profound, often lifelong effects on the lives of others. There may be guilt, anger or bitterness felt by those left behind. Personal autonomy is never absolute. The effect of personal decisions on others now living or in future generations must also be considered.

7 Voluntary euthanasia leads to euthanasia tourism

Once voluntary euthanasia is legalised in a single country or state, people from neighbouring constituencies will take advantage of it. In this way no territory can act in isolation. The decisions we make have implications for other nations, not only for their citizens who choose 'euthanasia tourism' but also for future changes in their own laws.

Any state considering a change in its laws in this regard has a responsibility not just to its own citizens but to the whole international community.

8 Voluntary euthanasia changes the public conscience

The law is a very powerful educator of the public conscience. When a practice becomes legal, accepted and widely practised in society, people cease to have strong feelings about it. This was most dramatically demonstrated in Nazi Germany. Many of those involved in the euthanasia programme there were doctors who were motivated initially by compassion for their victims. Their consciences, and that of the society which allowed them to do what they did, became numbed. The testimony at Nuremberg of Karl Brandt, the medic responsible for co-ordinating the German euthanasia programme is a chilling reminder of how conscience can gradually change:

'My underlying motive was the desire to help individuals who could not help themselves... such considerations should not be regarded as inhuman. Nor did I feel it in any way to be unethical or immoral... I am convinced that if Hippocrates were alive today he would change the wording of his oath...in which a doctor is forbidden to administer poison to an invalid even on demand... I have a perfectly clear conscience about the part I played in the affair. I am perfectly conscious that when I said Yes to euthanasia I did so with the greatest conviction, just as it is my conviction today that it is right'4

He sincerely believed he was innocent. This demonstrates that once doctors start killing, it is possible for them to go on doing it without feeling any guilt.

9 Voluntary euthanasia violates historically accepted codes of medical ethics

Traditional medical ethical codes have never sanctioned euthanasia, even on request for compassionate motives. The Hippocratic Oath states 'I will give no deadly medicine to anyone

if asked, nor suggest such counsel .... 'The International Code of Medical Ethics"5 as originally adopted by the World Medical Association in 1949, in response to the Nazi holocaust, declares 'a doctor must always bear in mind the obligation of preserving human life from the time of conception until death'. In its 1992 Statement of Marbella, the World Medical Association6 confirmed that assisted suicide, like euthanasia, is unethical and must be condemned by medical profession. When a doctor intentionally or deliberately enables an individual to end his life, the doctor acts unethically.

10 Voluntary euthanasia gives too much power to doctors

Calls for voluntary euthanasia have been encouraged either by the failure of doctors to provide adequate symptom control. or by their insistence on providing inappropriate and meddlesome interventions which neither lengthen life nor improve its quality. This has understandably provoked a distrust of doctors by patients who feel that they are being neglected or exploited, The natural reaction is to seek to make doctors more accountable.

Ironically, voluntary euthanasia legislation makes doctors less accountable, 'and gives them more power. Patients generally decide in favour of euthanasia on the basis of the information given to them by doctors information about their diagnosis, prognosis, treatments available and anticipated degree of future suffering. If a doctor confidentially suggests a certain course of action it can be very difficult for a patient to resist. However it can be very difficult to be certain in these areas. Diagnoses may be mistaken.7 Prognosis may be wildly misjudged. New treatments which the doctor is unaware of may have recently been developed or about to be developed. The doctor may not be up to-date in symptom control.

Doctors are human and subject to temptation. Sometimes their own decision-making may be affected, consciously or unconsciously, by their degree of tiredness or the way they feel about the patient. Voluntary euthanasia gives, the medical practitioner power which can be too easily abused, and a level of responsibility he should not rightly be entitled to have. Voluntary euthanasia makes the doctor the most dangerous man in the state.

11 Voluntary euthanasia leads inevitably to involuntary euthanasia

When voluntary euthanasia has been previously accepted and legalised, it has led inevitably to involuntary euthanasia, regardless of the intentions of the legislators. According to the Remmelink Report,8 commissioned by the Dutch Ministry of Justice, there were over 3,000 deaths from euthanasia in the Netherlands in 1990. More than 1,000 of these were *not* voluntary. Other assessments have been far less conservative, and these figures predate February 1994 when euthanasia in that country was effectively legalised.

Holland is moving rapidly down the slippery slope with the public conscience changing quickly to accept such action as acceptable. The Royal Dutch Medical Association (KNMG) and the Dutch Commission for the acceptability of life terminating Action have recommended that the active termination of the lives of patients suffering from dementia is morally acceptable under certain conditions. Two earlier reports of the commission affirmed the acceptability of similar action for severely handicapped neonates and comatose patients.9 Case reports include a child killed for no other reason than it possessed abnormal genitalia10 and a woman killed at her own request for reasons of 'mental suffering'.11

I have already alluded to the Nazi holocaust . Many are unaware that what ended in the 1940s in the gas chambers of Auschwitz, Belsen and Treblinka had far more humble beginnings in the 1930s: in nursing homes, geriatric institutions and psychiatric hospitals all over Germany. Leo Alexander,12 a psychiatrist who worked with the Office of the Chief of Counsel for War Crimes at Nuremberg, described the process in the New England Medical Journal in July 1949:

"The beginnings at first were merely a subtle shift in emphasis in the basic attitude of the physicians. It started with the attitude, basic in the euthanasia movement that there is such a thing as a life not worthy to be lived. This attitude in its early stages concerned itself merely with the severely and chronically sick. Gradually the sphere of those to be included in this category was enlarged to encompass the socially unproductive, the ideologically unwanted, the racially unwanted and finally all non-German".

Such a progression requires only four accelerating factors: favourable public opinion, a handful of willing doctors, economic pressure and a law allowing it. In most Western countries the first three ingredients are present already. When legislation comes into effect, and political and economic interests are brought to bear, the generated momentum can prove overwhelming.

History has shown clearly that once voluntary euthanasia is legal, involuntary euthanasia inevitably follows.

12 The British House of Lords recently recommended no change to the law on euthanasia after an extensive enquiry

In view of increasing public interest euthanasia, and in the light of the Nigel Cox and Tony Bland cases, the House of Lords set up a Select Committee on Medical Ethics to look seriously into this issue in 1993. During their deliberations they took submissions from a variety of persons and parties. Of these the Department of Health, the Home Office, The British Medical Association and the Royal College of Nursing all argued against any change in the law. The committee in its final report in February 1994, despite being earlier undecided on the issue, unanimously ruled that there should be no change in the law.1

Lord Walton, the committee chairman, reflected on this in a speech to the House of Lords on 9 May 1994 in saying:

"We concluded that it was virtually impossible to ensure that all acts of euthanasia were truly voluntary and that any liberalisation of the law in the United Kingdom could not be abused. We were also concerned that vulnerable people - the elderly, lonely, sick or distressed - would feel pressure, whether real or imagined, to request early death.'

While decisions made in the House of Lords are clearly not binding on other countries, such an extensive review and unambiguous decision does carry great weight. Other considering changes to the law would be well advised to examine the arguments which convinced it to come to the above conclusion.

8

SUMMARY

We need to recognise that request for voluntary euthanasia are extremely rare in situations where the physical, emotional and spiritual needs of terminally ill patients are properly met. As the symptoms which prompt the request for euthanasia can be almost always managed with therapies currently available, our highest priority must be to ensure that top quality terminal care is readily available.

While recognising the importance of individual patient autonomy, history has clearly demonstrated that legalised euthanasia poses serious risks to society as a whole. Patients can be coerced and exploited, the search for better therapies is compromised and involuntary euthanasia inevitably follows.

Legislation allowing voluntary euthanasia should be firmly resisted on the grounds that it sidesteps true compassionate care (because effective alternatives exist) and ultimately undermines rather than protects patient autonomy.

PART II: SPECIFIC OBJECTIONS TO THE BILL

The intended purpose of the 'Rights of the Terminally Ill Bill' is to enable a competent, fully informed terminally ill patient with less than a year to live, to obtain assistance from a medical practitioner to voluntarily terminate his or her life. The title to the Bill states one of its aims is *to provide procedural protection against the possibility of abuse of the rights recognised by this Act.*

I am concerned that the Bill does not achieve this aim. Specifically (numbers refer to paragraphs in the Bill):

2 Interpretation

Whereas *assisted*, *certificate of request, health care provider and medical practitioner* are defined in this section there is no definition offered for *patient.* This allows the possibility that the patient may previously unknown to the doctor and indeed may come from any other part of the world.

3 Request for assistance to voluntarily terminate life

If the term *reasonable medical judgment* is to be used there should be provision within the Bill for an independent panel of doctors to rule, in matters of dispute, whether the judgment in fact was reasonable. However, in the Bill as it stands, there is no provision even for the coroner to question the doctors judgment (12(2)) provided he can claim he acted 'in good faith'. This is an unacceptably low level of accountability, and would not be tolerated in any other field of medical decision-making.

Most terminally ill patients have a relatively good quality of life until far less than a year before the time of death. Survival times are notoriously difficult to predict with much accuracy for

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individual patients which is why survivals for a particular grad*e* and stage of any cancer are expressed in the *percentage* of patients surviving for a given period of time. Twelve months is far too long.

5 Response .... considerations

The possibility of a doctor being influenced by matters of profit in a euthanasia decisions is surely far more serious than this small penalty indicates. The incentive offered could be far higher than this figure. Why is imprisonment not included?

6 Conditions under which medical practitioners may assist

b) as stated above, *reasonable grounds* should be open to review.

d) Virtually **all** pain can be relieved or substantially alleviated with techniques presently available within the province of Palliative medicine. However, the techniques are not widely known nor practised by other medical practitioners. This makes it essential that individual doctors without specific training in palliative medicine are not allowed to make these decisions without consultation. *Suffering or distress* is too vague. Does existential angst qualify? Many would argue that it could.

e) The nature, course and treatment of the illness may well not be known to a non-specialist in the field. This may make informed consent impossible without consultation, and yet any doctor can sign a certificate.

f) The words *and acceptable are* unqualified. This enables the patient to refuse treatment that could relieve his symptoms, and still qualify for euthanasia. Is this really tenable?

g) Indicates how? Section 7 seems to imply that the patient must be at very least able to speak. There is no such assurance here. What's to prevent a demented patient (indeed anyone without facility in English) nodding inappropriately, sinning and being given a lethal injection 'in good faith'? Signatures for consent forms are in general extremely easy for doctors to obtain!

h&k) *After due consideration* is unnecessarily vague. Shouldn't this be at very least a repeated request with a specified waiting time. There is nothing here to prevent steps a) to n) being completed in the context of a single consultation between a patient and two medical practitioners.

n) Once the patient is dead, there is no witnesses other than the doctors who authorised the euthanasia, to testify that the patient really wanted it. Provided the patient's signature is on the paper and the doctors claim they were acting in 'good faith' they are immune from civil, criminal and professional disciplinary action.

7 Patient who is unable to sign certificate of request

Should this *be any person who has attained the age of 18* years? Should it not be a close relative, or at very least, someone known to the patient? If any 'health care provider' decided to

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'clear its beds', there could conceivably be no witness other than the three staff members who signed the form (two doctors and one other) to testify that the patient was competent, made the request freely and voluntarily or even made the request at all. The key witness would be dead and all parties would be immune to prosecution under 17(1).

It is very difficult to conceive of many situations (eg paralysis) where a *competent* patient is unable to sign a form. This paragraph is an exploitable loop-hole for those who wish to dispose of incompetent adult patients (eg those suffering from head injuries, psychiatric conditions and dementia).

8 Right to rescind request

2) Shouldn't the certificate of request be held by some independent party? Again, once the patient is dead, there is may be no-one to argue that the request was actually rescinded. Too much responsibility and too little accountability lies with the individual doctor.

9 Improper conduct

1) Who can give testimony to the use of deception and improper influence after the patient is dead? According to 17(1) a

correctly completed certificate of request confers immunity to prosecution. even if relatives suspect foul play.

10 Medical records to be kept

One can imagine these requirements being fulfilled with the use of a very brief 'appropriately' designed form.

11 Certification as to death

2) This clause will make it very difficult for the coroner to launch any inquiry in suspicious circumstances. Is this the intent?

12 Copy certificate of request to be sent to the coroner

2) Shouldn't the coroner's responsibility extend beyond merely notifying the Attorney-General of the number of patients who died each year?. Shouldn't the Attorney-General, Legislative Assembly and general public have access to more information than simply the number of patients dying from euthanasia on an annual basis? (eg age, diagnosis, race, nationality, doctors' names, institutions, drugs used etc). This would be the bare minimum necessary to monitor abuse effectively.

17 Immunities

1) It can always be claimed that an action was done *in good faith,* whether it was or not. A mote objective measure of the 'reasonableness' of the decisions made is requited. This section effectively precludes any appeal being made by relatives or other staff on the basis of suspected foul play, provided the necessary signatures are on the form.

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2) There is more than a hint of 'Big Brother' here. Individual autonomy must not be at the expense of removing the freedom of professional bodies and institutions to choose and follow their own ethical guidelines. It is one thing to legalise euthanasia. It is quite another to co-coerce every organisation, regardless of its own ethical standards to welcome those who practise it. This sort of legalised political correctness will bring the Northern Territory government into conflict with many organisations who don't share its ethical viewpoint, if the Bill is passed in its present form. What about those organisations whose sphere of influence extends far more widely than the NT State boundary? What about those organisations who have within their memorandum of association a requirement that members abide by certain internal ethical standards? They will be caught in a legal bind. Do they break the law by disobeying their own constitutions, or do they break their own constitutions (and also thereby the law) in order to abide by section 17(2) of this Act*?*

4) There should be provision for conscientious objection in any legalisation of this kind but many medical practitioners would also regard transferring a patient's records for the purpose of facilitating a request for euthanasia as *participating in the provision to a patient of assistance under this act.* Ironically, Dutch doctors went to prison camps during the Second World War precisely for refusing to co-operate with the Nazi authorities in this way.12

SUMMARY

I have grave reservations about this Bill for the following reasons:

Firstly many of the key terms and concepts are vague and undefined leaving loopholes that could easily be exploited by those with a hidden agenda: specifically patient (2), reasonable *medical* judgement (3,6 bhk), *severe...suffering or distress (6d), and acceptable (6f) indicates* (6g), *after due consideration* (6k)

Secondly, some of the limits laid down allow too much scope for abuse*:* in particular *any person who has attained the age of 18 years (7), 12 months* (6b). There is no indication that any request for euthanasia even needs to be persistent and repeated over time.

Thirdly, there is an unacceptable inadequate degree of accountability in the bill for the doctors involved. *The term In good faith* (17(1)) is subjective, untestable and undefined. Too much power is given to the doctor whose training and 'knowledge may be inadequate to offer truly informed consent to the patient (6e). The degree of immunity offered (17(1)) could well be abused.

Finally, the level of reporting and record keeping envisaged falls short of the minimum level necessary to allow future research, review or judicial enquiry (10, 12).

If passed into law I believe this Bill would quickly open the floodgates to involuntary euthanasia.

CONCLUSIONS

Legislation allowing voluntary euthanasia is both unnecessary because alternative treatments exist, and dangerous because abuse is inevitable. The particular Bill under discussion is open to an unacceptable level of ambiguous interpretation and therefore abuse.

In my opinion it fails in its stated intention to *provide procedural protection against the possibility of abase of rights recognised* within it. It will erode, rather than protect, the rights of one of the most vulnerable groups in our society, the terminally ill.

For these reasons I would urge the Select Committee on Euthanasia to advise the Legislative Assembly of the Northern Territory to reject it.

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4 Brandt K (1948) Nurenberg Trials

5 International Code of Medical Ethics adopted by 3rd World Medical Assembly, London, England, October 1949,

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7 Reeas W et al (1987) 'Patients with Terminal Cancer who have neither terminal illness nor cancer. ***BMJ*** **295:1:318-9**

8 Van der Maas *PJ* et a1 (1991) Euthanasia and other medical decisions concerning the end of life, *Lancet* **338:669-74**

9 Hellema H (1993) Dutch doctors support life termination in dementia ***BMJ*** **306:1364**

10 Dutch doctors pushed on to 'slippery slope' over euthanasia. *The Independent* Wednesday 17 February 1993 p8.

11 Sheldon T (1994) Judges make historic ruling on euthanasia. ***BMJ*** **309:7-8**.

12 Alexander L (1949) Medical Science under Dictatorship*, N Engl J Med* **241:39-47.**

SUBMISSION 1076 1

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26 March 1995

The Hon E. Poole MLA

The Member of Parliament

Parliament House

Darwin NT 0800

Dear Mr Poole

Re: Euthanasia Bill

As a resident of the Northern Territory I would like to express my opinion on the Euthanasia Bill. Please, find bellow the facts I have been able to compile:

It is without doubts that suffering of terminally ill patients is a painful and draining experience to both the patients and their relatives. However, it is questionable if a poorly researched Bill proposing euthanasia is a solution to this suffering.

The proposed Bill as it stands:

** has unsatisfactory definitions;

** is open to doctors' manipulation to involuntary euthanasia;

** is poorly researched;

** fails to protect patients who trust doctors that they are saving lives;

** is failing to protect patients from wrong diagnosis established by doctors;

** fails to protect patients' lives if a terminal condition occurs; and

** does not protect both the terminally ill who want and who do not want to

undergo euthanasia.

The Bill appears an instant solution to savings of the health expenditure:

This opinion is based on the following facts:

* The NT still does not have a specialist in palliative care. (The recently appointed doctor is a qualified GP who expressed interest in palliative care which is not equal to a specialist. This appointment gives him neither the knowledge nor the experience of a specialist. In addition, the Medicare reimbursement for his services will not be equal to a specialist's service - a situation which leaves the patient with a larger out of pocket expenditure).

* The same doctor is appointed only on a pan time basis for the Darwin district which is not helpful to the other districts and will not be sufficient for Darwin.

* Palliative care beds are virtually non existent in the NT (one bed in Alice Springs).

* Hospice beds do not exist in the Territory at all, which means that we are the only State or Territory of Australia without this desirable service. It appears from the Biff that the euthanasia is a cheaper form of "care" for the terminally ill than a hospice and, therefore, the preferred option.

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Conclusion: The introduction of the Bill is not giving the terminally ill patients the choice of palliative care or euthanasia. It gives the ill Territory residents only one choice: euthanasia = the death.

My believe of the **insufficient research and articulation of the proposed Bill** is based on the following facts:

* The object of the Bill - the terminal illness - is not defined at

* Page 1 section "assist" should clarify the medical status of the patient. This means that the Bill should clearly state that the "assistance" applies only to the terminally ill patients.

* Page 2 section" health care provider" see comments as for page 1 section "assist".

* Page 2 Section 3: No one, not even a medically qualified person, is able to predict (beyond reasonable doubt) a death within 12 months. Therefore, the Bill cannot stand as it is as the Bill is unable to check if the patient would have been lived only for 12 months given the "assistance with death" was not carried out. (Please, read the story of my friend which is at the end of this report.) The Bill as it stands is open to litigation's, and uncontrollable and irreparable mistakes.

* Page 2 sections 3 & 4 and Page 3 section 6b: It is well known that the wealth of experience and the depth of study decreases the possibility of a medical practitioner to make a mistake. Yet the Bill is willing to accept any (registered = even one month after graduation) medical practitioner's opinion on the life predictions. The number of medical litigation's is increasing which certainly reflects the number of mistakes the medical practitioners are making. The Bill is valuing the live of a sick person so little that it is not even recommending a specialist (or at least a doctor with XX years of experience) in the field of the illness before determining the final statement on the life prognosis.

* Page 3 section 6h: Literature claims that around 50% of patients do not understand consents for basic surgical procedures they are signing for. Yet the Bill is not mentioning the safeguard on assessment of patient's comprehension of diagnosis,

prognosis, possibilities and options for the management of the condition. It is to be realised that the doctors are not trained in the assessment of people's comprehension. Yet according to the Bill, it is the doctor who certifies the patient's understanding of the condition.

Furthermore to this point:: How is the Bill safeguarding a possible doctor's urging into the decision of "assistance?" How is the Bill safeguarding the possible relatives' urging into the same decision? I hope that the Parliamentary Committee into Euthanasia Bill is aware of the problem of old people being emotionally abused by their relatives. The NT Council on the Ageing is aware of this problem. Yet the Bill is not providing a safeguard against emotional abuse of the terminally ill patients. The Bill values the

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safety of a sick person's live so little that it is not proposing a psychologist's and/or a social worker's assessment of the mental state, comprehension of the condition and/or social circumstances of the patient's domestic situation before the "final assistance" is carried out. These comments and recommendation apply to Page 4 section 7 as well.

* Page 3 section 6k: The Bill is failing to protect the patient from the damage caused by a possible mistake of the medical practitioner. It is beyond my comprehension why in such a critical decision as the termination of the one's life, the law is not requesting two independent(as opposed to "agreed opinions required by the Bill)

medical and one psychologist's opinions.

* Page 4 section 61: The Bill is weak in protecting the patient again: the medical practitioner is to be assured beyond reasonable doubt in such a situation.

* Page 4 section 8(1): another example how little is the patient's life and the right for life considered in the Bill: A patient certainly is unable to "rescind a request for assistance under this Act any time and in any matter" as euthanasia is terminal. Hence a dead patient is unable to rescind his/her decision after the "assistance" is

given (= after he/she is dead):

* Page 4 section 8(2): how is the Act safeguarding the time gap between the change of patient's decision and the possibility that another medical practitioner unaware of this change will carry out the "assistance?"

* Page 4 section 9(1): The Bill implies that a sick persons life is worth only $ 20 000 as it imposes a fine of $20 000 on an unnecessary termination of life: if there is a negligence case the hurt and living patient gets tens of thousands of dollars up to several million through the litigation process, but if negligence under the Euthanasia Bill occurs the whole life appear to be worth only $20 000. This section appears to be based on the certainty that the dead person cannot appeal.

* Page 5 section 10: The Bill is failing the patient yet again as the doctor, according to the Bill, is not required to document and record the minutes of the consultations, diagnosis, and medical investigations' results leading to the prediction of 12 months life.

Conclusion: The Bill is not clearly articulated, is poorly researched, does not determine the doctor's accountability for the determination of the life prediction, lacks definitions, does not safeguard other options for life and is willing to accept diagnosis on death from doctors with very limited experience(or no experience) in the area of the illness.

General comments on the issue of euthanasia:
* if a patient is killed by a doctor during the process of euthanasia no one can check retrospectively if:

* * it was a real wish of the patient or
* * if the doctor directed the patient to that decision or

* * if it was the relatives who directed the doctor to persuade the patient.

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* if the doctors have both the fight to direct patients to euthanasia (by informing the patients of suffering, poor prognosis etc.) and the right to treat they are put into the position of a god: deciding on people's death and life. I do not believe that any person the society has the fight on deciding of death and life of the other

* how can a patient (not "yet" terminal) trust a doctor during the treatment of a serious illness when the same patient knows that the same doctor may proceed legally with the counselling for euthanasia. Or is the Territory considering to open Euthanasia Clinics?

Legal Issues

* considering the amount of mistakes the doctors are doing it is not satisfactory that only two doctors (regardless of experience and level of training) are to verify the patient's condition as terminal and hence suitability for euthanasia

* a consent for treatment is considered legal only if the patient signs it while being of clear mind. Hence, a consent for euthanasia signed by a patient in agonising pain cannot be considered legal. The same applies even if the patient gets pain-killers and signs a consent for euthanasia.

* the medical schools empower medical graduates to treat and cure but not to assist with death. Medical graduates on the basis of their study and medical oath can be registered as medical officers around Australia. If a doctor commits an illegal act (eg: murders a person) that doctor is de-registered (= can not work as a doctor). If euthanasia is legal in the *NT* and not in the other States of Australia it is questionable how this act is to be considered by the other States and States' Medical Boards. It may happen that the doctor who practices euthanasia in the NT will be de-registered in the other States of Australia as that doctor will be considered as participating on an illegal and unprofessional action.

It is to be realised that the Australian Medical Association (Federal body) stands strongly against euthanasia. Therefore the Association may recommend other States to de-register the doctors involved.

Yours faithfully

Dr M Kvasnicka

7 Stewart Court

Leanyer NT 0812 Phone: 274 774 (H) 892 521 (W)

The story of my friend:

In 1985 my friend was diagnosed by a local and well recognised GP with extensive cancer of uterus with metastatic spread to the ovaries, liver, pancreas, bowels, breast and the brain. She was predicted to live 3-4 months. My friend was not happy that she was given the prediction and went to another local and experienced GP. The diagnosis was established as identical and the prediction of live was similar: my friend was "given" six months to live - at most. She was not recommended for treatment as the cancer was so extensive. My friend left the NT and visited an oncology specialist in NSW. She underwent 6 months of treatment and she had lived a full and painless life and worked on full time for another 7 years. Only then the illness deteriorated beyond treatment and my friend died within one month. Based on this story and many similar stories I witnessed, I am unable to trust any prediction for the length of life.

SUBMISSION 1077 1

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6 Naman Street

Dubbo 2830 N.S.W.

5.4.1995

To Whom It May Concern

I am writing to ask if you could make inquiries and bring about changes to the law that states that the paramedics have to work on a patient no matter what to resuscitate them if there is no relative there to say stop enough is enough.

Last year my mother collapsed whilst in Orange at the Orange Bowling Club. She lived here in Dubbo and was in Orange for the week of ladies bowls in late September. I was advised she was without oxygen for 20 minutes and almost ½ hr by the time the paramedics hit her with the big electric pads and reset her heart going. She was deeply unconscious. She was 82 yrs old.

We bought her back to Dubbo to the private Hospital 48 hrs later. In all it was 10 days before her heart stopped beating. She couldn't move her tongue or life a finger.

I was advised by the staff this is happening all up and down the country. Where is the dignity in all of this? The staff advised this man made law has left people weeks, months and sometimes several years, unable to do a thing for themselves, often tube fed, and causing great heart ache and financial stress for many families.

If it is our time to die, one should be able to die with dignity. Not hooked up to machines, all because of a man made law. If 3-5 minutes has elapsed then so be it to be resuscitated. But after that no. It is without dignity that people are left in nursing homes, tube fed and connected to machines, just vegetables.

I was advised by the Dr that someone had made a mistake. A mistake because of a man made law that says: the paramedics have to resuscitate no matter what if there is no relative at the scene to say stop, enough is enough.

When will common sense prevail. I feel the general public should be educated about death. We have 3 minutes and then brain damage, 4 minutes and total damage. Who would want to live as a vegetable after 5 minutes. The subject of death should be included in the High School curriculum, so that everyone is aware of the trauma. At least then man is not going to be making such insensitive laws.

I hope you can take this up and have it debated at federal and state level of Parliament. I did give the details of this case to Michael Cobb, Federal Member of our electorate and I asked him to seek to have this law changed. I have had no reply. With the work that you have done on euthanasia, I would ask you please will you seek to have this law debated for change to allow people to die with dignity. Thank you.

I wish you and your team committee well for 1995.

Yours faithfully

Mrs Evelyn Jackson.

SUBMISSION 1078 1

3/15 Martin Ave.,

BONDI NSW 2026

15/2/95

The N.T. Select Committee on the Rights

of the terminall ill bill

G.P.O. Box 3721

DARWIN NT 0801

I am deeply concerned at the proposed euthanasia legislation for the Northern Territory. Human life will be further devalued if patient killing is accepted. People with long term illnesses will feel added pressure to end their lives to avoid being seen as a burden on their families and on society. There is palliative care and drugs are available to relieve pain. I ask you to express my concerns and further ask you to oppose the bill.

Yours faithfully

Paul Wyatt

SUBMISSION 1079 1

Jurgen Zimmermann

Anja Moritz-Zimmermann

Unit 12

91 Progress Drive

Nightcliff, N.T. 0810

Secretary

Ms Pat Hancock

Legislative Assembly

GPO Box 3721

Darwin NT 0810

Dear Ms Hancock

We have followed up the Euthanasia discussion with great interest and would like to express our concerns.

We disagree with the Euthanasia bill for the following reasons:

Why would a person who is dying in the near future ask to be killed?

Pain

In almost every case pain can be relieved from the person. If not, the patient can be put into a deep sleep until natural death. The patient can be woken up to communicate with friends and relatives.

Burden for the family

This is very, very likely to happen. In a situation where someone is dying in the near future family members should be relieved from their daily duties (work etc.) to be able to care for the dying person. Finance and financial support of the caring family member is a responsibility of the society.

A life not worth living?

If you would know that you are dying in two weeks time, would you ask someone else to kill you tomorrow? Even if you would lay in your bed and cannot move anymore wouldn't you enjoy talking to your family and know that you are important and not left alone ?

Hitler killed 50 years ago disabled and sick people, because "their life was not worth living any more".

We should not encourage patients today to do the same to themselves by opening the door to Euthanasia.

J Zimmerman

SUBMISSION 1080 1

3rd March 1995

Dear Sir/Madam

Life is a gift from God, who created everything, including the first man and the first woman. He put breath into man's nostrils and the first man was perfect, though because of sin of disobedient to His Maker, Adam was expelled from Paradise with Eve the first woman. All humanity today therefore burdened with that first sin of disobedience to the Creator and on their own they can no nothing, example of which may be the recently disintegrated Easter block of countries, where the enemy of the first redeemed woman, the Blessed Virgin Mary's; Red Diapon devastated life under cover of doing good he exercised the Bolskenic rebellion in evert aspect of life, at the end castrating life itself, thus from the original sin of disobedience, humanity degenerated into open rebellion against the Creator of the World and the Giver of life. The powers of darkness still fight the loosing battle, because they cannot defeat the Saviour, Jesus Christ, who despite being put to a humiliating death was resurrected into Eternal life, thus giving hope to all who accept Him. Today the sin of atheism, a broadly understood look of discipline in obeying the Laws of God, expressed most detaily in the Holy religion of the Roman Catholic Church is taking the humanity of a vast part of it into the terrible strife. The contestation is to deceive the humanity today with a perspective of a better world, that would take care of its inhabitants, thus the Creator and the Saviour of the world to be substituted with the world itself as the infrastructure of man made things. The ultimate services provided by this podless world should be the so called mercy killings and abortions. In the Law of Mosses, that is also part of the Holy religion of the Roman Catholic Church one of the commandments states: you shall not kill. The proposed bill of euthanasia Bill have no poorer over the Law of

Mosses, because the Law of Mosses is observed for many thousands of years.

Sincerley Edmund Sak

16 Morton St,

Clayton Victoria 3168

SUBMISSION 1081 1

Gippsland

4.4.95

To All members of the

Northern Territory Assembly

Dear Sirs

I am writing to ask you to express my alarm at the proposed euthanasia legislation for the N.T. Acceptance of patient killing will further devalue human life and will place under scrutiny those whose lives are seen as a burden to Society.

I ask you all to oppose the bill.

We have two periods of contemporary history where euthanasia has been protested - the thirties and forties in Germany and the seventies and eighties and nineties in the Netherlands. Neither prevails a pretty picture. What fools we would be to forget the lessons of history.

Therefore this is a serious decision. So please all of your oppose this Bill.

Yours sincerely

C C

SUBMISSION 1082 1

1315 Raglan Parade

Pennington Vic 3280

Mr Timothy Denney Baldwin,

Dear Sir,

I am writing to ask you to express my alarm at the proposed euthanasia legislation for the Northern Territory. Acceptance of patient killing will further devalue life and will place under scrutiny those whose lives are seen as a burden to society. I ask you to oppose the bill.

Yours Sincerely

Judith M Brookway

Same letter sent to Margaret Ann Hickey

SUBMISSION 1083 1

2/8 Duke Street

Stuart Park NT 0820

Tele: 81 2847 (home)

822 202 (office)

Hon Eric Poole

Chairman

Parliamentary Committee on the

Rights of the Terminally Ill

Parliament House

Darwin NT 0800

Dear Eric,

I write in support of the above proposed legislation and would be interested in appearing before the Committee to elaborate on my position.

In 1986 I was diagnosed as having cancer and underwent a mastectomy. At the time I was told that the normal progression of breast cancer is from the breast to the neck and then into the brain. My paternal grandmother died in what was then called a lunatic asylum. I have always had a horror of losing control of my body and my personality through dementia.

Over the next two years I underwent two further operations, first to remove a lump from my shoulder, and the second to remove a lump from my neck. I continued with chemotherapy for a total of four years. I have been clear of any signs of cancer for nearly five years now, however I feel convinced that cancer will probably be the cause of my eventual death.

You can understand that for some years I had plenty of time to think of death and dying. After the initial trauma of coming to terms with my own mortality I can say most sincerely that the fact that I was going to die did not really worry me. But I was extremely worried about how it <u>was going to happen.</u> That is what gave me nightmares week after week.

Pain-killers can relieve the pain. They do not prevent the degeneration of the body - the weakness, the dependency on others for the most intimate care, the dementia, the swelling of the limbs, the skin becoming like wet tissue-paper and tearing under the slightest pressure, the dribbling and the drooling and the nausea.

Our lives are full of major events - birth, marriage, child-birth, birthdays - all times of joy and all part of a satisfying life. For terminally ill patients the one major event left to experience is death. How is it that we display such arrogance as to refuse to recognise the fight of the terminally ill to die as they wish?

The morning the news broke of the introduction of this Bill I rang Marshall Perron's office and said "Thank you, thank you. Now I can live out the rest of my days here in the Territory". Previously I had been arranging to make out a "Living Will"as provided for under legislation in

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Victoria, but this necessitates a move back to Victoria at the first signs of degeneration. This would be a great disadvantage, as my home is here in the Territory and the majority of my family are now here also.

I realise there are many moral arguments against ending a human's life. "Thou shalt not kill" is often quoted. However, there are certain qualifications to this Commandment. We can kill in times of war. This is a legitimate reaction to an immediate threat to our persons or to other persons in our society. But then how do we rationalise the sending of troops from Australia to European wars on the other side of the world - first in the 1914-1918 and again in 1939? Further, was there an immediate threat to our persons when we sent troops to Vietnam? Obviously "Thou shalt not kill" is not absolute.

Not all religions adhere to the principle of "Thou shalt not kill". In some societies the dignity of the person is held to be the absolute. In Japan suicide is held to be honourable. We are a secular State, not a religious one such as we are seeing in some countries in the Middle East. It is wrong for a secular State to impose the laws of one particular religion on all the people regardless of their beliefs.

After all - there is no suggestion that euthanasia be compulsory. Under the proposed Bill it is a matter for the individual to decide under certain circumstances. If such an action is contrary to the beliefs of a person then that person is not obliged to avail themselves of that option.

The fact that some doctors have admitted to "helping people out"(in other words, performing euthanasia) does not diminish the argument for enacting legislation to control such practices. The fact that "it happens anyway" is in my view appalling. This raises the question of whether the act was committed with the full knowledge and consent and at the request of the dying person.

We then come to the question as to whether a conscience vote should reflect the personal views of the politician or the wishes of the electorate which he represents. It is understandable that the teachings of whatever religion one subscribes to will colour one's perceptions, and this should be taken into account when deciding an issue such as this. On the other hand, the philosophy of representative democracy is that implementation of the electoff views is delegated to the representatives of the people - the politicians. Unfortunately, if politicians indulge their own moral perceptions at the expense of the wishes of the larger community, we will revert to the bad old days when a person's religion was a major factor in the assesment of his suitablility as a representative of the people.

We live our lives obeying the rules for the greater good of the greater society. It is the duty of Parliament to enact laws to enhance the society in which we live. Our birth, our marnage, our whole life day by day is governed by laws dictated by Parliament. Some of these laws we agree with, some we don't - but we are good citizens and to the best of our ability we obey them all. Please grant to us the freedom to make one personal, momentous, final decision for ourselves.

Yours faithfully,

Shirley M McKerrow.

Copy to the office of Hon Marshall Perron MLA Copy to the office of Hon Shane Stone MLA

SUBMISSION 1084 1

Karrinyup Waters Resort (Bay 84)

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SELECT COMMITTEE on EUTHANASIA

PARLIAMENT of the NORTHERN TERRITORY

PO BOX 3721

DARWIN NT 0801

SUPPORT FOR MARSHALL PERRON's BILL IN PARTICULAR & VOLUNTARY EUTHANASIA IN GENERAL

I am writing to the Select Committee on Euthanasia to express my wholehearted support for Marshall Perron's Bill in particular and Voluntary Euthanasia in general.

