LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY

REPORT OF THE INQUIRY BY THE SELECT COMMITTEE ON EUTHANASIA

VOLUME THREE - WRITTEN SUBMISSIONS

PART A: 001 TO 304

MAY 1995

Presented and Ordered to be Printed by the Legislative Assembly of the Northern Territory on 16 May 1995

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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	1479

	Division	
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

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 001 1

THE AUSTRALIAN FAMILY ASSOCIATION

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Ph. No. (07) 252 8096

Fax No. (07) 257 1925

PRESIDENT DAVID J. GRACE

20 February 1995

To The Chairman,

Parliamentary Select Committee on

"Rights of the Terminally Ill Bill",

C/- Parliament House,

Darwin, N.T. 0800

Dear Sir/Madam,

Please find enclosed submission on the "Rights of the Terminally Ill Bill" from the Queensland Branch of the **AUSTRALIAN FAMILY ASSOCIATION.**

We would appreciate if a copy of this Submission could be made available to each member of the Select Committee and to the Chief Minister, Marshall Perron.

Yours faithfully,

Patti Smith, (Mrs)

Qld. Vice President & Media Relation Officer.

2

SUBMISSION BY THE QUEENSLAND BRANCH OF THE AUSTRALIAN FAMILY ASSOCIATION ON NORTHERN TERRITORY OF AUSTRALIA "RIGHTS OF THE TERMINALLY ILL BILL".

1.0 INTRODUCTION AND RATIONALE:

The Queensland Branch of the AUSTRALIAN FAMILY ASSOCIATION feels it has a social and moral obligation to comment on the "Rights of the Terminally Ill Bill" to be introduced as a Private Member's Bill by the Northern Territory Chief Minister, Marshall Perron, because the result of such Bill, should it be enacted by Parliament, will mean that in certain circumstances this legislation will impact on Queensland citizens. Indeed, such legislation will affect all Australian citizens - not only those who wish to avail themselves of the legal right to take their own lives if they visit the Northern Territory, but also family members where such family members are of a contrary view. Further, every citizen of Australia will, in some way, be affected by this radical change in medical and legal ethics which seeks to overturn the inalienable rights and responsibilities pertaining to the life cycle from conception to natural death.

It is the view of THE AUSTRALIAN FAMILY ASSOCIATION (Queensland Branch) that just as the inalienable right to freedom cannot be overturned by legislation permitting citizens to sell themselves into slavery, neither can legislation permit citizens to terminate their life.

Before commenting on particular Clauses in the proposed Bill, this Submission will address the following points -

1.1 TERMINOLOGY

1.2 CONFUSION OVER DEFINITIONS

1.3 INTERPRETATION.

1.1 TERMINOLOGY:

"Death with Dignity". In the Background Paper to the Bill, the term "death with dignity" is used. This term has become a slogan of opposition to useless and degrading prolongation of life when a patient's organs, though still minimally functional, can no longer support or pemit the exercise of self-fulfilling personal control over life's events. However, in this Bill, "death with dignity" means the active participation by a patient and/or others who assist in hastening the death of a human person.

"Torture", In the Background Paper to the Bill, the word "torture" is used. Apart from the emotive connotation of this word, "torture" denotes inflicted suffering by one or more persons on another human person. The Macquarie Dictionary gives the meaning of torture as "the act of inflicting excruciating pain, esp. from sheer cruelty or in hatred, revenge, of the like."

"Irrational". Again in the Background Paper to the Bill the word "irrational" implied that those who seek to preserve life are "irrational" whilst those who agree with the proposed Bill will enter into purely rational debate. This is insulting at best and dishonest and mischievous at worst.

1.2 CONFUSION OVER DEFINITIONS:

"Euthanasia" is sometimes defined as 'active' - administering a lethal injection - and 'passive' - withholding or withdrawing treatment. However, in some cases withholding or withdrawing treatment can be good medical practice and in these situations it should not be described as euthanasia. The distinction between euthanasia and good medical practice hinges on the INTENTION with which treatment is given or withheld. In euthanasia, the intention is to kill; in good medical practice it is to maximise the quality of life experienced by the patient.

The terms 'active' and 'passive' euthanasia are ambiguous and misleading, so should be avoided.

There is also confusion over the terms 'voluntary' and 'involuntary' euthanasia. Motivation can become blurred in the following circumstances -

Depression - the patient has a false sense of worthlessness.

