

Committee Secretary
GPO Box 3721
Darwin NT 0801
Telephone: (08) 8946 1442
Email: LA.VAD@nt.gov.au

Re: “Voluntary assisted dying”.

1. Do you support making VAD legal in the NT?

I do not support the legalisation of “Voluntary Assisted Dying”, “Voluntary Assisted Suicide” or Euthanasia whether voluntary or not, in the Northern Territory.

I have at least 3 relatives in the Northern Territory who may be vulnerable to the misuse of such laws in the next few years. Eventually we will all become old and/or infirm and therefore vulnerable to the misuse of laws allowing euthanasia.

I am aware of claims that in places where laws allowing “Voluntary Assisted Dying”, “Voluntary Assisted Suicide” or “Voluntary Euthanasia” have been introduced funding has been diverted from palliative care to pay for it.

However this is not the end of the matter, I want to minimize the harm done by politicians determined to legalise “Voluntary Assisted Dying”/“Voluntary Assisted Suicide”/“Voluntary Euthanasia”. This submission is my attempt to do just that.

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

The person must have attained the age of 25 years¹ prior to any consideration of whether they are eligible for “Voluntary Assisted Dying”, “Voluntary Assisted Suicide” or “Voluntary Euthanasia”. This includes any form of advance plans.

The person must be diagnosed as terminally ill by at least 2 appropriately qualified doctors totally independent (except alerting another to possible coercion) of each other. This must be done in person where the doctor can be certain that the patient is free of any form of coercion.

The person must be free of any substance (alcohol and other mind altering drugs) or infirmity (especially brain injury) that hinders their ability to make an informed decision about dying.

There must be no known cures that may save the person's life, including those that are not ready but could be ready in time. A cure that has been reported in a peer reviewed publication as being likely to be available in time to save the patient should be considered to be a “known cure”.

The patient must be in pain which they find unbearable and can not be managed without risking death.

3. How could the NT make sure that an eligible person can access VAD in a safe and effective way, including people living in remote areas and Aboriginal and Torres Strait Islander people?

It is probably not possible for legal “Voluntary Assisted Dying”, “Voluntary Assisted Suicide” or “Voluntary Euthanasia” to be safe for anybody. However apart from the

¹ It is well known that people who have not reached the age of 25 years have not fully formed the grey matter of their brain and are not able to properly assess what is a reasonable risk. Insurance companies impose higher premiums on youths for this reason. The consequences of an error in this case would probably be fatal.

protections implied else where in this submission:

- a) The terminology must be clear, so it is not confused with medical care. People for whom English is a second language could confuse voluntary assisted dying with palliative care.
- b) It must not be done in a venue where medical care is given. Aboriginal and Torres Strait Islander people, especially those with little education could become fearful² of clinics and hospitals if they see others going there for what is thought to be medical care and dying suddenly. The premises of an undertaker or a cemetery could be quite appropriate, people could go there to die and be buried.
- c) In cases where the person dies as a result of their own actions it is accurately described as “assisted suicide”, or “suicide” when nobody assisted. To describe it as “Voluntary Assisted Dying” could mean some people confuse it with palliative care.
- d) In cases where somebody else carries out the fatal action at the request of the person killed it should be described as “voluntary euthanasia”. To describe it as “Voluntary Assisted Dying” could mean some people confuse it with palliative care.
- e) In cases where the person has not requested to be killed intentionally³ by the action(s) of another it must be described as “murder” and all evidence must be handed to police or another appropriate body for prosecution. This does not apply to any form of accidental,⁴ unintended or unavoidable death.
- f) Health care professionals including doctors, nurses, pharmacists and their support staff should be compelled to report all inquiries about how to participate in “Voluntary Assisted Dying”, “Voluntary Assisted Suicide” or “Voluntary Euthanasia” to an appropriate authority including any observable indication(s) of coercion.
- g) Health care professionals including doctors, nurses, pharmacists and their support staff (who are qualified to do so) should be compelled to check whether any patient requesting “Voluntary Assisted Dying”, “Voluntary Assisted Suicide” or “Voluntary Euthanasia” has been reported as suspected of being subject to coercion and meet all eligibility criteria.
- h) Any person completing a death certificate must be compelled to report, on the death certificate, if there is any indication of “Voluntary Assisted Dying”, “Voluntary Assisted Suicide” or Euthanasia whether voluntary or not including all indication(s) of method(s) and drugs used.

4. How could the NT monitor the process to ensure VAD is delivered safely and effectively?

The Northern Territory would do well to copy the Netherlands where there is a survey of all doctors every 5 years requesting information about all deaths for a year with categories including Physician assisted suicide, euthanasia, ending life without explicit request, intensified alleviation of symptoms, foregoing life prolonging treatment and continuous deep sleep sedation. This would need to be done in a way that assures doctors they will not be prosecuted in order to get the most accurate results.

Sincerely
Kenneth Glasgow

² A likely result is these people avoiding medical care making it impossible to close the gap in life expectancy.

³ Some people may think this could not happen. There are indications that in countries that have had legal euthanasia for some time such as the Netherlands and Canada hundreds of people die from euthanasia without consent every year.

⁴ People must not be prosecuted for being unsuccessful in an effort to save a patient's life or promote recovery from injury and disease.