My reasons for supporting this Bill and VE generally are as follows:

1. I believe individuals should have the right to choose in the manner and timing of their death as they do in all other areas of life.

2. Modern medicine and technology has made it possible to keep people 'alive' even though there is no chance of recovery and no quality of life.

3. There are many physical and mental conditions (for example Alzheimer's disease end certain types of cancer) that cause suffering and distress beyond description but do not in themselves cause death in the medium or short term.

4. It is not ethical to force an individual to stay 'alive' against his/her wishes when these wishes have been clearly expressed both verbally and in writing whilst of sound mind and in full knowledge of the facts.

5. I believe 'quality of death' is as important as 'quality of life' and support clarification of the law concerning medically assisted death when this has been voluntarily requested (is) active voluntary euthanasia.

6. My beliefs stem from compassion for the hopelessly suffering person and those that love and care for them. I believe all options should be available, including the right to a peaceful, good death.

May reality, compassion and wisdom guide you all in your deliberations over this vital issue that will effect us all eventually and thank you for taking my letter into consideration.

MS PAMELA K JACKSON

March 21, 1995.

SUBMISSION 1085 1

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23 Erin Street

Richmond Vic 3121

28 March 1995

Honourable E H Poole

The Chairman

Select Committee on Euthanasia

GPO Box 3721

DARWIN NT 0801

Dear Mr Poole

Select Committee on Euthanasia

I would be grateful if you would treat the enclosed report on euthanasia, to an International Seminar in Spain last year, as my submission to your Committee.

It contains an explanation of the reason why the law should be changed in accordance with the Northern Territory Bill.

That reason lies in the right of people to make their own moral choices about their own lives.

Respect for that principle is in no way a threat to religious beliefs about the sanctity of life, or the immorality of taking one's own life.

Your bill is equally no threat to those beliefs. The Churches are entitled, even obligated, to preach about right and wrong. But I do not believe that they are entitled to use the law to take away people's freedom to disagree with them, and to make their own choices. Many people in the Churches agree with that vital distinction. I hope that your Committee will also do so.

I wish the Committee very well, indeed, in its deliberations.

Yours sincerely,

David StL Kelly

(Former Member, Australian law Reform Commission

Former Chairman, Victorian Law Reform Commission)

Encl.

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INTERNATIONAL SEMINAR ON LEGAL

ASPECTS OF EUTHANASIA

Universidad de Malaga

Seccion de Malaga del Instituto

Andaluz Interuniversitario

de Criminologia

REPORT FROM AUSTRALIA

Professor David Kelly

Bond University

Phillips Fox, Solicitors

6 pm Friday 4 November 1994

Fourth Session

I gratefully acknowledge the assistance of Mrs Loane Skene, University of Melbourne, in the preparation of this report.

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International Seminar on Legal aspects of Euthanasia

Abstract

In Australia, *passive* voluntary euthanasia is widely accepted and practised.

Legislation in a number of jurisdictions has confirmed the right of people to refuse medical treatment. In some cases, it permits people to appoint agents to make the decision for them if they have become incompetent.

There is no legislation providing for surrogate decision-making in the case of people who are incompetent and unable to appoint an agent - for example, young children - or who become incompetent and have not appointed an agent.

Decisions like that are generally made by doctors and relatives in consultation.

Active voluntary euthanasia, on the other hand, is unlawful. Despite this fact, it is practised by a minority of doctors. Most doctors and nurses, and approximately 75% of the general public, believe that the law should be changed to permit voluntary euthanasia in the case of the terminally ill.

Legislation has been drafted to legalise active voluntary euthanasia. However, it has been introduced into Parliament in only one case. The Bill was heavily criticised and has been withdrawn. There is a possibility that other Bills will be introduced in the near future.

Active voluntary euthanasia is strongly opposed, particularly by the Roman Catholic Church. It is controversial politically. The medical profession remains officially opposed to it.

It does not seem likely that it will be legalised anywhere in Australia in the immediately foreseeable future.

Introduction

Readers of this report should bear in mind that Australia is a federation. That means that its legal system is very complex.

The general unwritten law (the "common law") is the same throughout Australia. But there are nine separate jurisdictions which exercise legislative power: the Commonwealth, six States and two Territories. The Commonwealth's power does not enable it to deal with euthanasia for the whole of Australia.

Not surprisingly, this variety of legislative power leads to considerable differences in the law as between different jurisdictions. This is particularly so in relation to matters like euthanasia which are politically sensitive.

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1. Criminological Data

1.1 Frequency of euthanasia cases

There is very little criminological data in relation to euthanasia in Australia. There have been very few prosecutions, and none which has resulted in a detailed examination of the law on the subject.

In Victoria, for example, police statistics for the period 1975-1982 show only five cases of homicide where the apparent motive was compassion. No "mercy killer" was convicted and no doctor was charged with murder for voluntary active euthanasia during that period.

1.2 Hospital and domestic attendance practice

Passive voluntary euthanasia is generally accepted and practised by the medical profession in Australia. A number of State laws specifically recognise, and in some cases extend, a patient's right to refuse medical treatment. However, *active* voluntary euthanasia is in another category.

The Australian Medical Association supports the World Medical Association's Declaration on Euthanasia which denounces active voluntary euthanasia as unethical. This view is also reflected in guidelines concerning the treatment of the terminally ill which the National Health & Medical Research Council's Health Care Ethics Committee circulated for comment in 1992.

Even so, not all doctors accept the distinction between passive and active voluntary euthanasia.

The Doctors' Reform Society - an "alternative" professional society for doctors - supports the legalisation of active voluntary euthanasia, and the South Australian branch of the AMA has itself begun to question the official AMA policy. In 1991, it established a Working Party on Euthanasia which has yet to report.

In 1994, the AMA itself hosted a one day National Forum on the subject in Canberra. It was clear, both from the papers delivered and the discussion which followed, that there is considerable diversity of opinion on the subject among doctors.

This diversity of opinion and of practice is also reflected in three surveys conducted in Australia. None of them distinguishes between hospital practice and domestic medical attendance practice.

1.2.1 Survey of doctors' practices and attitudes: Victoria 1987

In 1987, Dr Helga Kuhse and Professor Peter Singer, of the Centre for Human Bioethics, Monash University, conducted a survey of the practices and attitudes of Victorian doctors towards active voluntary euthanasia.1

The survey was conducted by a postal questionnaire, sent to 2,000 doctors chosen at random. An accompanying letter explained the aims of the project. The questionnaire was completed by 869 doctors.

Practices

Approximately half of these indicated that they had never been asked by a patient to hasten his or her death, *either* by withdrawing treatment *or* by taking active steps.

Of those doctors who *had* been asked by a patient to hasten his or her death, 29% stated that they had taken *active* steps to do so in response to the request. Of this group, 19% said they had done so once; 61% said they had done so two or three times; and 19% said they had done so more frequently. Almost all of them said that they still felt they had done the right thing.

There was no significant difference between male and female doctors in this respect, nor between specialists and general practitioners. However, there was a significant difference between doctors of different religious beliefs, as Table 1 show

Table 1

Religion	**Ever hastened death?**	
	Yes	**No**
AtheistAgnostic	34%	66%
Roman Catholic	19%	81%
Church of England	36%	64%
Other Protestant	21%	79%
Jewish	39%	61%
Other	7%	93%

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1 Doctors' practices and attitudes regarding voluntary euthanasia. **Med. J. Aust.**1988; 148:623-627

Attitudes

Another series of questions sought doctors' attitudes on the ethics of active voluntary euthanasia. 62% of the respondents thought it is "sometimes right" for a doctor to take active steps in response to a patient's request. Variations based on age, sex, and religion are set out in Table 2.

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Table 2

Age	**Yes**	No
60 and over	53%	43%
50-59	61%	35%
40-49	56%	41%
30-39	68%	27%
Less than 30	75%	24%
Sex	Yes	No
Female	64 %	31%
Male	62%	35%
Religion	**Yes**	**No**
Roman Catholic	30%	65%

Church of England	63%	35%
Other Protestant	56%	41%
Jewish	77%	18%
Other	49%	43%

Respondents were also asked whether it would be a good thing for Australian doctors to be protected from prosecution on the same basis as doctors in the Netherlands. 59% said it would. 40% said that they would practise active voluntary euthanasia if it were made legal. An equivalent proportion of respondents said that they would not.

1.2.2 Survey of nurses' attitudes and practices: Victoria 1991

Dr Kuhse and Professor Singer conducted a very similar survey, but of nurses rather than doctors, in 19912 Questionnaires were sent to 1,942 nurses selected at random. Almost half completed the questionnaires.

Practices

55% of nurses who had treated terminally or incurably ill patients over 12 years of age indicated that they had been asked by a patient to hasten death.

Several questions were asked about nurses' responses to the requests concerning passive euthanasia - the withdrawal of life-sustaining treatment.

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The first question was whether the nurses had complied with the request3 *without having been asked by a doctor to do* so. Only 10% indicated that they had. Seven nurses had done so once; 19, two or three times; 9, more frequently.

Several other questions were directed to nurses' responses to requests by doctors to be involved in *active* euthanasia. 23% said that they had been asked to be involved. 85% of these had done so. Of these, 80% had done so more than once.

Younger nurses were much more inclined to respond positively than older ones, those under 30 complying in *all* cases. There was remarkable similarity in the responses of different major religious groups.4

Attitudes

Respondents were asked whether they thought it would be a good thing if people who assist in active voluntary euthanasia were protected from prosecution in the same way as they are in the Netherlands. Three-quarters said it would.

More specifically, two-thirds thought it would be proper for nurses to assist in voluntary *active* euthanasia if the law were changed.

2 'Voluntary euthanasia and the nurse: an Australian survey', Int. J. Nurs. Stud., 1993, 30, No. 4, 311-322

3 Foregone treatments included naso-gastric feeding, forcing medication or food, and cardio-pulmonary resuscitation. Almost 25% of respondents said that it was sometimes right for a nurse to take steps to assist a patient to hasten death *without being asked by a doctor to do so.*

4 The variation was less than 2% from the overall rate for Catholics, Anglicans, and "Other Protestants".

Younger nurses were more inclined than older ones to respond favourably to a doctor's request; to support a change in the law; and to be willing to assist if the law were changed.

There were some differences in attitude between religious groups. However, even Roman Catholics approved a change in the law (66%), and stated they would be willing to be involved in active voluntary euthanasia if the change occurred (51%).

1.2.3 Survey of practices and attitudes of doctors: New South Wales and the Australian Capital Territory 1994

In 1993, Professor Peter Baume and Emma O'Malley, of the School of Community Medicine, University of New South Wales, conducted a survey of doctors' practices and attitudes towards active voluntary euthanasia in New South Wales and the Australian Capital Territory.

The survey was conducted by questionnaires posted to a random sample of 2,000 doctors. 1,268 (76%) responded.

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The questionnaire was in the same terms as the 1987 Kuhse and Singer one, but with two added questions about physician-assisted suicide, and three about the difference between active voluntary euthanasia (AVE) and physician-assisted suicide (PAS).

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Table 3 sets out the results of the survey, and a comparison with the results of the 1987 survey.

Table 3

Question	Victoria 1987 % of "yes"answers	NSW/ACT 1993 % of "yes" answers
Have you treated terminally ill patients aged 12 years or over?	82%	93%
Has a patient ever asked you to hasten his/her death?	48%	47%
Have you ever taken steps to bring about death?	29%	28%
If yes, has it happened more than once?	80%	81%
If yes, do you still think you did the right thing?	98%	93%
Have you ever provided the means for suicide?	N/A	7%
If yes, have you done this more than once?	N/A	61%
Was your refusal due to illegality of the action?	65%	52%
For all respondents: Is AVE sometimes right?	62%	59%
Is there a morally relevant	N/A	28%

difference between AVE and providing the means for suicide?		
Do you think it is sometimes right for a doctor to provide means for a patient to suicide?	N/A	56%
	59%	59%
Should the Netherlands situation be introduced here?	60%	58%
Should the law be changed to allow AVE?	N/A	46%
Should the law be changed to allow PAS?	50%	50%
If AVE was legal, and an incurably ill patient asked you to hasten death, would you comply with the request?		

The responses to the additional questions on physician-assisted suicide indicate some uncertainty about the matter. The distinction between it and active voluntary euthanasia is artificial in the extreme, and is based on political rather than philosophical considerations. This may account for the lower approval rate for legalisation of physician-assisted suicide than of active voluntary euthanasia. It

may also explain the otherwise very odd 7% affirmative response to the question concerning providing the means for suicide.

1.2.4 Anecdotal evidence

In addition to these three surveys, there is plenty of anecdotal evidence that active voluntary euthanasia is regularly practised. A number of doctors and ethicists have written about the problems faced by doctors and nurses, particularly in the case of badly deformed and critically ill new born infants.5

1.3 Social attitudes

1.3.1 The population at large

Surveys have also been conducted of the attitudes of Australians generally towards voluntary euthanasia. These surveys have been conducted over a period of more than 30 years.6 The last survey involved face to face interviews of 1,336 people across Australia.

In that survey, the first question asked was "a question on people who are hopelessly ill and in great pain. If there's absolutely no chance of a patient recovering, should the doctor let the patient die - or should the doctor try to keep the patient alive as long as possible?" Table 4 records the results.

Table 4

Year	1946 %	1955 %	1962 %	1978 %	1983 %	1986 %	1987 %	1989 %	1990 %	1991 %	1992 %	1993 %	1994 %

Let patient die	42	53	54	60	65	68	67	66	71	69	73	73	71
patient alive	41	38	32	23	18	16	21	20	19	21	18	15	13
Undecided	17	9	14	17	17	16	12	14	10	10	9	12	16

The second question asked was: *"If* a hopelessly ill patient, in great pain with absolutely no chance of recovering, asks for a lethal dose, so as not to wake again, should a doctor be allowed to give a lethal dose or not?" Table 5 records the results.

5 See, eg, the views of R. Parkes quoted in L. Skene, *You, Your Doctor and the* Law, OUP, 1990, 159-163; P. Barr, Paper to National Consensus Conference on Neonatal Intensive Care, 1989; N. Campbell 'When Care Cannot Cure- Medical Problems in Seriously Ill Babies, in E.K. Beller and R.F. Weir (eds), *The Beginning of Human Life'*, Kluwer Academic Publications, 1994, 327-344.

6 By the Roy Morgan Research Centre, the sole Australian Member of the Gallup International Association.

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Table 5

Year	**1962**	1978	1983	1986	1987	1989	1990	1991	1992	1993
Give dose	47	67	67	66	75	71	77	73	76	78
No dose	39	22	21	21	18	20	17	20	18	15
Undecided	14	11	12	13	7	9	6	7	6	7

As these Tables demonstrate, the approval rate for both passive and active voluntary euthanasia has been steadily increasing for the last 30 years. Three-quarters of the population now support voluntary euthanasia of both types. This is significantly higher than the rate of approval among the medical profession for active voluntary euthanasia.

Interestingly, there was no significant difference in responses made by different age groups in relation to active voluntary euthanasia.

The approval rate among Roman Catholics was lower than among other Christian groups, but still very high (73%).

1.3.2 Government inquiries

A number of government inquiries have examined the question of euthanasia. Many of them have touched on the subject only incidentally Several have recommended that passive voluntary euthanasia be confirmed as legal, relying on the patient's common law right to refuse medical treatment. In some cases, they have also recommended a procedure to enable a decision to

be made by an agent if the patient is unable to make the decision himself or herself.

The broadest inquiry was by a Parliamentary Committee in Victoria7 Given the political context within which the inquiry was conducted, and the vociferous opposition to euthanasia by some religious groups, the result was predictable.

Passive voluntary euthanasia was approved, but the Committee rejected the view that *active* voluntary euthanasia should be legalised.

Other government inquiries8 have generally focused on the patient's right to refuse medical treatment, and the withdrawal of life support mechanisms. Active voluntary euthanasia has not been treated as a real option.

7 Social Development Committee, *Options for Dying with Dignity,* 1987.
8 Eg, South Australia, Select Committee on the Law and Practice in relation to Death and

Dying; Queensland, Department
of Justice and the Attorney General.

1.3.3

Organisations and individuals

Voluntary euthanasia societies in each of the Australian States reject in principle the distinction between passive and active voluntary euthanasia. However, their membership is small and they have only recently become outspoken and pro-active.

Other organisations appear generally to accept passive voluntary euthanasia, including the nomination by a person of an agent to make decisions on his or her behalf if he or she becomes incompetent.

The main groups opposed to active voluntary euthanasia are the major churches, particularly the Roman Catholic Church9.

Apart from religious-moral reasons, many objectors rely on the thin end of the wedge argument. They suggest that, once the sanctity of life is cheapened by allowing for *active* voluntary euthanasia, terminally ill people and those with gross defects will be pressured into requesting active assistance to die. They fear that it may ultimately result in involuntary euthanasia as well.

Some medical ethicists10 , and some leading medical practitioners as well, argue that we would do more good if we concentrated our efforts on improving care for the terminally ill to make sure that they die peacefully. They argue that, if active voluntary euthanasia were legalised, economic and political factors would result in a decrease in funds for the care of the terminally ill, and a reduction in the quality of the health care they received.

On the other hand, a number of leading philosophers11 argue that active voluntary euthanasia is morally correct. Even if it were not, the law has no business prohibiting conduct where there is no victim.

2. Description of the Common Law and Legislation

Legislation dealing with *passive* voluntary euthanasia has been passed in some jurisdictions, and is expected in others. It has to be understood against the background of the common law which is the same throughout Australia.

Under the common law, the following propositions seem to be established:

· *Active* voluntary euthanasia involves a criminal offence - either murder, or assisting suicide.

9 Relying on the Sacred Congregation for the Doctrine of the Faith, *Declaration on Euthanasia,* 1980.

10 N. Tonti-Filippini, *Some Brief Notes on Euthanasia for the AMA Summit* (1994).

11 H. Kuhse, *The Sanctity of Life Doctrine in Medicine - A Critique,* Clarendon Press, Oxford, 1987; P Singer, *Practical Ethics,* Cambridge University Press, Cambridge, 1979; M Charlesworth, Submission to the Social Development Committee of the Victorian Parliament, published in the Committee's first report, *Options for Dying with* Dignity, 1987.

· It is *not* active voluntary euthanasia if a doctor give a dose of a pain killing drug to a terminally ill patient which is necessary to control pain, but which incidentally hastens the patients death. However, the primary intention must be to relieve pain.

· *Passive* voluntary euthanasia is lawful, since an adult is entitled to refuse medical treatment. It seems that an adult is entitled to refuse ordinary sustenance as well as artificial means of sustenance.

· Passive euthanasia that is non-voluntary (because the person is not legally competent) appears to be lawful if it is in accordance with sound medical practice. The withdrawal of ordinary sustenance appears to be lawful, at least in some situations.

2.1 In all jurisdictions except Queensland, the crime of attempted suicide has been abolished. However, in New South Wales, Victoria and South Australia, a person remains entitled to use reasonable force to prevent a person from committing suicide.12

In all jurisdictions, it is still an offence to assist someone to commit suicide.13

2.2 Three Australian jurisdictions have passed laws dealing with *passive* voluntary euthanasia. Each recognises and reinforces the principle that people are entitled to refuse medical treatment. Unfortunately the laws differ from one jurisdiction to another.

12 Crimes Act 1958 (Vic) s 463B;

Crimes Act 1900 (NSW) s 574B Criminal Law Consolidation Act 1935 (SA) s 13a

13 For detailed discussion of the common law and legislation in Australia, see D Lanham, *Taming Death by* Law, Longman Professional, Melbourne, 1993.

2.2.1

2.2.1

Victoria: Medical Treatment Act 1988

This Act establishes a procedure under which a patient can register a refusal to accept medical treatment. It is an offence of "medical trespass" for a doctor to provide treatment for which a patient has registered a refusal. The refusal may be of medical treatment generally, or of medical treatment of a particular kind. The refusal must be in relation to a "current condition".

The certificate must be in a specified form and must be witnessed by a doctor and another person. Both must be satisfied that the patient's decision is voluntary, and is made after he or she has received sufficient information for the decision to be made.

The major limitation on the statutory right to refuse medical treatment arises from the fact that "medical treatment" is defined as excluding both reasonable relief from pain and the reasonable provision of food and water.

The Act also provides protection from criminal, civil and disciplinary proceedings for doctors and health care professionals who act in good faith in complying with a refusal of treatment certificate.

2.2.2 Victoria: Medical Treatment (Enduring Powers of Attorney) Act, 1990

This Act extends the principle underlying the 1988 Act to the refusal of treatment on behalf of people who have become incompetent to make the decision themselves. However, it is restricted to refusal of treatment by agents appointed in advance by those people.

The agent's appointment has to be in a specified form. It must be witnessed by two people, one of whom has to be authorised to witness statutory declarations. The agent is disqualified from witnessing the appointment.

The appointment only takes effect if the person becomes incompetent. In that case, the agent is entitled to refuse medical treatment on the person's behalf if it would cause unreasonable distress to the patient, or if "there are reasonable grounds for believing that the patient, if competent, and after giving serious consideration to his or her health and well-being, would consider that the medical treatment is unwarranted."

2.2.3 South Australia and the Northern Territory: Natural Death Acts 1983, 1988

Each of these Acts allows a competent adult to make a "living will". The will is an advance directive that the person is not to

be kept alive if he or she is suffering from a terminal illness and has become incompetent.

"Terminal illness" is defined in similar terms in the two Acts. In the 1983 Act, it is defined as:

any illness, injury or degeneration of mental or physical facilities:

(a) such that death would, if extraordinary measures were not undertaken, be imminent; and

(b) from which there is no reasonable prospect of a temporary or permanent recovery, even if extraordinary measures were undertaken.

In South Australia, the living will has to be in a prescribed form which directs that the person not be subject to "extraordinary measures". These are defined as "medical or surgical measures that prolong life, or are intended to prolong life, by supplanting or maintaining the operation of bodily functions that are temporarily or permanently incapable of independent operation".

The Northern Territory Act is more flexible in this respect. It provides for a similar form. However, the direction can be restricted to types of extraordinary measure specified in the direction.

A number of Australian jurisdictions are actively considering legislation dealing with passive voluntary euthanasia. Legislation has already been introduced, but not passed, in the Australian Capital Territory and South Australia.

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2.3.1 Australian Capital Territory

The Medical Treatment Bill 1994 deals with both the right to refuse medical treatment and the right to appoint an attorney. It would have much the same effect as the Victorian legislation. Like that legislation, it recognises oral directions to refuse or withdraw medical treatment. However, the oral direction has to be witnessed by a doctor and another health care professional present at the same time.

2.3.2 South Australia

The Consent to Medical Treatment and Palliative Care Bill 1994 is intended to replace the National Death Act 1983. It deals broadly with consent to medical treatment.

The Bill would establish a person's right to direct what medical treatment is, or is not, to be given if the person is:

(a) in the terminal phase of a terminal illness, or in a vegetative state that is likely to be permanent; and

(b) incapable of making decisions about medical treatment when the question of administering the treatment arises.

The Bill also provides for medical powers of attorney, authorising the agent to make decisions about medical treatment if the person becomes incapable of making them.

However, the power of attorney cannot be used to authorise an agent to refuse the natural provision or administration of food or water; the administration of drugs to relieve pain or distress; or treatment that is conventional and not significantly intrusive or burdensome.

The Bill also contains a unique provision protecting doctors from any form of liability in relation to incidentally hastening the death of a terminally ill person through the reasonable provision of drugs aimed at relieving pain or distress.

3. Drafts of Legal Reform Discussed or Now Under Discussion

The recent development of laws dealing with voluntary passive euthanasia - refusal of treatment, living wills and enduring medical powers of attorney - has already been dealt with. Legislation has been passed in some Australian jurisdictions and drafts are under consideration in others.

In this section of my report, I concentrate on drafts for legal reform which seek to legalise voluntary active euthanasia. Two drafts will be examined:

· the draft Medical Treatment (Assistance to the Dying) Bill 1994, developed by the Voluntary Euthanasia Society of Victoria.

· the Voluntary & Natural Death Bill 1993, introduced into the Legislative Assembly of the Australian Capital Territory, but

now withdrawn.

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3.1 Draft Medical Treatment (Assistance to the Dying) Bill 1994:VESV

This Bill seeks to legalise physician-assisted suicide, not other types of active voluntary euthanasia.

The Bill would provide doctors and nurses with immunity from criminal, civil and disciplinary proceedings if they followed the procedures set out in the Bill.

Immunity is only available if all of the following conditions are satisfied:

1. The patient is an adult.

2. The doctor is satisfied, on reasonable grounds, that the patient is suffering from a terminal illness and is likely to die within 12 months.

3. The illness is causing the patient severe pain or suffering or distress.

4. The doctor has informed the patient of the nature of his or her illness, its likely course, and medical treatments, including palliative care, that might be available.

5. There is no medical treatment reasonably available and acceptable to the patient, that will relieve the patient's severe pain or suffering or distress.

6. After being informed, the patient indicates to the doctor that he or she has decided to end his or her life.

7. The doctor is satisfied, on reasonable grounds, that the patient is competent and that his or her decision to end his or her life has been made freely, voluntarily and after due consideration.

8. The patient, or a person acting on the patients behalf (because he or she can't do so), signs a completed certificate (in or to the effect of the prescribed form) asking the doctor to assist him or her to end his or her life.

9. The doctor witnesses the patients signature.

10. The certificate is then signed by another doctor after he or she has discussed the case with the doctor and with the patient, and is satisfied, on reasonable grounds, that the certificate is in order and that these conditions have been complied with.

11. At the time of assisting the patient to end his or her life, the doctor is satisfied, on reasonable grounds, that the patient is competent and still wants to end his or her life.

12. The doctor has no reason to believe that he or she, or the counter-signing doctor, or a close relative or associate of either of them, will gain a financial benefit, directly or indirectly, as a result of the death of the patient.

The draft Bill contains a number of additional protections against abuse of the procedures. These include:

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· criminal penalties against deception or improper influence in getting a person to sign, witness or countersign a certificate.

· forfeiture of direct or indirect financial benefits in equivalent circumstances.

· a requirement that a doctor must report a death to the Coroner and that the Coroner must report annually to Parliament.

Major aspects of the Bill are its limitation to physician-assisted suicide rather than voluntary active euthanasia, and its failure to deal with the issue in relation to people who are incapable of making decisions for themselves, including young children.

3.2 The Voluntary & Natural Death Bill 1993:ACT

This Bill was introduced into the Legislative Assembly of the Australian Capital Territory, but later withdrawn. It dealt with passive voluntary euthanasia as well as active voluntary euthanasia. It would have protected a doctor from prosecution if he or she gave or administered to a terminally ill patient,14 at his or her advance direction, a lethal dose of a drug.

The Bill provided for the recognition of both written and oral directions. Oral directions had to be made on 3 different days within a period of 6 days. Both written and oral directions were to be treated as revoked if the patient indicated in any way that he or she wanted to revoke it, or had a doubt or reservation about making it.

The Bill showed a preference for physician-assisted suicide. It required a patient to administer or to assist in administering the drug, if he or she was able to do so.

The Bill also allowed for enduring powers of attorney, authorising the attorney to consent to the administration or giving of a lethal dose of a drug.

The Bill laid down procedures aimed at protecting patients against abuse. These included:

· a special form for written directions, and special requirements concerning oral directions

· a requirement that the directions be witnessed

· the exclusion of relatives and beneficiaries from the class of possible witnesses

· the revocation of a direction by a mere expression by the patient of a doubt or reservation about that direction

· a requirement that full information be given to the patient concerning the nature of the terminal illness and alternative forms of treatment

14 Defined in terms of the absence of thought or perception.

· a requirement that the doctor obtain the consent of an independent doctor before inducing the death.

The exercise of the power of attorney would also have been carefully controlled. The grantor would have had to be declared terminally ill by a doctor. The attorney would have had to be given full information about the illness and alternative forms of treatment. And the attorney would have had to believe on reasonable grounds that the grantor would request the inducing of death if he or she were able to make the decision.

The ACT Bill was much more extensive than the Victorian Bill. However, it still did not deal with either active or passive euthanasia in the case of terminally ill children.

4. Present Situation of the Criminal Policy Debate

Recent debate on euthanasia in Australia has focused primarily on passive voluntary euthanasia. This is a relatively uncontroversial area. In due course, all Australian jurisdictions will enact legislation recognising passive voluntary euthanasia. However, there has been no indication of any enthusiasm for making passive euthanasia available in the case of those who are incompetent, including children.

The problem is particularly acute in the case of children. One recent case in Victoria highlighted the issue.

The case - *Baby M* - concerned an infant who died at the Royal Children's Hospital in Melbourne in 1990. She was born with high lesion spina bifida. She was paralysed from the waist down, and doubly incontinent. She had hydrocephalus and brain stem abnormality, as well as severe leg deformities. She would probably have been retarded and epileptic. She had an 80% chance of developing curvature of the spine which could ultimately have prevented her from sitting in a wheelchair, and which could have further restricted her already limited lung function.

Whatever treatment was offered, Baby M might not have survived. If she did, her quality of life was likely to be extremely poor.

Baby M's doctors, in consultation with her parents, and after discussion with a number of independent consultants, decided not to operate. The baby was given only pain killers and sedatives. She was also fed on demand. She died a few days later.

A fringe organisation - the Right to Life Association - became aware of the case through a relative of the parents and intervened, both at the hospital and with the police. Eventually, the Coroner held an inquiry into the death.

The Coroner endorsed the right of parents to make medical decisions for their children, including critically ill infants. She

bund that the child died of natural causes. She stated that "a mature community should have confidence in, and lend support to, its member in these instances".

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Even so, one of Australia's most respected commentators in the field has pointed out15 that the Coroner's decision in this case has little if any precedent value, and that doctors and parents in that and similar situations may still face the risk of criminal prosecution.

The risk of prosecution is certainly real if a doctor decides to withdraw sustenance (food and water) in order to hasten death.

The second case, *Re F,* also concerned an infant in hospital suffering from spina bifida. An application was made to the Supreme Court by the childs grandfather for protection of the child.

The Supreme Court was told that the child had been denied sustenance, that the child was in the care and control of hospital authorities and medical practitioners employed by the hospital, and that the life of the child was in jeopardy The court drew the inference that some decision had been made to sedate the child and to withdraw sustenance in order to permit the child to die.

At a preliminary stage, before factual evidence was presented, the judge made the following statement:

I want one proposition to be understood right at the very outset by all concerned, and it is this. Whatever may be the situation as considered in terms of personal or community morality, whatever may be the justification through some form of ethical assessment, for the adoption of a deliberate course of conduct designed to terminate the life of a child, the law in this community is clear and simple. It gives no warrant whatever for any such decision to be made. Difficult problems as you appreciate do arise from time to time when consideration has to be given to what steps may otherwise be involved in the preservation or continuation of life, but no parent, no doctor, no court, has any power to determine that the life of any child, however disabled that child may be, will be deliberately taken from it. Now, I would want that proposition very clearly understood by all concerned. My apprehension in this matter has arisen because it appeared to me that there was some confusion existing as to what rights might or might not exist in this area. As I have indicated, my understanding of the law is that which I have indicated to you. It does not permit decisions to be made concerning the quality of life, nor does it enable any assessment to be made as to the value of any human being. As I have indicated I am not concerned - and never have been concerned - from the time at which the immediate order was made - to deal with other than that immediate and specific problem16.

Despite the Supreme Courts emphatic rejection in *Re F* of the propriety of withdrawing sustenance, the practice is undoubtedly followed in the case of some grossly deformed infants.

Turning to *active* voluntary euthanasia, the judiciary is likely to take the traditional view that it is unlawful. A few philosophers and lawyers support a change in the law. However, an attempt at change would be highly controversial, and most unlikely to succeed politically. The most that can be hoped for in the short term is that individual Members of Parliament will be willing to introduce a Private Members Bill to stimulate debate.

15 L. Skene, Die Euthanasie in Australien, *Zeitschriftfur Medizinische Ethik* 39:293-251 (1993).

16 It later became clear that the mother denied that the child was being deprived of sustenance, and that an additional problem was involved: the question whether an operation should be performed which could prolong life. There is no report of further proceedings in relation to the infant.

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5. Personal point of view

People involved in law reform have to ask themselves about their starting point - their basic premise. In the area of the criminal law, in particular, the starting point of most of us lies in the principle of respect for freedom. What this means is that the State is only justified in forbidding conduct which causes demonstrable harm to others.

Perhaps the most famous articulation of this principle is in John Stuart Mill's Essay on Liberty To make conduct criminal, it is not sufficient to characterise it as immoral. Let the vast majority of people condemn particular conduct as immoral; that is no reason for making that conduct illegal. There must be an observable harm to society, and that harm must outweigh the harm

that is involved in denying people their freedom.

In fact, the present law itself imposes two types of harm. First, it condemns a significant number of dying patients to intolerable pain and distress. Secondly, it imposes on a number of caring medical practitioners the threat of prosecution and professional ruin for doing what they believe their professional duty requires.

I do not doubt that pain can be controlled by medication in the case of most dying patients. However, it also seems clear that pain *cannot* be controlled in the case of a significant proportion of dying patients. And it is also clear that whether pain is, in fact, controlled in any particular case depends on a variety of factors, of which ease of access to continuous medical and nursing care is probably the most important.

Pain is, of course, not the only factor. There is also the distress associated with dying - the distress of the knowledge that one is losing physical and mental control of oneself; the distress of being seen by one's family in such a state; the distress of seeing the distress of *those* people at ones own suffering; the distress caused by the very nearness of death. No doubt some of this distress can also be alleviated by medication. But there remain many people for whom medication is, as in the case of pain, an insufficient answer - indeed, no answer at all.

Some, probably many, of those people whose pain or distress cannot be controlled want to end their suffering. They want their medical advisers' assistance. The law forbids that assistance. It forbids a medical adviser to give a lethal dose of a drug to a patient who wants to die at his or her own hand, peacefully It forbids a medical adviser to go further and to cause that death intentionally by actually administering a lethal drug, orally or by injection.

It is clear, then, that the law imposes terrible harm on a significant number of terminally ill patients and on their caring medical advisers. Unless a change in the law would run a real risk of giving rise to a comparable amount of harm, the law should obviously be changed to permit active voluntary euthanasia. Dying patients should be entitled to ask for help to die. Medical advisers should be entitled to give that help. It goes without saying, of course, that neither should be pressured into it.

Those who oppose a change rely on two main types of harm which they fear would result from making active voluntary euthanasia lawful.

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The first is the risk of individual abuse - the risk that dying patients will be killed either against their wishes, or with their consent having been induced by an excess of altruism or by insidious outside pressures from their families or friends. The second is the wider, flow-on effect of allowing people more freedom in relation to their death. The fear is that it will not be possible to quarantine voluntary euthanasia. The freedom will soon extend to non-voluntary euthanasia - to people who are unable, because of their age or for other reasons, to make an informed decision. It may even eventually extend to involuntary euthanasia, where terminally ill people are killed *against* their wishes. Even if that doesn't result, there will be a lessening of respect for human life which will lead in turn to a reduction in funds for the care of terminally ill people; and to increasing pressure on those people to take steps to remove the burden that they are to the rest of society.

These are, of course, serious concerns, genuinely held. But, with one exception, I do not believe that they are likely to occur. And I do not believe that the risk of their occurring is sufficiently great to justify the harm involved in denying many terminally ill patients the right to make their own decisions about their death, and in denying their caring medical advisers the right to help them to bring their pain and suffering to an end.

Now, I've indicated that there is one exception to my view that the feared consequences of permitting *active* voluntary euthanasia - are unlikely to occur. The exception is this. I have no doubt at all that legalising *active* voluntary euthanasia will lead to strong demand for legalising *active* non-voluntary euthanasia - that is, allowing for the relevant type of decision to be made by others on behalf of those who, because of their age or for other reasons, aren't able to make the choice themselves.

But that is not in any sense a "harm" from which 1 would recoil. Indeed, I would welcome it as entirely appropriate. It is perfectly consistent with the principle of respect for human freedom. Indeed, it seems to me to be *required* by that principle. Otherwise, we would be guilty of discriminating against those who are unable to make the choice for themselves. We would be continuing to condemn them to the very harm which we believe it is unacceptable to impose on people. What *must* be insisted upon, of course is that the decision made "for" such a person is, so far as we can tell, the decision that person would have made had he or she been able to choose.