Confusion - physical illness can contribute to mental and emotional confusion.

Dementia - a patient can float into and out of dementia - sometimes appear lucid and other times not.

Suffering - because of inadequate or inappropriate medical attention.

A Sense of Burden on family, friends, nursing staff and scarce medical resources.

1.3 INTERPRETATION;

Because of the terminology used and the confusion over definitions, this Bill if it is enacted, will be open to loose interpretation of the legislation and will highlight the legal adage that "hard cases make bad laws".

2.0 COMMENT ON PARTICULAR CLAUSES IN THE BILL;

Clause 3: The question must be asked in relation to the words "is likely to die within 12 months" - Is the diagnosis and prognosis correct? There are many examples of wrong diagnosis of hospice literature. A further question must be raised in relation to diagnosis - Is it the right patient being diagnosed? Medical and legal journals cite numerous cases of operations performed on the wrong patient. Where assisted death is involved, corrective measures will be impossible because the patient is dead.

Clause 6: Conditions under which medical practitioner may assist:

(a) How long before these conditions are waived where there is a parent with an Enduring Power of Attorney or a suffering and severely handicapped child or aged person, who will challenge this Clause with the cry "do not those under 18 years suffer too or do not the aged, although not terminally ill, suffer too?"

(k) ... "patient's decision to end his or her life has been made freely, voluntarily and after due consideration, and that these conditions have been complied with". Pressure to make such decisions need not be explicit - it may be implicit. The patient may be unable to accept that

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close relations should be burdened with his/her continued suffering. The patient may feel that he/she would be selfish not to take advantage of a law which permits them to take their life.

(i) ... "the medical practitioner is satisfied, on reasonable grounds ..."

"satisfaction" is a highly subjective human condition. While one medical practitioner may be "satisfied" another may not be.

Clause 9: This Clause is wide open to abuse and if a subsequent investigation re circumstances or motive were to be initiated, the key witness would be dead.

Selective Commentary on clauses of the Bill should not be considered exhaustive as there are many and varied instances where this Bill is flawed from a moral, ethical legal and medical perspective.

CONCLUSION:

Such a radical departure from the Hippocratic Oath (...nor will I administer a poison to anyone when asked to do so, nor will I suggest such a course...") implies that future radical shifts will be accepted with even less social, moral and ethical outrage. What happened in the 1930's in geriatric hospitals and psychiatric institutions all over Germany, where those thought to be less human than others, led to the quantum leap of the horrors of the gas chambers in the 1940's by those who accepted that human life was of relative worth.

Further what is happening in the Netherlands where the distinction between voluntary and involuntary euthanasia is being blurred is highly possible with this badly drafted Bill. Challenges to the restrictive nature of this Bill to terminally ill patients over 18 years, could see the aged and infirm who are not terminally ill being pressured because of scarce resources or because in someone's view (even that of the patient) they are a burden on society.

Overseas experience indicates that proponents of euthanasia are persistent in introducing Bills to legalise euthanasia. The purpose of this is the gradual erosion of opposition to euthanasia and to propagandise the community to eventual acceptance.

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

"The challenge of civilisation to our societies at the end of this decade is to transform our care of the suffering and the dying, not to legalise an act they would all too easily substitute for the palliative competence, compassion and community that human beings need during the most difficult moments of their lives. We should maintain an uncompromising stand against a law that would permit the administration of death".

("*Regarding Euthanasia*". European Journal of Palliative Care. Vol.1. Number 1.).

THE QUEENSLAND BRANCH OF THE AUSTRALIAN FAMILY ASSOCIATION RESPECTFULLY OFFERS THE ABOVE SUBMISSION FOR YOUR URGENT PERUSAL AND CONSIDERATION.

5

REFERENCES:

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The Coming Holocaust of the Aged. J. Johnstone

Ethics - Why Intervene. Dr. N. Babbage. Australian Med. 3.5.93.

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Foundation Genesis - Newsletter December 1994.

The Macquarie Dictionary, published by The Macquarie Library Pty Ltd, 1991.

Note: This Submission was prepared with the assistance of Dr. Arthur Hartwig of 37 Birdwood Terrace, Auchenflower, Brisbane, Qld. 4066.

SUBMISSION 002 1

TIWI LAND COUNCIL

Composed of Bathurst & Melville Islands

All Correspondence to:

The Chairman

PO Box 38545

Winnellie NT 0821

Telephone (089) 47 1838

Facsimile (089) 47 1840

25 - 2 - 0

27th February 1995

The Chairman

Select Committee Investigating

Private Members Bill - Euthanasia

Legislative Assembly

GPO Box 3721

DARWIN NT 0801

Dear Sir

Our meeting of 16 February last determined to convey the opposition of our Delegates to the proposed legislation permitting the resolve of some people in some circumstances to elect procedures to terminate their life.

Delegates of the Land Council requested that their views be made known to your Committee.

Yours sincerely

MATTHEW WONAEARMIRRI

CHAIRMAN

SUBMISSION 003 1

To The Cm'tee for

Vol. Euthanasia

DARWIN

Copy of letter sent to Dr CARMEN LAWRENCE CANBERRA ACT.

2

The Federal Minister for Health I Bates

Dr Carmen Lawrence 10 Lincoln Ave.

CANBERRA A.C.T. COLLAROY 2097

2600 02 971 9874

28 February 1995.

Dear Minister

Re. legislation of Voluntary Euthanasia.

I would like to express my support to the stand you are taking re. Vol. Euthanasia in view of pressure from minority groups opposed to the right to die with dignity. This should be a fundamental human right to be able to make this choice.

As a minimum step all Australians in EVERY State should have the right to make legally binding Advance Directives and to be able to appoint a patient Advocate who can make this decision for them if they have become incapable themselves. This decision to make an Advance Directive SHOULD BE A PERSONAL ONE, made while of sound mind and before reaching the stage of senility or helplessness. It should be updated every couple of years stating that it still contains your wishes.

A case in point, my Mother, who strongly felt the right to be in charge of her own decision to live or die, unfortunately was unable to do so. It caused her and her family much mental and emotional anguish and reinforced my own believe that we should be able to make a choice with regard to ending our own life. My Mother had written and carried with her (long before she had a stroke) a letter addressed to any Doctor or Hospital to which she may be admitted that she did not wish to be kept alive by ANY artificial means.

Her wishes stood for nothing. She had to suffer all the indignities and pain associated with the medical "ethics" of "trying to preserve life." She subsequently died 4 weeks later. My Mother was 78 years old, had had a good and active life and was quite prepared to die rather than live out the rest of her life as a semi-invalid or dependent on others.

I firmly believe that the onus or decision should NOT be in the hands of the medical profession but that their role should be to be able to respect a patient's wishes and make available to them the means and ways to a dignified death. If V.E. was legalised this would release the medical profession (in lieu of an Advance Directive) of all legal responsibility. They would then be able to help their patients in a Humane way.

My request to you is to take a strong stand on this issue and support The Premier of the Northern Territory Private Members Bill.

Once again my congratulations on your courageous stand on this issue - remembering that recent opinion Polls that the majority of Australians favour legislation of VOLUNTARY Euthanasia.

Yours faithfully

Irene Bates

A copy of the above has been sent to Marshall Perron and the Committee for V.E. in Darwin.

SUBMISSION 004 1

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10 Lincoln Ave

Collaroy 2097

28/2/95

Committee on Voluntary Euthanasia

GPO Box 3721

DARWIN NT 0801

Dear Sir/Ms

I enclose herewith a copy of a letter sent to Dr Carmen Lawrence, in Canberra for your information.

Yours faithfully

I Bates 2

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10 Lincoln Avenue

Collaroy NSW 2097

28th Feb. 1995

The Federal Minister for Health

Dr. Carmen Lawrence

Parliament House

CANBERRA A.C.T.

2600

Dear Dr. Lawrence;

I am writing to strongly support your endorsement of action taking place in the Northern Territory Parliament to legalise voluntary euthanasia.

May you, everybody for that matter but especially those elected to high office, always feel free to state our views knowing there is great support for you against pressure groups opposed to a right to die with dignity.

I believe that no-one has the right to impose a sentence of life in agony - mental or physical - on another person wishing an end to their suffering.

Palliative care is not the complete answer that we are led to accept. Who can know what terrible mental and emotional suffering is borne by the dying whilst we look on giving "apparent relief" to the helpless?

I believe that we should have the right to "a good death" when requested, to make advance directives in case of becoming incapable of further expressing our wishes and not be forced to live in a bed, surrounded by instruments or "doped to the eyeballs", to keep us alive artificially where the quality of life is paramount to the expressed wishes of the person most affected. Us, we who so decide.