The absence of an actual present choice by the person creates a difficulty, of course. But there may well be indications of what

that person is likely to have done in that type of situation. And there are other situations where the choice that the person would have made is reasonably predictable.

Even so, the problem posed by the lack of actual present consent is certainly sufficient to require that special projections be put in place to ensure that the decision that is made is the one that the person in question would have made, not the decision of someone else with different views about matters of life and death.

The suggestion that allowing active non-voluntary euthanasia would, in turn, lead to a demand for euthanasia that is involuntary - that is, *against* the wishes of the dying person - is, in my

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view, quite implausible. That would contradict the principle of respect for human freedom - in this case, the right of terminally ill people to make their own choices about death, and the right of medical advisers to make their own choices about assisting them.

In fact, this is a case where the slippery slope or thin end of the wedge argument works *against* the views of those who rely on it. There is little risk of a slide from active voluntary euthanasia to active involuntary euthanasia, because both voluntary and non-voluntary euthanasia are explicitly based on respect for individual choice - the very antithesis of involuntary euthanasia. There is, in fact, much more of a risk of a slide from the *present* law to involuntary euthanasia, because the present law does *not* respect individual choice. It subordinates that choice to the supposed needs of society.

Much the same can be said in relation to the other feared consequences of legalising voluntary euthanasia. To legalise voluntary euthanasia is not to disparage the lives of terminally ill people. It is to affirm the dignity of those people by giving them a choice which the law now forbids. I do not understand how that creates a risk of a lack of respect for human life or of a restriction on medical services to the terminally ill. Both are more likely to flow from continued recognition of the State's right to subordinate individual choice to the supposed needs of society. Who can say what those needs may be perceived as being in an over-populated and under resourced world?

In the end, then, I am left unconvinced by the arguments of those who oppose voluntary euthanasia. The harm which the present law does to individual freedom; the terrible pain and distress which it imposes on people who want to bring their suffering to an end; the threat of prosecution (and its attendant professional ruin) which it makes against honourable and deeply caring medical advisers; all these, in my view, far outweigh the rather unlikely and remote risks of harm which might result if the law were changed.

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ASSISTED DEATH

AND THE NORTHERN TERRITORY

RIGHTS OF THE TERMINALLY ILL ACT

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ASSISTED DEATH

AND THE N.T.

RIGHTS OF THE TERMINALLY ILL ACT

I. INTRODUCTION

During the last decade or two, medical end-of-life decisions have increasingly been discussed in many countries, including Australia. There are a number of reasons for this.

Death is no longer the natural, and relatively private, event it once was. Rather, patients increasingly die under medical supervision,, in hospitals or nursing homes.

Moreover, path-breaking developments in medicine and the biomedical sciences have greatly increased our ability to sustain life. There are few life-threatening conditions today, where some treatment or intervention could not delay the moment of death. As a consequence, many patients will die only after the decision has been made to allow death to occur. This means that death is very often the result of a deliberate human decision.

This raises questions about the rights, duties and responsibilities of patients and doctors, and about the law. Who should make these decisions, and on the basis of what principles or norms? Moreover, if we allow *some* medical end-of-life decisions, is it reasonable to deny others?

There is now near-universal agreement that life must not always be prolonged. And while debate about fife and death decisions for patients who are unable to make decisions for themselves is continuing, there is now widespread moral agreement that *competent, adult* patients - the subjects of the present inquiry should be able to refuse medical treatment, even if this leads to their foreseen death.

This moral principle, built on autonomy and respect for the person concerned, is reflected in common law, and enshrined in statute laws, such as *The Medical Treatment Act 1988 (Victoria).*

If the debate about the moral and legal principles that should govern non-treatment decisions for competent patients has largely been resolved, the same cannot be said about the provision of *direct* medical assistance in dying for those who request it. It is, however, *that* area which has become the focus of much national and international attention. While there is good evidence to suggest that a large majority (some 80%) of the people in Australia believe that it would be morally proper for doctors to provide voluntary euthanasia to terminally ill patients who 'request it, the law categorically prohibits such actions.

The question now before the Committee is whether the law should be changed, in accordance with the Northern Territory Rights of the Terminally III Bill, where competent and terminally ill patients would not only be able to refuse treatment for themselves, but would also be able to request direct help in dying, from doctors willing to provide it.

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I have worked in the area of bioethics since 1981 - initially as a (senior) research fellow and then as (deputy) director of the Centre for Human Bioethics at Monash University. Questions concerning death and dying are part of the subject matter of

bioethics, and one of my particular areas of interest.

Having thought and written about these matters for more than a decade, I am an in-principle supporter of voluntary euthanasia and medically assisted suicide. **It is a serious moral wrong, I believe, that terminally iii and suffering patients who want to end their lives painlessly and in a dignified manner are prevented, by law, from receiving help from doctors who are willing to provide it. This denial constitutes an infringement of a basic human right - that we should be able to seek help in dying if terminal illness imposes more pain and suffering on us than we are able and willing to bear.**

In addition to involving infringement of a basic human right, **this denial also involves** unjust discrimination. Our society gives terminally ill patients who require life-support the legal right to refuse treatment (and thereby the opportunity to bring about their own death, with the help of doctors). This very same right is denied the terminally ill who are not 'fortunate" enough to require life-support which they can then refuse. This latter group of patients is being discriminated against - for they are denied an equal opportunity to bring about their own death, with the help of doctors.

Those of come after us will, I believe, look at our approach to medical end-of-life decisions in much the same way as we now regard some past practices, long since condemned, that unjustifiably restricted individual freedom and imposed suffering on grounds that are indefensible outside some particular and non-universal system of moral or religious beliefs.

The literature concerning voluntary euthanasia and related end-of-life decisions is vast. In this short paper, I can but briefly state and discuss the central arguments, and identify common themes. I would be happy to make additional references and/or literature available to the Committee, if requested to do so.

The contemporary debate about voluntary euthanasia, and this includes the present debate concerning the proposed legislation in the Northern Territory, is often marred by deep confusions, obfuscation and unfounded assumptions. Once these confusions and problematical claims are removed, it will be difficult, I believe, to disagree with the view that there are overwhelming reasons why the practice of direct medical help in dying for the terminally ill should be decriminalised.

One final point: I will not distinguish between medically assisted suicide and voluntary euthanasia. While some writers take the view that the two practices are morally different (and should be treated differently for the purposes of public policy), I do not share this view. For the purposes of morality and public policy, the two practices should be treated the same. Consequently, I will consider arguments about voluntary euthanasia and medically assisted suicide jointly - under the common term "voluntary euthanasia".

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II. TERMS AND DEFINITIONS

The debate about voluntary euthanasia is often hindered by confusion about the terms "voluntary" and "euthanasia".

Euthanasia: Opponents (but not only opponents) of voluntary euthanasia will often use the term 'euthanasia' in conflicting and contradictory ways, where they are referring not only to actions that are directly intended to cause death (such as the administration of a lethal drug) but also to cases of allowing the patient die - by withholding treatment and/or administering potentially life-shortening pain and symptom control. If this definition is used, up to 84% of deaths, in some settings, would have to count as 'euthanasia'. See Attachment 1.

The inconsistent use of definitions has led to great distortions and false claims concerning the practice of voluntary euthanasia in The Netherlands. Attempting to produce damning data, well-known opponents of voluntary euthanasia have performed virtual 'dances with data' - where the 'dancing' was typically made possible by the inconsistent use of terms, and the adding together of disparate data. (See Attachments 2 and 3)

For the purposes of this background paper, I shall understand 'euthanasia' as an instance of the intentional termination of life, where the doctor or terminally ill patient administers a lethal drug with the aim of shortening the patient's life, and where the action is performed for the sake of the patient.(For definitions, see Attachment 4).

Voluntary: 'Voluntary' refers to a voluntary or free decision by an adult patient (not to a decision by the doctor, by a relative, or by anybody else). In voluntary euthanasia the patient chooses euthanasia, in much the same way as competent, informed adult patients are now able to legally choose whether they will accept or refuse life-sustaining treatment (see **Attachment 4).**

The last example shows that our laws already recognise the fundamental principle that patients should be able to make life and

death decisions for themselves. **This means that the question before the committee is not whether patients should be able to make life and death decisions for themselves (the law has already answered that question in the affirmative), but rather whether their right to do so should remain limited to the refusal of treatment and to the acceptance of potentially life-shortening palliative care.**

Killing: Particularly those opposed to the decriminalisation of voluntary euthanasia make much use of the word "killing" when they argue against direct help in dying.

The word "killing" ordinarily describes a very bad act. Cutting short the life of a person who is enjoying life and wants to go on living is the worst thing we can do to that person. But is cutting short a person's life always a bad thing and must it always be prohibited, by law?

We, as individuals and as a society, have already answered both questions in the negative. Many terminally ill patients refuse life-sustaining treatment because they prefer an earlier death to a longer life of suffering; and we have given legal protection to doctors who, in accordance with the patients' wishes, withhold or remove treatment, thereby allowing the patients to die.

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Cutting short a patient's life is morally wrong if the patient does not consent. This applies not only to killing but, under similar circumstances, also to cases of letting die. In both instances, consent will typically turn what would, without consent, be an abominable act into a morally good act. The distinction between "rape" and "making love" is one example. The distinction between being killed against one's will, and having one's life ended when one wants to die, is another.

III. THE CENTRAL ETHICAL ARGUMENT FOR EUTHANASIA

Respect for autonomy and well-being: The central ethical argument for voluntary euthanasia rests on autonomy or serf-determination, and the individual's own understanding of well-being. These two values are already recognised in the above-mentioned moral and legal right of patients to make decisions concerning the refusal of life-sustaining treatment.

Autonomy or self-determination is fundamental to what it means to be a person, or a moral agent. It is important because it allows people to shape their lives in accordance with their own values and beliefs, as long as their actions do not infringe the bounds of justice and allow others to do the same. Failing to recognise the individual as a pivotal decision maker fails to *respect* that person and is to disregard their capacity to form and pursue their own plans for life.

There is a close link between respect for autonomy and human dignity. Because dying is an important part of a person's life, a dignified death is one that accords with that person's deeply held moral beliefs and values, and with her conception of herself as a particular kind of person.

This has obvious relevance for the voluntary euthanasia debate. Just as it is undignified to deny a person the legal right to refuse medical treatment (therefore forcing some people to live a life that they do not want), so it is undignified to prohibit those who want and need it from receiving direct help in dying from doctors willing to provide it.

Like the refusal of treatment, the request for voluntary euthanasia will often be an expression of a dying person's quest to retain dignity and control at the end of life. Not every terminally ill patient will seek voluntary euthanasia, and not every patient will experience the dying process as undignified. But there are those - a small but significant majority - who suffer much, and who regard the burdens, impairments and indignities imposed on them by their terminal illness as so great that they long for, and would want to choose, an early death.

Because different people have different conceptions of the good life and of what it means to die a good death, it is important that we allow people to control the way in which they die. For some this will involve a "natural death", others will accept potentially life-shortening palliative care, some will reject life-sustaining treatment, and some will choose euthanasia.

Of course, patients cannot *compel* doctors to practice voluntary euthanasia (the doctor's autonomy to form, and then live by, a particular value system deserves the same respect as that of the patient), but the argument against compelling doctors applies, of course, not only to voluntary euthanasia, but also implementing a patient's refusal of treatment. Many doctors

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would, however, be willing to practise voluntary euthanasia if it were legal and support it on moral and professional grounds. (See **Attachments 7 and 8**).

The Rights of the Terminally Ill Bill does not compel doctors to provide euthanasia, and it does not compel patients to seek it. Rather, it permits both patients and doctors to jointly decide on a medical end-of-life decision that best meets the needs of the patient - in much the same way as the law now permits patients and doctors to make non-treatment decisions.

Consequences:

Peace of mind: Some 80% of the Australian population support voluntary euthanasia. While many of these supporters may not ultimately want voluntary euthanasia for themselves, the mere fact that a public policy allowing voluntary euthanasia exists would give many people peace of mind. They would rest assured that they have not only the choice of refusing unwanted life-sustaining treatment, but also the assurance that they can lawfully request direct help in dying, should they ever want it. The American philosopher Dan W. Brock draws a parallel here between this and fire insurance.1 While most of our houses do not burn down, most of us nonetheless like to have fire insurance. It gives us the security of knowing that we can draw on this insurance, if ever there is a need to do so.

Avoiding unwanted pain and suffering during the dying process:

Even the beat palliative care cannot relieve all terminal pain and suffering. While pain can almost always be relieved, in some 5% of cases, this is not possible - unless the patient is rendered permanently unconscious. Other distressing symptoms, such as nausea and vomiting and the inability to obtain sufficient oxygen through breathing, are, however, much more difficult to treat.(See **Attachment 5**)

As already noted, some patients are "fortunate" enough to be able to refuse life-sustaining treatment. But not all patients require such treatment, which they can then refuse.

Moreover, withdrawal of treatment will not always result in a comfortable and

dignified death. Rather, in some circumstances, the patient will die under distressing circumstances, over hours, days or weeks. Why impose this process on an unwilling patient - a patient who has already been given the legal right to bring about his or her own death by rejecting life-sustaining treatment? This prolonged process of suffering seems pointless, in circumstances where the patient wants an early release.

Those opposed to the decriminalisation of voluntary euthanasia often agree that there are circumstances when it would be desirable, from the individual patient's point of view, if voluntary euthanasia were available. They might, however, nonetheless oppose voluntary euthanasia on the grounds that it is inherently morally wrong.

IV. FIRST ARGUMENT AGAINST VOLUNTARY EUTHANASIA: "EUTHANASIA IS MORALLY WRONG"

According to some moral and religious beliefs euthanasia - including voluntary euthanasia - involves killing and is absolutely and in itself morally wrong and must never be allowed. (Letting die, on the other hand, is not always considered morally wrong.)2

It is difficult to present arguments against claims - often based on deep religious conviction - that simply assert that some actions described as 'killings' just are morally wrong, whereas certain other actions described as cases of 'letting die' just *are not* morally wrong.

One could try to argue that there is no intrinsic moral difference between 'killing' and 'letting die' - if all the morally relevant features of the two life-shortening actions, such as the doctor's motivation and respect for patient autonomy and well-being, are the same. These arguments have been put, at length, before, but so far no moral consensus has been reached. Nor is it likely that such moral consensus will be forthcoming. The reason is this: people who approach ethics from different moral, cultural or religious perspectives will often arrive at different answers to morally controversial questions, such as euthanasia. These answers have their source in particular value systems and can therefore not be shown to be true or false, in the ordinary sense of those terms. This does, or should, lead one to adopt an approach that shows respect for the considered views of others.

V. PUBLIC POLICY

It also raises the issue of an appropriate social response. Given that there is fundamental disagreement about the morality of a practice, how should modern pluralist societies such as Australia respond to it? Should they allow or prohibit the practice, and on what grounds?

Personal Liberty

It is now widely accepted that personal autonomy or liberty is a very important value and that it is inappropriate for the state to either adopt a paternalistic stance towards its mature citizens, or to restrict their freedom through the enforcement of a particular moral point of view. **Only if one person's actions cause harm to others is it considered legitimate for the state to step in, and to bring in laws that restrict individual liberty**. As John Stuart Mill put it in his famous essay *On Liberty:*

The only purpose for which power can rightfully be exercised over any member of a civilised community, against his will, is to prevent harm to others....Over himself over his own body and mind, the individual is sovereign.

The argument from liberty or autonomy suggests that people should, under the appropriate circumstances, not only be free to refuse medical treatment, but that those who are terminally or incurably ill should be able to enlist the help of writing doctors to end their lives. But voluntary euthanasia is prohibited by law. While some countries and states allow assisted suicide, voluntary euthanasia is prohibited in all countries other than the Netherlands, where doctors can practise it under some clearly defined circumstances.

There is not only considerable public support for a liberal approach towards voluntary euthanasia, health care professionals also share this view. **Australian surveys suggest that 75% of nurses and 60% of doctors would like to see voluntary euthanasia decriminalised.** They also show that, roughly, every third doctor among those polled who has been asked by patients to do so has, in fact, practised voluntary euthanasia at least once, even though it is a criminal offence. (See Attachments 6, 7 and 8) These trends are not confined to Australia; they can also be observed in many other parts of the world. The reason why doctors

increasingly support and practise voluntary euthanasia is that these doctors believe that it is not only compatible with their role of doctors - but *required* by it - and justified by the same moral and professional principles as the (lawful) refusal of treatment and potentially life-shortening palliative care. (See Attachments 5 and 7). Editorials in two leading British medical journals (The *Lancet,* and The *British Medical Journal)* thus recently noted that it was appropriate that there be a change in the official medical opposition to voluntary euthanasia.(Attachments 9 and 10).

A public policy approach that allows voluntary euthanasia is respectful of cultural, religious and moral diversity. It is neither prescriptive nor restrictive. It merely *allows* voluntary euthanasia, in the same way in which current public policies allow the refusal of treatment.

Existing laws which prohibit voluntary euthanasia are unjustifiably prescriptive. They institutionalise a value system, a particular set of beliefs about the intrinsic moral wrongness of voluntary euthanasia, which is not shared by a majority of the Australian people.

Existing laws are discriminatory:

If public policy should, whenever possible, incorporate respect for liberty, it should also be committed to equality. And yet, as already suggested above, **existing laws discriminate against an identifiable group of people - the terminally ill who do not require life-support**.

The federal trial court in Washington State recently found that Washington

State criminal law, which bans assisted suicide by informed, competent, terminally ill adults, but allows refusal of treatment, violates a fundamental constitutional right. The court ruled that there is no relevant distinction between the right to refuse life-sustaining treatments and the right to have access to life-ending medications. In drawing a legal distinction between these two kinds of medical end-of-fife decisions, Judge Barbara Rothstein ruled, the criminal law violates the Fourteenth Amendment of the constitution which guarantees equal protection under the law)

While this legal argument, if valid in the context of the United States, may not be directly translatable into the Australian context, it has undoubtedly considerable *moral* force.

So does the moral and legal argument recently put by Sue Rodriguez before the Supreme Court of Canada. Sue Rodriguez, who was suffering from motor neurone disease, argued as follows: as long as she was still able to do certain things for herself, her life was valuable to her and she did not want to die. But, because the disease was incurable and progressive, she would soon be totally disabled, and it would be then that she would wish to die. If she did not take her own life, it was likely that she would eventually die of suffocation. By that stage she would, however, no longer be able to take her own life. Because Canadian law prohibits assisted suicide, Sue Rodriguez argued that it unjustly prevented her from getting help in doing what an able-bodied person can do (and in Canada, where suicide has been decriminalised, can lawfully do) without help.

The Supreme Court ruled against her - but only by a slim 5:4 majority - and the outcome might swell have been different.4

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The moral argument seems compelling. But are there any sound reasons why the law should nonetheless *not* be changed? One might reasonably oppose law reform if it were the case that more harm than good would come from such a change. Before taking a look at that argument, ! want to deal briefly with one extraordinarily bad argument against the decriminalisation of voluntary euthanasia: the argument that the toleration, by a state, of voluntary euthanasia would infringe the internationally recognised 'right to life'.

"The right to life is inalienable":

This argument is put by John Fleming, who has recently suggested that we should understand the notion of a 'right to life' not only in the sense of being inviolable, but also in the sense of being "inalienable". This means that I should not only be protected against unjustifiably having my life cut short by others, but also be prevented from freely giving up my own life.

To understand the "right to life" as inalienable makes nonsense of traditional rights theory, which understands "rights" as entitlements and entails the liberty to give up what one has a right to, and confuses a "right to life" with a "duty to live". It also makes nonsense of traditional Roman Catholic thinking which held in high esteem those exceptional individuals who were willing to lay down their lives for the sake of others. Moreover, if the "right to life" were indeed inalienable, would this not raise serious questions about the legally sanctioned practice that patients should be permitted to divest themselves of their lives through the refusal of life-sustaining treatment?

Let us now turn to the more serious argument that more harm than good will come from the decriminalisation of voluntary euthanasia.

VI. SECOND ARGUMENT AGAINST VOLUNTARY EUTHANASIA: BAD CONSEQUENCES AND SLIPPERY SLOPES

Claims about potential harms often ignore potential goods frequently still, ignore potential goods, and more frequently still ignore existing costs and evils.

Moreover, some of the claims concerning harm will often rest on the implicit assumption that voluntary euthanasia raises new and difficult issues that are not already raised by the refusal of treatment and the administration of potentially fife-shortening pain and symptom control. Because these issues cannot satisfactorily be dealt with by public policy approaches, the argument goes, voluntary euthanasia must not be allowed. But this assumption of difference is often wrong: voluntary euthanasia raises, few - if any - issues that are not already raised by other socially sanctioned medical end-of-life decisions.

Patients cannot rationally choose death/doctors ought to prolong life:

It is thus sometimes claimed that terminally ill patients can never, or only rarely, rationally or autonomously choose euthanasia, because they might be depressed or their minds clouded by medication. This entails that doctors cannot have a valid mandate from a patient who wants to die. This claim is sometimes coupled with the further claim that doctors have a duty to benefit their patients, not to end their existence. After all, how can a doctor benefit a patient when the act of euthanasia ensures that the patient is no longer around to receive the benefit?

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If opponents of voluntary euthanasia really believed these kinds of argument, then they would also have to hold that no patient can ever autonomously refuse life-sustaining treatment or choose life-shortening palliative care, and that no doctor must ever cooperate with a patient in life-shortening non-treatment or palliative care decision.

But this is not what most opponents of voluntary euthanasia believe. Rather, they seem to assume that a patient can rationally refuse treatment (and that doctors ought to cooperate with this decision) but that the patient cannot autonomously and rationally choose voluntary euthanasia. This is inconsistent. The question is whether a patient can rationally choose an earlier death over a later one (and whether doctors ought to cooperate with these kinds of end--of-life decisions) - and that choice is made in either case.

Hence, if a patients can rationally opt for an earlier death by refusing treatment or by accepting life-shortening palliative care, they must also be able to rationally opt for an earlier death by euthanasia - and a doctor must be able to benefit patients by acts which involve their non-existence.

It is true, of course, that some patients who request voluntary euthanasia or who refuse treatment may be clinically depressed and unable to make rational decisions for themselves. If this is suspected, most hospitals have mechanisms in place that can be employed to assess a patient's mental state.

Voluntary euthanasia will lead to abuse:

Another frequent objection is that it would be impossible to frame laws and provide safeguards against abuse. What this objection overlooks is that the opportunity for abuse already exists. Doctors are already lawfully able to end the lives of their patients, at the patients' request, through the discontinuation of treatment and the administration of potentially life-shortening pain and symptom control. In addition to that, significant numbers of doctors practise voluntary euthanasia, even though it is unlawful (See **Attachments 7 and 8**).

As was mentioned above, surveys have shown that the practice of voluntary euthanasia is relatively widespread. Some doctors - including the President of the Australian Medical Association, Dr. Brendan Nelson - have publicly stated that they have intentionally ended patients' life.

There are currently no regulation, and no safeguards, and doctors and patients have no guidance. The implementation of laws would provide safeguards; rather than constitute a source of abuse, it would protect patients and doctors alike. It would also promote respect for the law. If large numbers of our most respected citizens show disrespect for the law - as they now do by breaking it then this will ultimately undermine the institution of the law itself.

Voluntary euthanasia will threaten the doctor/patient relationship:

Would the doctor/patient relationship be threatened if physicians were permitted to practise voluntary euthanasia, as it is sometimes claimed? It is difficult to see why this should be the case. On the contrary, many patients would derive considerable peace of mind from the knowledge that their doctors would be willing to give death a helping hand - ff this should ever become necessary, which it might not.

The Experience from the Netherlands shows that Voluntary Euthanasia Cannot be Contained:

More recently, a new claim has been put forward by people opposed to voluntary euthanasia. They argue that voluntary euthanasia should not be legalised because the experience from the Netherlands (where doctors have been able to practise voluntary euthanasia for the last decade or so) shows that it will lead to abuse. They base their findings on a recent large-scale study, the so-called Remmelink Report.

The argument is that the study shows that the introduction of voluntary euthanasia has led to abuse - that is, it is claimed that physicians did not always obtain their patients' consent when they withdrew or withheld treatment, administered life-shortening palliative care, or administered euthanasia.

But how can a single study - so far the only one of its kind anywhere in the world - possibly show that the introduction of voluntary euthanasia *has led to* abuse? To demonstrate that, one would need at least two studies - one conducted before the practise of voluntary euthanasia was introduced and one conducted some time after it. Only then would one be able to compare figures and be able to say that there is more or less abuse after the introduction than there was before.

What is more, we do not know whether there is more or less abuse in the Netherlands than in countries such as Australia where voluntary euthanasia is unlawful but is nonetheless practised by doctors who regard it as morally right. It may be less, or more. We simply don't know.

Many articles have been published that try to demonstrate that things are going badly in the Netherlands, as a consequence of the quasi-legalisation of voluntary euthanasia. Very often, these articles have no acceptable foundation, but are based on selective citation of data, on limited and unscientific studies, or are simply making factually wrong assertions. (See **Attachment 2 and 3**)

Voluntary euthanasia raises no new issues:

It is often thought that voluntary euthanasia raises issues that are entirely new. This is, however, not the case. All the issues that will sometimes worry people about doctors being permitted 'to give death a helping hand' are already raised by our public and legal acceptance of non-treatment decisions, and the acceptance of the principle that doctors may, when necessary, administer life-shortening pain and symptom control.

In these situations, the doctor will, with the patient's consent, perform actions that will result in the patient's foreseen and often intended death. The same is true when it comes to voluntary euthanasia. The difference is merely one of

VII. CONCLUSION

The best way of ensuring the responsible practice of voluntary euthanasia is by making the practice transparent, by decriminalising it, and by establishing frameworks that will protect patients and doctors alike.

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At the moment, we have "wild" voluntary euthanasia, where large numbers of good doctors - some of the most respected citizens in our society - are breaking the law to respect a suffering patient's wish to die. The Northern Territory Rights of the Terminally I11 Bill will provide an appropriate framework for the practise, in the context of terminal illness. It incorporates a responsible and measured approach that will ensure that terminally ill patients who want to end their lives directly with the help of doctors, can do so in a dignified manner, while also protecting those who want to die a natural death.

There is no convincing evidence to suggest that the decriminalisation of voluntary euthanasia will lead to bad consequences. On the other hand, there is ample evidence that existing prohibitory laws infringe basic liberties, are discriminatory and are seriously harming dying patients who find their suffering unbearable or undignified.

If The Rights of the Terminally I11 Bill is passed, the Northern Territory will be the first jurisdiction in Australia and indeed the world to decriminalise voluntary euthanasia. This prospect may seem frightening. But it should not have this effect. The principles on which the Bill is based are sound. Moreover, developments in various parts of the world suggest that it will not be long before other countries will have similar legislation in place.

When South Australia introduced the vote for women in 1894, it too stood alone among the British Colonies of Australia. Now South Australians can look back with pride on the vision and courage demonstrated by their forebears, which ensured that the political disenfranchisement of women was ended. Terminally ill patients who are denied the right to seek direct help in dying are another disenfranchised group. I have no doubt that their disenfranchisement will soon end - irrespective of the decision that will be taken by members of the Legislative Assembly. But it would be better - for all the reasons sketched in this paper - if it ended sooner rather than later.

ENDNOTES

1. Dan W. Brock: "Voluntary Active Euthanasia", *Hastings Centre Report,* March - April 1992, pp. 10 - 22.

2. See, for example, Sacred Congregation for the Doctrine of the Faith: *Declaration on Euthanasia,* Vatican City, 1980.

3 See Ellen Moskowitz: 'In the Courts, *Hastings Center Report,* July-August 1994, p. 4.

4. Sue Rodriguez vs. The Attorney General of Canada and the Attorney General of British Colombia, Supreme Court of Canada, File No. 23476, 30. September, 1993.

Enclosed with submission articles entitled:

The Center for Biomedical Ethics, University of Minnesota, Newsletter Spring 1994.

Editorial, Bioethics News Vol. 11. No 4. pp1-7

Reports from the Netherlands, Dances with Data Bioethics ISSSN 0269-9702, Vol. 7 Nov. 4, 1993, pp323-329Euthanasia, Helga Kuhsepp 294-302

Palliative Care - the Rhetoric Reality Gap, pp 115-137

13

Euthanasia, A survey of nurses' attitudes and practices, by Helga Kuhse BA, PhD and Peter Singer MA, B. Phill, The Australian Nurses Journal, Volume 21. No. 8 March, 1992, pp21-22.

Doctor's practices and attitudes regarding voluntary Euthanasia, Helga Kuhse and Peter Singer, The Medical Journal of Australia, Vol. 148, June 20, 1988. pp623-627

Euthanasia: attitudes and practices of medical practitioners, The Medical Journal of Australia Vol. 161. 18 July 1994 pp. 137, 140-144.

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SUBMISSION 1087 1

GPO Box 536

Darwin NT 080 1

31 Graham St

Stuart Park

29 March 1995

The Honourable

The Chairman

Select Committee on Euthanasia

GPO Box 3721

Darwin NT 080 1

Dear Sir,

I enclose a submission on euthanasia for the attention of the Select Committee.

I should appreciate the opportunity to give oral evidence.

Yours faithfully

Bernard P T Sutherland

formerly Legislative Draftsman (NT)

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SELECT COMMITTEE ON EUTHANASIA

SUBMISSION

By Bernie Sutherland

formerly Legislative Draftsman (NT)

In 1982 the Law Reform Commission of Canada produced a working paper entitled *Euthanasia: Aiding Suicide and the Cessation of Treatment* (Working Paper 2 8).

Beginning at page 46, the Law Reform Commission made the following statements:

"From both the legal and social policy points of view, we believe that legislation legalising voluntary active euthanasia would be quite unacceptable."

"The principal consideration in terms of legislative policy and the deciding one for the Commission remains that of possible abuses."

"First of all there is a real danger that the procedure developed to allow the death of those who are a burden to themselves may be gradually diverted from its original purpose and eventually used as well to eliminate those who are a burden to others or to society."

"There is also the constant danger that the subject's consent to euthanasia may not really be a perfectly free and voluntary act."

"In fact, there can often be serious doubt as to the psychological and legal value of such a request by a terminally ill patient."

"However, despite all the legal precautions proposed by the proponents of euthanasia, there remain grounds for suspicion that a request to be killed may not reflect the real and stable wishes of those making the request, and may be too easily influenced by circumstances and external pressures."

"a final and decisive argument should be made against the legalisation of euthanasia: in any law reform there should be some acceptable proportion established between, on the one and, the evils to be avoided or the difficulties to be remedied and, on the other hand, the new risks which the reform is likely to produce. In our view the new risks created by legalising euthanasia would be greater and more serious than the benefits to be gained."

In view of the above warnings, it is difficult to see how the Honourable the Member for Fannie Bay could ask us to believe that the proposed new law would not be abused.

A Fundamental Change

The Bill proposes to make a profound change to one of the fundamental principles upon which the law is based - namely the principle that human life is sacred.

Because human life is sacred, it may not be taken without due process. A person may not take his or her own life; and one person may not take the life of another without due process.

In the case of capital punishment, the due process of the law required that -

1.12 jurors should agree unanimously;

2. sentence should then be pronounced by a judge;

3. the execution should be witnessed by a large number of the most prominent citizens, one of whom must be the sheriff; and

4. the sheriff was then required to certify that the due process had been carried out.

All this was considered necessary because it was recognised that the taking of human life is a most solemn thing. In fact, one of the major arguments in favour of the abolition of the death penalty was that, with all these safeguards, it was still possible for a miscarriage of justice to occur.

The Bill proposes that -

1. two doctors can make the decision that euthanasia is in order;

2. without due process; and

3. then one doctor can carry out the procedure;

4. without witnesses.

Contrast this with the proposed new Mental Health Act, which is concerned, not with the sacredness of human life, but only with the subsidiary principle of the inviolability of the human person. It is proposed that, before a person can be admitted to a psychiatric institution as an involuntary patient -

1. that person should be assessed by an appropriate person to determine whether he or she should be taken to hospital;

2. upon arrival at the hospital, the person should be examined by a doctor who has particular expertise and specialist knowledge regarding mental illness;

3. if the person making the initial assessment is not a doctor who has particular expertise and specialist knowledge regarding mental illness, then another independent examination must take place within 24 hours by a doctor who has that expertise and knowledge;

4. the decision of the two expert doctors must be reviewed within 7 days by a Mental Health Review Tribunal that is chaired by a magistrate and includes a doctor with a special interest in mental illness;

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5. any plan of treatment must be authorised by the tribunal;

6. the doctor must make every effort to obtain informed consent at every stage of the admission and treatment. The question of what constitutes informed consent, and the procedures for obtaining it are spelled out in great detail. They include providing an interpreter and having due regard to cultural and other factors that may influence the person's understanding of the explanation; and

7. the whole process is kept under constant surveillance by persons appointed to be community visitors.

How do a mere two general practitioners, with no particular expertise in the difficulties of establishing the reality of an apparent consent of a dying person, with no review process and with no provision for checks and balances, arrive at their decision, with the appropriate degree of certainty, in a difficult case?

The self-determination argument

The second reading speech is based largely on the principle that every competent person has a right to self-determination. It includes a quote from John Stuart Mill's essay "On Liberty":

"The only purpose for which power can be rightfully exercised over any member of a civilised community, against his will, is to prevent harm to others ... over himself, over his own body and mind, the individual is sovereign."

This quote is inconsistent with the claim, elsewhere in the second reading speech, that:

"this Bill proposes the decriminalisation of voluntary euthanasia for a very specific group in our community under a very specific set of conditions".

On what logical grounds is the Bill restricted to the terminally ill who are likely to die within 12 months?

If suicide is a "right", then it could be held to be discriminatory to grant this right to some classes of persons and not to others.

One of these other classes of persons would be the mentally ill. As indicated above, one of the major thrusts of the proposed new Mental Health legislation is to ensure that the mentally ill have the same opportunities to exercise their rights as other people.

And what of persons who lack the ability to request euthanasia? Do not these people have the same rights as competent people? If it is "compassionate" to end the life of a competent person, then by what right do we deny this "compassion" to incompetent persons?

Where is this "right to self-determination"? It is a moral right, not a legal right. Religious people would describe it as a God-given right. But the Honourable the Member for Fannie Bay accepts that the argument in favour of this particular moral right is not simply a religious argument.

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The moral right to self-determination is not an absolute right. It is limited in innumerable ways. It has never included a right to suicide, for the obvious reason that, if it did so, it would conflict with the principle that human life is sacred.

The Will of the People

The second reading speech bases itself on a number of contradictory claims, one of which is that "All law ... is the codification of the will of the people".

This is a claim commonly made by tyrannies. It is unworthy of the Honourable the Member for Fannie Bay, who regards Nazi Germany as politically corrupt. It is difficult to see how he can both hold that view and espouse their principles.

The second reading speech emphasises this espousal of the Volksgeist theory: "Territorians have every right to decide this matter, and any other matter within our legal jurisdiction".

That statement may be true in a narrow technical legal sense, but it fails to take into account the responsibility of Territorians to have regard to moral values, to United Nations principles, etc. The world will be justly outraged if a tiny jurisdiction such as the Northern Territory passes legislation that more mature legislatures have rejected with horror.

The proposed new Mental Health Act illustrates this point: it proposes to incorporate certain United Nations principles into Northern Territory law, not because they codify the will of the Northern Territory electorate, but because we recognise that the Northern Territory Parliament is constrained by factors other than the will of the Northern Territory electorate.

The dying process

If the request for euthanasia can only be made by a person who has been told that he or she is terminally ill, then at what stage of the dying process will the patient be when making the decision? Elizabeth Kubler-Ross and others have identified a number of stages in the dying process. Commonly they include:

1. Initial shock and denial.

2. Anger.

3. Bargaining.

4. Depression.

5. Final acceptance.

The Bill does not require the certifying doctors to have any expertise whatsoever in palliative care. The medical profession does include doctors who lack the patience to help a patient through the process of dying. What procedures would ensure that the patient's request reflected his or her real and stable wishes and was perfectly free and voluntary?

6

Relatives

By over-emphasising the right to self-determination, the Honourable the Member for Fannie Bay evades the problem of relatives who are opposed to the killing. The Bill is based on the premise that only the patient has the right to decide. But that premise is without foundation.