Yours faithfully

(Mr. J.W. Bates).

28/2/1995.

Copy to Marshall Perron, Premier Northern Territory and Committee on Voluntary Euthanasia, Darwin.

SUBMISSION 005 1

5/15A Merlin St.,

Neutral Bay

NSW - 2089

Sessional Committee,

P.O. Box 3721

Darwin

Tel. (089) 896952

Dear Sir or Madam

Re. Voluntary Euthanasia

At the Voluntary Euthanasia meeting in Sydney on 26th February, 1995 we were very pleased to know that a bill to legalise with careful restrictions assisted voluntary euthanasia in the Northern Territory had been put forward by Marshall Perron.

We would like to support your deliberations in this matter and hope you can bring about a positive result.

Yours faithfully,

MARGARET O.H. WALKER

SUBMISSION 006 1

Mrs June Badby

11/22-32 Meryla St

Burwood 2134

28th Feb. 1995

Committee for Voluntary

Euthanasia,

P.O. Box 3721

Darwin N.T. 0800

Please keep pushing for Voluntary Euthanasia.

I hope you get it passed and then other states will follow.

I hope I'll never be a financial burden to my country.

Nursing Home, Carers all cost money - Palatitive Care doesn't work. I don't want to suffer unnecessary pain only to die much later.

I want "Quality of Life" NOT Quantity. I do hope you can get it through Parliament.

Yours faithfully

J.D. Badby

PS

Please keep up your good work

JB.

SUBMISSION 007 1

27 February 1995

The Chairman,

Parliamentary Select Committee on

"Rights of the Terminally Ill Bill",

C/- Parliament House,

Darwin, N.T. 0800

Dear Sir/Madam,

Please find enclosed my reactions to the "Rights of the Terminally Ill Bill".

I think it is poorly worded and badly drafted. It lacks definition of essential terms - though that could be deliberate.

My observations have been recorded as I read the respective papers available. I can see no justification for the passing of this Bill and many reasons for its rejection.

One stated reason for the absence of comparable Bills elsewhere has been the very pertinent one that such a Bill is (**a**) impossible to enforce within proposed limits and (**b**) in such a Bill there is no way to escape abuse. This Bill does NOT provide adequate safeguards for the terminally or chronically ill.

A doctor may reasonably accurately anticipate the death of a person within days or weeks. Estimated of long survival are almost 100% WRONG.

Please make available a copy of this submission to each member of the Select Committee and to Chief Minister, Marshall Perron.

Yours faithfully,

A.W. HARTWIG,

MB.BS. University of Qld. 1950

37 Birdwood Tce

AUCHENFLOWER QLD 4066

Press Cutting Courier Mail 27.11.95

Wrong cut

MIAMI: Surgeons at a Florida hospital yesterday said they had amputated the wrong foot of a man who learned of the blunder while in the recovery room. The patient, in his 50s, underwent surgery at University Community Hospital to remove his right foot but it was the left one that was gone.

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Submission by Dr. Arthur Hartwig, 37 Birdwood Terrace, Auchenflower, Qld. 4066.

"The Rights of the Terminally Ill Bill" highlights the truth that "Hard cases make bad laws". I do not doubt that the Hon. Marshall Perron is an honourable man with honourable motives; but so too was "Brutus an honourable

man".

However many safeguards are employed in the initial act, it would take little, either to alter them, or to circumvent them. The absence of definitions leaves the Bill wide open. "How does the law define death with dignity?" I am unaware that dignity can be given to someone else. Why not "Life with dignity" right to the end?

How is euthanasia defined in the Bill - or what is meant by it?

For the purpose of this submission euthanasia is - "The intentional killing by act or omission of a person whose life is felt to be not worth living".

Whatever may be the objections to this definition, the fact is that in euthanasia someone is dead. Were there ever need for an investigation re circumstances or motive, the key witness would be dead. This Bill would establish a class of people who had lost their right not to have their lives taken from them. The basic attitude in the euthanasia movement is that there is such a thing as a **life not worth living.** Initially this involves merely the terminally ill. It is a very short step to the severely and chronically sick, to the normally unproductive, the ideologically unwanted, the racially unwanted.

It can't happen here you say. Why not? It has already happened in Nazi Germany. What ended in the 40s in the gas chambers of Auchwitz, Belsen and Treblinka had more humble beginnings in the 1930s, in nursing homes, geriatric hospitals and psychiatric institutions all over Germany.

It has happened with abortion - from cases of rape and severely deformed babies to virtually abortion on demand throughout the Western World.

What is being claimed is not, in fact, the right to die, but the **right to have someone kill you on demand.** Can we look forward to the day when, as with abortion, a question used in screening prospective students and Resident Medical Officers will be - "Are you, in principle, opposed to mercifully terminating the life of anyone who ...?"

If not, how will such be prevented?

RMOs have been asked a similar question in relation to abortion.

There has been a progressive change from the Hippocratic Oath - "Nor will I administer a poison to anyone when asked to do so, nor will I suggest such a course - to the Declaration of Geneva - I will maintain the utmost respect for human life from the time of conception ..." Thus the conception of absolute right and wrong has been discarded and individual conscience enthroned as absolute in its place.

While its proponents may extol the virtues of the Netherlands system, yet in many reports of that system the distinction between voluntary euthanasia and involuntary euthanasia, sometimes become blurred.

This is not a new concern. Consider the quote by William Lamb - Lord Melbourne, recorded in Queen Victoria's Diary 1838: "If they get into the habit of doing such a thing (euthanasia) when a person is in a hopeless state, why, they may do it when a person is not in a hopeless state". Mr. Perron is, for a politician, remarkably naive and unsophisticated if he thinks this Bill is likely to "Keep the bastards honest".

It is fitting to remind ourselves that such a progression (as evolved into the Nazi holocaust) requires only four (4) factors. 1. Favourable public opinion; 2. A handful of willing physicians; 3. Economic pressure; and 4. No prosecution for those involved.

There is no doubt we have No.2. Opinion polls suggest we have No.1, but whether the public is fully aware of what it favours is another question. The Bill would provide No.4, and there is no doubt economic pressure already exists - many already see euthanasia as an economic necessity. The President of the European Bank for

Reconstruction and Development, Jacques Attali has stated in an essay in *L'Avenir de la Vie* - "As soon as he goes beyond 60-65 years of age man lives beyond his capacity to produce, and he costs society a lot of money ... euthanasia will be one of the essential instruments of our future societies".

Are members of the Northern Territory Parliament to have the dubious honour of completing the quartet?

Certain allowances are provided in the background paper. Assuming this Bill becomes legislation we are entitled to know - not just ask -

1. Is the diagnosis right? There are plenty of examples of wrong diagnoses in hospice literature.

2. Is the prognosis correct? Most doctors become wise enough not to attempt to answer the questions - "How long have I got?" Appropriate care can make a huge difference and while there is hope there is life.

3. Is it the correct patient? Hardly a ludicrous or far fetched question. Every year defence society journals recount wrong operations performed, wrong limbs removed.

4. Is the patient depressed? i.e. suffering a false sense of worthlessness.

5. Is the patient confused? i.e. is an acute physical illness rendering the patient unable to make judgements.

6. Is the patient demented?

7. Is the patient suffering a false sense of "burden"? i.e. of feeling worthless.

8. Is the patient being pressured openly or transmitted from the relatives because of their own sense of pressure?

Where there is a will there is an anxious relative.

9. Is the patient pressured by other carers or by a community short of resources?

10. What was the effect on the doctor, on the nurses and other professional carers? On the surviving relatives?

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Official 1991 Dutch statistics show many hundreds, if not thousands of cases of euthanasia which are NOT voluntary, take place there.

WHO expert Committee Report "Cancer Pain Relief & Palliative Care". WHO Technical report series No.804 Geneva 1990 states - "Now that a practicable alternative to death in pain exists, there should be concentrated efforts to implement programmes of palliative care, rather than a yielding to pressure for legal euthanasia.

Points on Press Release and Background Paper

Congratulations to Mr. Perron that he knows he will always be correct in making decisions for "me and those I love".

Duty of the state is to protect life, not to terminate it.

Experience is that most fear a prolongation of life - being kept alive - more than dying, especially if the person can die at home or with loved ones close by.

How can this Bill prevent "liberalisation" for other hard cases? Maybe it will be illegal to pressure a doctor". Much that is illegal still occurs. How will this be different?

What experience in or knowledge of hospice care has Mr. Perron? It is very doubtful that any hospice Doctor would apply for a "Right to kill".