It would be possible for relatives to bring a patient to a public hospital for normal hospitalisation, and to leave the patient overnight in the care of trustworthy staff. During the course of the night, those staff go off duty. The patient complains to an overzealous doctor, and the doctor interprets the complaint as a request under section 3. (The wording of clause 3 is extraordinarily loose). A second doctor is called (the second doctor has very little to do once again the wording is not to be compared with the wording of the proposed new Mental Health Act). A nurse signs the certificate of request under section 7; and the patient is dead before the relatives arrive back.

Suicide unjustly breaks the ties of solidarity with society, friends and family. The dying process is a social process, not simply an individual process. The essence of euthanasia is that the patient is not "allowed" to die - he or she is killed to avoid

suffering.

The Bill is focused on the rare instances where the patient's will is relatively easy to ascertain; but we need to focus on the less clear cut cases. The Bill proposes to sacrifice a large number of people whose consent is either absent or suspect for the sake of the few who, whatever they might say to their doctor, do not take their own lives.

Euthanasia could deprive all parties - relatives as well as the patient - of their contact with the reality of the dying process, particularly in the case where there is a need for reconciliation and the decision for euthanasia is made while the patient is in the second stage of the dying process (the anger stage).

The religious red herring

The argument that, because human life is sacred, it must not be taken without due process is held by many religious people. The second reading speech attempts to dispose of it by suggesting that it is therefore simply a religious argument. By this denigratory tactic, the argument is downgraded to a matter of mere personal opinion: you must not inflict it on other people because, to do so, would be to inflict your religious opinion on someone else.

This is a red herring. The argument is not simplistically religious. It is essentially philosophical.

Parliament is bound by the moral laws that bind society. A religious person might express this by saying that parliament is bound by God's laws; but that does not mare the argument a religious argument. An atheist philosopher might express the same point by saying that parliament cannot legislate to mare pigs fly - if human society is governed *by* a certain law, then parliament cannot legislate to mare the law not apply.

The Alcohol Awareness campaign illustrates this point. The mere fact that a lot of people today consume large quantities of alcohol does not mean that Parliament can legislate to make the consumption of large quantities of alcohol beneficial.

6

The law that is sometimes expressed as "Thou shalt not kill" is a law that governs all human society. Tragically, it is honoured in the breach almost as much as in the observance. This fact alone should alert us to the foolhardiness of legislatively tampering with it.

Holland and Germany

The second reading speech attempted to suggest that the experiences in Holland and Germany are irrelevant.

In Holland, the government made an administrative decision that doctors who performed euthanasia would not be prosecuted provided that they followed certain procedures. The system has been abused to such an extent that today involuntary euthanasia is more common than voluntary euthanasia.

It is difficult to see how this can be said to be irrelevant. The procedure may be different, but the substantive effect of allowing euthanasia "under a very specific set of conditions" is highly relevant.

In Germany, the euthanasia debate preceded the formation of the Nazi Party.

The practice of euthanasia by the Nazis was simply a logical consequence of the theory.

The Nazis engaged in certain other practices as well. The second reading speech attempts to lump all these practices together. The Honourable Member for Fannie Bay says: "It is in my view an obscenity to associate this practical legislation which has popular support with the shadow of the Third Reich".

In discussing the German experience of euthanasia, we must be particularly careful to remove "shadows"; we must discuss euthanasia, not Nazism or any other issue.

The fact is that, when euthanasia was practised in Germany, involuntary euthanasia was widespread. It is difficult to see how the Honourable Member can say that this is irrelevant.

The Bill

The wording of the Bill is extraordinarily loose in its most vital provisions.

The long title is quite misleading. It says that the Bill is "to confirm the right ... to ... terminate ... life". Since the law has always been that it is unlawful to terminate life, the Bill cannot possibly "confirm" that right. Perhaps the draftsman intended to say "to confer the right ..."

Clause 3 is so vague that a doctor could easily misunderstand something said by a patient; and yet all the consequences of the Bill could flow from that misunderstanding. It would be quite easy for a patient to say something orally that a doctor could interpret as a "request ... to assist the patient to terminate the patient's life". That is all that is necessary - a simple oral statement, that may have been mumbled.

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Clause 6(d) is satisfied if the illness is causing the patient "severe pain or suffering or distress". It does not require "severe suffering" or "severe distress". Since any person who has been informed that

Conclusion

The subject of euthanasia has been amply considered by a number of august bodies in various parts of the world. The Honourable the Member for Fannie Bay has not introduced any new material into the debate. In fact, he has given the matter singularly little thought.

There is more than enough evidence to ground the worst fears of the opponents of euthanasia. Not only are there real and substantial theoretical fears that human beings cannot be trusted to play God; the Bill demonstrates the practical reality that the proponents of euthanasia are too careless even to draft a credible Bill.

The Bill should be rejected.

Bernie Sutherland

SUBMISSION 1088 1

EUTHANASIA BILL (RIGHTS OF THE TERMINALLY ILL BILL)

The Chief Minister wants to let people kill themselves dead if those people are really sick and have lots of pain and will die soon anyway.

This can only happen if the sick person wants to die. Nobody else can talk for that sick person. The sick person must be over 18 before they can make the decision.

This means that when a person is really sick and wants to be killed dead, a doctor can give them a tablet or an injection that will kill the person dead, and the person can take the tablet or give themselves an injection or the doctor can do it for them.

A doctor can only do this if 2 doctors have looked at the sick person and have decided that the sick person is going to die because the doctors can't give them anything or do anything to cure them, e.g. bad cancer.

FROM:

NORTH AUSTRALIA ABORIGINAL LEGAL AID SERVICE

Ms Jenny Hardy

Mr Harold Wilson, Jnr, President, Peppimenarti Community

Mr Michael Walker, CDEP Supervisor, Milikapiti

Tabled at Hearing - Darwin 29 March 1995

SUBMISSION 1089 1

TABLED: Darwin Hearings 29/3/95 by Greg Smith - Australian Federation of Right to Life Associations)Barrister & President of NSW Branch)

THE LAW AND PRACTICE OF EUTHANASIA IN THE NETHERLANDS, The Law Quarterly Review, Vol 108, pp 51-78.

Euthanasia, Palliative and Hospice Care and the Terminall Ill, edited by Jeremy Stuparich, Pro-Life Issues Series. A Seminar held at John XXIII College, Australian national University, Canberera, 26 September 1992, Sponsored by the Australian Federation of Right to Life Associations.

SUBMISSION 1090 1

SUBMISSION TO SELECT COMMITTEE ON EUTHANASIA

BY

ASSISTANT DIRECTOR OF NURSING MANAGEMENT- DARWIN URBAN PALLIATIVE CARE NURSES

Mark Donald RN. BHSc. HV Cell.

Annie Black RN.RM.Paed Cert. MRCNA

Claire Pullin RN.

2

Introduction

This report is prepared as a response from the Nurses involved in Palliative Care in Darwin. The philosophy of Palliative Care is to manage pain and provide physical and psychological support which enables people living with a terminal illness to achieve the best quality of life until their death, and to provide bereavement support to their families. The Palliative Care Nurses and managers do not support Euthanasia.

In our experience when quality of life is maintained or improved, patients have not requested euthanasia. The patients generally have hope restored and want to live fully utilising the remaining time they have left.

The Palliative Care Nurses do support the right of Terminally Ill Territorians to quality Palliative Care Services. There is a need to improve Palliative Care Services throughout the Northern Territory. The establishment of a Hospital based palliative care team in Royal Darwin Hospital, a 4-6 bedded Palliative Care Unit and an extensive home respite service for carers of those patients who are terminally ill would be the priority areas for development of Palliative Care Services across the Territory.

This submission does not address the issues of health staff outside the Darwin Urban Health District and is presented from the community nurses perspective.

Background Information

The Darwin Urban Palliative Care Team commenced in 1990. One Registered Nurse was appointed in Darwin to provide a special resource service for dying patients and their families. The funds for this position were provided from existing resources within the Darwin Urban Services. This position was supplemented by a second nurse in March 1994. This nurse also provides relief for the respiratory specialist nurse. This was also met within existing services provided in Darwin. The Commonwealth Palliative Care Project has enabled the expansion of the Palliative Care Service within Darwin and will allow for some consultancy service within the Territory.

The Primary Carers in The Community are the General Practitioner and Community Care Nurses. The aim of the Palliative Care Team is to support and advise the Primary Carets, patient and family.

Palliative Care Service Darwin Urban Health District

	Total Clients	Total Deaths	Death at Home	Death in Hospital	Discharged
July 90/June 91	57	52	20	32	0
July 91/June 92	65	52	33	19	0
July 92/June 93	60	40	14	26	3
July 93/June 94	75	52	26	26	8

July 94/Dec 94 51 31 7 24 5

(1 st 6 months)

3

The following details are from the Australian Bureau of Statistics.

Northern Territory Deaths from Neoplasms.

1991 1992 1993
Neoplasms 133 165 161
Malignant
Neoplasms 133 161 159
Total 266 326 320

Composition of the Palliative Care Resource Team

Position Availability Funding Location Comment

Medical Officer 20 Hours Commonwealth Based at
Palliative Care Casuarina
Program Plaza

Community Nurse Full time NT Govt. Funded Based at
Casuarina
Plaza

Community Nurse Full time NT Govt. Funded Based at Also
Casuarina provides Plaza relief for Respiratory Specialist
Nurse

Psychologist 4-6 hours per NT Govt. Funded Through
week Specialist
Adult Health
Team
Casuarina
Plaza

Social Worker By Referral NT Govt. Funded Through
Casuarina
CCC

Pastoral Care 2 Hours a NT Govt. Funded Based at For

Worker Grant in Aid RDH Inpatients (Inter Church (FYCS) only. May Chaplaincy do home Service) visits

NT Anti Cancer Up to 25 NT Govt. Funded Based at Anti
Support Services Hours per Cancer
Coordinator. week Foundation

4

The Palliative Care Resource Team provides a community based consultancy service, liaising closely between the primary carers, hospital services and the family. The role of the team is to provide specialist advice and support on issues relating to death and dying. This includes advanced knowledge in symptom control and pain management, support, education and counselling for the patient and the family, education of health professionals and follow up in the bereavement period for the principal carers.

Reasons for referral to Palliative Care

Pain and Symptom control

Support for client/family/significant others

Specialist assessment and coordination of care for the patient and family.

Average contact time from acceptance by Palliative Care Team until death or discharge for each patient.

90/91 48 days.

91/92 63 days.

92/92 74 days.

93/94 94 days.

The intervention provided to each family will vary according to the need of the family. Patients are assessed on referral and a plan of care is established between the patient and family. Initially visits may be weekly and as death approaches daily contact will be established.

Difficulties encountered in caring for Dying Patients in Darwin.

· *No radiotherapy facility.*

There have been occasions when patients would have benefited from Radiotherapy to shrink tumours causing pain. Presently patients need to travel to Adelaide for this service.

· *No Hospice.*

There are no alternate means of providing appropriate in patient palliative care in Darwin. The dying patients in Darwin compete for scarce acute beds.

· *No Dedicated Hospital Beds*

Uncontrolled symptoms may require a short admission to enable effective management. There is lack of continuity of care when medications are changed by junior staff who have limited experience in palliative care..

· *Limited access to Medical Personnel.*

Funding from the Commonwealth Palliative Care Program has enabled a Part time Palliative Care Medical Officer to be appointed from 1 March 1995. However this funding will cease in July 1997. This position is to supplement the Community based services. A major area of need is in relation to the symptom control and support of patients in the acute hospitals in the Territory.

Some clients in Darwin do not have a General Practitioner and many do not provide a home visiting or after hours service. The continuity of care of these patients is disrupted when the patient needs medical attention and has to present at a busy accident and emergency department.

· *No respite care.*

The principal reason for patients dying in hospital is that the family/carers do not receive respite to enable them to continue to care for the patient in their home environment.

Palliative Care patients are not eligible for Nursing Home Placement.

· *Limited After Hours and on call nursing service.*

The Commonwealth Palliative Care Program will enable a limited home respite service to be developed. There is presently no service available to have a Registered Nurse to stay ovennight to support the family and provide nursing care to the patient. On call for patients and families is limited to the final stage of dying and is provided by the Community Care Nurses. This service

is provided through Community Care Centres from existing resources. No extra staff are provided to cover a call out when the nurse is required to have a nine hour break.

Palliative Care Resources.

Annie Black, Claire Pullin and Guy Bannink

What is Palliative Care?

The active total care of people and their families *living* with a terminal illness, whose disease is not responsive to curative treatment. Palliative Care achieves this style of care by providing coordinated medical, nursing and allied services. The goal of palliative care is achievement of the *best quality of life* by:

· affirming life and regarding death as a natural process
· neither hastening nor postponing death
· providing relief from distressing symptoms
· integrating physical, psychological, spiritual and social aspects of care
· providing a support system that allows the terminally ill to live as actively as possible until death
· supporting the family to cope before, during and after the death of their loved one.

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Philosophy

The palliative care service:

* is committed to assistance for patients and families who elect to be at home.

* is committed to providing bereavement support for family and carers to assist in the facilitation of the grieving process.

* is committed to the delivery of a specialist palliative care consultancy service to other health professionals including general practitioners, community nurses, patients and their families.

* accepts all appropriately referred patients irrespective of their age, religious beliefs, ethnic origin or financial status.

* is committed to patients and family members being involved in making informed decisions relating to their own health care.

* is committed to the professional competence of staff through continuing education programs and evaluation.

The Palliative Care Team

The primary carets are:

. The community care nurses and General Practitioner.

The resource team consists of:

Members dedicated to Palliative care alone:

. Palliative Care medical Officer

· . Palliative Care Nurse Specialist

· . Community Palliative Care Nurse

Members shared with the community centres:

. Psychologist
. Social worker
. Pastoral Care Worker
. NT anti-cancer foundation Support services coordinator

Other resources available to the team:

. Occupational Therapist
. Physiotherapist
. Dietitian
. Respiratory nurse specialist
. Stoma nurse
. Continence Nurse Specialist
. Spinal nurse
. Non-government organisations. (Anti-cancer Foundation, Red Cross etc)

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How does the team work

The Palliative Care Resource Team provides a community based consultancy service, liaising closely between the primary carers, the hospital services and the family. The role of the team is to provide:

. Advocacy and advice
. Support and Counselling
. Grief and bereavement Support
. Specialist consultancy
. Education
. Care coordination

The Palliative Care Nurses and Medical Officer provide clinical services on a consultancy basis. There are no facilities to 'Take over the management of the terminally ill'. In addition we axe unable to provide hospital

A weekly meeting is a forum for case discussion, debriefing and other problem solving. Any community health professional wanting to discuss a case is welcome to attend. Dates and times of these meetings are available on request.

The Referral Process

We are located on the First Floor of Casuarina Plaza at Trower Road.

Referrals from within the Health Department must be both verbal and written requests.

All other requests may be verbal, however a written request would be appreciated at a more convenient time. Referral is made during working hours (Mon-Fri 0800-1630) to:

Our address is:

Annie Black PH (089) 227 227

Claire Pullin Ph (089) 227 308

Guy Bannink Ph (089) 227 033

Fax Ph (089) 277 399

Our address is:

The Palliative care team

PO Box 40596

Casuarina

NT 0811

We welcome referrals from:

Doctors

Nurses

Allied Health Professionals

Non-government organisations

Family members

Self-referrals are also possible.

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Referrals to the team are assessed individually by the palliative nurses or medical officer. If they are accepted *by* the team then the case will be discussed at the weekly meeting and the appropriate services will be provided according to the individual needs of life terminally ill and their family. Ongoing assessment is provided as required or requested.

Helpful Information.

· Written referrals should include the following information if available:

· NAME
· HOSPITAL RECORD NUMBER
· DATE OF BIRTH
· DIAGNOSIS
· PROGNOSIS
· SYMPTOMS
· MEDICATIONS
· PROBLEM LIST
· SOCIAL STATE
· SUPPORTS
· CARERS
· MANAGEMENT GOALS
· SPECIALIST
· GENERAL PRACTITIONER

Enclosed with submission copy of leaflet entitled IS SOMEONE YOU CARE ABOUT DYING, Palliative care - comfort and quality of life when no cure is possible, NT Department of Health and Community Services.

SUBMISSION 1091 1

Darwin Hearings 29/3/95

TABLED BY: Dr Robin Bernhoft. "Right to Life Australia":

When Death is Sought

Assisted Suicide and Euthanasia

in the Medical Context

May 1994

The New York State Task Force

on Life and the Law

SUBMISSION 1092 1

Darwin Hearings 29.3.95

TABLED BY: Mrs Margaret Tighe. "Right to Life Australia" leaflets entitled:

Euthanasia

Issues...

True Dignity

Through

Pain

Management

N.T. ADVOCATES FOR PATIENT CARE

Contact Person: Graham Phillips

P.O. Box 36853

WINNELLIE N.T. 0821

(with acknowledgment to Right to Life Australia)

and

Physician-

Assisted Suicide:
Personal right

or Medical Wrong

ibid

SUBMISSION 1093 1

COMMISSION ON SOCIAL & BIOETHICAL QUESTIONS

Chairman's office

Florey House

16 Bagot Street

North Adelaide 5006

Tel (08) 267 1515

Fax (08) 239 0733

Lutheran Church

of Australia

ARBN 056 141 836

25th March 1995

Ms Pat Hancock Secretary

Select Committee into The Rights

Of The Terminally Ill Bill Legislative Assembly

GPO Box 3721 Darwin NT 0801

Dear Ms Hancock,

I write to provide the Select Committee with some additional information regarding euthanasia. You have copies of my two

letters to the Chief Minister, and I enclose: a) an article by Dr John Fleming giving details of the experience in Holland, and b) a booklet "Caring, Living "and Dying" which sets out the reasons why legislation allowing voluntary euthanasia would constitute bad public policy, bad law, bad medicine and bad ethics.

Being a physician rather than a theologian, I will make no mention of religion.

My additional comments follow

01. Every week there seems to be an item in our print or electronic media *in* favour of voluntary euthanasia or medically assisted suicide. "It's my life, and I should have the right to choose to die once I find life intolerable" is the theme. The emphasis is placed on autonomy (personal freedom of choice) and on the desired end, an easy death. Those who advocate euthanasia argue that doctors already perform "passive" euthanasia when they withdraw treatment that would prolong life. Why not go the extra step, they say, and give us the lethal dose we request ?

02. I believe that there is a major moral difference between killing and letting die, which hinges on the issue of intent. Euthanasia is the intended taking of life either by a deliberate act (as with giving a lethal dose) or by the deliberate omission of reasonable care (as with not offering feeds to a newborn infant who has a disability). *In* euthanasia, the key is that death is intended. In

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contrast, it is part of normal medical practice to offer to withdraw intrusive life-prolonging treatments (but not good palliative care) when death has become imminent and inevitable, or when those treatments have become useless or overly burdensome. In this case, while death may be foreseen it is not intended, so this is not killing nor euthanasia.

03. Please note that I am not suggesting that we ask doctors to keep dying patients alive *at* any cost or by any means. We all have to die sometime, and good doctors will not advise continuing attempts at cure that are too burdensome for the benefits to be expected. Knowing when to move from intrusive treatments (like surgery, radiotherapy and chemotherapy) to good pain relief and good comfort care has always been a part of good medicine.

04. The key objection to legalising voluntary euthanasia is that in practice we cannot separate voluntary euthanasia from non-voluntary euthanasia. This has been revealed by the experience in Holland, the one country that has experimented with euthanasia. In 1984 the Supreme Court of The Netherlands allowed that there were certain circumstances in which voluntary euthanasia was not punishable, and so changed the application of their law of homicide without reference to the legislature. While the Court proposed guidelines for the practice of voluntary euthanasia, no supervision of these guidelines was provided. In 1994 Dr John Keown of Cambridge published his detailed analysis of the Dutch survey of medical decisions concerning the end of life, focusing his attention on both acts and omissions with the intention of shortening life. In the year surveyed (1991) there was a total of 129,000 deaths in The Netherlands from all causes. Medical decisions to shorten life were made in 26,350 patients, over 20% of the total deaths. The total acts and omissions with the intention of shortening life without the consent of the patient numbered 15,258, over 57% of the total decisions. To quote from Keown - "If the intentional termination of life by omission is included, as it should be if an accurate overall picture is to be presented, the (Dutch) survey indicates that non-voluntary euthanasia is in fact more frequent than voluntary euthanasia". With regard to the proposed guidelines, Keown found these to be "vague, loose and incapable of preventing abuse".

(It is worth noting that the Dutch define euthanasia as the ending of the life of one person by another at the first person's request. Using that definition, they quote that the euthanasia group make up only 2% of all deaths. If life is terminated without request, they consider that not to be euthanasia. This second group is described as life terminating acts without explicit request.)

05. The problems in Holland continue. On 21 April 1993 a Dutch court decision affirmed euthanasia for psychiatric reasons. Dr Boudewijn Chabot was found to have been justified in helping his physically healthy but depressed patient to commit suicide after the deaths of two of her children and the breakup of her marriage. Some members of the Dutch Parliament said - "This is not what we intended by the new practice".

06. If you believe that in Australia the road paved with good intentions is less slippery, please consider what has happened with our abortion law. This was passed in 1970 with safeguards and assurances that abortion would be permitted only on strict medical indications. The law has not changed, but its provisions are ignored so that abortion is available on request and in 1993 one in four of all pregnancies was aborted. Regardless of personal opinion on the morality of abortion, this serves as an

example that any law permitting the taking of human life can be abused.

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07. Have you ever felt a little cynical at how people may make snap judgements on life-and-death issues without careful thought ? Two years ago after a brutal murder a newspaper ran a street opinion poll on capital punishment, and close to 80% of those asked responded Yes, these murderers deserve to die. However, when you begin to study the issue of capital punishment, experience in the USA and elsewhere shows that capital punishment is not effective as a deterrent, that it is not fairly applied (more poor blacks are executed than rich whites), and there is the overriding concern of making a mistake, of executing the wrong man. Similarly, if your street poll asks - "If someone is suffering with an incurable illness, should they be able to ask their doctor to help them die ?" the spontaneous response of close to 80% of people is to answer Yes. The words "suffering" and "help" tend to trigger an unthinking Yes, like a knee-jerk reaction, particularly from the healthy young who perceive their own death to be comfortably distant. In any poll the wording of the question can be manipulated to achieve the desired answer.

08. "Grandma is too feeble even to get out of bed now. I wonder if all that nursing care is really worthwhile." I believe that medical decisions based on judgements of quality of life are always unreliable, in that they are always subjective. Patient, doctor, relative or proxy will all make different judgements of the same situation, because they reason from a variety of backgrounds. Judgements of quality of life can be further flawed in that they are not made on a careful assessment of all the relevant facts, including the changing expectations that people come to over a period of time. Any person even temporarily disabled by illness or injury will go through a period of depression, and depressed people may not make wise decisions. My experience is that patients who desire an early death during a terminal illness are usually suffering from a treatable depression. The vast majority of terminally ill persons want to live. Some may voice suicidal thoughts in response to transient depression or unrelieved pain, but those patients usually respond well to treatment for depressive illness and/or to pain medication, and are then glad to be alive. Provided they have not been "euthanased" Writing in the September 1994 copy of Issues *in* Law and Medicine, Prof Hubert Hendin of New York USA comments: "Considering the unexpected frequency with which physicians end the lives of patients without their consent, several Dutch euthanasia advocates conceded privately that the general acceptance of euthanasia has probably encouraged doctors to feel that they can decide for patients what is an acceptable quality of life."

09.Euthanasia can be seen as a subtle form of apartheid, of discrimination by the able against the disabled, the strong against the weak, those fluent in the local language against those who have trouble expressing themselves clearly. There is also the problem of duress, and this too can be subtle. In Holland there has been propaganda that the request to die is brave, wise and progressive. The sick and the elderly can easily be pressured into feeling that they are a burden and be influenced into asking about euthanasia as a way of relieving others of that alleged burden.

10. In Holland, Drs ten Have and Welie write that the acceptance of euthanasia is not resulting in greater choice for patients, but rather in doctors "acquiring even more power over the life and death of their patients" One of my concerns about euthanasia is that doctors, being human, are able to make mistakes. Even the most careful doctor can make a wrong diagnosis

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(for example, of early Alzheimer dementia, a clinical label for which no confirmatory test is available as yet), let alone give a poor prognosis which time proves wrong. While doctors do special work, we are ordinary people - we get tired after sleepless nights, and frustrated if our efforts fail. Some of us have domestic worries, some are emotionally unstable, and a few abuse alcohol or drugs. Society should feel safer if doctors maintain their traditional role - to cure when they can, to relieve when they cannot cure, to comfort always, and not to kill. Certainly those doctors who respect life will prefer to eliminate suffering in the patient, not to eliminate the patient who is suffering.

11. Prof Hendin (see 08), as Professor of Psychiatry at New York Medical College, is able to give us some insight into the thinking of suicidal patients and of those doctors who favour euthanasia. "Seriously suicidal patients want suicide. In a society that makes euthanasia accessible to them they will be harder to treat, not easier. Many of them fantasise closeness in death with a person who kills them. Some psychiatrists and general practitioners have complementary fantasies, so euthanasia fulfils their needs as much as the patients .. One suspects that those doctors who are most emotionally involved *in* euthanasia and are most interested in actually performing it may be those whose own needs in the matter should disqualify them."

12. We are fortunate in 1990s Australia to have available high quality palliative care, with specialists able to offer effective relief of almost all physical pain. A modern hospice team (which includes a pastor) will aim to support patient and family, to

relieve other symptoms as well as pain, to ease emotional distress and to help those concerned to achieve a calm acceptance of approaching death. Given this degree of comfort care, many patients and families discover new meanings in life while awaiting a gentle natural death.

13. Some people consider that euthanasia may be a good idea because they have watched a loved one die without adequate relief of pain and distress. Sadly such deaths can still occur, because recent improvements in palliative care have not yet reached every hospital and nursing home and domiciliary service. (Our roads are not perfect either, but the answer is not to eliminate the vehicle). Governments need to put more funds into really good palliative care, and patients and doctors and nurses need more education in palliative care.

14. Looking around the world, how we deal with illness, age and decline says a great deal about who and what we are both as individuals and as a society. If those advocating legalisation of assisted suicide and euthanasia prevail, it will be a reflection that as a culture we are turning away from efforts to improve our health care of the sick and aged. Instead, we would be exploiting the fears of those who are ill and depressed. We would be accepting the view of those deep in despair that death is the preferred solution to the problems of illness, age and depression.

15. While the notion of personal freedom to choose a time to die may be superficially appealing, the United Nations declares that the right to life is inalienable, a right of which I cannot be deprived and of which I cannot deprive myself. (Similarly, even if I wish to sell myself into slavery I *am* not permitted to do so, as society must not allow slavery.) The reason why the Government cannot permit me to give up my right to life by giving legal recognition to

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euthanasia is that it would threaten the right to life of other less fortunate weak and vulnerable members of our community. As always, our personal rights have to be balanced against our responsibilities to other members of our society. I urge members of the Select Committee to promote good palliative care and to reject this Bill to permit euthanasia.

If you wish me to expand on any of these points, please feel free to contact me.

Yours sincerely,

DR ROBERT POLLNITZ

MBBS, FRACP

Chairman, LCA CSBQ

Enclosed with submission copies of letter sent to The Hon Marshall B Perron, dated 7 February 1995 and 18 February 1995

SUBMISSION 1094 1

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11 April 1995

The Hon Eric Poole MLA

The Chairman

Select Committee on Euthanasia

GPO Box 3721

DARWIN NT 0801

Facsimile: 089 816 158

Dear Sir,

Due to the prolonged time taken up by the A.M.A. submission to the Select Committee on 10/4/95, and being cognisant of the fact that others were waiting to make submissions, there are a few points which I did not have time to develop with the Committee. I therefore ask you to accept this short supplementary submission.

1. The A.M.A. is essentially saying that the status quo should

continue. The best that this offers to terminally ill patients with severe pain is a process of "slow euthanasia", which is available on the doctors terms, not the patients. For patients with severe suffering but no pain, nothing is offered. This is typical of the patronising attitude of organised conservative medicine which primarily protects doctors interests, not those of patients.

2. The comments of Dr N Lickiss with respect to the Netherlands situation were anecdotal, and second-hand, and in my view inadmissible as evidence. It was a concrete example of bias and an insult to an honest, mature and humane society.

3. The A.M.A. sought, in discussing the Bill, to find deficiencies in the Bill, because it did not describe in detail how doctors should practice. It is not, and never has been, the place of legislation to be prescriptive with regard to the detail of medical practice, but more to provide the legal framework within which the doctor must work.

4. I found the critical nature of the A.M.A. submission regarding

the standards of practice of some of their colleagues, when discussing the requirements for two doctors to sign, quite astonishing and arrogant. They inferred that members of their own body paid scant attention to the requirements of law in relation to other statutory duties which is a damning

indictment of the attitudes of this group.

5. The doctor-patient relationship was said to be under attack by this Bill. Personally I can say that without question, the

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willingness of doctors to accept the responsibilities asked of them by this Bill and discuss these issues with their patients honestly and with respect can only enhance the doctor-patient relationship, particularly because it represents a shift in control to the patient's side of the equation.

6. It is stated that the medical tradition for centuries has been

firmly against the ideas inherent in this Bill. I would remind the Select Committee that the law was changed in 1833 to outlaw slavery after centuries in societal approval of such behaviour. Looking back from today's perspective we could wonder why it took so long for such a fundamental human right

to be recognised, but more significantly, for the vested interest

supporting it to be overcome. Society looking back on 1995 might have exactly the same thoughts.

Yours sincerely

RODNEY SYME

SUBMISSION 1095

Select Committee on Euthanasia

GPO Box 3721

Darwin NT 0801

Mrs T Thomson

20 Milner Road

Alice Springs NT 0870

Dear Sir/Madam,

The Australian Pocket Oxford Dictionary defines the "intentional killing of human being" as MURDER. This is what Euthanasia is, Murder, no other word describes it better.

God tells us clearly in the Bible, Exodus 20:13 "You shall not murder" (NIV Study Bible). This is one of the Ten Commandments. It was a command, they were not called the Ten Suggestions!

Won't let this bill pass. Don't make Murder legal in Australia!

Thank you for considering my view.

Toni Thomson

SUBMISSION 1096 1

Good Shepherd Fellowship Group

c/- Lutheran Church Alice Springs

contact person: Mr E Ahrens
28 Bloomfield Street
Alice Springs NT 0870

3 April 1995

The Chairman

Select Committee on Euthanasia

GPO Box 3721

Darwin NT 0801

Dear Sir

We are writing to let you know our opinions and feelings on the current debate regarding euthanasia.

Our group are unanimously opposed to the bill "Rights of the Terminally Ill" proposed by Marshall Perron. Our group have attended public meetings and studied the issue at length since the bill was proposed.

We have many reasons for opposing the bill, including the following:

We believe that laws exist in order to protect human life. The lives of some people would be at risk if this bill is introduced.

If the bill is introduced, pressure by family or others could lead to a decision being made which is against the will of the person to be euthanised. Some people may feel a burden to their families or carers and may choose to accept euthanasia against their own will in order to please their caters.

We are also concerned that once this bill is introduced, other changes to the law could occur. These changes could make it easier to euthanise other people against their will, including those who are disabled, aged, mentally ill or unwanted. These changes to the law could also enable people who are not terminally ill but are experiencing some form of suffering to seek

euthanasia.

The cost of medical care and palliative care could also put pressure on the law makers to introduce involuntary euthanasia (euthanasia without the consent of the patient) or even compulsory euthanasia (ending a persons life against their wishes).

Pressures will occur which could enable voluntary euthanasia as outlined in the bill to be changed to other forms of euthanasia. We therefore oppose any form of euthanasia.

Laws also exist to protect the medical profession from various forms of pressure. We believe that workers in the medical profession may be subtly pressured into performing euthanasia even though the bill states this should not happen. Laws should exist to help

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members of the medical profession to do their job and protect them from pressures of this kind.

If this bill is introduced, we will be the first country or state or territory in the world to legislate positively for euthanasia. It is a risk, as we will not have had the benefit of observing this legislation in practise in another country.

Once this bill is passed, it will be very hard for it to be overturned. If the practices allowed in the bill prove to be harmful, we may be stuck with the bill and the problems it brings,

Taking into account the reasons we have outlined, we ask you to vote against the bill "The Rights of the Terminally Ill".

Signed:

by 10 citizens.

SUBMISSION 1097 1

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27 Brinkin Terrace

BRINKIN NT 0810

TEL: 45 3926

The Chairman,

Select Committee on Euthanasia

GPO Box 3721

DARWIN NT 0801

Dear Sir,

I write to lodge my support for the "Rights of the Terminally Ill" Bill

I firmly believe it is a Bill that, with adequate safeguards against misuse, would prevent much unnecessary suffering.

· A person who is terminally ill and requires mechanical support to continue living should have the right to decline such support.

· A person who is suffering immense pain through an illness to which there is no cure, should have the right to request euthanasia and thus be able to die with dignity.

·· A person whose lifestyle has been curtailed due to incurable illness and continuing pain should have the right to request termination of life.

Just existing is not living; there should be quality of life.

This can be determined only by the person concerned - the patient, who alone can request euthanasia.

Yours faithfully,

Leelamani Gunaratnam (Mrs) 11th April 1995

SUBMISSION 1098 1

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37 Killuppa Cres.,

Leanyer N.T. 0812

10.4.95

N.T. Select Committee,

Rights of the Terminally Ill,

G.P.O. Box 3721

Darwin 0801

Dear Members,

Reading the "Kill Bill' introduced by Mr. Marshall Perron has deeply saddened me.

Perhaps what is needed in this city, is the provision of a Palliative Care and Pain Control structure where the terminally ill could be given some relief, quality of life instead of seeking or being advised to end their lives - miserably.

Each person has a right to life and so much can be done to alleviate the intense pain caused by cancer if they could but be cared for by compassionate and loving persons who possess the potential to be such carers especially if our medical personnel will cooperate and not be swayed by relatives who regard their parents or grand-parents as "burdens" or in any way, lessen the smooth running of their lives.

Wishing you much good thinking in the big responsibility that is yours as the appropriation of the "Kill Bill" could result in much misery for you in the future.

Sincerely yours,

(Miss) T.M. McNamara

SUBMISSION 1099 1

10/4/95

Dear Pat,

Thought the Committee might be interested in this excellent article by David Kelly.

Regards,

Kay Keetsiner

VOLUNTARY EUTHANASIA SOCIETY OF VICTORIA INC.

Enclosed with submission article from The Age, 7.4.95 entitled A balancing of harm on the scales of justice.

SUBMISSION 1100 1

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7 Lucy Street,

Katherine,

NT 0850

Telephone (016) 88 6115

A/Hrs (089) 71 0067

Fax: (089) 71 0256

Ms Pat Hancock,

Secretary,

Select Committee on Euthanasia,

Legislative Assembly of the Northern Territory,

GPO Box 3721,

DARWIN NT 0801.

Dear Ms Hancock,

Submission on the Rights of the Terminally Ill Bill 1995

I enclose the APPENDIX to my submission on the above for the consideration

of the Select Committee on Euthanasia. As discussed with you by telephone on Friday last I will present this personally to the Select Committee at their sitting in Katherine on the 5th April. I have retained some copies for the convenience of those committee members who will be present in Katherine on the day.

I take this opportunity to thank you for your assistance and to confirm my attendance at the Katherine Council Chambers at 11.30 a.m..

Yours Sincerely,

Ian Mackintosh Hillock 3/4/95

Encl. *Submitted at Hearing in Katherine 5.4.95*

SUBMISSION 1101 1

Submission to the Select Subcommittee on

The Rights for the Terminally Ill

by

Wayne & Rosemary Wood

5 Taifalos Street

Wanguri NT 0810

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PREAMBLE

On 23rd December 1992 our 15 year old son was diagnosed as suffering from Ewings Sarcoma, an aggressive form of bone cancer. Most of 1993 was spent travelling to and from Adelaide and at the Queen Elizabeth Hospital where David received the best care currently available. Unfortunately, the cancer was not cured and on January 6th 1994 the oncologist informed us that David had approximately six to ten weeks to live. The cancer, originally confined to his rib, had invaded his lung, spine, hip and femur.

The decision to care for David at home occurred by default. There was nothing more the traditional medical system could do, we would try and care for David in our own way somewhere both we and David felt comfortable, at home.

Hospitals are institutions that have to reduce everything to a routine, in order to be able to cope with emergencies that may result in death, or worse, litigation. Thus the terminal patient threatens the hospital and it's sense of routine. The rules, the

predictable activities, (waking the patient to take a sleeping tablet) cease to be meaningful and cease to be effective. The hospital and its personnel tend to reward the dying patient for maintaining the denial phase because it protects the staff from becoming involved and facing their own feelings. Hospitals are not designed to absorb and cope with anger. Patients are encouraged to feel dependant on their medical staff, made to feel grateful for the care they receive and feel guilty if they upset routine and order. Therefore, the patient who expresses anger, does not only communicate a personal need, not only cry for help, but indeed violates the routine, the rules, the order and so threatens the institutional systems.

When he came home that last time David continued to refuse acknowledgment of the disease at all. His legs hurt first. Whether it was the cancer or just lack of movement we don't know. On reflection we didn't know much about anything. We didn't discuss the situation with David, if he refused to acknowledge the magnitude of the disease, then so would we. Everybody just got on with the day to day minutiae. Including the GP and the district nurses. The GP didn't know us very well and so at first seemed reticent about allowing us to treat David unsupervised. The most sensitive aspect was the supply of increasing doses of morphine. We suspect that, because the GP and the district nurses had been told that the patient would probably die in less than ten weeks, they didn't worry overmuch about developing a medium to long term palliative care strategy.

David hated hospitals, nurses (although, to the best of our knowledge, with one exception, none ever caused him unnecessary pain), had a pathological hatred of injections, needles, cannulas, catheters, driplines, anything that ended in a piece of metal designed to stick into flesh. We knew that, once the final diagnosis had been made and David came to the decision that any more treatment was useless, he wanted to stay home, without his ever articulating it. We had coped perfectly well with looking after him while he had the Cooks catheter in his chest between surgery and radiation. That involved injecting heparin and antibiotic into the lines every day for a month.

Part of the problem in caring for a terminally ill patient at home is that anyone who is committed to recovery, to healing, cannot avoid the sense of failure when the patient dies. You can't help wondering whether every possible thing had been done, whether other kinds of resources could have been invoked, whether all diagnostic and therapeutic means had been

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employed. You ask the question "Is there someone, somewhere who has the new knowledge that could have made the difference?". By the time David came home in January, he was too sick to leave home. Therefore the idea of travelling to Mexico or the Philippines for "faith healing" was never discussed. Not that any of us was predisposed to try any of that rubbish anyway.

Death devoured him. Scoured the flesh from his bones and turned him into a smiling skeleton. All the bones jutted out from his body. Where the flesh touched his bed it turned black and died, then rotted into a suppurating sore. First his hip, then his back, then the side of his knees, then his heels and last his shoulder and the back of his head. Most of the time he just lay still, drifting in and out of morphine induced unconsciousness. Except when he was in pain. Then his lips turned back from his teeth and he looked awful. His eyes sunk in their sockets, the intercostal muscles on the right side shrunk and his ribs thrust out from his chest.

His lung action was only slight and he had this habit of, while sleeping, to take a deep breath then not breathe again for about twenty seconds and you never knew when or if he would start breathing again. On the left side the hole left from the excision of his ribs and lung turned burnt brown from the radiation and the skin flaked off as though it was badly sunburnt. It's said that the eyes are a window to the soul. David's eyes remained beautiful limpid pools until the day he died. As he lost weight his face shrunk but his eyes stayed the same and seemed to grow larger. He could express almost anything with his eyes, raise an eyebrow in question, wink wickedly in jest, radiate unlimited love, cry in unimagined agony.

I don't think I will ever see anybody that was as dignified as David. I use the word "dignified" advisedly because I can think of no other that adequately describes the manner in which he dealt with the disease. He was always a vain child, from a very early age, although fat, he always wanted the best clothes, his hair done just so. Even at the worst times in hospital he wore smart shortie pyjamas. Packing to go to Adelaide involved careful selection of just the right T-shirts from his considerable collection. Losing his hair simply gave him an excuse to buy some more hats. Most of his hats still hang on the hat rack just inside the front door, just in case. It was essential that we create an environment in which David could maintain his dignity, and if that meant "assisting" his death, then that's what we would do.

David died on August 6th, seven months to the day he was given "weeks to live". Luckily it was a peaceful death, and we were not required to face the momentous decision of whether or not I had the courage to "assist" him.

THE DILEMMA

As the Chief Minister said in the second reading of the bill, "The problem for patients who wish to end their lives is that they cannot be assured of finding a sympathetic doctor." The rights of the competent patient should be absolute. These rights as summarised by John Stuart Mill, also quoted by the Chief Minister, indicate to me that it doesn't matter what the doctor believes, whether or not it is offensive to the doctors understanding of his legal or ethical situation, the patient should be able to exercise the most basic right of all, to live or to die.

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"When is enough, enough? When has one the right to ask for relief from unbearable suffering? When all means have failed and life no longer has any quality. Physical pain can usually be relieved by palliative means but the psychological pain, the depression associated with the loss of ability to function, to be totally dependent on others for even the most essential and common toiletries, even to blow one's nose, is dehumanising. Some people have the spiritual fortitude to cope with this dependence, but for many it is a burden too hard to carry." (Australian Family Physician/Vol 23 No 6 June 1994 p. 1064)

My grandfather, who reaches 88 years of age this week and who is a deeply religious man, has written to me, "I am a firm believer in euthanasia, especially after the death of Nanna and Gordon (my uncle who also died of cancer). You would never let an animal you loved, suffer like that. I can recall visiting Nanna during the last week of her stay in hospital. She used to hold my hand and say; Daddy why won't He let me die". I asked the doctor to terminate her life by leaving a tablet beside her bed and I would give it to her, with no regrets. For Gordon to be kept alive for 6 months, the last three in a coma, was a sin against humanity."

In our experience, the local GP has little interface with the terminally ill patient during the treatment phase; oncology patients for instance are treated interstate by specialists, returning to their home only to die. The GP doesn't have the expertise to either treat the latter stages of a disease like cancer. The days of the family GP having a derailed knowledge of the individual family members general state of health, let alone their attitudes on sensitive subjects like euthanasia, are long gone.

Some eight months after David's death I asked the GP who wrote the narcotic prescriptions if, had we asked, he would have helped us ensure that our son had a peaceful death. He responded unequivocally, that he disagreed completely with the proposed bill and would not under any circumstances assist euthanasia. Thus we would have faced the situation, beset by the most awful trauma, of having to find another doctor to help us. In addition we feel certain that had we mentioned the subject to the GP he would have restricted the supply of morphine to the daily dose, instead of giving us four or five day's dose at once.

Another part of the problem is the district nurses who, although by far the most experienced in caring for the terminally ill, are subservient to the (usually) inexperienced GP. They would follow the dictates of the GP even though they themselves may agree with the patient. "The nurses duty is to care for the patient, to assume their wish is to have treatment. The ethic is to do good; the law, to do what a reasonable nurse would do. Reasonable nurses generally care for patients until ordered to stop, either by patients themselves or by persons authorised to speak for them. "Nursing Management/October 1994 p 85". See also "Position statement on the Promotion of Comfort and Relief of Pain in Dying Patients" The American Nurse, February 1992, p 7.

To quote from the Territory AMA submission, "Doctors are not educated in the matter of ethics, medicolegal medicine or the dying patient. The expertise or lack of it that they exhibit in these matters is entirely a result of their own level of interest, studies and life experience." And further, "Nurses have even less training than doctors in matters of ethics and the legal aspects of medicine and death."

5

The summary conclusions of the British House of Lords select committee listed in the same submission recommend maintenance of the status quo and includes, inter alia, "training of health care professionals should prepare them for ethical responsibilities", suggesting that not even the British system, held up by both the Territory AMA and the Right to Life sponsored Robin Bernholt as the last word on the efficacy of palliative care, has all the answers when it comes to ordinary GP's being given the responsibility to decide the ethics of any particular case.

We completely agree with and support the call by the Territory AMA for" an early review of services with consideration of Community Hospice accommodation, employment of a Specialist Palliative Care Physician and extension of the Palliative Care Nurse system.

There is a need to educate doctors and nurses about the medicolegal and ethical aspects of dying." However we strongly disagree with the next sentence that "there would be no need for discussion of euthanasia." Because, even if the bill fails, and we hope that is not the case, the debate has been good for the community.

THE SOLUTION

In his letter to the Chief Minister, Brendan Nelson stated, "Attempts to legislate the relationship between individual doctors and their patients creates an environment in which the doctor and patient see each other as potential adversaries inevitably at the expense of the patient." (AMA Submission to the Select Subcommittee).

It therefore seems to me that the easiest method of overcoming this and many of the other criticisms made by both the AMA and the Right to Life, is to amend the bill to remove the responsibility of dealing with the Certificate of Request from the untrained medical profession. I suggest the establishment of a Review Tribunal, consisting of three people; one with a legal/ethics background; the second, an experienced psychologist or psychiatrist, preferably with palliative care experience; the third a community representative/patient advocate, perhaps some-one who has had experience of a loved one dying a protracted death.

The terminally ill patient initiates a request for assistance (verbally or in writing) to the tribunal which investigates the circumstances (interviews the patient, the family, the medical practitioner) and, only if unanimous in it's decision, approves the request. If the current medical practitioner is uncomfortable about compliance with the request, the tribunal assists the patient in obtaining the services of, and transfer of the patient records to, another medical practitioner.

Submitted at Hearing - DARWIN - 10.4.95.

SUBMISSION 1102 1

Yirrkala Dhanbul Community

Association Incorporated

CMB 1 Yirrkala

Via Nhulunbuy NT 0880

Tel (089) 87 3433

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AND LAYNHAPUY HOMELAND ASSOCIATION

TO THE SELECT COMMITTEE ON EUTHANASIA

We cannot make recommendations yet. We have not had time to consult with all our elders. Everyone must be consulted. You are moving too fast. Please respect our culture.

At the time of death a Yolngu must have his family with him. He must be able to hear clapsticks and singing. If the person and his family chooses for him to be in hospital, hospital staff must accept this. It is important for this special ceremony to take place, it is part of the spirit's journey. Families traditionally pay a significant part in the processes of dying and death. They must continue to be involved.

The land knows when a person is going to die. It responds appropriately and must be able to play its part.

We Yolngu have a significant input already into how quickly a person dies once they are terminally ill. A person can hurry his own death by refusing food and water, once he has made his mind up. There are also are ways of helping people die to without giving them medicine.

I, Wali, represents Laynhapuy Homeland Ass.

At this meeting we've got representatives from Laynhapuy Homeland Association and Dhanbul Council.

Submitted at Hearing on 6.4.95.

SUBMISSION 1103 1

CAN WE ALL AGREE TO THE FOLLOWING:

* EVERY PERSON IS OF VALUE

* EVERY PERSON SHOULD FEEL VALUED - even the most powerless person in society

* EVERY PERSON SHOULD HAVE BASIC MEDICAL CARE OF HIGHEST QUALITY POSSIBLE WITHIN THE LIMITS OF HEALTH CARE RESOURCES, WITH

* EQUITY OF ACCESS

* FAIRNESS IN DISTRIBUTION OF RESOURCES in relation to need, not
demand or supply

* EVERY PERSON WHO GETS CANCER SHOULD GET A CHANCE FOR A CURE OR CONTROL OF THE CANCER

* EVERY PERSON WITH CANCER SHOULD HAVE SYMPTOMS RELIEVED (PALLIATION)

* DURING TREATMENT FOR CURE OR CONTROL

* IF/WHEN DISEASE IS NO LONGER CURABLE OR CONTROLLABLE

* NO GENERAL PRACTITIONER OR HOSPITAL SPECIALIST SHOULD BE LEFT TO FACE A DIFFICULT PALLIATION PROBLEM WITHOUT HELP

* EVERY PERSON WITH SERIOUS DISEASE, WHETHER OR NOT IT IS CURABLE OR CONTROLLABLE, SHOULD HAVE CARE - AND NONE SHOULD FEEL THAT HE OR SHE OUGHT TO DIE BECAUSE THERE IS NO ONE WHO CAN CARE FOR HIM OR HER

* EVERY MEDICAL AND NURSING STUDENT AND PRACTICING PROFESSIONAL SHOULD HAVE OPPORTUNITIES FOR EDUCATION IN PALLIATION AND PALLIATIVE CARE

* EVERY PERSON WILL EVENTUALLY DIE AND THERE USUALLY COMES A STAGE WHEN FUTILE TREATMENT SHOULD BE STOPPED, AND DEATH GIVEN A CHANCE, IN A CONTEXT OF GOOD CARE.

A/Prof J Norelle Lickiss, Sydney

Tabled at the Select Committee on Euthanasia,

Darwin April 10th 1995.

Appeared with AMA - submitted at Hearing - Darwin - 10.4.95.

SUBMISSION 1104 1

Euthanasia

On behalf of my community of Milingimbi and myself as senior Health Worker, I would like to express my feelings about this big issue called Euthanasia.

We do know that there are certain illnesses that are incurable and we do understand that some of the illnesses have long suffering periods.

We as relatives do not want and like the idea of euthanasia practised on our terminally ill relatives.

While meditating on this matter of sorrow and suffering, it is necessary to say a word about suffering that comes from sicknesses.

I was thinking more of difficult and despairing circumstances, however as there are those among my people who believe in miraculous healings, I certainly don't think that the idea of practising euthanasia on Yolngu people is acceptable.

We were never meant to be:

1. dressed in clothes

2. introduced to new laws every year

3. taking tablets when we are sick

4. working for money

5. living in a house with electricity that we have to pay to keep it

going.

But we have to do these things because we are living in a Western World.

We were and are nomads, hunters, food gatherers, ceremonial and cultural people who just want, and will give, comfort and tender loving care to our terminally ill relatives. Because our terminally ill relatives know that they are dying they usually always want songs to be sung, they want to hear the last sound of their traditional songs and the sound of the didgeridoo and clapsticks.

Finally I would like to let you know that most Yolngu people are God fearing people and were introduced to Christianity by the first missionaries who came to Milingimbi.

We have heard and read the Bible and it tells us that Jesus heals. All you have to do is trust and believe in Him.

Elizabeth Ganygulpa Beryl Djakala.

Senior Health Worker

Milingimbi.

Submitted and read at Hearing (7.4.95) by her daughter.

SUBMISSION 1105 1

SUBMISSION

AUSTRALIAN MEDICAL ASSOCIATION

NT BRANCH

Dr C. Wake, President

Dr Diane Howard

Dr Philip Carson

Dr Charles Kilburn

A/Professor Norelle Lickiss, Director of Palliative Care,

Central Sydney Palliative Care Service

Royal Prince Alfred Hospital

Tabled: Darwin Hearings 10 April 1995

2

SUMMARY

In summary we hope we have clarified for the committee the following issues.

1. We have discussed and illustrated what **does** and **does not** constitute Euthanasia in current medical practice.

2. We have shown that the current Natural death Act already supplies adequate legal protection for ethically acceptable medical practises used to assist patients to die. The *"Bill"* would offer **no additional benefits** in these situations.

3. The *"Bill"* has numerous inadequacies and deficiencies which we have enumerated point by point.

4. Finally we are opposed to the fundamental shift in the Doctor-Patient relationship implicit in the *"Bill"*. We believe our role as Doctors **must** be to nurture - to ease pain and suffering and to enhance the quality of **life** to the best of our ability. We do not believe the answer for those few difficult patients who cannot be adequately palliated is the *'quick fix'* solution of killing them. This would alter the fundamental basis of the Doctor/Patient relationship.

3

Velcro on the slippery slope: the role of psychiatry in active voluntary euthanasia

Christopher Ryan

Objective - To determine the role that psychiatrists should play in any future legislation that might establish a right to active voluntary euthanasia (AVE).

Method - One version of the slippery slope argument, usually invoked against the legalisation of AVE, is recast as an argument for the introduction of strong safeguards in any future AVE legislation. The literature surrounding the prevalence of psychiatric illness in the terminally ill, physicians' ability to identify such illness and the aetiology of suicide in the terminally ill is examined.

Results - The strength of the slippery slope argument combined with the poor ability of general physicians to diagnose psychiatric illness in the terminally ill, demands that any future legislation allowing AVE should require a mandatory psychiatric review of the patient requesting euthanasia.

Conclusions - Any adoption of legislation that established a right to active voluntary euthanasia should include a mandatory psychiatric review before the euthanasia is performed and a cooling off period between the request and the act. In addition the discovery of a serious mental illness ought to disqualify the affected patient from the right to AVE until that illness resolves.

Active voluntary euthanasia (AVE) refers to the practice of hastening a person's death, through means such as lethal injection, to allow that person to die at a time of their own choosing. It is generally assumed that the person involved suffers from a terminal illness and has a limited life expectancy. The person is assumed to have calmly and rationally weighed up the pros and cons of continuing to live in their current circumstances and come to the reasoned decision that she would be better off dying at a time of her own choosing than to linger on and die later in pain or without dignity. Active voluntary euthanasia may be distinguished from passive voluntary euthanasia which is the practice of withdrawing or withholding life sustaining treatment from the terminally ill person upon the person's request, and from non-voluntary euthanasia where no request can be made, because the person is unconscious, a child or suffering from dementia.

The issue of whether a society should legislate to allow people to take up the option of AVE is not addressed in this paper. This is a complex question based on many ethical and social arguments and the place of psychiatry in that debate is limited. This paper examines what role psychiatry should play in the event that legislation allowing AVE is introduced. It argues that any person requesting AVE under this future legislation should undergo mandatory psychiatric review, that there be a set cooling off period and that the right to euthanasia should be subject to the person's mental state.

4

Current legislation and professional attitudes

Active voluntary euthanasia remains illegal everywhere in the world. In the Netherlands it remains a crime but there is an established convention that the government will not prosecute doctors who perform AVE provided certain guidelines are adhered to [1].

Legislation permitting passive voluntary euthanasia exists in Victoria, South Australia and the Northern Territory [2-4]. Guidelines for passive euthanasia were introduced by the NSW State Government in 1993 [5]. In 1993 the Legislative Assembly of the Australian Capital Territory debated a bill that would have legalised active voluntary euthanasia [6]. The bill

was passed in 1994, but with amendments so that it now legalises only passive euthanasia [7].

Several recent surveys have demonstrated strong support among the Australian medical and nursing professions, for the notion that a doctor ought be allowed to end the life of a terminally ill person if that person so wishes [8-11]. Moreover, of medical respondents surveyed, who had been asked to perform euthanasia, around 30% reported they had done so.

The slippery slope argument

The ethical issues surrounding active voluntary euthanasia have been the source of much debate in recent years. Arguments supporting the practice have rested mainly upon either the suffering that a terminally ill person wishing to end her life may needlessly endure by continuing to live, or upon rights to self determination or autonomy [12-15]. Arguments against have been of two types. The first type claims that voluntary euthanasia contravenes one or more special moral principles that should not be violated - such as sanctity of life or that doctors should not kill [16-18]. The second type is the so called slippery slope or thin end of the wedge arguments [17,19-23].

The slippery slope arguments do not set out to show that there is anything intrinsically wrong with AVE, but rather maintain that the legalisation of AVE and its moral acceptance would inevitably lead to a deterioration of moral standards resulting in clearly unacceptable consequences. This deterioration is envisaged to take place in one of two ways. First, there may be no logical distinction able to be drawn between the allowable acts and the unacceptable consequences. Second, even if a logical distinction can be drawn, the proponents of the slippery slope worry that society will not heed that distinction. Psychological and social factors will, once unleashed, trample on the niceties of logical distinctions and the feared consequences will unfold.

In its fiercest form the slippery slope sees the legalisation of AVE as the first step in a malignant and fulminating social decay. Some authors see the move as the first step on the road to a society similar to that of Nazi Germany, where people are murdered under the guise of legitimate medicine [22]. This Armageddon approach depends on the notion that any erosion of the sanctity of human life or the notion that doctors should not kill will inevitably result in these terrifying consequences. Though frightening, this extreme form of the slippery slope argument has little real power.

The claim that there is no logical distinction between AVE and the envisaged consequences is easy to counter. The very fact that we find the feared consequences morally repugnant suggests that there are important differences between them and AVE. Active voluntary euthanasia is by definition voluntary, clearly an aspect not envisaged in the horrifying scenarios put forward in this slippery slope strategy, so here is one clear dividing line. The concerns raised about a psychological or social slippery slope are more substantial, but are still flawed. Any policy can be abused, which does not mean that it will be. Arguments which claim that the legalisation of AVE risks a return of the horrors of Nazi Germany may also be mounted against legalising voluntary tubal ligation or any form of experimentation involving humans [24,25]. However we allow these practices because we feel they are important enough to take the risk and because we feel the risk is very small. We believe, with justification, that people will be able to see a difference between properly conducted clinical trails and the atrocities of the concentration camps. Nazi Germany arose through a sense of complex sociopolitical forces, not through a piece of well intended legislation. Moreover AVE has been practiced without prosecution in the Netherlands for over a decade and there is no evidence of any moral decay in Dutch society [14].

Other, stronger versions of the argument see more specific and less far fetched consequences flowing from the legalisation of AVE. Several authors express concern that acceptance of AVE or of a right to rational suicide may lessen society's determination to provide resources for suicide intervention. Not only would this further diminish the provisions for the mentally ill but it may, perhaps via some weakening of the detention powers of mental health laws, also increase the number of suicides generally [19,26,27]. Concerns have also been expressed that the move would lead to a form of ageism where elderly people might feel under some moral duty to do the "rational" thing and relieve society of the burden placed on it by their continued existence [28,29]. Similar concerns about the possibility of a right to euthanasia becoming an obligation have also been expressed with respect to the terminally ill [30,31] and mentally retarded [32]. Supporters of AVE answer these concerns using a number of strategies, but their success or otherwise is not the concern of this paper [33,34].

This paper deals with a version of the slippery slope argument that is less often raised but is of particular concern to psychiatrists [35,36]. It raises the possibility that legalised AVE would become an alternative to standard suicide for the terminally ill. AVE legislation would be designed for people who have come to a considered reasoned decision to end their lives on the basis of the suffering they endure due to their terminal illness. This version of the slippery slope argument highlights the possibility that AVE might become, for some people, an efficient alternative to suicide motivated not by this

suffering but by either mental illness or a temporary crisis.

The strength of this version of the slippery slope argument must be acknowledged. It is certainly possible that poorly conceived AVE legislation could be misused in this way. Even if one were to grant that terminally ill people should be able to end their lives at a time of their own choosing, no one would want this right to become a vehicle for the mentally ill to commit assisted suicide or for people to kill themselves because of a brief and easily reversible crisis.

Although the slippery slope arguments are usually cast as arguments against the introduction of AVE, it is possible to re-cast them as strong arguments for the introduction of careful safeguards with any future AVE legislation. We are not obliged to outlaw things because,

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even though they are permissible, they may lead to things that are not. We are, however,
obliged to identify and outlaw those non-permissible things. The situation surrounding medical research provides a good example. The revelation that medical research has lead in the past to gross abuses [37-39] does not lead us to the conclusion that all medical research should be banned, but rather that it should be more tightly controlled and monitored.

The proposal that any future AVE legislation should include the mandatory review of the terminally ill person by a psychiatrist is offered as a safeguard against this version of the slippery slope. Without proper safeguards two groups of people may fall victim to inappropriate voluntary euthanasia: those with a serious mental illness and those who decide to undertake AVE in a crisis. The legitimacy of the argument for each group is examined in more detail below.

Serious mental illness in the terminally ill

Even the strongest supporters of AVE recognise the need to protect those who may wish to end their lives because of the effects of mental illness [40]. Mental illnesses such as major depression or delirium will interfere with the person's ability to make a reasoned decision about undergoing AVE.

People suffering from major depression often believe their situation far worse than they would if they were free of illness. They experience a sense of despair and hopelessness that is part of the syndrome. Suicidal ideation may also be a manifestation. People suffering delirium are by definition confused and unable to think clearly. It is widely agreed that people suffering such illnesses should be excluded from the right to make decisions about voluntary euthanasia until they are no longer so afflicted [14,34].

Major depression and delirium, are common in the terminally ill. Studies have reported prevalences of major depression in oncology patients of between 6 and 40 percent [41-43]. Patients with AIDS are reported to have a six month prevalence of major depression of between 3 and 17 percent [44,45] and patients with end stage renal failure have a prevalence of between 5 and 10 percent [46,47]. While a number of methodological problems in some studies mean that the true figure is probably towards the lower side of these estimates, the literature nevertheless supports the contention that major depression is common in terminally ill patients.

It is likely that major depression plays a key role in the desire for euthanasia in the terminally ill population. One study by Brown and co-workers found that among forty-four terminally ill patients, the only patients who had experienced a desire for an early death were those who were suffering from a clinical depressive illness [48].

Delirium may come about as the result of any serious physical or chemical insult to the brain. Terminally ill patients are likely to suffer a delirium not only secondary to their illnesses, but secondary to the treatments of their illness as well. Patients with cancer may suffer organ failures causing delirium via hypoxia or a build up of toxic metabolites. They may be susceptible to infection and fever, or the cancer may invade the brain directly. They may be prescribed an array of medications which can cause delirium as a side effect. Pain relieving drugs are particularly likely to contribute. Patients with AIDS may also suffer all these insults,

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and the presence of the HIV virus in the neuronal cells only increases the likelihood of delirium [45]. It is likely that as many as 10% of hospitalised patients are delirious at any one time [49].

If psychiatric illnesses, such as major depression and delirium, are common in the terminally ill population, and if the presence

of such illnesses should be a contraindication to AVE, then it will be important for any future AVE legislation to incorporate a sensitive mechanism that will allow the detection of these illnesses in the terminally ill population and to prohibit them from undertaking AVE until their illness has resolved.

Terminally ill people wanting AVE because of a crisis

The temporary desire to end one's life is common in the general population [50]. Only very rarely though is this desire the result of a carefully considered, reasoned decision that one would be better off dead. Usually suicidal ideation is a result, either of a major psychiatric illness as discussed above, or a psychological reaction to a crisis. Crises may engender feelings of abandonment, feelings of less of control, undirected anger and the desire for revenge. Often a decision to die in these circumstances is made precipitously and frequently under the influence of drugs or alcohol. The young man who, having just broken up with his girlfriend, gets drunk and decides to end it all, does not make a carefully considered and reasoned decision.

It is likely that the terminally ill population may also experience the desire for self-destruction for similar reasons however, very little empirical work has been done on the aetiology of selfdestructive thought in the terminally ill [30]. Work that has been done supports the notion that suicidal ideation in this population is frequently not the product of a carefully considered and reasoned decision. If a desire for death in the terminally ill were usually the result of reasoned decision making, then one would expect that both completed suicide and interest in euthanasia would occur most often in the latter stages of illness. This would be the time when pain and suffering is at its worst and when there is little to look forward to. In fact however, completed suicide is most common in the first year after diagnosis in the terminally ill [51]. Moreover an Australian study by Owen et al. found that among patients with cancer the strongest interest in euthanasia was among those patients being offered potentially curative treatment. Patients with poorer prognoses, who were only being offered palliative care, tended to reject the idea of euthanasia as a future option ($p<0.05$) [52].

The question of how one defines a rational reason for wanting euthanasia seems destined to remain an entirely subjective one. After all a situation which appears hopeless to one person, may not seem nearly so bleak to another. The important point however, is that the person doing the deciding must have come to that decision as a result of his own careful consideration. Decisions made over a very short time or under the influence of substances cannot be considered to have involved careful consideration.

If well considered and rational decisions to end one's life are the exception in the terminally ill, or even if they are less than common, any future AVE legislation will require a safeguard to prevent the use of the legislation when requests are ill-considered or clearly irrational.

8

Safeguards

In the Netherlands patients wishing to proceed with AVE must be reviewed by two independent doctors [53]. This safeguard is aimed at ensuring that the patient does in fact have a terminal illness and that all treatment options have been exhausted. Though not overtly stated it would also try to ensure that the patient is free from mental illness. All of the passive voluntary euthanasia legislation so far promulgated in Australia contains the same kind of safeguard and it is likely that this 'two doctors test' would be the currently favoured safeguard for any future legislation allowing active voluntary euthanasia.

Several studies suggest that the two doctors test is not sensitive enough to positively exclude psychiatric illness in the terminally ill population. Doctors who do not have specialist psychiatric training are very poor at diagnosing major depression or delirium in the physically ill population [54-58]. Major depression, particularly, is under-diagnosed, with physicians tending to assume the symptoms are part of understandable reaction to the patient's situation. It is not surprising that this should be the case, as a certain degree of depression is to be expected as part of the normal reaction to a terminal illness and as many of the symptoms of major depression - sleep disturbance, loss of appetite etc. - may also occur as a result of physical illness.

In Australia and New Zealand psychiatric training includes a six month term in consultationliaison psychiatry where specialist skills in the diagnosis of mental illness in the presence of physical illness are learnt. Psychiatrists are likely to be much better than their physician colleges at identifying major mental illness in the terminally ill population. The mandatory review of a person requesting AVE by a psychiatrist would therefore provide a more sensitive screen against mental illness and thus lessen the chance of that person undergoing AVE when they are incompetent to do so.

This notion of a psychiatrist as arbiter of a patient's competence to decide to kill themselves is not new. Mental health acts

generally contain a similar provision concerning suicidal ideation in the general community. In New South Wales, for example, suicidal patients may only be detained against their will longer than three working days if, in the opinion of a psychiatrist, they suffer a mental illness [59]. Here "mental illness" is defined as the presence of one or more of hallucinations, delusions, thought disorder or a serious disturbance of mood, and is clearly designed to encompass schizophrenia, bipolar disorder, major depression and organic mental disorders including delirium. It is not difficult to imagine a similar definition being employed in future AVE legislation. Patients who as a result of psychiatric review were thought to suffer such mental illnesses would then be ineligible to undergo euthanasia until that mental illness resolved.

The other group of concern - those that make ill-considered and hasty decisions to end their lives - are more easily protected. An enforced cooling off period of perhaps seven days between the request for euthanasia and the enacting of the request ought to be sufficient to weed out those who have come to the decision precipitously from those who have come to a considered determination. In these cases the psychiatrist should have no power of veto; psychiatrists are not experts in understanding decision making unfettered by psychiatric illness. However, even in these cases a psychiatric review may have much to offer. Often it is difficult and time consuming to tease out the complex motives behind the desire to end one's life.

Psychiatrists are experienced not only in excavating these motives, but at instituting management plans that might result in the desire for death evaporating [60]. Again therefore, even without a legislated power of veto, a mandatory psychiatric review may prevent inappropriate AVE.

Conclusion

Any future legislation that establishes a right to voluntary active euthanasia without the mandatory involvement of a psychiatrist and an enforced cooling off period, will not provide adequate safeguards against the inappropriate use of AVE for patients with mental illness, or psychological reactions precipitated by a temporary crisis. Future legislation allowing AVE must include such a mandatory review provision and the provision for the right to AVE to be suspended while the person is thought to be suffering from a serious mental illness.

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Submission tabled at Hearing - DARWIN - 10.4.95.

SUBMISSION 1106 1

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10 April 1995 Peter Howard

82 Hensman Street

South Perth 6151

Western Australia

The Chairperson

Select Committee on Euthanasia

Parliament of the Northern Territory

PO Box 3271

Darwin N.T. 0801

Dear Sir/Madam,

I joined the Western Australian Voluntary Euthanasia Society (W.A.V.E.S.) at its inaugural Meeting in March 1980.

I joined (and am still a member) because I firmly believe that if one has the Right to Life, one should also have the Right to Die. That one should have the Right to say: "I have enough" when Life becomes a burden because of illhealth and when there is no cure available which is acceptable to me. I see this as a purely individual thing as, I think, it should be. For everyone to make his/her decision without other people telling me what is best for me.

I have no quarrel with anyone having their beliefs and I would not dream of forcing their beliefs onto me but by the same token I do not want anyone to force their beliefs on to me.

I wish you well in your deliberations and I hope you will not be swayed by the vociferous minority (going by all the Gallup Polls).

Sincerely Yours,

Peter Howard

SUBMISSION 1107 1

Chairperson

Select Committee Euthanasia

Parliament N.T.

P.O. Box 3721

I wish to offer my support for the "Marshall Perron Bill" on Euthanasia.

I am in agreement with the principles of passive voluntary Euthanasia and active voluntary Euthanasia and consider that the legislation of such practices is very necessary.

It is my fervent wish to be able to die peacefully and with dignity for the sake of myself and my family.

Yours sincerely

Sylvia Woodthorpe

SUBMISSION 1108 1

15/4 Kitchener Rd.

Melville 6156 W.A.

29th March 1995

The Chair Person

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

Darwin N.T. 0801

Dear Sir or Madam,

I am writing to you to share my relief in the case of a dear friend of mine who was suffering badly with cancer and in much pain.

I explained to the doctor that I was distressed at the suffering (in my view unnecessarily). He listened and looked at me steadily and said

Thank you. I will do my very best to see that he is quite comfortableand hopefully out of pain. I knew exactly what he meant and my friend died an early death and I had to be glad for him and thanked the doctor for his understanding.

Yours sincerely

E M Lang **SUBMISSION 1109** 1

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904 Doveton St

Ballarat 3350

10-4-95

To: N.T. Select Committee on the Rights of the Terminally Ill Bill.

Dear Sir/Madam,

I wish to express my opposition to legalised patient killing. This has to be a degree of murder and should be avoided at all costs.

Modern science provides many ways to comfort patients and allow them to die with dignity.

Yours sincerely

J. Bourke

SUBMISSION 1110 1

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3 Alstonia St

Nightcliff

NT 0810

11th April 1995

Chairperson

Select Committee on Euthanasia

GPO Box 3721

Darwin NT 0801

Dear Sir/Madam

I would like to take this opportunity to express my views about the euthanasia debate - or the little I know about what is being proposed.

Territorians should have the right to take responsibility for their own actions. We do not live in a totalitarian society where all our functions and activities are determined for us. Territorians demand the right to choose where and how their children are born and educated, they choose their own employment or lack of it and make their own living arrangements. We are a progressive and tolerant society, respecting the rights of others to make their own decisions. Surely death is just and extension of this freedom.

However, it must be remembered that the proposed legislation is not about any old death - it is not going nearly so far as to condone suicide. it is about giving those who are terminally ill and in constant, great pain the opportunity for a more dignified end to their suffering.

The anti-euthanasia movement is very vocal and loud. These people would impose their views on the rest of society. The proposed legislation is about giving people choices. The antimovement will chose not to take advantage of this option. However they should not have the right to decide someone else's fate.

The Territory is leading the rest of Australia and much of the rest of the world on this issue. I do not consider this a valid reason to reject it.

Possibly, initially some patients from elsewhere will come to the Territory to take advantage of the proposed legislation,but their visit will only be brief and so not a drain on the health budget. Other states and countries will be keen to monitor the situation here and it will not be long before they follow the Territory's lead on this issue.

Yours faithfully

Pam Nunn

SUBMISSION 1111 1

ATSIC REGIONAL OFFICE

PO BOX 319 TENNANT CREEK NT 0861

TELEPHONE (089) 62 1999

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YAPAKURLANGU REGIONAL COUNCIL

Ms Pat Hancock

Secretary

Select Committee on Euthanasia

GPO Box 3721

DARWIN 0801

EUTHANASIA BILL

Dear Madam,

The Yapakurlangu Regional Council during Meeting No. 12, 4 - 7 April, 1995 discussed the proposed Euthanasia Bill.,

The Council expressed serious concern at the lack of consultation with Aboriginal people on the matter of euthanasia. The lack of consultation is evidenced by the Select Committee which came to Tennant Creek on 4 April, 1995 and did not consult with any Aboriginal people.

Council is aware that a late night meeting took place between the Committee and four nonAboriginal medical personnel - a

Doctor from Anyinginyi Congress, a Doctor from Tennant Creek Hospital and two Nursing Sisters. It has been reported to Council that the four medical staff were unanimous in their opposition to euthanasia.