What a claim to fame. The Northern Territory will be the first place in Australia to legislate for voluntary euthanasia"

How soon will Mr. Perron consider the situation of those expected to die within 12 months and 1 day or 1 week? Or for some, 17 years and 11 months and 3 weeks? and 2 weeks? and 1 week? Nothing is more certain than, that each of us will die. Who knows when?

How soon after signing this piece of paper must the killing occur - within 1 hour, 1 day, 1 week or 12 months?

This Bill seeks to **change** the law. Reform is too strong a word if used in the generally accepted sense. All change is NOT reform.

Mr Perron does not expect a widespread demand for its use if this legislation is passed. But he expects to be able always to make the correct decisions for himself and his loved ones. Now really?

There is no way one can force anyone to accept medical treatment unless under court order. Already any patient has a right to let go at any time of their choice - despite what anyone else says. It is nonsense to say that the law forbids a patient to let go, or places doctors at risk of litigation.

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Points to consider: Maybe euthanasia isn't murder - but it is killing with intent - someone is dead. If pain is a consideration lets make sure the medical profession seek to kill the pain - not kill the patient. Doctors should be carers, relievers, comforters and healers, NOT killers.

"Yet many patients' dying days can be likened to torture". Does Mr. Perron know that first hand - or has some told him?

"Intolerable anguish" is more often related to fear, depression, estrangement from family, fear of loss of control of one's affairs, fear of not being told, than to chronic pain. Euthanasia would preclude all hope of any reconciliation.

We should control or modify or improve our use of technology rather than dispatch those who fear its use.

There are many things medical staff hate - meddlesome politicians, a hospital system that doesn't adjust to the needs of patients, inadequate resources. Can we expect these to be corrected soon? Doctors know under the present system, if they truly relieve pain and suffering in the terminally ill there is NOT a snow ball's chance in a furnace of "being disbarred and jailed if they relieve patients of their burden". Not all are willing to act on that knowledge.

How can anyone guarantee that forever "No individual who opposes voluntary euthanasia is required to have anything to do with it," will prevail? Any body that makes a law can unmake or alter it. Laws are more easily altered than initially legislated.

Any reasons advanced as justification of this Bill are, at least, equally good reasons for increased hospice grants, advanced courses in pain relief and a curb on technology. How soon can we expect these?

Autonomy is not just about making choices - it's about making choices that are fully informed and free. One can **never** be sure the choice for euthanasia has been fully informed and free.

Reading *Politics & Medicine* Lancet 2.8.86 p.271

Editorial Australian Family Physician Dec 94 p.2245

Australian Doctor "After Hours" Retractor 25.6.93

The Coming Holecaust of the Aged J. Johnstone

Ethics - Why Intervene Dr. N. Babbage, Australian Medicine 3.5.93

The New Medicine Nigel M.de S Cameron Crossway books 1991.

Euthanasia Should We Kill the Dying Brian Pollard Mount Series 1989.

Let's Talk C. Everett Koop MD & Timothy Johnson MD

Consider Mrs. Anywoman - loved by her family, conscious of her increasing dependence on them and of the mounting costs of her sickness, told by her medico that her metastatic cancer could take her off within 12 months.

In a fit of depression she makes a request for voluntary euthanasia, signs the form, bids her farewells and succumbs. She reaches St Peter who is quite mystified by her arrival - checks her

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credentials and rechecks but NO she was not due on April 1. Then realisation dawns - you're not one of those voluntary euthanasia arrivals, are you?

Well, yes I am - somewhat tentatively.

Oh - you weren't due here until January next year.

What! Damn those doctors, nurses, politicians. I could have stayed on and seen my eldest grandson married and my first great grandchild.

A Postscript:

As someone said "Death is so permanent".

SUBMISSION 008 1

PO Box 328

PALMERSTON NT 0831

24th February, 1995

The Hon. E.H. Poole MLA,

Chairman of the Euthanasia Committee,

PO Box 3721

DARWIN N.T. 0801.

Dear Sir,

Regarding the Bill on Euthanasia I feel very strongly that every patient has the right to decide their own fate. The members of the N.T. Government are not being asked to play God and decide if a patient lives or dies. You are being asked as the peoples representative to pass a bill to give each patient the right to decide for themselves as is their right in a true democratic system.

Euthanasia should only apply to a patient who is unable to be cured and life is to painful to continue.

The bill should be drawn up so that the Patient whose life is being decided should have given written consent and witnessed by persons of the court. In the case of the patient being unable to a write this should be verbal consent

given in front of a Judge. This Judge should have no doubts that the person giving permission has been identified as the correct patient.