Whilst all Yapakurlangu Regional Councillors are opposed to euthanasia it was the opinion of Council that as euthanasia is a "life or death" matter they could not claim to speak on behalf of their constituents until proper consultation took place with all Aboriginal people on all communities.

Regional Council is firmly of the belief that it is a Northern Territory Government responsibility to properly explain all aspects of euthanasia to Aboriginal people. Without explaining euthanasia it is not possible for Aboriginal people to make an informed decision. It is not sufficient for a select Committee to "blow-in and out of town" and thereby claim to have consulted.

Regional Council wishes to express its strongest possible disgust at the extremely poor level of consultation on what is a life and death matter for all people of the Northern Territory and requests that no final decision be made concerning the Euthanasia Bill until euthanasia has been explained to Aboriginal people and their opinions obtained after a full and frank education campaign has taken place.

Brian Tennyson (JAPANANGKA)

11 April, 1995.

Submission handwritten.

SUBMISSION 1112 1

Nicholas TontiFilippini BA (Hons) MA 15 Alburnum Crescent

INDEPENDENT CONSULTANT ETHICIST Lower Templestowe

Victoria 3107 Australia

Fax Phone (03) 848 4688

Wednesday 12th April

FACSIMILE

Please forward to:

The Secretary

Select Committee on Euthanasia

Legislative Assembly of the Northern Territory

Dear Sir or Madam,

I note that the closing date for submissions to your enquiry has passed, but ask that you accept this submission. I am myself seriously ill having suffered end-stage renal failure and being dependant on haemodialysis and having some difficulties of my own in that respect could not write sooner.

In 1986-89 I assisted the Victorian Government in the preparation of its *Medical Treatment Act 1988-90* and also assisted the Opposition in respect of their coming to understand the issues and the legislation from the point of view of how they applied at the coalface (so to speak), and was acknowledged in the Parliament by both sides in respect of the assistance I had given throughout that long period of debate and development of the legislation. In 1990-91 when the South Australian Parliament also held an enquiry into the issue, on the recommendation of the Chairperson of the Victorian Social Development Committee, I was invited by the South Australian enquiry to be their keynote speaker at a public meeting they held to stimulate debate on the issue, and to meet with them to discuss the issues. The Committee subsequently more or less adopted the position I had put to them which was similar to the outcome in Victoria.

Those roles were achieved, I guess, through the position I had held as Australia's first hospital ethicist for eight years at St Vincent's Hospital, Melbourne and Director of its Bioethics Centre. Currently I am a consultant in private practice and

amongst other things was recently engaged to assist the Victorian Department of Community Services and Health in drafting guidelines for the making of medical decisions, including life support decisions. for people in the care of the Department.

Each community and hence each State or Territory must resolve these issues for itself, but I do believe my experiences in the process in Victoria and South Australia would relevant and of service to you.

I would like to offer any help I can give to the Northern Territory Committee in your deliberations over the complex issue of the rights of the Terminally Ill in respect of euthanasia.

2

I have studied the Bill and understand that:

* the Bill makes it lawful for a medical practitioner to administer treatment designed to end the life of a patient at the patient's request.

* the conditions under which compliance with such a request are that the patient must be terminally ill, adult, mentally competent, informed and ask in writing (or orally if unable to write) for assistance to end his or her life.

* the Bill also gives immunity to doctors and anyone else involved.

* the Bill prevents life and health insurance companies from varying their policies in respect of the use of the Act.

The Bill appears to be very similar if not identical to the Bill that has been touted around by the Victorian Euthanasia Society which was drafted by Mr David Kelly, former Victorian Law Reform Commissioner. The concept of such a Bill was rejected unanimously by both the Victorian and South Australian Parliamentary enquiries.

The Bill is poorly drafted, seeking to apply a simplistic solution to a very complex matter. I would go so far as to suggest that it is drafted more in ideology than in real experience of serious illness and the actual felt needs of people in those circumstances. Its overall effect is in fact to greatly diminish the legal protection of the rights of the sick and dying. Some of the problems in the Bill are:

* The Bill purports to deal with the rights of the terminally ill, even though no enquiry had been held into the actual needs of the terminally ill? Your enquiry ought to first answer the question: do people with terminal illnesses want doctors to have this power or would they prefer to be able to trust that those engaged in caring for them do not consider euthanasia to be an option? What has been done to safeguard their rights to receive adequate relief of distressing symptoms, nursing care, access to hospital based care? The Parliamentary enquiries in Victoria and South Australia when they did enquire into the actual needs of the seriously ill found not that euthanasia was wanted, but rather that they wanted better services for nursing and medical support, relief of distressing symptoms, and the right to refuse medical treatment.

* The Bill restricts euthanasia to terminal illness. What is a terminal illness? Does that mean that the patient is likely to die within twelve months with life-saving care? Without lifesaving care? Apart from the very last stage of life, no competent doctor would be willing to predict death with any certainty. There are simply too many variables involved. Further, why terminal illness? There are many people whose condition is one of great incapacity and distress who are not terminally ill. What of them?

* The Bill allows another person to make the written request on behalf of a patient who cannot write. There are no adequate safeguards to ensure that that person actually does represent the wishes of the patient.

The Bill contains no protection against conspiracies between relatives and the doctor and his colleague.

3

It is not difficult to imagine the relatives of a patient who could not clearly articulate his or her own views, substituting their own decision based upon the burden on them of caring for the patient, and convincing the doctor and his colleague to relieve them of the burden.

* Few doctors would want to have a euthanasia practice, just as few doctors now want to perform abortion. Like abortion the probability would be for private specialist euthanasia clinics to be established where the emphasis would be on achieving death rather than assisting a patient with good management, of distressing symptoms.

* The immunity to both civil and criminal prosecution in the Bill is so broad that any of those involved in the care of the patient acting in good faith in compliance with the bill cannot be prosecuted even for actions that are grossly negligent. Thus, for instance, if a doctor's attempt to end the life of the patient resulted in a failed attempt and greater suffering, or if the patient as a result was left in agony or greater incapacity, or if the doctor neglected to mention to the patient treatment options that would have relieved the patient's distress, or was in any other way negligent in ascertaining that the conditions of the law had been met, or if the doctor acted unlawfully in ignorance of the specific terms of the Bill but in good faith, then he or she could not be prosecuted. The latter is highly likely as seldom can doctors be bothered to read the fine print of the legal gobbledegook prepared by lawyers and legislators.1

....

1 The experience in Victoria is that even though the *Medical Treatment Act 1988-90* gives doctors immunity if they complete the forms issued under the Act very few actually do so. In other words. even when it is in the legal interests to do so, doctors generally do not bother with the documentary detail.

....

Thus the immunity given in the draft Bill removes all legal protection of the rights of the terminally ill person and his or her family in respect of being able to recover damages for negligence once this law is invoked as the justification for the actions of the doctor, nurses and others involved. Rather than protecting the rights of the terminally ill this Bill substantially diminishes them.

* The Bill does not restrict the means used. If he or she wanted to the doctor could use a shotgun or any other means of killing the patient.

A problem with this issue is the lack of adequate definitions and consensus about the terms used. As a result the issue may be more confused than it ought to be. Based on my experience as a hospital ethicist, I would like to offer the following:

1. To perform euthanasia is to deliberately procure the death of a patient by action (active euthanasia) or by neglect of *reasonable* care (passive euthanasia) in order to end suffering by ending life.

4

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2. It is not euthanasia to withdraw treatment because the treatment itself is judged to be overly or disproportionately burdensome, risky or costly. That judgement is firstly made by a competent patient, acting with adequate medical advice and information, then by the incompetent patient's family or close friend or by a legally appointed representative (either a guardian or a person holding an enduring power of attorney for medical treatment2), then by the doctor;

....

2 An enduring power of attorney for medical treatment is a power that is not available in the Northern Territory but was provided is Victoria by the *Medical Treatment Act.* That section of the Act is one which I can claim to have drafted. The provision of such a power is one which I would hope might be positively recommended by your enquiry.

....

3. It is not euthanasia to administer a treatment aimed at relieving pain as the directly intended effect even though the treatment may contribute to the cause of death, provided that there is no other reasonable and available means of relieving the pain and the treatment is not disproportionate.

These traditional principles reflect and preserve respect for the subtlety and the complexity of human relationships and thus both uphold dignity while allowing humane decisions to be made.

Euthanasia is not just a matter between a doctor or doctors and a patient. It is a matter that affects the whole community.

That doctors are given the authority to take the lives of their patients and that this then becomes an option, albeit voluntary on the part of the patient, changes the character of the supportive environment that the sick and incapacitated need.

To suspect that those providing your care may be entertaining the thought that perhaps you would be better off opting for death is not reassuring. In an environment in which euthanasia is not practiced and not supported by the community through its laws,

those patients can be secure in the belief that what is being done and suggested is based upon respect for the patient's worth and value as a person, that there is no room for giving effect to the view that his or her life may be not worth living.

Anyone who has been close to someone who has suicided, even if not knowing the person intimately, knows that the death has both social meaning and individual meaning for everyone in any way associated, even remotely, with the death. Deliberate suicide does not just end an individual biological life; it is an act of destruction which not only destroys that individual but negates all that he or she is and means within the community. When someone close to us dies, part of us and part of our community dies. When that destruction is deliberately chosen our loss and our community's loss is not just of the person. In a significant way our common ideals and the enactment of them through which our personalities are established, expressed and matured, are damaged, warranting repair.

When that suicide is supported or assisted by the agency of others in the community, they collaborate in doing that damage and in that way affront both each individual personally and the entire community of which each is formative.

5

The flat, meaningless reductionism of contemporary individualism sees the taking of a human life as no more than that, and can accommodate it as a matter of mere individual choice. Thus it is held to be legitimate (though not yet legal) for a compact to be entered into between a doctor and a seriously disabled or suffering patient for the patient to be killed as though the doctor and the patient were no more than individuals. But that is simply false, they are a part of the community and what they do in this case, even secretly, negates the worth and meaning which each individual has as part of the community and as formative of that community.

From the point of view of those who are elderly or chronically and seriously ill, this negation of worth and meaning of each individual member of the community is extremely threatening. As a seriously ill person, one cannot help but wonder whether those around are forming the opinion that, given that one's life is so burdened and with such diminished capacity, one ought opt for euthanasia. Further, being seriously ill means being a burden in some ways to others. When the worth of one's being is open to question and not taken for granted, one cannot help but feel threatened.

Some months ago a man who had been on dialysis in Melbourne for approaching thirty years encountered a change in his circumstance. He had been on home haemodialysis and managed it, though living alone, with the help of a neighbour. The neighbour, also ageing, had experienced a sudden and catastrophic illness resulting in him being hospitalized and then transferred to a nursing home. The result for the man on dialysis was that he could no longer manage at home. Aware of the much greater cost of dialysing in hospital or in a satellite centre, of the contemporary debate on euthanasia and the majority approval in the polls, of the pressures on the public hospital system (he had recently had, for the first time, to start paying for several elements of his dialysis including hiring a firm to provide and collect sharps and contaminated waste containers), he decided to cease dialysis and at his request was admitted to hospital so that his symptoms could be managed through the dying process. Prior to going into hospital he cancelled his lease on his home and gave away his few possessions, clothes and the like to the St Vincent de Paul society.

Once in hospital he encountered some distress amongst the nursing staff who expressed concern for him and clearly indicated that they thought he was making the wrong decision. That expression of concern, and the implicit support for him and the personal recognition of his worth and value as a person, changed his mind and he opted to continue dialysis through a satellite centre. (He went back to SVDP to ask for some of his things back!)

It seems that there was a distinct contrast between the attitude taken by the nursing staff, and the attitude being expressed in the euthanasia and health funding debates, not on the question of autonomy and voluntariness of decisions, but on the fundamental matter of the strength of the relationship between members of our community founded upon respect for the worth and dignity of each. The promotion of euthanasia is in itself negative in that respect. Dignity is reductively, and hence falsely, equated with autonomy. Human dignity includes respect for autonomy but much more. There is little dignity, for instance, in voluntarily selling oneself into slavery or prostitution, or in voluntarily fabricating research results, or deceiving investors and defrauding them of their funds.

6

Reductionism is even more evident in the sort of reasoning which seeks to identify those elements of being a human being that make them valuable - the sort of logic that looks to sentience, self-consciousness, capacity to reason and the like, as the

determining characteristic of being valued. To say that a human being is self-conscious or sentient captures merely one element of a complex. It is not one single element that makes us one in community with others of our kind. Rather it is the complex interplay of aspects of the individual and the many relationships both distant and intimate, passive and active that endow that being with significance for all of us.

Odious discrimination on the basis of the comparative capacity to function of members of our community. using grounds such as those listed above, harms not just the individual so excluded, but everyone of us. The reductionism involved devalues who each of us is as a whole by seizing upon just one or two aspects of who we are.

Thus, from the severely brain damaged neonate or foetus to the persistently comatose dying patient, all have meaning and significance as members of our community. That membership is a matter of who they are, rather than what they do or contribute or which capacities they have.

Like all moral decisions, medical treatment decisions have a significance not just for the individuals directly involved, the patient and the practitioner, but for the entire community. This is .no more evident than in the care of the dying The quality of the care given, not the socalled quality of life, is what is central. In my experience as a hospital ethicist, "quality of life" is usually a third person judgement made in order to justify discriminating against the patient and providing less than adequate care.

At the same time it is important to stress that adequate care does not necessarily involve doing all that can technologically be done. Essential to adequate care is at least basic care3 which in itself is necessary to express support for the patient as an individual and a member of the community, and in that way asserting respect for his or her human dignity and enacting the dignity of the caregivers.

....

3. It is a matter of great concern that health care funding is now being directed more to doing procedures than to providing care. Thus hospital culture is being changed so that hospitals no longer care for the sick. They just do procedures. The sick are either neglected or they are cared for at home, usually by women, isolated, unpaid and under-resourced. For elaboration on this point see Nicholas Tonti-Filippini "Casemix: A Disaster for the Disadvantaged" *Journal of Hospital and Health Care,* February 1995 or "Blame Casemix, Not Just the Budget Cuts" *Quadrant* May 1995 (Forthcoming)

....

Euthanasia by and of its nature destroys that sense of support and dignity.

Yours sincerely,

Nicholas Tonti-Filippini

SUBMISSION 1113 1

John Plunkett Centre for Ethics in Health Care

A joint centre of Australian Catholic University and St Vincent's Hospital, Sydney

St Vincent's Hospital

Darlinghurst

Bernadette Tobin, PhD NSW 2010

Director Australia

Telephone: 61-2-361 2869

Facsimile: 61-2-361 0975

13 April 1995

The Secretary

Select Committee on Euthanasia

Legislative Assembly of the Northern Territory

GPO Box 3721

Darwin NT 0801

Facsimile 089 816 158

Dear Ms Hancock

Thank you for your letter of March 30. Please find enclosed a written summary of the submission I would like to make personally to the Select Committee on Euthanasia.

You asked for a resume of my background:

Master of Arts (Philosophy) University of Melbourne 1984

Master of Education University of Melbourne 1978

Doctor of Philosophy (Education) University of Cambridge 1988

I have taught philosophy at the University of Melbourne, the University of Wollongong and at campuses of Australian Catholic University in Sydney and Melbourne. From 1991 to 1993 I held an Australian Research Council Postdoctoral Research Fellowship in medical ethics.

I am Foundation Director of the John Plunkett Centre for Ethics in Health Care, a joint research centre of St Vincent's Hospital in Sydney and Australian Catholic University. My research interests include the development of a virtues-based approach to the ethics of health care.

I would .like to point out that, though I am a Catholic, my opposition to the legalization of euthanasia does not have a religious basis. There is no reason why people who have religious beliefs should expect others to share those beliefs. Certainly I do not. In fact, I am prepared to assume that in an individual case euthanasia may be ethically-unobjectionable.

2

None the less, I think that it would be most unwise social policy to remove the legal prohibitions on the practice of euthanasia. I would very much like to have the opportunity to discuss these matters with your committee.

In what follows I outline the reasons why I think it would be unwise to legalize euthanasia. My arguments are intended to apply to any attempt to legalize euthanasia and not just to your own legislative proposal.

Since, however, there is widespread confusion both about what is and what is not euthanasia (and correspondingly what the law says about medical end of life decisions in Australia) I begin by making a few points of clarification in a preamble.

With best wishes

Dr Bernadette Tobin

3

Preamble What is and what is not euthanasia

Euthanasia is the intentional hastening of a person's death in order to relieve that person's suffering. In other words, it is the direct and deliberate hastening of death motivated by concern for that individual person's suffering. Several things need to be noticed about this definition:

Without the idea that the hastening of death is <u>intentional</u>, we could not distinguish euthanasia from other acts which are different human acts even though they have the same consequence: for instance

(a) the withdrawing or withholding of life-sustaining treatment because that treatment itself judged to be either medically futile or overly-burdensome for the patient, and

(b) the administration of a treatment with the intention of relieving of the symptoms of illness and in the foreknowledge that this may or will hasten death.

In the appropriate circumstances, both (a) and (b) are perfectly good medical conduct. In addition, both (a) and (b) are perfectly legal everywhere in Australia. And neither (a) nor (b) constitutes euthanasia.

To understand the importance of clarifying the intention implicit in an act; think of the difference between the act of a careful and sympathetic doctor who in immunizing a child by injection knowingly causes that child pain and callous person who deliberately inflicts pain on a child. We would not express our understanding of the moral difference between what the doctor does and what the callous person does without reference to the intention with which each of them acts.

To understand the importance of the object of an act (or the motivation with which it is done), think of the difference between deliberately hastening someone's death in order to relieve that person from suffering and deliberately hastening someone's death in order to inherit sooner rather than latter. The former is euthanasia; the latter is killing (or letting die, as the case may be) of a different moral kind - it is a different human act - which requires its own moral justification.

Euthanasia may be either 'active' or 'passive'. That is to say, it may be brought about by active means (for instance, by the use of a lethal injection) or by passive means (for instance, by the failure to treat an infection in order to hasten the patient's death).

The term 'passive euthanasia' is surrounded by perhaps the deepest confusion. Some people are under the mistaken impression that any case of letting someone die is a case of euthanasia. That this is not so ought by now to be clear. Passive euthanasia is the intentional hastening of a person's death (in order to relieve the person's suffering) by an omission (for instance, the omission of antibiotics), where the omission is intended to bring about the patient's death. However, if in the presence of a lifethreatening infection antibiotics are omitted because they are judged to be medically futile or over-burdensome, that case of 'letting the person die' is not euthanasia. For, as we have seen, the forgoing of life-sustaining treatment (either by withdrawing it or by withholding it) which is judged to be medically-futile or overly-burdensome is not euthanasia.

4

Euthanasia should never be legalized because it would put at risk the lives of vulnerable people. There are two main reasons for this.

1 The mere expression of a wish to die, even by someone who is 'suffering from a terminal illness and is likely to die within twelve months as a result of the illness', is not sufficient justification for an individual doctor to accede to such a request, let alone to justify legalizing the practice of voluntary euthanasia.

Consider the following three cases: (1) An old man is diagnosed with a cancer which will kill him in less than a year. Like many old people he feels a burden on his family. Feeling guilty about being so sick and so dependent on them, he expresses a wish to be helped to die. (2) A middleaged woman suffers from polio and needs a ventilator to help her to breathe at night. She becomes so demoralized by the social discrimination she faces every day of her life that she gives up using the ventilator (and so falls into the category of the 'terminally' ill) and expresses a wish to die. (3) A young woman with a fatally progressive form of leukaemia is motivated to express a wish to die largely because her self-esteem is so diminished by her worsening appearance.

In each of these cases, the proposed legislation to legalize voluntary euthanasia in the Northern Territory would allow and (over time) encourage doctors promptly to accede to such requests for euthanasia. Yet it would be quite wrong for a doctor to accede to any of these requests, from the old man with cancer, from the disabled woman with polio, from the young woman with leukaemia. The fact that each of them requests euthanasia is not justification in itself for someone else - a doctor - deliberately bringing about their deaths. For these requests for assistance to die are inadequately based. Surveys have repeatedly shown that general practitioners are often unable to distinguish a rational decision from a clinically-depressed one. In addition, many doctors are simply unaware of the extraordinary advances in the science of palliative care: that many people still spend the last stage of their lives in *relievable but unrelieved* pain is a scandalous fact about even so developed a society as Australia's. The legalization of euthanasia would encourage doctors to respond to inadequately-based requests by taking these requests at their face value. A truly compassionate society would try to respond to the conditions which prompt the request: pain, loneliness, the feeling of worthlessness, the fear of being a burden on others, the desire to punish others, etc.

Of course any of the people I have mentioned might in their anguish take their own lives. But the Northern Territory proposal would authorize someone else to kill them, and no amount of talk about 'physician-assisted suicide' can fudge the fact that

suicide and euthanasia are morally-distinct human acts. It does not follow from the fact that *you* think you have reason enough to commit suicide that I thereby have a sound reason for euthanizing you. Respect for personal autonomy does not trump all other considerations - as the Northern Territory proposal implicitly acknowledges when it insists that the request must come from someone who is (in the sense stipulated) to be regarded as 'terminally' ill.

2 If voluntary euthanasia were legalized, doctors and other health care professionals would be encouraged to practice it on patients who have not even expressed such a wish. Its legalization will inevitably lead to the *de facto* acceptance of non-voluntary euthanasia amongst both doctors and the wider community. We know that legal reform has a causative effect on human behaviour. We should be honest enough to admit that legalizing voluntary euthanasia

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will not only make it more likely that doctors will accede to requests that are inadequately based: in time it will encourage doctors to expect such requests and even to ascribe them to incompetent patients who cannot make a request. Already we hear a lot of glib talk about 'what the patient would have wanted' if only he or she could have told us before becoming unconscious. No doubt the belief that one is acting in accordance with what the patient would have wanted is a powerful defence mechanism which helps doctors make difficult treatment decisions. But in the absence of explicit and unambiguous written or oral directions, the notion of an 'ascribed autonomous wish' is a mere projection of the doctor's (or the family's) own preferences. Legalizing voluntary euthanasia on the grounds that respect for personal autonomy is the fundamental moral imperative will encourage the emerging idea that we can ascribe 'autonomous requests' for euthanasia to incompetent patients who cannot make explicit requests.

There is much else to be said about the Northern Territory proposal to legalize euthanasia. Often support for such proposals comes from people who have had first-hand experience of a loved one suffering intensely as he or she dies. It is not good enough to say to such a person that there are centres of excellence in palliative care in some parts of Australia. We ought to recognize a moral responsibility to ensure that such care is available to every Australian regardless of where he or she lives. We ought also to recognize that, in a small number of cases, even the best palliative care cannot relieve the pain of 'terminal' illness. In these rare cases, other measures (of which sedation is only one) need to be taken. And physical pain is only one of the things from which people who know they are dying suffer. Feelings of worthlessness, of guilt and of being a burden on others, the deep desire to make amends for something in the past, are just some of the other forms their suffering takes. There are many ways in which we can better serve dying people than by agreeing with their selfassessment and extinguishing their lives.

It is sometimes said that a majority of doctors would welcome such a change in the law: but Australian surveys of their attitudes are flawed by the general failure of the researchers to distinguish between the direct and deliberate hastening of death on the one hand and the forgoing of lifesustaining treatment when that is judged to be therapeutically futile or overlyburdensome on the other.1 The former is euthanasia (whether 'active' or 'passive'), the latter is no more than good medical care and is perfectly legal everywhere in Australia.

There are many things wrong with the drafting of the Northern Territory proposal. But the most expert redrafting could not make this a wise legislative proposal. Even if one assumes that on occasion a case of euthanasia can be morally unobjectionable, there are still deep reasons for maintaining the legal prohibition. The moral and social cost of legalizing the practice would be too high.

1 See Tobin, B: 'Euthanasia survey's fatal flaw', *Medical Observer,* 5 August 1994. Kuhse, H: 'Which fatal flaw?', *Medical Observer,* 16 September 1994. 'Dr Tobin replies', *Medical Observer,* 16 September 1994

Submission from Bernadette Tobin

SUBMISSION 1114 1

PERSONAL CONCERN

I believe the Legislation is long overdue.

I welcome the Legislation but at the same time feel it is too restrictive.

I refer to a suffering which is just as real and debilitating as physical pain - dementia.

In a lawyer's safety deposit box, alongside my Will, I have left a letter stating that my life is to be terminated in the event of loss of mental functioning.

Hopefully, I will be able to determine the point in time if afflicted in this way.

In the case of rapid mental degeneration, I have named three close friends to determine the point in time when my "quality of life" is nonexistent.

Strict instructions have been left to ensure that I am never locked away in a geriatric home suffering from permanent memory loss or dementia. Neither do I want to become a burden on others. My choice is Death if this terrible situation arises.

I implore the Parliament to legislate for "inclusive rights" so that individuals like myself are not forced to seek illicit practices when making the ultimate choice in life.

These instructions were written when I was forty years old and in sound mind.

They express my greatest fear in life.

They clearly define myself determined "quality of life".

I believe I have the right to make this choice in life to ensure that my physical ending is in accord with the lifestyle to which I was accustomed.

A democratic Parliamentary decision will recognise and support my final requests as a "legal human right".

Tricia Smith

M.Ed. Studies.

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CONCERNS RAISED

1. People will have their lives terminated against their wishes. Common practice will result.

2. A person may feel depressed and want to die. This may be a temporary feeling.

3. The human being is a religious or spiritual being.

4. Doctors have been trained to save or prolong life, not terminate it.

5. Improve "palliative care".

Response: Palliative Care is a separate issue and quite distinct from Voluntary Euthanasia.

OVERCOMING CONCERNS

1. Malpractice is occurring now. It is therefore not a result of legislation. Legislation will allow for the control of current practices.

2. A patient must firmly establish that this is his or her chosen path. Systemic mechanisms must be devised within the legislation to ensure the sincerity of the request.

3. See Section 116 of the Commonwealth Constitution

4. Doctors have been trained to provide "best medical practice". As in any profession, "best practice" should be determined by client needs. Service delivery undergoes ...

Attached with submission: Newspaper cuttings and 3 handdrawn graphs.

Submitted at Hearings - Alice Springs - 3.4.95.

SUBMISSION 1115 1

Mrs Frances McKechnie

Old Timers Village

P.O. Box 2096

ALICE SPRINGS 0871.

VOLUNTARY EUTHANASIA BILL

It is very easy to say no one likes to see anyone, especially a loved one, in great pain, but in saying that there is no logic in saying that the next stop is Euthanasia, voluntary or not. Certainly something should be done and I would like us to canvass some of the other options.

REASONS AGAINST THE BILL

1. The Bill before the Northern Territory Government is pursuing the course of Voluntary Euthanasia but the question must be asked - "How long voluntary"? In Holland where they had an agreement with doctors allowing voluntary euthanasia, within ten short years the word voluntary has been deleted. In Oregon, USA where an almost identical bill was brought in it is now before the Courts because it is believed it is against the USA Constitution.

If within a few years the word "voluntary" is dropped who then makes the decision for Euthanasia?

2. I am concerned for what we in the Church call "ORIGINAL SIN" - interpreted in many ways but basically meaning man attempting to take the place of God.

In the eighties we saw "GREED" in a very naked way. There are many who would still ride rough shod over anyone to obtain the money they wanted. It is something elderly people have to be very aware of.

And in this century we witnessed the holocaust which wiped out people because of their racial origins - who will be next - the aged population because they are not productive and may cost others some money! Already the great Credit Agencies are telling our economists that we spend too much money on Social welfare and so the credit ratings will go down. The signs are all there. If a chink is there in legislation what has started as a humane bill will quickly become horrendous.

ALTERNATIVES

1. NATURAL DEATH ACT

I would like us to start exploring alternatives to Voluntary Euthanasia. The first one which I feel needs to be given much more publicity is the Natural Death Act. We have it in one State in Australia and in the Northern Territory. By this Act you ask that should you take seriously ill, have an accident etc, that you NOT be given any life support mechanisms merely pain relief which includes food and water. If you survive you do in your own strength, otherwise you quietly die. This could reduce the life expectancy significantly. It used to be said that pneumonia was the old peoples friend. Antibiotics removed - that friend - the Natural Death Act would bring it back.

Let us explore and join in this Act.

2. PALLIATIVE CARE

Figures are bounded around about the effectiveness of such care but I think until we have tried it out over a long period we will not have reliable statistics on it. But at least let money be put into this form of care. I think it relates to the Natural Death Act very well.

3. PAIN KILLERS

Some very respected medicos feel that the medical profession as a whole do not prescribe properly to keep people out of pain. Again this is an issue which the medical profession has to work at and let us know the true facts on this issue.

CONCLUSION

I feel Euthanasia is the cheap way out - both fiscally and morally. I plead that we ask for professional and thorough research

into Palliative care and Pain Killers before we look at any Euthanasia Bill. Some medicos have found that many in pain wanted Euthanasia but with pain removed then they were not interested in it.

In this day of modern science may that science be used to assist people, especially those in pain, to a quality of life, and a dignity of death.

Submitted at Hearings - Alice Springs - 3.4.95.

SUBMISSION 1116 1

South Australian Voluntary Euthanasia Society

Patrons: Society Address: SAVES

Sir Mark Oliphant, AC, KBE, FRS, FAA. PO Box 2151 Kent Town

Emeritus Professor JA Richardson South Australia 5071

THE PRACTICE OF VOLUNTARY EUTHANASIA

Some doctors practice voluntary euthanasia in Australia and there is a move towards the legalisation of this practice in certain circumstances. What follow are suggestions for discussion of how the practice might best be regulated.

Definition:

For the purposes of this paper voluntary euthanasia is defined as:

A medically assisted or induced quick and peaceful death

at the request of and in the interests of a patient

who is incurably ill and intolerably distressed.

Voluntary euthanasia will be regulated by legal requirements and sound medical practice.

Legal Requirements:

This section is based on the likely main features of a voluntary euthanasia law. It allows consideration of what should be legally prescribed as distinct from what should be properly left to medical judgement.

(a) Only a doctor may provide voluntary euthanasia.

(b) Any doctor is free to refuse on grounds of conscience or other grounds.

(c) An institution may refuse to permit voluntary euthanasia within their premises but must take reasonable steps to ensure a patient is aware of this before admission.

(d) A request may only be made by a competent adult.

(e) A request for euthanasia must be in writing and witnessed by three persons, one of whom is the doctor who certifies that the patient has been fully informed of alternative treatments.

(f) The request must confirm that the diagnosis of incurable illness has been made and that full information has been given on alternative treatments.

(g) The request may be for implementation at an early date to be agreed between the patient and doctor or may anticipate a time when the patient is no longer competent. In the latter case, the patient may appoint one or more trustees to safeguard the patients interests.

(h) If the patient is unable to write, the request will be put in writing by one of the witnesses. A videotape of the making of the request may be made.

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(i) The witnesses must certify that the patient appeared to be of sound mind, appeared to understand the nature and implications of the request and was not apparently acting under duress.

(j) A patient may revoke a request at any time in writing or orally whether or not the patient is still competent.

(k) An independent doctor must personally examine the patient and confirm the circumstances of the case.

(1) The doctor administering voluntary euthanasia must report to the State Coroner who will keep the Minister of Health informed.

Professional Guidelines:

(1) The request for euthanasia must come from the patient.

(2) The reasons for the request must be thoroughly assessed to ensure that no treatment option has been overlooked.

(3) Remediable factors, such as treatable symptoms, depression, or other circumstances must be appropriately addressed.

(4) Where possible, the request should be discussed with the patient over a period of time and steps taken to discuss the situation with those having close relationships with the patient, while respecting the patient's wishes in this regard.

(5) Euthanasia should not be performed unless all treatments acceptable to the patient have failed to achieve a level of comfort acceptable to the patient.

(6) If a doctor objects to euthanasia on religious, moral or conscientious grounds, the patient should be offered referral to another doctor.

(7) The second doctor should preferably be a specialist in the patient's condition.

(8) The euthanasia procedure and time of administration should be chosen in consultation with the patient.

(9) The presence of other persons at the time of death should be determined in consultation with the patient.

(10) If a lethal dose is administered it should be pharmacologically designed to produce a quick and peaceful death.

(11) If a lethal dose or other treatment is administered in the expectation that death will soon occur the doctor administering the treatment must remain present until death occurs.

(12) All steps taken should be clearly documented in the patient's medical record.

(13) In medically difficult cases or where the doctor lacks experience in voluntary euthanasia procedures, the doctor must consult with more experienced colleagues or with a Voluntary Euthanasia Advisory Service. *

(14) If a dispute arises which cannot be resolved the doctor must refer the case to the Medical Board or to the Advisory Service. *

* Once voluntary euthanasia is lawful, an advisory service should be set up by the medical profession jointly the pharmacists' profession, drawing on experience from The Netherlands.

1 March 1995

Enclosed with submission: Part of letter to Dr Stephen Kirkham, from Daw House Hospice.

(follows)

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Dr Stephen Kirkham

Palliative Medicine Journal Office

Poole Hospital NHS Trust

Longfleet Rd

Dorset BH 15 2JB

28/9/94

Dear Dr Kirkham,

Please consider the following letter for publication in *Palliative Medicine.*

The incidence of requests for a quicker terminal course

Euthanasia is a controversial issue in terminal care, yet only one major systematic study of the incidence of euthanasia requests is known to us1. We aimed to determine the incidence of requests for a quicker terminal course made by in-patients of the Daw House Hospice, a 15 bed teaching unit of the Flinders University of South Australia. Patients' spontaneously expressed statements were recalled at the weekly death audit meeting of doctors, nurses, social workers and clergy. Over a two year period (30/10/91 to 30/10/93) statements from 331 patients who died (average length of admission 17 days) were classed into one of four categories:

Class of Statement	No.	%
1 Never mentioned duration of dying	254	77
2 'I wish it would hurry up'	35	11
3 'Could you hurry it up'	21	6
4 'Please do something now'	21	6
Total	331	10 0

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Some expressions for a speedier demise may have been missed because there was no systematic attempt to elicit views, and because some patients were admitted in a moribund state and unable to state their wishes. The views recalled were spontaneously expressed, and some patients possibly harboured a desire for a speedier end but judged that it might be inappropriate to express this to staff since deliberate euthanasia is not countenanced and not practiced in the hospice. Also, many members of the hospice team, particularly nursing staff and volunteers, were unable to be present at the audit meetings to report what may have been said to them. These factors would tend to increase numbers in the 'never mentioned' category and reduce the number of responses in the other categories. A strong and persistent request for euthanasia, however, was less likely to be missed or misclassified because it is more overt and readily shared in 'hand-over' meetings.

Our results suggest that in the setting of good palliative care requests for interventions to hasten the dying process are largely tentative and indirect. There is an unfortunate tendency to use the term 'euthanasia' in a blanket fashion to cover a range of acts and omissions which have the effect of shortening life. The phrase 'request for euthanasia' should be held to apply only to the final category in our study: 'Please do something now'. Interestingly, the proportion of patients in this category (6%) is similar to the proportion of Dutch cancer deaths in which active euthanasia is effected (7%).1

The incidence of requests would be affected if patients felt able to express their feelings freely to staff who could openly communicate about these issues. As patients settle into the hospice and feel better informed, more confident, and experience a greater sense of control over the terminal phase of their lives, more frequent requests might be expected. On the other hand, as suffering is brought under control, positive exchanges encouraged, and loving relationships engendered in a supportive hospice environment, the desire for a quick exit is likely to decrease. Variations in the incidence of requests from place to place and over time should be assessed according to the reasons underlying requests, and in the light of the biases inherent in this kind of observational survey.

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3. To regard a hastened death as 'unintended' denies that it may be desired (by the patient and some carers), and discourages the taking of responsibility for the outcomes of treatment - it is a form of death-evasion.

It seems to me the principle of double effect is a *psychological construct* or a *psychological defense mechanism* which enables clinicians to intervene in suffering with life-shortening actions while appearing to defend the sanctity of life principle. As such

it serves a useful function for those clinicians who do not wish to take responsibility for affecting the timing of a patient's death, but it is not a good basis for public policy - it sanctions physicians to undertake life-shortening acts and omissions, provided their intentions are stated appropriately, without reference to the wishes of the patient.

I believe that a better basis for policy about life-shortening medical decisions is to ensure that the wishes of the patient are properly considered. That is, primacy should be given to patient autonomy. After all, the clinician is there to serve the interests of the patient, rather than the patient being there for the good intentions of the clinician.

Doctors and euthanasia

Surveys indicate:

' a clear majority of those who responded to the questionnaire support active voluntary euthanasia and many doctors have provided active help in dying 40% of doctors indicated that they would practise active voluntary euthanasia if it were legal'

Singer P and Kuhse H. *Med J Aust* 1988;148:623-627

'The clear majority of respondents supported AVE under certain circumstances and welcomed legislative changes to decriminalise its practice . 63% of respondents would practice AVE if it were legal'.

Maddocks et al. The attitudes of doctors and medical students to active voluntary euthanasia. Hospice '90 Book of Abstracts.

'45% of medical practitioners (responding) were in favour of legislation of active euthanasia'; 19% said they had taken active steps which had brought about the death of a patient.

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Stevens and Hassan. Management of death, dying and euthanasia: attitudes and practices of medical practitioners and nurses in South Australia. School of Social Sciences, The Flinders University.

'Almost half the practitioners had been asked to perform euthanasia, of whom 28% had complied. Of practitioners asked to assist with suicide, 7% had complied. There was majority support for changes to the law concerning euthanasia.'

Baum P and O'Malley E. Euthanasia: attitudes and practices of medical practitioners. *Med J Aust* 1994, 161;137-140

It seems that the sanctity of life principle, professional codes and the law can be outweighed by concern for the interests of the patient - that is, the duty of care to the patient can outweigh the doctor's duty as a citizen. Should these two duties be forced into conflict by what many people see as an unjust law?

The role of medicine is to strive for the equal satisfaction of the needs and interests of individual patients - to cure sometimes, to relieve often, to comfort always. Daily we make decisions which affect the timing of death, and when cure and relief are no longer possible then comfort and life-shortening may in some cases be compatible. The trust which doctors enjoy is rooted in the doctor-patient relationship, and trust will be undermined if we refuse to listen to the requests of suffering patients, and if we turn our backs on them. Respect for our profession is as great as the responsibility we take on and as good as the quality with which we discharge that responsibility.

Doctors have the responsibility of protecting the rights and interests of their sick and vulnerable patients - we are not in the business of abusing them. But opponents of euthanasia tend to portray doctors as untrustworthy or incompetent, and prone to a lust for killing. This is an insult to Australian doctors. It is also ridiculous to claim that Australian governments and doctors would conspire to produce a Nazi holocaust. Interestingly, during World War II Dutch doctors (unlike German doctors) resisted Nazi coercion to perform wrongful euthanasia, resulting in some Dutch doctors being sent to concentration camps. It is perhaps no surprise that Dutch doctors are highly trusted and respected by the Dutch people, and the Netherlands is the only country where voluntary euthanasia is openly practiced.

Some opponents argue that it is not possible to quarantine voluntary euthanasia from non-voluntary euthanasia. Doctors should usually be able to determine whether or not a request to die is reasonable, made freely, and without duress by a competent patient. However, difficult cases do occur in the 'grey zone' between voluntary and involuntary. Surely, the way of handling these is not to push them under cover, but

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to encourage open discussion. Quarantine is less possible if euthanasia practices remain covert, while surveillance provides greater opportunity for audit and maintaining standards of practice. A suggested set of guidelines for the practice of euthanasia is attached.

Conclusion

80% of Australians think euthanasia should be available for terminally ill people who are suffering and request for help to die. Many people simply want reassurance that if their situation is desperate they can get professional help to die.

Most people who are dying do not request euthanasia. Evidence suggests that only 5% to 10% of patients with an advanced progressive disease such as cancer are candidates for euthanasia. Euthanasia could be regarded as a last resort option in the repertoire of palliative treatments. The legalisation of euthanasia should not be a substitute for the proper provision of palliative care.

Many responsible and caring doctors perform euthanasia despite its illegality. Guidelines for the proper practice of voluntary euthanasia should be established. These should include that all reasonable palliative options were made available to the patient. Open surveillance offers a better opportunity than covertness for assuring proper standards are met.

The intention of the doctor in relation to the timing of death is a poor basis for public policy. Ensuring that the wishes of the patient are met as far as is possible provides a better basis for policy about end-of-life decisions.

Steps to decriminalise the proper practice of voluntary euthanasia are indicated - the law should not impede the appropriate negotiation of decisions in the doctor-patient relationship. The right of terminally ill patients to choose should be expanded along with the discretionary powers of doctors to respond.

Dr Roger Hunt

March 1995

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THE AUSTRALIAN ASSOCIATON

FOR HOSPICE AND PALLIATIVE CARE INC.

<u>DRAFT POLICY STATEMENT ON VOLUNTARY ACTIVE EUTHANASIA.</u>

The Australian Association for Hospice and Palliative Care:

1. defines Hospice and Palliative Care as a concept of care which provides
coordinated, medical, nursing and allied services fcr people who are

terminally ill, delivered where possible in the environment of the person's choice, and which provides physical, psychological, emotional and spiritual support for patients and for patients' families and friends. The provision of hospice and palliative care services includes grief and bereavement support for the family and other carers during the life of the patient, continuing after death;

2. defines Voluntary Active Euthanasia (VAE) as the deliberate action to
terminate life by someone other than, and at the request of, the patient
concerned;

3. believes that legalisation of voluntary active euthanasia is not a substitute for
the proper provisionn of palliative care services to all Australians;

4. believes that public interest in voluntary active euthanasia reflects a concern
about lack of adequate support for people who are dying, and will continue to

campaign for improved services, education and research in all aspects of

palliative care;

5. states that currently accepted paIliative care practice does not include

deliberate ending of life, even if this is requested by the patient:

6. recognises that there is a wide divergence of views about voluntary active euthanasia in Australian Society, and also within the caring professions,

including the palliative care community;

7. recognises and respects the fact that some people rationally and consistently request voluntary active euthanasia;

8. acknowledges that, while all pain and symptoms can be treated, complete relief is not always possible in all cases, even with optimal palliative care;

9. asserts that palliative care experience shows that skilled adjustment of the morphine dose for pain relief does not cause death;

10. believes that dying is a natural process and that the refusal or withdrawl of futile treatment is not voluntary active euthanasia;

11. welcomes open and frank dicussion within the community, and particularly with the health professions, about all aspects of death and dying, including voluntary active euthanasia.

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Yours sincerely,

Roger Hunt Ian Maddocks

Medical Co-ordinator Professor

David Roach Alison McLeod

Senior Social Worker Clinical Nurse Consultant

Daw House Hospice, 700 Goodwood Rd, Daw Park, SA 5041, Australia.

Reference

1. van der Maas P, van Delden J. Pijnenborg L, Looman C. Euthanasia and

other medical decisions concerning the end of life. *Lancet* 1991, 338; 669-674.

SUBMISSION 1117 1

THE BISHOP OF THE NORTHERN TERRITORY

BISHOP RICHARD APPLEBY

28 March 1995

The Hon Eric Poole MLA

CLP Member for Araluen

GPO Box 3146

DARWIN 0810

Dear Mr Poole,

RIGHTS OF THE TERMINALLY ILL BILL 1995

In my Open Letter to you of the 7th of February 1995, I indicated the fundamental reasons why I was strongly opposed to the

legalising of voluntary euthanasia.

Since writing to you in February, I have read and consulted widely on this most significant issue, and I would wish you to know that I remain strongly opposed to this legislation.

I am enclosing for your information a copy of a submission I have made to the Parliamentary Select Committee. You will see that this submission gives further reasons to support my contention that the legislation is both ill-conceived and dangerous.

I remain convinced that the introduction of the legislation has done us a service by highlighting the inadequate state of palliative care services within the Northern Territory. I trust that the one outcome from this whole debate will be a resolve to improve the resources and services available for palliative care.

I urge you to carefully consider the issues I raise. I submit that the legislation must be opposed.

With all good wishes.

Yours sincerely.

Richard Appleby.

Postal Address: P.O. Box 6 Nightcliff NT 0814

Diocesan Office: 101 Old McMillans Road Nightcliff NT 0810

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THE BISHOP OF THE NORTHERN TERRITORY

BISHOP RICHARD APPLEBY

A SUBMISSION TO THE SELECT COMMITTEE ON EUTHANASIA OF THE LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY FROM BISHOP RICHARD APPLEBY, THE ANGLICAN BISHOP OF THE NORTHERN TERRITORY

1. In an Open Letter to the Members of the Legislative Assembly of the 7th February 1995, I have outlined the fundamental reasons for my opposition to the Bill and its purposes as set out in the Preamble. This Open Letter is attached to this submission (Appendix 1).

In addition, I submit the following matters to the Select Committee as further reasons why this Bill should not proceed.

2. The Bill requires the medical practitioner to be satisfied on reasonable grounds, that the patient is competent (Clause 6 (h)). This poses three major difficulties:

i) The difficulty of deciding competence in such circumstances;

ii) The difficulty of the patient making and adhering to a rational decision of this kind, in circumstances of severe illness;

iii) Related to (ii) the inevitable difficulty of the person's mood fluctuating as their condition deteriorates and under such circumstances making it increasingly hazardous to determine whether they still understood what they decided earlier and wished to abide by it.

And further, the Bill makes provision for the cancellation of a request (Clause 8 (1)) but does not specify whether the patient also needs to be competent when rescinding. This simply underlines the difficulty.

3. Whilst the Bill seeks to avoid bribery and other such influence on medical practitioners (Clause 5), there is no way in which such a Bill can legislate to avoid social and other pressure on patients with terminal illnesses. It is contended, that in the event of this Bill being passed, there would be a real danger of resultant pressure on patients with terminal illnesses. There would

inevitably be the painful questioning in the minds of the patients as to whether they should prolong "the burden" upon their families and others who cared for them. It would require more than ordinary serenity and faith, not to wonder whether there were some who wanted them out of the way. It is submitted, that the passing of this legislation would make those with terminal illnesses vulnerable to fear, confusion and to social pressures which they may not fully comprehend.

And further, the risks of pressure from those who stand to gain from the death of the patient are all too real.

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4. It is submitted that this legislation if passed, would result in a serious change in the relationship between doctor and patient. Today there is a large measure of confidence in the medical profession on the part of patients and their relatives. It is generally, and rightly, thought that doctors do not kill. Even so it is not unknown for patients and their relatives to be suspicious of injections. This Bill, if enacted, would allow doctors to kill, even if under limited circumstances. This would result, for many, in a disastrous blow to the confidence which they have in their medical practitioners.

The Chief Minister, in a letter to me of the 6th March 1995, told me that the had become aware that Aboriginal people in eight different communities in the Territory were, as a result of the Euthanasia proposal, now fearful of going to hospital. The Chief Minister alleged that this was the result of a campaign of lies and misinformation. Whether this fear resulted from such a campaign or not, I do not know. But I do submit that such fear of hospitals and doctors would be a disastrous and inevitable consequence of this Legislation being enacted.

5. The Bill makes no recognition of the very significant Aboriginal population in the Northern Territory and further, the timetable which has been adopted for the Select Committee, is such that there is virtually no chance of having a considered Aboriginal input to this important debate.

6. The Bill, and the resulting debate, has done us a service by highlighting the grossly inadequate state of palliative care in the Northern Territory. It is my considered submission that the energy of the Parliament would be much better directed to the resourcing and improvement of palliative care.

CONCLUSION

For the reasons outlined above, and for those contained in my earlier Open Letter (Appendix 1), I submit that the rights of the Terminally Ill Bill 1995 must be rejected. Rather, a proper concern for those with terminal illnesses must result in improved palliative care facilities and services in the Northern Territory.

Bishop Richard Appleby

BISHOP OF THE NORTHERN TERRITORY

24 March 1995

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APPENDIX 1

AN OPEN LETTER TO THE MEMBERS OF THE LEGISLATIVE ASSEMBLY OF

THE NORTHERN TERRITORY

7th February, 1995

Dear Members of the Legislative Assembly,

RIGHTS OF THE TERMINALLY ILL

As you consider your response to the Chief Minister's controversial Bill I urge you to take into account the considered views of the Christian Churches.

In particular, as the leader of the Anglican Church in the Northern Territory, I have endeavoured in this letter to list some of the crucial issues from an Anglican point of view.

l. The alleviation of the pain and suffering of those with terminal illnesses must be given the highest priority. I am aware that

current approaches to palliative care can keep pain under control. I also know that there is an urgent need to develop and extend the provision of palliative care in the Northern Territory.

2. If the relief of pain results in some shortening of life, then there would be no objection from an Anglican point of view.

3. Further, we do not object to what is often referred to as "passive euthanasia" by which is meant the withholding of medical treatment intended to prolong the lives of the incurably sick. In other words, "to let nature take its course", provided everything possible is done to relieve pain.

4. Our strong objection to "voluntary euthanasia" arises from the fact that we have the fundamental belief that all life is God-given and that no-one has the authority to take the life of any innocent human being, either with or without their consent.

5. Even if you do not share our belief that life is sacred, I would ask you to accept that the Chief Minister's Bill is asking you to cross an exceedingly dangerous threshold. For, should we ever permit life to be terminated (even in limited and strictly controlled circumstances) this will result, in due course, in a change of attitude in society towards the value of human life. Human life will be seen to be expendable.

It is very likely, for example, that the approval of voluntary euthanasia would lead to patients feeling obliged to ask for euthanasia rather than remain a "burden" on their relatives and society. And, most seriously, once the threshold leading to voluntary euthanasia is crossed it becomes that much easier to not only extend the application to voluntary euthanasia but to cross the horrifying threshold leading to involuntary euthanasia.

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I submit that the no doubt well intentioned Bill of the Chief Minister's must be opposed. At stake is the value and dignity of human life.

You will know that you are regularly in the prayers of the Anglican Church in the Northern Territory, but especially now as you consider this most serious matter.

Yours sincerely,

BISHOP RICHARD APPLEBY

ANGLICAN BISHOP OF THE NORTHERN TERRITORY.

SUBMISSION 1118 1

SUBMISSION IN FAVOUR OF 'RIGHTS OF THE TERMINALLY ILL'

I wish to make a submission in support of the private member's Bill "Rights of the terminally ill".

This Bill will, if passed, be too late to benefit my father, who has been bed ridden (double amputee), blind and deaf since October 1991.

If, as envisaged under this legislation, voluntary euthanasia had been available when my father first came to realise his deplorable situation, he would have terminated his life at that stage. This I can state as fact, as he cajoled, begged and pleaded with me, and cursed and reviled me for not being prepared to assist him. This last was extremely difficult for me to support, as we enjoy a particularly close and loving relationship. Almost four years alter, following several minor strokes, and increasing problems with prostate gland, my father's situation has resulted in extended periods of brain and speech malfunction. However there are still times when clarity of mind is restored, when he becomes overwhelmingly depressed and distressed (perhaps I should mention here that he was a Major in the British Royal Artillery - Regular Army - ,awarded the Military Cross for bravery in WW II, and possessed a particularly fine mind and indomitable spirit) and phrases such as "I wish I could die" are stated very clearly.

While I realise that if this Bill is passed, it is too late to alleviate the suffering of my parent (he does not remain lucid long enough to satisfy the envisaged criteria), nevertheless I wish to make this submission, and also to commend the Honourable Marshall Perron for his resoluteness and compassion in bringing this matter into public discussion.

Carol A. Davis (Ms)

9 Memorial Avenue

Alice Springs N.T.

ph 523362

fax 535040

SUBMISSION 1119 1

R.M.B 1806

JANCOURT 3266

Dear Hon Marshall Perron,

I am writing to ask you to express my alarm at the proposed euthanasia legislation for the Northern Territory.

Acceptance of patient killing will further devalue human life and will place under scrutiny those whose lives are seen as a burden to society. I ask you to oppose the bill.

Yours sincerely

Paul Dwyer

SUBMISSION 1120 1

Functions of the Euthanasia Review Board

- The Euthanasia Review Board will study these reports and take a decision that the request for euthanasia is made independently, freely, rationally and without influence or coercion.
- If any irregularity is found by the board. The review board must write to the patient and his or her General Practitioner detailing the reason for the refusal.
- The requester for euthanasia must write a "will" before an application for euthanasia can be processed.
- The Review board must examine the will and ensure that there has been no coercion for euthanasia by any beneficiaries.
- All beneficiaries must subject themselves to psychoanalysis and interview by the review board to ensure that there has been no coercion on their part to influence the decision for euthanasia by the patient.
- If the beneficiary refuses this psychoanalysis and or interview with the review board the application for euthanasia must be refused and the patient advised accordingly with reasons for the refusal.
- The patient may reapply for euthanasia, this time excluding the beneficiaries instrumental in the failure of the previous application.
- If the review board suspects that the euthanasia request is being made due to coercion by close associates of the patient, then the patient must be transferred to a nursing home for a period of two weeks and observed. If the patient still requests euthanasia at the end of this period, the possibility of coercion by one's associates can be ruled out.

Dr. B. SEBASTIANPILLAI

Telephone 45-3636.

P.O. Box 41020

CASUARINA NT 0811.

SUBMISSION 1121 1

Northern Territory Legislative Assembly

Member for Casuarina

Peter Adamson MLA

The Chairman

Northern Territory Legislative Assembly

Select Committee on Euthanasia

Parliament House

Darwin

Dear Minister,

I present to you a submission stating my case for opposing the 'Rights of the Terminally Ill' Bill that is currently before the Northern Territory Legislative Assembly.

I have moral and ethical problems with legalised killing but I believe that even those Members of the Legislative Assembly who support the concept of euthanasia should look hard at the Bill.

It is the duty of those Members as legislators to satisfy themselves that there are adequate checks and balances in the proposed legislation.

Even putting aside my moral and ethical objections I could not vote for this Bill as I believe the proposed safeguards do not even come close to providing even the most basic of safety nets.

Yours faithfully,

Peter Adamson

18 April, 1995

Shop 3, CASCOM Centre, Bradshaw Terrace, CASUARINA NT 0810.

Phone (089) 450362 - (089) 451604 AH - Fax (089) 450106

Peter Adamson MLA

Member for Casuarina

Submission to the

Northern Territory Legislative Assembly

Select Committee on Euthanasia

Peter Adamson MLA

Member for Casuarina

Shop 3

CASCOM Centre

Bradshaw Terrace

CASUARINA NT 0810

Phone (089) 450362

(089) 451604 (AH)

Fax (089) 450106

18th April, 1995

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One of the main reasons why euthanasia law has never been passed anywhere despite many attempts to do so, is that the patient's ability to consent freely can never be guaranteed.

Dr Brian Pollard

Fellow, Faculty of Anaesthetists, Royal College of Surgeons

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Currently the Northern Territory Legislative Assembly is considering a Bill (the Rights of the Terminally Ill) that will have a dramatic effect on the options open to people who are dying.

Other Parliaments in the Commonwealth have considered but rejected legalising voluntary euthanasia.

They have done so not because of any lack of political will, they have had the courage to study and debate the issue but ultimately they have recognised the ethical and practical difficulties.

Two noteworthy studies by the Parliament of Victoria (1) and the House of Lords (2) acknowledged the practical difficulties in legalising assisted killing - **the Northern Territory legislation merely highlights these concerns.**

I urge members of the Northern Territory Legislative Assembly Select Committee on Euthanasia to study these two reports.

This submission summarises a number of arguments that I believe have not been properly addressed.

(1) Parliament of Victoria - Social Development Committee,

Inquiry into Options for Dying with Dignity, Second and Final Report

(2) House of Lords - Report of the Select Committee on Medical Ethics,

Volume I Report

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I believe euthanasia is morally and ethically wrong -but I also believe 'The Rights of the Terminally Ill' Bill is bad legislation.

I do not expect those who favour legalised killing to necessarily share my ethical or moral concerns but I believe that **the practicalities of the legislation need to be studied closely - particularly by those who favour legalising euthanasia.**

Due to the Select Committee's relative lack of resources, particularly in the field of research, and considering the short time frame before Parliament votes on the Bill I believe the Committee would be wise to study closely the work already done by several other Parliamentary and Government Committees.

My submission relies heavily on summarising such reports that have **all recommended against legalising euthanasia.**

Key Findings by Other Committees

"That it is neither desirable or practicable for any legislative action to be taken establishing a right to die."

Recommendation 1, Inquiry into Options for Dying with Dignity, Second and Final Report

Social Development Committee, Parliament of Victoria

"The Committee does not agree with the proposition that the law should be changed to provide the option of medical assistance in dying."

Page 51, Paragraph 1, 2nd Interim Report

Select Committee on the Law and Practice Related to Death and Dying

South Australian House of Assembly

"That prohibition [of intentional killing] is the cornerstone of the law and of social relationships. We do not wish that protection to be diminished and we therefore recommend that there should be no change in the law to permit euthanasia."

Paragraph 237, House of Lords Report of the Select Committee On Medical Ethics

Session 1993-94

"Members of the Task Force hold different views about the ethical acceptability of assisted suicide and euthanasia. Despite these differences, they unanimously recommended that existing law should not be changed to permit these practices."

New York State Task Force on Life and the Law

Page 9, Bulletin of Medical Ethics, August 1994

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The Bill and the Problem of Consent

"The most glaring medical deficiency of the Bill concerns it's failure to take account of the documented close relationship between the desire for suicide and mental illness."

Dr Brian Pollard

Fellow, Faculty of Anaesthetists, Royal College of Surgeons

"The Bill is a drafting disaster. Drafted in obvious ignorance of the complexity of the area. It's overall effect is in fact to greatly diminish the legal protection of the rights of the sick and dying."

Nicholas Tonti-Filippini, Independent Bioethicist

Even the best of intentions can be brought undone with bad legislation. Under the 'Rights of the Terminally Ill' Bill in it's present form before a patient can be killed he or she must be assessed as being *"competent and that the patient's decision to end his or her life has been made freely, voluntary and after due consideration."* But it is the opinion of many expert organisations such as the Australian Medical Association and the British Medical Association that **an accurate assessment of a patient's mental state cannot be guaranteed.** The House of Lords Select Committee noted in it's report the opinion of the BMA.

"Even apparently clear patient requests for cessation of treatment sometimes stem from ambivalence or may be affected by an undiagnosed depressive illness which, if successfully treated, might affect the patient's attitude."

Paragraph 45, House of Lords Report of the Select Committee On Medical Ethics

Session 1993-94

Assessing the state of mind of someone who is dying is widely acknowledged as being a difficult task. The 'Rights of the Terminally Ill' Bill requires the opinions of two doctors - a far from adequate measure according to Dr Brian Pollard a specialist anaesthetist who commenced the first full-time palliative care service in a major New South Wales Hospital (Concord 1982 - 1986).

"The evidence is overwhelming that the Bill would permit unnecessary but preventable deaths ... the presence of subtle depression is difficult to detect, even for an expert, and often escapes detection even in those already under medical care. General practitioners may find it almost impossible to be sure about.

Dr Brian Pollard

Fellow, Faculty of Anaesthetists, Royal College of Surgeons

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"One of the main reasons why euthanasia law has never been passed anywhere despite many attempts to do so, is that the

patient's ability to consent freely can never be guaranteed."

Dr Brian Pollard

Fellow, Faculty of Anaesthetists, Royal College of Surgeons

Even some organisations that support legalising assisted suicide acknowledge problems in the area of patient consent. In his submission to the Northern Territory Legislative Assembly Select Committee on Euthanasia Dr Pollard highlighted the failings of the 'two doctor' rule of the 'Rights of the Terminally Ill' Bill noting the conclusions of the American Suicide Foundation.

"at least 90% of patients who desire death during a terminal illness are suffering from a treatable mental illness, most commonly a depressive condition. This is not a diagnosis which can be made by the average doctor unless he or she has had extensive experience with depression and suicide. The diagnosis is frequently missed even in those already under medical care."

Dr Brian Pollard

Fellow, Faculty of Anaesthetists, Royal College of Surgeons

Page 12, Submission to the Select Committee on Euthanasia, Legislative Assembly NT

In his submission Dr Pollard quotes Hendin and Klerman two psychiatrists with extensive experience of suicide.

"there is still too much we do not know about such patients, too much study yet to be done before we could mandate psychiatric evaluation for such patients and define conditions under which assisted suicide would be legal."

Dr Brian Pollard

Fellow, Faculty of Anaesthetists, Royal College of Surgeons

Quoting Hendin and Klerman

Page 12, Submission to the Select Committee on Euthanasia, Legislative Assembly NT

Further even some who have suggested frameworks in which euthanasia may be legalised have cast doubts on the area of consent. The House of Lords Select Committee reported the views of Professor Ronald Dworkin, Professor of Jurisprudence at Oxford and Professor of Law at New York University.

"Professor Dworkin considered that it would ***not be possible always to be totally confident that a request for euthanasia was truly voluntary*** *and not the result of pressure of coercion."*

Paragraph 117, House of Lords Report of the Select Committee On Medical Ethics

Session 1993-94

The House of Lords Select Committee found that concerns about consent were not restricted to academics and the medical profession, the Home Office also warned of the practical risks to the weak and the vulnerable - the very people society should be protecting.

"The danger that vulnerable people would be pressurised into signing advance directives was mentioned. The Home Office suggested that ***the potential for abuse was great****, that directives might be written 'under false pretences or improper pressure' and that* ***the practical difficulties of regulation were significant."***

Paragraph 199, House of Lords Report of the Select Committee on Medical Ethics

Session 1993-94

In the United States there is a recognition that it is not always possible to accurately assess the state of mind of a patient. This is acknowledged in the latest report of the New York State Task Force on Life and the Law.

"In the course of their research, many Task Force members were particularly struck by the degree to which ***requests for***

***suicide assistance by terminally ill patients are correlated with clinical depression or unmanaged pain**, **both of which can ordinarily be treated effectively with current medical techniques**. As a society, we can do far more to benefit these patients by improving pain relief and palliative care than by changing the law to make it easier to commit suicide or obtain a lethal injection."*

New York State Task Force on Life and the Law

Page 8, Bulletin of Medical Ethics, August 1994

Other submissions have listed clause by clause the failings of the Bill. I urge the Select Committee to study closely the great amount of legal opinion that has been offered.

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The Ethics

Many supporters of legalising euthanasia have stated that too much weight is being applied to the Australian Medical Association's position which is to oppose legalised killing. But the peak doctors body should not be ignored, a factor acknowledged by the House of Lords Select Committee.

*"**Some people may consider** that our conclusions overall give too much responsibility to the role of accepted medical practice, and **that we advocate leaving too much responsibility in the hands of doctors** and other members of the health care-team. They may argue that doctors and their colleagues are no better qualified than any other group of people to take ethical decisions about life and death which ultimately have a bearing not only on individual patients but on society as a whole. **But no other group of people is better qualified** to do so. Doctors and their colleagues are versed in what is medically possible, and are therefore best placed to evaluate the likely outcomes of different courses of action in the very different circumstances of each individual case. By virtue of their vocation, training and professional integrity they may be expected to act with rectitude and compassion."*

Paragraph 272, House of Lords Report of the Select Committee on Medical Ethics

Session 1993-94

Public Opinion

Supporters of euthanasia have used as one of their key arguments that they have the bulk of public support on their side. Opinion polls in Australia and overseas regularly indicate overwhelming support for legalising euthanasia. But when the debate turns to the practicalities of legalising euthanasia there is a clear change of opinion. This is highlighted in the three jurisdictions that have put to the people the question of legalising assisted killing.

In 1991, voters in Washington State rejected Initiative 119 which would have legalised physician assisted killing. The Initiative was defeated 54% to 46%.

In 1992 Proposition 161 was put to the people of California. Despite incorporating stricter controls than the Washington legislation the voters of California threw out the proposal by 54% to 46%.

In Oregon, in November 1994, the polls indicated overwhelming support for legalising euthanasia but the vote on Ballot Measure 16 was a cliffhanger being passed by 51% to 49%.

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The Select Committees have also had much to say on opinion polls.

"As with any poll, the result produced is much influenced by the way in which the question is worded."

Paragraph 101, House of Lords Report of the Select Committee on Medical Ethics

Session 1993-94

Public opinion is also influenced by the fact that most people have been close to someone who has died a less than peaceful death.

"The right to refuse medical treatment is far removed from the right to request assistance in dying. We spent a long time considering the very strongly held and sincerely expressed views of those witnesses who advocated voluntary euthanasia. Many of us have had the experience of relatives or friends whose dying days or weeks were less than peaceful or uplifting, or whose final stages of life were so disfigured that the loved one seemed already lost to us, or who were simply weary of life. Our thinking must inevitably be coloured by such experience. The accounts we received from individual members of the public about such experiences were particularly moving, as were the letters from those who themselves longed for the release of an early death. Our thinking must also be coloured by the wish of every individual for a peaceful and easy death, without prolonged suffering, and by a reluctance to contemplate the possibility of severe dementia or dependence.

Paragraph 236, House of Lords Report of the Select Committee on Medical Ethics

Session 1993-94

"Ultimately, however, we do not believe that these arguments are sufficient reason to weaken society's prohibition of intentional killing."

Paragraph 237, House of Lords Report of the Select Committee on Medical Ethics

Session 1993-94

Dangerous Public Policy

"Some members do not believe that assisted suicide is inherently unethical....Nonetheless, these members have concluded that legalising assisted suicide would be unwise and dangerous public policy."

New York State Task Force on Life and the Law

Page 8, Bulletin of Medical Ethics, August 1994

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The Slippery Slopes

Some supporters of the euthanasia debate here in the Northern Territory have attempted to dismiss the 'slippery slopes' argument put forward by those who see the legislation before the Parliament as just the first step in what will ultimately be a broader euthanasia policy. But the argument cannot, nor should not, be dismissed.

"...we believe that any decriminalisation of voluntary euthanasia would give rise to more grave problems than those it sought to address. Fear of what some witnesses referred to as a 'slippery slope' could in itself be damaging."

Paragraph 238, House of Lords Report of the Select Committee on Medical Ethics

Session 1993-94

The 'Slippery Slope' argument cannot be dismissed here in the Northern Territory when the thoughts of some of the key leaders in the pro-euthanasia debate are considered.

The push to legalise assisted suicide in the Northern Territory is being greatly influenced by interstate sources. 'The Rights of the Terminally Ill' Bill is an updated version of the Voluntary Euthanasia Society of Victoria's 'Medical Treatment (Assistance to the Dying) Bill 1994.' The draft Victorian legislation has attracted much medical and legal criticism. The Voluntary Euthanasia Society of Victoria is also in regular contact with the Northern Territory providing advice and press summaries.

Two leaders of the pro-euthanasia debate in Victoria who have had a direct and indirect influence on the Northern Territory debate are Helga Kuhse and Peter Singer. Their views on euthanasia chart a course down the 'slippery slope.'

" When the death of a defective infant will lead to the birth of another infant with better prospects of a happy life, the total amount of happiness will be greater if the defective infant is killed. The loss of a happy life for the first infant is outweighed by the gain of a happier life for the second. Therefore, if killing the haemophiliac infant has no adverse affect on others, it would, according to the total view, be right to kill him."

Page 134, Practical Ethics, Peter Singer, Cambridge University Press

And just as worrying.

"there is a limit to the burden of dependence which any community can carry. If we attempt to keep all handicapped infants alive, irrespective of their future prospects, we will have to give up other things which we may well regard as at least as important."

Should the Baby Live?, Helga Kuhse and Peter Singer, Oxford University Press

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Conclusion

The Legislative Assembly of the Northern Territory is being asked to dramatically alter (and in my opinion lower) society's ethical and moral standards by legalising assisted killing.

The Bill is badly drafted.

The Bill ignores the great amount of research by other Commonwealth legislative bodies that have rejected legalising assisted killing because practical difficulties remain unaddressed.

Guaranteeing patient consent remains a problem, much study remains to be done in this area.

Peter Adamson

18 April, 1995

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Appendix A

World Medical Association Declaration

on

Euthanasia

Euthanasia, that is the act of deliberately ending the life of a patient, even at the patient's own request or at the request of close relatives, is unethical.

This does not prevent the physician from respecting the desire of a patient to allow the natural process of death to follow it's course in the terminal phase of sickness.

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Appendix B

United Nations International Covenant on

Civil and Political Rights

Article 6

Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life.

'We in Australia, who enjoy so many blessings of nature, history, law and democratic institutions cannot be entirely cut off from international moves for the protection of universal human rights. The thought that we can pull up the drawbridge and shut out the influence of these global development ... is as unrealistic as it is unworthy.'

Mr Justice Michael Kirby, President NSW Court of Appeal

SUBMISSION 1122 1

DR JONES

& PARTNERS

MEDICAL IMAGING

3/4/95

Dr Richard LIM, MP,

PO Box 3269

Alice Springs NT 0871

Dear Richard,

Euthanasia Enquiry

I enclose copies of 2 recent articles in the weekly English language edition of "L'Osservatore Romano", the Vatican newspaper.

The first article, "Canadian Bishops oppose euthanasia" is the complete text of the Conference of Canadian bishops position paper on euthanasia, and I believe sets out the position of the Roman Catholic Church very well.

The second article, "Further step toward culture of death", is a commentary on the Michigan USA case in which a dermatologist was acquitted of the charge of homocide (he disconnected his premature son's incubator).

You may find these articles of interest.

I'd be grateful if you could consider submitting them to the Enquiry. Please note that I am acting in my own capacity, and not that of Dr Jones and Partners.

Finally, I apologise for photocopying the reverse side pages upside down!

Yours faithfully,

Richard G. Num

DR R.G. NUM

PO Box 36

Burnside SA 5066

Tel & Fax (08) 3640003

Enclosed with submission: "Canadian Bishops oppose euthanasia", Complete text of Conference's position paper: 'To Live and Die in a Compassionate Community', L"Osservatore Romano, N.8 15 February 1995.

SUBMISSION 1123 1

P 0 Box 41667

Casuarina N.T. 0811

8th April 1995

The Chairman

Select Committee on Euthanasia

GPO Box 3721

DARWIN N.T. 0801

SUBMISSION REGARDING

BILL - RIGHTS OF THE TERMINALLY ILL

Dear Sir,

Please accept my apologies for not submitting these thoughts of mine on the Bill - Rights of the Terminally Ill - earlier. Perhaps a brief description of my circumstances will explain both my slowness and the reason for my opinion of this Bill.

I first became ill at Easter 1993 with a virus. While my son recovered quickly from his dose I did not. I continued to be ill not knowing what was wrong with me. Some three months later I was diagnosed as having cancer of the prostate. What neither I nor the doctors knew at that time was that I was also suffering from cancer of the bones, with a large tumour on the spine. In September 1993 my legs collapsed and I was airlifted to Adelaide.

At the R.A.H. I was informed that without radiotherapy I would be dead in three weeks. Needless to say I had the radiotherapy. I was also told that I would never recover either feeling in or use of my legs.

After returning from Adelaide I spent seven weeks in R.D.H. I was sent home on 3 Ist January 1994 to have my last five weeks with my family before I died. Having seen the results of blood tests and bone scans, which showed cancer through my arms, shoulders, ribs and pelvis, I am quite sure that prognosis of my early death was a reasonable one. To the surprise, perhaps even amazement, of the doctors not only am I still alive but my quality of life is steadily improving as I learn to walk again, albeit a bit shakily at this stage. This to me highlights my basic objection to this Bill. Whatever the medical evidence may suggest God, the Author of life, is the only one who can determine whether we live or die.

I wish to express my objection to the enactment of this Bill in the strongest possible terms. My objections are based on three premises. They are:-

1. The absence of either the right or authority of any legislative body to enact such legislation;

2. The disastrous consequences which must inevitably follow the enactment of such legislation; and

3. The motives of the proponents of this Bill.

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RIGHT OR AUTHORITY

I will not attempt to argue the case of right or authority. I will simply make the statement that, as the Author of life, God is the only one who has such right or authority to determine when a person lives or dies. Any rational person, who truly believes in the existence of God, will accept this statement. Others will have argued far better than I against the details of this unbelievably sloppy piece of drafting. Suffice it for me to say this - If this Bill, so full of loopholes, so lacking in any reasonable tractional detail, was a Tax law the country would be bankrupt within months so much tax could and would be avoided.