I know this is a conscience vote, but please listen to the peoples wishes. It is up to each individual and his or her beliefs what decision they come to, not the Government, the Church or anyone else.

In the case of Minors, this act can not apply as they may be to young to understand the consequences. However some children understand far more than we give them credit for which makes this a difficult problem. Consequently the Bill must apply to patients who have reached the age of consent for the moment.

Please do not take away the right for us to decide our own fate.

Yours faithfully,

A.M. GRAY (Mrs)

SUBMISSION 009 1

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6 Madaline Street

Burwood Vic 3125

Tele: 03 889 7248 (Home)

03 619 1345 (Bus.)

21st February, 1995

The Hon. E. Poole

Legislative Assembly of the

Northern Territory

G.P.O. Box 3721

DARWIN NT 0801

Dear Mr. Poole,

I write to provide you with a submission concerning voluntary euthanasia. The submission contains a series of carefully worded statements for which unanimous support was given by 37 medical practitioners and seven professionals in the care of the dying.

When voluntary euthanasia was being considered in Victoria by a very thorough Government inquiry into 'Options For Dying With Dignity', I decided to seek the support of medical practitioners and professionals in the care of the dying.

On behalf of a support group named 'Pieta : Understanding of Terminal Illness', I prepared and numbered twenty statements representing a range of concerns with voluntary euthanasia. Please find enclosed the submission including the twenty 'statements', each having been given the signed support of seven professionals involved with the care of the dying (names and positions attached).

Responses were also received from 37 other medical practitioners and each agreed to offer signed support for the eight key statements (Nos. 1,2,8,9,11,18,19,20.)

I am also enclosing a three page letter addressed to members or the Victorian Parliament, presenting a summarised

form of the submission. I hope that in considering any legislation for euthanasia you will be able to make the time to consider the 'summary' letter and use the submission index to review the submission statements strongly supported by medical opinion.

Yours faithfully,

P.E. Beriman

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STATEMENTS NOS. 1-20 IN THIS SUBMISSION ARE PRESENTED WITH THE SIGNED SUPPORT OF THE FOLLOWING PERSONS ASSOCIATED WITH THE CARE OF DYING PATIENTS. (THEY OFFER THEIR SUPPORT AS INDIVIDUALS NOT AS REPRESENTATIVES OF ORGANISATIONS). (IN 1986)

W.F. Law, Director of Nursing,

South Port Community Hospice Program.

Sr. J. Ginn, Sister, Administrator & Director of Nursing,

R.G.N., R.G.M.,

Dip. App. Sci. (Nursing Management)

Dr. M.J. Leyden, Haematologist & Oncologist,

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

T. Cole, Head Social Worker, Cancer Institute,

Dip. Soc., Dip.Soc.St., Dip.Soc.W., M.Sc. (Econ.)

J. Speechley, Ward Sister, Geriatric Centre, Mt. Eliza.

S.R.N.

K. Elmer, Clinical Nurse Co-Ordinator,

R.W., S.C.M.

Sr. M. O'Brien, Pastoral Care Co-Ordinator, Trained Nurse

L.C.M.

3

THE FOLLOWING 37 MEDICAL PRACTITIONERS WERE APPROACHED AND PRESENTED WITH STATEMENT NUMBERS 1, 2, 8, 9, 10, 18, 19, 20. ALL 37 HAVE ALREADY SIGNED OFFERING THEIR SUPPORT TO ALL OF THESE STATEMENTS. (IN 1986)

DR. F. MORGAN, NEUROLOGICAL SURGEON.

DR. A. ISELI, CONSULTING SURGEON.

DR. P. DENTON, GENERAL SURGEON.

DR. G. MANLY, OBSTETRICIAN & GYNAECOLOGIST.

DR. R. SEAL, PSYCHIATRIST.

DR. B. FERRY, RESEARCHER.

DR. M. CROATTO, GENERAL PRACTITIONER.

DR. J. SAMMUT, GENERAL PRACTITIONER.

DR. J. CAMILLERI, GENERAL PRACTITIONER.

DR. P. HAMILTON, GENERAL PRACTITIONER.

DR. M. L. HOLLAND, GENERAL PRACTITIONER.

DR. J. McGOLDRICK, GENERAL PRACTITIONER.

DR. L. HEMINGWAY, GENERAL PRACTITIONER.