CONSEQUENCES

In the climate of death which has already been created in the Territory by legislation allowing abortion under certain very restricted conditions I am afraid that I can have no faith in the so called checks and balances, which seem to me to be all in favour of the medical practitioners and Health care providers, to prevent abuse of this legislation. I recall clearly how, 20 years ago, we were all assured by those proposing amendments to the law outlawing abortion, that there were excellent checks and balances in the legislation to prevent the spread of abortion, particularly to abortion on demand. Experience has proven these checks and balances to be absolutely worthless. Any person who has studied the practice of abortion in the Territory (even in the least critical way), over the last 20 years will know that this law is constantly flouted with impunity and that abortion on demand is freely available here. Practising nurses have told me how amazed and disturbed they have been at the number of women who have multiple abortions in Territory hospitals.

It is very disturbing to see that those we have trusted to uphold the law can, so calmly, stand by and watch it flouted without taking any action against those who so flout it. If law officers, magistrates or judges attempt to bring about de facto changes in law by not prosecuting or convicting those responsible for breaking the law then they are in breach of the constitution by usurping the role of those elected to make laws in this country. Such actions or lack of action brings the law into disrepute,

causes lack of respect for and trust in those charged to make and those charged to uphold the law and finally sews the seeds of anarchy. Why bother to obey any law when we have such selective enforcement of laws.

There is and can be no doubt that opening the legislative door even a little, as this Bill purports to do, in matters such as Euthanasia, will lead to abuse with the legislative door kicked wide open. From my experience people in the Territory are no different from those elsewhere. Any legislator who behaves in such an ostrichlike manner as to say "Such and such will not happen because we say it will not" obviously has little or no understanding of people, has shown him/herself to be no longer competent and should stand down. Even though it is so patently absurd it is precisely this argument that we are expected to swallow.

What would be worse would be if we allowed to develop here what has occurred in Holland, where the rule of law has been thrown out the window and judges are deciding what laws will or will not be enforced. A further concern is - if judges are allowed to ignore this law, why stop there? It is also clear that the rules laid down by judges in Holland are being flouted. Several reports on the practice of Euthanasia in Holland cause great fear. Briefly consequences to follow will include:-

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- Pressure on the seriously ill (not only on the terminally ill) will come from carers and family members;

- Voluntary euthanasia will move to involuntary killing;

- FEAR will be endemic in the chronically, seriously and elderly ill. Quite frankly I am very grateful that this legislation was not in place when I first became ill. Even comparatively well as I am now I am not without fear;

- Human life will be degraded irrevocably.

Should this legislation pass we will have doctors who become accessories to suicide or simply killers. The magic wand of legislation will not change the fact. Suicide and killing will always be suicide and killing.

MOTIVE

My initial reaction to the announcement that the Chief Minister was to introduce this Bill was one of shock. This was so out of character with the way he has conducted himself in the years ! have known him as a member of the Assembly that I found it almost impossible to believe.

I have delibertaely used the title Chief Minister because, despite this being called a private members bill, comments made by the Chief Minister have made it clear that he is determined to see the Bill passed. This will, consciously or subconsciously, have an affect on the members of his party.

The way in which the Chief Minister has gone about the debate so far makes me question hismotives and wonder what hidden agenda lies here.

If the Chief Minister has been properly quoted then he has thumbed his nose at the existing law.

He has, in effect, already given permission to those who think that a law needs changing to ignore that law. What makes such action doubly serious is that the one position in the Territory which, more than any other, should uphold and protect the law is that of Chief Minister. Mr Perron, Chief Minister, has totally failed those who entrusted him with this position. I have, for many years, had a great deal of respect for Mr. Perron. He has completely destroyed this for me now. I will not be able to support him or anyone else who votes for this legislation, at any future election.

Despite the medical prognosis I intend to be around for quite some elections yet.

CONCLUSION

I appeal to you and the members to strongly recommend to your colleagues in the Assembly to throw out what can only be described as anti life legislation. My wife Barbara joins me in expressing her grave concern at the disastrous consequences which will certainly follow if this Bill is passed.

Yours faithfully

Kim Francis.

SUBMISSION 1124 1

EUTHANASIA, THE NETHERLANDS,

AND SLIPPERY SLOPES

John I. Fleming,

Director, Southern Cross Bioethics Institute, Adelaide, South Australia

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Bioethics Research Notes Occasional Paper No.l, June 1992

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1. INTRODUCTION

Voluntary euthanasia may be defined as 'a medically assisted quick peaceful death at the request of and in the interests of a patient'1, "the deliberate ending of a life in a painless manner at the request of the patient"2, the 'killing of someone where, on account of his distressing physical or mental state, this is thought to be in his own interests ... done at the request of the person himself."3 O'Loughlin and McNamara define euthanasia as the

intentional taking of a human life either by a deliberate act (as with a lethal injection) or by the deliberate neglect of reasonable care (as with not offering feeds to a newborn infant.)4

They observe that "the continuing use (by. proponents of euthanasia) of the term voluntary euthanasta to specify a policy, shifts the emphasis from the objective nature of the act of killing to the intent or choice of the persons involved, be they doctor or patient. This pro-choice emphasis is similar to that used in the abortion debate."5

Euthanasia advocates prefer the usage "voluntary euthanasia" because they believe that voluntary euthanasia can be kept separate from other acts of euthanasia which involve the killings of patients without their explicit request.6 The South Australian Voluntary Euthanasia Society (SAVES) believes that changes to the law to permit voluntary euthanasia represent 'a clearly defined and unambiguous boundary', 'and that such evidence as SAVES claims it has 'does not support this escalation fear."7 SAVES is 'simply proposing" changes in the law to rectify the anomalies they see, and that, "as in The Netherlands, the circumstances in which v.e. is permissible should be carefully defined and the law changed accordingly."8

2. CAN VOLUNTARY EUTHANASIA BE

TAMED?

Supporters of voluntary euthanasia claim that voluntary euthanasia can be domesticated, that it will not lead to other forms of medical killing which violate the patient's autonomy or right to choose. The Netherlands is frequently cited as the test case which proves the point. I shall assess the evidence available on the practice of euthanasia in that country shortly.

Invoking the.principle of autonomy as the defining principle to decide the moral rightness or wrongness of euthanasia, Tristram Engelhardt and Helga Kuhse both recognise the qualification of avoiding harm to others. Like Jonathan Glover they hold that

To refuse to provide help [to commit suicide] is a very serious denial of the person's autonomy over the matter of his own life and death, and is only to be justified by powerful arguments appealing either to the future quality of his life or to side-effects.9

None of these writers believe that we have cause to worry about deleterious social consequences.10

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However Helga Kuhse and Peter Singer also believe that it is sometimes morally right to kill certain classes of humans without their knowledge and consent. Peter Singer can justify the killing of a 'defective infant'.

When the death of a defective infant will lead to the birth of another infant with better prospects of a happy life, the total amount of happiness will be greater if the defective infant is killed. The loss of a happy life for the first infant is outweighed by the gain of a happier life for the second. Therefore, if killing the haemophiliac infant has no adverse effect on others, it would, according to the total view, be right to kill him.11

Kuhse and Singer 'think some infants with severe disabilities should be killed.'12 They believe that

there is a limit to the burden of dependence which any community can carry. If we attempt to keep all handicapped infants alive, irrespective of their future prospects, we will have to give up other things which we may well regard as at least as important.13

As far as adults who refuse euthanasia are concerned, Helga Kuhse proposes the following strategy to make the choice for death seem the only choice to make.

If we can get people to accept the removal of all treatment and care - especially the removal of food and fluids - they will see what a painful way this is to die, and then, in the patient's best interests, they will accept the lethal injection.14

Daniel Myen proposes suicide not just as a right but, in some circumstances, a duty.

The duty to suicide occurs when through my continued living lack of autonomy, misery, isolation, uniformity, unfruitfulness, incurability, lameness, pain, insensitivity, disgrace, madness, sin threaten to become the norm for humanity and my suicide is the only means available to me to prevent this.15

The New South Wales Humanist Society has suggested that 'converting some forms of N.V.E. [non-voluntary euthanasia] to V.E. [voluntary euthanasia] is very desirable.' It suggested the possibility of a 'senile degenerate' having signed prior consent to being killed 'while still in full possession of his faculties'. They further suggest that the law could be changed to allow 'the mentally ill, the right of consent to E. [euthanasia].' As for babies 'born with severe mental or physical disabilities, such as are sure to make it a misery to itself or to those who have to look after it, its life should be terminable by legal process before any person becomes emotionally attached to it.' This could be done by 'passing a law granting to parents a right to assign certain discretion to a doctor'. The N.S.W. Humanist society refers specifically to 'Babies grossly mentally or physically handicapped. Children grossly mentally or physically handicapped. 'The severe mentally afflicted. Senile degenerates. It does seem undesirable to keep these unfortunates alive. Their continued existence burdens relatives, friends and the community, and often, though not always, themselves.'16 This discussion of the non-voluntary killing of some 'degenerates' occurs in a document which begins firstly with a discussion of suicide, assisted suicide, and voluntary euthanasia, a discussion which inexorably leads to the canvassing of the killings even of the mentally ill.17

It appears, then, that many of the key proponents of voluntary euthanasia are committed, as well, to the non-voluntary killings of other classes of humans, some of whom they are disposed to define as non-persons to make the killings seem more "reasonable". That being the case, there is every reason to question the claim that voluntary euthanasia can be quarantined from the non-voluntary killings of different groups of vulnerable human beings.

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3. PETER SINGER, "THE AGE"18 DEBATE,

AND THE NETHERLANDS

In the Melboume newspaper. 'The Age', of March 6, 1992, Peter Singer advocated the legalisation of euthanasia in line with the court sanctioned practice of The Netherlands. He referred to a study carried out by the Monash University Centre For Human Bioethics which

purported to show that a quarter of the Victorian nurses who participated in the survey 'had been asked by a doctor to do something that would, at the request of the patient, directly and actively end the patient's life.' Of these, 85 per cent had engaged in the administration of death to their patients at least once, and 80 per cent 'had done so more man once.' This was in line with an earlier survey of Victorian doctors 'which found that 29 per cent of respondents had taken active steps to bring about the death of a patient who had asked for death to be hastened. The essential elements of Singer's case were:

a) The doctors and nurses are doing it anyway, it is better it is legal so that patients can have access to the services that 'would put them in control of the last phase of their lives.'20

b) The Netherlands system means that a second opinion will be required and strict conditions met.

c) It will put the minds of doctors and nurses at ease that they will not be charged with murder.

d) As in The Netherlands 'voluntary euthanasia can be offered openly, in specified circumstances, and reported as the cause of death on the death certificate, without any fear of prosecution, as long as correct procedures were followed.'21

e) In The Netherlands about 2300 deaths each year result from voluntary euthanasia carried out by doctors.

A spirited correspondence and a series of other articles followed the Singer article and an earlier statement (March 3)by Ron Merkel. Merkel, the president of the Victorian Council for Civil Liberties claimed that the distinction between passive and active euthanasia was illusory.

If you stand by and don't help a patient who therefore dies - or if you are standing by and you help that patient to die - there is no real difference.22

Peter Coghlan responded by arguing that Merkel was mistaken, that there is a morally relevant distinction between intending to kill by act or by neglect, and engaging in acts or omissions without intending to cause death.22 The South Australian Select Committee On the law And Practice Relating To Dying has also refused to accept that 'there is no moral distinction between letting someone die and bringing about that person's death.'24 Dr Lloyd Morgan rejected the call for active euthanasia "because it is unnecessary in most cases", and because the choices of dying in pain or being killed are not the only choices available given modern palliative care.25

4. THE TRUTH ABOUT THE

NETHERLANDS

The evidence from The Netherlands, now available in the official Dutch reports, and in a recently published research piece by. the English legal academic, John Keown, provides conclusive evidence of abuse, of the slippery slope that Singer, Kuhse and others have denied would be the case. The Dutch reports contain abundant evidence that doctors kill more without their explicit request than with their explicit request, and that euthanasia is not restricted to the so-called 'strict medical guidelines' provided by the Dutch courts.

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The first results of the Dutch nationwide study on "euthanasia and other medical decisions concerning the end of Iife(MDEL)" give pause for thought. The report, published in the British medical journal The *Lancet* and based upon larger reports published in Dutch, hereinafter referred to as The *Lancet Dutch Report,* acknowledges that "in cases of euthanasia the physician often declares that the patient died a natural death"26. This amounts to a tacit admission that Dutch doctors are prepared to make false statements even when they kill patients according to the strict medical guidelines laid down by the judiciary. The study, which is a prospective survey, needs to be handled carefully given the fact that Dutch doctors who perform acts of euthanasia are not always very truthful. Nevertheless, The *Lancet Dutch Report* indicates that about 0.8% of the 38.0% of all deaths involving MDEL were "life-terminating acts without explicit and persistent request".27 The need for the request to come from the patient, for it to be well-considered, durable and persistent, as well as a free and voluntary request forms part of the strict medical guidelines laid down bythe Dutch courts and summarised by Mrs Borst-Eilers, Vice-President of the Dutch Health Council.28 This means that The *Lancet Dutch R.eport* acknowledges the deaths of about 1,000 Dutch citizens in a single year which were the result of the doctor hastening the death of the patient, without the patient's explicit request and consent. The *Lancet Dutch Report* summarises it in this way:

Sometimes the death of a patient was hastened without his or her explicit and persistent request. These patients were close to death and were suffering grievously. In more than half such cases the decision had been discussed with the patient or the patient had previously stated that he would want such a way of proceeding under certain cu'cumstances. Also, when the decision was not discussed with the patients, almost all of them were incompetent.29

In the light of the fact that Dutch doctors do not always tell the truth in these matters, that some 1,000 patients are killed outside of the 'strict medical guidelines', the lack of concern by the authors of the The *Lancet Dutch Report* is noteworthy. Ten Have and Welie have suggested that the Remmelink Committee's interpretation of the facts 'reveals a political bias'.

The committee clearly tried to remove any societal anxieties about the practice of euthanasia. Similar practices are brought under dissimilar headings to keep the numbers low. And at crucial places, particularly with the 1,000 non-voluntary cases, the committee uses fallacious rhetoric to emphasize that there is nothing to worry about.30

There are two other matters which also give cause for concern.

Firstly, the definition of euthanasia used in the report is a very narrow one: 'active termination of life upon the patient's request'. This definition does not include those who die of involuntary euthanasia, and so does not include the 1,000 patients to which I have already referred. If reference is then made to the two Dutch reports, available only in Dutch, and upon which the The *Lancet Dutch Report* is based, then a very disturbing picture emerges. The real number of physician assisted deaths, estimated by the Remmelink Committee Report31 is, in reality, 25,306 which is made up of:
2,300 euthanasia on request32
400 assisted suicide33
1,000 life-ending treatment without explicit request34
4,756 patients died after request for non-treatment or the cessation of treatment with the intention to accelerate the end of life35

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8,750 cases in which life-prolonging treatment was withdrawn or withheld without the request of the patient either with the implicit intention (4,750) or with the explicit intention (4,000) to terminate life36
8,100 cases of morphine overdose with the implicit intention (6,750) or with the explicit intention (1,350)) to terminate life.37
Of these 61% were carried out without consultation with the patient, ie non-voluntary euthanasia.38

This total of 25,306 physician-assisted deaths amounted to 19.61 per cent of total deaths [129,000] in The Netherlands in 1990.

To this should be added the unspecified numbers of handicapped newborns, sick children, psychiatric patients, and patients with AIDS, whose lives were terminated by physicians, according to the *Remmelink Report.39* The narrow definition of euthanasia masks the real number of individuals whose lives are ended by interventions from the medical profession, and also masks the fact that more people are killed by physicians without their consent than with their consent.40

Secondly, The *Lancet Dutch Report* blandly observes:

Many physicians who had practised euthanasia mentioned that they would be most reluctant to do so again, thus refuting the "slippery slope" argument.41

This begs the question as to why such physicians 'would be most reluctant' to practise euthanasia again. Is it that they feel they. have done something very wrong? Was it, all things considered, an unpleasant experience, and, if so, in what way? It further begs the question as to how the 'slippery slope argument' is refuted. To be 'most reluctant' to do so again doesn't mean that one will not do it again. And in the light of the actual information in the *Dutch Euthanasia Survey Report,* on which The *Lancet Dutch Report* is based, there is ample evidence of the slipperiest of slopes,42 thereby giving support to Thomas Hobbes' observation that to voluntarily agree to be killed threatens the right to life of other members of the community as well.

The Remmelink Report, in the context of dealing with the nature of medical decisions at the end of life,43 does not effectively deal with the questions of palliative care44, patient depression, patient fears, and the subtle and not too subtle pressure brought to bear on patients to end it all now, rather than to continue being a burden on others. The *Remmelink Report* fails to give reasons why patients who were close to death "were suffering grievously",45 and why a wealthy country like The Netherlands does not offer patients effective means to relieve that suffering. "Good care is not cheap; it is much cheaper to kill people."46

Alexander Morgan Capron47 attended a meeting at the Institute for Bioethics, Maastricht, The Netherlands, in December 1990, which brought together, by invitation, 14 experts to examine the practice of euthanasia in The Netherlands. Capron considered the two basic requirements for the justification of euthanasia in The Netherlands, self-determination and the relief of suffering.
Proponents of euthanasia began with a "narrow" definition (limited to voluntary cases) as a strategy for winning acceptance of the general practice, which would then turn to the second factor, *relief of suffering,* as its justification in cases *in which patients are unable to request euthanasia.48* [my emphases]

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Capron went on to cite the evidence of one of the Dutch participants, a physician, who "mentioned that in perhaps thirty cases a y ear, patients' lives were ended after they had been placed in a coma through the administration of morphia."

When asked about the apparent discrepancy, she replied that the latter cases were not instances of euthanasia *because they weren't voluntary:* discussing the plan to end the patients' lives would be "rude," she said, particularly as they know they have an incurable condition. Comments from several other physicians made clear that this practice is neither limited to one particular hospital nor of recent vintage. Nevertheless, a number of the Dutch participants were plainly discomfited to find that at least in some situations the number of instances of physicians causing death without consent overshadowed the number that met the Dutch definition of "euthanasia."49

In a recently completed research project carried out in The Netherlands, John Keown argues that the 'guidelines' for euthanasia in The Netherlands are not strict or precisely defined, and that there is no 'satisfactory procedure, such as an effective independent check on the doctor's decision-making, to ensure that they are met'.50 Dr. Keown is the Director of the Centre For Health Care Law, in the Faculty of Law in the University of Leicester, U.K.. Keown doubts that the requirement that the request for euthanasia be "entirely free and voluntary" is met. "Although the K.N.M.G Guidelines state that the request must not be the result of pressure by others, they do not prevent the doctor or nurse from either mentioning euthanasia to the patient as an option or even strongly recommending it.51

Having developed his case that the guidelines are not strictly enforced Keown goes on to remark that the "overwhelming majority of cases are falsely certified as death by natural causes and are never reported and investigated .... a doctor who has acted in breach of the law is no more likely to admit having done so in his report than a tax evader is likely to reveal his dishonesty on his tax return."52 The fact that the "vast majority of deaths from euthanasia are illegally and incorrectly reported as natural deaths itself casts doubt on the lawfulness of much of the euthanasia which is being carried out."53

Brian Pollard makes similar observations to Keown. He also refers to this statement by the Advocate General of The Netherlands: "The medical profession is in all likelihood the only academically trained group of professionals, who by virtue of their profession, are guilty of making false statements in writing with great regularity when, after a euthanasia procedure, they make inaccurate death declarations which conceal the unnatural death cause."54

The naivety of Singer and Kuhse in imagining that the legalised killing of some would not lead to the unauthorised killing of others is noteworthy. It is naive to imagine that people will always be 'reasonable', especially professional elites like physicians and nursing staff.55 Yet Helga Kuhse and Peter Singer have already shown that some doctors and nurses will break the law and kill their patients in certain circumstances.56 Kuhse and Singer appear willing to take doctors at their word, that they had killed patients "who had asked them to do so",57 without any independent corroberating evidence. Why doctors should be any more law-abiding if voluntary euthanasia were to be legalised is never clearly explained.58 Perhaps it is the "belief" in utilitarianism, the "belief" in humanism, or faith in reason which obscures the truths about human nature so ruthlessly exposed by Hobbes, Augustine, Aquinas and Niebuhr.

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5. CONCLUSION

The narrow definition of "euthanasia" in the Dutch reports masks the real numbers of physician-assisted deaths, the majority of which have not been shown to be at the request of the patient. The so-called "strict medical guidelines"59 are clearly not strictly followed or enforced. The encouragement by Peter Singer and Helga Kuhse to embrace these guidelines in Australia on the basis that they have been successfully employed in The Netherlands is simply not supported by the facts. Voluntary euthanasia cannot be quarantined from other acts of intentional killing as the Dutch experiment clearly demonstrates. Human rights are inalienable as well as inviolable. The right to life cannot be given up without threatening the right to life of other members of the community. When medical killing is allowed in some circumstances, the number of circumstances in which such killings occur quickly increases. Repeated assertions of benign Dutch practice do not match the facts. And since, according to Kuhse and Singer, some doctors and nurses in Australia are already prepared to break the law and kill some patients, one wonders why they imagine that those same doctors and nurses would be any more law abiding even if the law were to allow medical killing in prescribed circumstances. Their own evidence of medical malfeasance and illegality suggests that such a confidence in medical professionals to obey a euthanasia law would be misplaced.

ENDNOTES

1 South Australian Voluntary Euthanasia Society, *vid. Second Interim*

Report of the Select Cormmittee on the Law and Practice Relating to Death and Dying, South Australian Parliament, 49

2 Daniel Ch Overduin, *Euthanasia,* (Adelaide: Lutheran Publishing House),5

3 Jonathan Glover, *Causing Death and Saving Lives,* (Harmondsworth,UK: Penguin Books Ltd., 1987), 182

4 Kevin T. O'Loughlin and Laurence J. McNarnara. *Caring, Living & Dying,* (Adelaide: Care For Life Inc,, 1991). 7
5 *Ibid., 8*

6 In 1989 Henk Rigter, executive director of The Health Council of The Netherlands (Gezondheidsraad), The Hague, declared that there was no evidence of widespread involuntary euthanasia, that "virtually all of the doctors brought to trial for performing euthanasia, or whose case was investigated by a public prosecutor, appeared to have followed the generally accepted rules of practice." Henk Rigter, "Euthanasia in The Netherlands: Distinguishing Facts from Fiction", in *A Special Supplement, The Hastings Center report,* 19:1, January/February 1989, 31 and *cf* Richard Fenigsen. "A Case Against Dutch Euthanasia", *Ioc. cit.,* 22-30

7 *The Right To Choose. The case for legalising Voluntary Euthanasia,* (Brighton, South Australia: South Australian Voluntary Euthanasia Society, 1986), 27
8 *Ibid., 30*

9 Jonathan Glover. *Causing Death and Saving Lives,* (Harmondsworth: Penguin Books Ltd., 1987). 184

10 Jonathan Glover says: "In my view thorough discussion should enable us to sort out the serious requests from the others, and the arguments from side-effects are not sufficiently strong to constitute an overriding objection." *Ibid.,* 188. Tristram Engelhardt suggests that "the experience in the state of Texas suggests that a practice grounded in respect of free

individuals does not lead to disasters." *The Foundations of Ethics,* 317. Cf HeIga Kuhse. *The Sanctity-of Life Doctrine in Medicine.* (Oxford: Clarendon Press. 1987). 216-218

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11 Peter Singer. *Practical Ethics.* (Cambridge: Cambridge University Press. 1989). 134

12 Helga Kuhse and Peter Singer. *Should The Baby Live?.* (Oxford: Oxford University Press. 1985), v

13 *Ibid.,* 170. Kuhse and Singer go on to deny that there is anything in their views that "in any way implies a lack of concern for disabled people in our community." *Ibid., v.* Despite this disclaimer, people with disabilities in Germany saw in Peter Singer's expressed views the essence of eugenics, that distaste for lives afflicted by disability and a willingness to allow parents to have such children killed. Kuhse and Singer declare that they want improved services for "disabled people". It should be noted that such people prefer to be called people with disabilities, to emphasise their personhood rather than their disability. Given Kuhse end Singer's preference for defining personhood in terms of "self-awareness and a sense of the future" then there is reason to understand why there is a concern for at least some adult persons with disabilities. *Cf. Ibid., 138*

14 Fifth Biennial Conference of the Wodd Federation of Right to Die Societies; Nice, France; Sept. 20-23. 1984. From "Ethics Panel: The Right to Choose Your Death - 'Ethical Aspects of Euthanasia.'" Remarks by panel member Helga Kuhse, Ph.D., lecturer in philosophy at Monash University and Research Fellow at the Centre for Human Bio-Ethics in Melbourne, Australia. Sept. 21, 1984 and cited in Rita L. Marker. "The Ethical Values That Civil Law Must Respect in the Field of Euthanasia". *The Linacre Quarterly,* 56:3. August 1989, 26

15 Daniel Mynen. "Zur ethischen Beurteilung der Selbsttotung" *(Deutsche Gesellscheft fur humanes Sterben.* 1982)

16 N.S.W. Humanist Society. *Euthanasia (Compassionate Death),* prepared by a Sub-committee of the N.S.W. Humanist Society and adopted, February 1973

17 It seems that Martin Luther approved of the killing of the degenerate. He "advised the Prince of Anhalt to drown a twelve-year old malformed and imbecile boy who 'devoured as much as four farmers did and who did nothing else than eat and excrete'. (cf LW, American Edition Vol. 54, 'Table Talk', No. 5207, pp 396-7 and note 140)." Cited in D. Ch. Overduin, *Euthanasia,* (Adelaide: Lutheran Publishing House, 1980), 4. Luther's view needs to be understood in the context of the prevailing mores of the time. The famous Dutch jurist Hugo de Groot (1583-1646) spoke of 'bodies unsuitable to contain a rational soul' "Euthanasia (suffocation) of such malformed children was permitted in some countries until the first half of the 19th century." *Ibid.*

18 "The Age" refers to a newspaper in Melbourne, Victoria.

19 Peter Singer. "The last rights", *The Age,* March 6, 1992, 11

20 *Ibid.*

21 *Ibid.*

22 'Nurses in call for euthanasia inquiry', *The Age,* March 3, 1992, 6

23 Peter Coghlan, 'Deliberate killing of fellow human beings', *The Age,* March 6, 1992, 11

24 *Second Interim Report of the Select Committee On the Law And Practice Relating To Death And Dying.* (Adelaide: SA Parliament, May 1992), 51

25 Lloyd Moran, "Means available to aid right to die", *The Age,* March 9, 1992, 8

26 Paul J. van der Maas, Johannes J.M. van Delden, Loes Pijnenborg, and Casper W.N. Looman, "Euthanasia and other medical decisions concerning the end of life', *The Lancet,* 338:8768, September 14, 1991, 669

27 *Ibid,* 670

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28 Else Borst-Eilers, "The Status of Pysician-Administered Active Euthanasia in The Netherlands", (Unpublished paper delivered at the Second International Conference on Health Law and Ethics, London, July 1989), and cited in John Keown, I.J. Keown, "The Law and Practice of Euthanasia in The Netherlands", in *The Law Quarterly Review,* 108,

January 1992. 7-8
29 Paul J. van der Maas *et a,. Ioc. cit.,* 673

30 Hank A.M.J. ten Have and Jos V.M. Welie. "Euthanasia: Normal Medical Practice?" in *Hastings Center Report,* 22:2, March-April 1992, 36

31 *Medische Beslissingen Rond Het Levenseinde* - Het onderzoek voor de Commissie Onderzoek Medische Praktijk inzake Euthanasie, (The Hague, The Netherlands: Sdu Uitgeverij, 1991) *(Dutch Euthanasia Survey Report)* and *Medische Beslissingen Rond Het Levenseinde* - Rapport van de Commissie Onderzoek Medische Praktijk inzake Euthanasie. The Hague, The Netherlands: Sdu Uitgeverij, 1991) *[Remmelink Report}].* I am indebted to Dr Daniel Ch. Overduin for translating the relevant sections of the two reports, thereby making the detailed evidence contained in them accessible to the English-speaking but non-Dutch-speaking public.
32 *Remmelink Report. 13*
33 *1bid.,* 15
34 *Ibid.,*
35 There were 5.800 such cases, *cf Ibid.,* 15. However only 82% [ie 4,756] of these patients actually died. *Cf Dutch Euthanasia Survey Report, 63ff*

36 There were 25,000 such cases, *cf Ibid.,* 69. However. only 35% (8,750 cases) were done with the intention to terminate life. Cf *Ibid.,* 72; *cf* also *Remmelink Report, 16*
37 There were 22,500 patients who received overdoses of morphine. *cf Ibid.,* 16. 36 per cent were done with the intention to terminate life. c*f Dutch Euthanasia Survey Report.* 58

38 *Dutch Survey Report,* 61, Tabel 7.7. ["Besluit niet besproken"]

39 The *Remmelink Report,* 17-19

40 Other reviews of the evidence from the two Dutch reports supporting the present writer's analysis may be found in Richard Fenigsen, 'The Report of the Dutch Governmental Committee on Euthanasia', *Issues in Law & Medicine,* 7:3, 1991, 337-344; Hank A.M.J. ten Have and Jos V.M. Welie, "Euthanasia: Normal Medical Practice?" *Ioc. cit.,* 34-38

41 Paul J. van der Maas et a*l, Ioc, cit.,* 673

42 Helga Kuhse, referring to the "'social experiment' with active voluntary euthanasia" currently in progress in The

Netherlands, has stated that "as yet there is no evidence that this has sent Dutch society down a slippery slope." Helga Kuhse, "Euthanasia", in *A Companion to Ethics,* ed. Peter Singer, (Oxford: Basil Blackwell Ltd., 1991), 302. The evidence cited together with I.J. Keown. *Ioc. cit.,* 70-77 suggests a less encouraging conclusion should be drawn from the facts.

43 The *Remmelink Report,* 21ff. Part II, par. 6 deals with 'De aard van medische beslissingen rond het levenseinde."

44 This stands in sharp contradistinction to the Report of the Committee on the Environment. Public Health end Consumer Protect on on "care for the terminally ill" (European Communities - European Parliament, *Session Documents (English Edition), 30* April 1991 A3-O190/91] which contains a "Motion For a Resolution" *on care for the terminally ill* which refers in its preamble ("E") to the proposal that 'the right to a dignified death' be enshrined in the *European Charter on the Rights of Patients.* However, the emphasis in the motion itself is on *palliative care,* rather than on assistance in dying.

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45 Paul J. van der Maas et al, *Ioc. cit.,* 673

46 Ian Maddocks, *The Advertiser,* (Adelaide, South Australia, November 2, 1991), 1. Professor Maddocks is the Professor of Palliative Care, Daw Park Repatriation Hospital in South Australia. He was referring to allegations that some doctors in South Australia help patients to die by lethal injection.

47 Alexander Morgan Capron is the Henry W. Bruce University Professor of Law and Medicine, University of Southern California, and codirector of the Pacific Center for Health Policy and Ethics.

48 Alexander Morgan Capron, "Euthanasia in The Netherlands. American Observations", *Hastings Center Report,* 22:2, March-April 1992, 31

49 Alexander Morgan Capron. *Ioc. c(t.,* 31

50 I.J. Keown, *Ioc. cit.,* 62.

51 *Ibid.,* 62-63.

52 *Ibid.,* 67-68.

53 *Ibid.* 67.

54 Brian Pollard, "Medical aspects of euthanasia", *Medical Journal of Australia,* 154:9, 1991, 613-616.

55 Dan W. Brock exhibits the same kind of naivety in his recommendation that the practice of euthanasia be restricted to physicians. "Physicians whose training and professional norms give some assurance that they would perform euthanasia responsibly, are an appropriate group of persons to whom the practice may be restricted." Dan W. Brock, "Voluntary Active Euthanasia", *Hastings Center Report,* 22:2, March-April 1992, 21

56 Helga Kuhse and Peter Singer, "Doctors' Practices and Attitudes Regarding Voluntary Euthanasia". *The Medical Journal of Australia,* 148:12, June 20, 1988, 623-627. Of the 369 doctors in the State of Victoria who answered the question, "Have you ever taken steps to bring about the death of a patient who asked you to do so?" 107 (29%) "replied that they had taken active steps to bring about the death of a patient who had asked them to do so." *Ibid.,* 624. *Vid.* also Helga Kuhse and Peter Singer, "Euthanasia: A survey of nurses' attitudes and practices", *Australian Nurses Journal.* 21:8, March 1992, 21-22. In this article Kuhse and Singer conclude, on the basis of their survey that "of those nurses who had been asked by a patient to hasten death, 5% had taken active steps to do so without having been asked by a doctor. Almost all of the 25% who had been asked by a doctor to engage in active steps to end a patient's life had done so." *Ibid.,* 22

57 Helga Kuhse and Peter Singer, "Doctors' Practices and Attitudes Regarding Voluntary Euthanasia", *Ioc. cit,* 624

58 Helga Kuhse endorses the principle summarised by Peter Singer. "If we sense an inconsistency in our beliefs and actions, we will try to do something to eliminate the sense of inconsistency ..." One way of doing this is to make "our beliefs and actions both true and consistent." Peter Singer, *The Expanding Circle,* (New York: Farrar, Straus & Giroux, 1981), 143 cited in Helga Kuhse, *The Sanctity-of-Life Doctrine in Medicine,* 28. Without the benefit of Revelation from God, about which not all are convinced, this would appear to be an impossible task, one which no moral philosophy has been able to achieve to the satisfaction of any except the disciples of a particular school.

59 On November 8, 1991 the Dutch Minister of Justice and the Secretary of Health presented to the President of the People's House of the Parliament ("Tweede Kamer") the "standpunt van het kabinet inzake medische beslissingen rond het levenseinde" (positon of the cabinet

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concerning medical decisions at the end of life). This "position" was critically examined by

K F Gunning in *Vita Humana,* XVIII, 4 December 1991, 153ff. The Dutch Physicians Association is very concerned about the developments in this area of health care and opposes the proposed cabinet "position" which, it believes, endangers the life of patients and contradicts the European Declaration concerning Human Rights. *Ibid.,* 156. On April 1, 1992 it was reported that the Dutch Parliament endorsed the guidelines as presented in the cabinet "position". Euthanasia is not yet legal in The Netherlands but this parliamentary action effectively guarantees the continuation of the current euthanasia practice in that country with all its attendant dangers.

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SUBMISSION 1125 1

Unit 2 "Fernleigh"

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April 1995

I strongly support the Marshall Perron Bill on Euthanasia which has been referred to as Northern Territory Parliamentary Select Committee for consideration.

I'm in my seventies and apart from arthritis am in good health.

However many of my lifelong friends are in degrading helpless situations, my sister in law for the past five years has not spoken, fed or dressed herself or been able to move off her bed. She knows no-one and it is a tragedy as she was such an active and lovable person & no one can bear to visit her in Mt Henry Hospital. The staff are wonderful but their hearts are breaking too see someone who came in active and enjoying life come to this stage.

Also I have another friend who has been in the Hollywood Repat Hospital for almost a year with Motor Neurones Disease. She is unable to move off the bed and has to be fed, toileted etc. She can't even be put in a wheelchair as she has her leg in traction.

She can see, hear and talk and that's all. She can't hold a book to read or hardly press the bell when she needs a nurse - it is tragic.

I feel we all have the right to die with dignity, especially if we have written words to this effect when we are fit.

The W.A. Voluntary Euthanasia Society brings peace of mind to us older folk and many understanding doctors who have copies of our wishes.

All we need is to make it LEGAL to protect the doctors.

Hoping you are listening to our point of view.

Sincerely,

(Mrs.) Olivia Hul

I have other friends with terminal cancer longing for release.

SUBMISSION 1126 1

'Fearnley"

Dandaragan

12-4-95

The Secretary

The Chair Person

Select Committee on Euthanasia

Dear Sir or Madam,

I wish to commend most sincerely the Marshall Perron Bill.

As a trained nurse for 50 years I have nursed many people whose quality of life is so poor, that, were one to keep an animal alive in similar condition, one would be put in jail, and rightly so!

To force a person to suffer the indignities of uncontinence of bowel & bladder - the heartbreak of causing suffering to loved family & friends by ones appearance - and to see the life savings destined for relations or some good cause - used to prolong ones agony is little short of abomination.

Once the quality of life has reached a destined "LOW" as accepted possibly by a questionnaire and certification by an unbiased panel one should be allowed a lethal injection, by law, any person who makes a "living will" should choose their death.

Barbara M Cook

NRB Childrens Hospital

Perth *Last updated:*
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