DR. J. NIALL, CONSULTING PHYSICIAN.

DR. R. DUPUCHE, CONSULTING PHYSICIAN.

DR. J. CHEW, SURGEON.

DR. J. BILLINGS, NEUROLOGIST.

DR. J. O'SULLIVAN, HOSPITAL MEDICAL DIRECTOR.

DR. J. GRIFFIN, MEDICAL SUPERINTENDENT.

DR. J. O'NEILL, GYNAECOLOGIST.

DR. M. HORAN, PAEDIATRIC PHYSICIAN.

DR. S. CLIFTON, PATHOLOGIST.

DR. D. R. CARNE, GENERAL PRACTITIONER.

DR. B. M. DIGNAM, GENERAL PRACTITIONER

DR. M. L. HOLLAND, GENERAL PRACTITIONER.

DR. C. AHEARNE, GENERAL PRACTITIONER.

DR. P. FERWERDA, GENERAL PRACTITIONER.

DR. P. PEROTTI, GENERAL PRACTITIONER.

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DR. M. BOURKE, GENERAL PRACTITIONER.

DR. P. CROWE, GENERAL PRACTITIONER.

DR. D. FITZGERALD, GENERAL PRACTITIONER.

DR. J. HAMILTON, GENERAL PRACTITIONER.

DR. P. JOSHUA, GENERAL PRACTITIONER.

DR. R. GALBALLY, GENERAL PRACTITIONER.

DR. W. QUILTY, CONSULTING PHYSICIAN.

DR. J. HORAN, CONSULTING PHYSICIAN.

DR. B., CLERHAN, CONSULTING PHYSICIAN.

5

Pieta: Understanding of Terminal Illness,

P.O. Box 331,

Carlton South. Vic. 3053.

Phone: 458 1815

August 27, 1986

Parliament House,

Melbourne. Vic. 3000.

Re: Inquiry into options for dying with dignity.

We have made a public submission to the above mentioned Parliamentary Inquiry. We would like to briefly present to you a few major points in summary.

With the signed support of the 37 medical practitioners listed in Appendix 1, we quote a statement from the conclusion of our submission:-

"To make voluntary euthanasia lawful would be an irresponsible act, hindering help, pressuring the vulnerable, abrogating our true respect and responsibility to the frail and the old, the disabled and the dying. We should resist any effort to bring in any such negative uniformed and mischievous legislation."

1. Initially the idea of this inquiry sounds like something we as concerned citizens would very much like to welcome. However the improvements we would seek in the care of the dying appear to be excluded by the terms of reference to this inquiry. Discussion is restricted to a range of possibilities for bringing forth INTENTIONAL, DELIBERATE AND PREMATURE DEATH. Whilst the avoidance of meddlesome and burdensome overtreatment and suffering may be an important issue, to seek death as an objective as part of a medical decision-making is to overturn the foundations of medical practice, conventional morality and human wisdom. This itself is a denial of our understanding of living and dying with dignity. It is a denial of the need for proper care seeking to ensure that people "live with dignity until they die".

2. Good medical practice involves being ready to maintain or vary treatments to best serve the patient. This is fundamentally a matter of medical judgement in circumstances unique to the patient with decisions made after an expert assessment of the prognosis and available treatment options. To reduce the on-going process of proper medical care to a simplistic question of to treat or not to treat, would dangerously undermine this professional process. It would be impossible for legislation to define such personal, moral and medical guidelines into the objective absolutes of legal terminology.

3. Any attempt to narrowly legislate medical decisions regarding the dying risks diverting a physician's attention from the human professional and civil obligations of his medical

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judgement. The adoption of legislation for euthanasia and the feelings it will and does promote in our society risks increasing the difficulty, anxiety, distress and depression faced by patients when they are most vulnerable to the dangers of such thinking quite apart from the effect on the doctors. To subtly UNDERMINE THE SELF IMAGE of the vulnerable, the terminally ill, the handicapped and disadvantaged people in our society is essential TO DENY AND DESTROY THEIR DIGNITY.

4. Legislation attempting to define "appropriate" medical practice in this way risks undermining trust and confusing the all important relationships of doctors and nurses with patients and their families. A LOSS OF TRUST in these VITAL relationships due to involvement of doctors in the termination of life would be to the detriment of patients; would change the role of nurses and doctors; and would increase the damage done by public misapprehension's and fears of death and of medical practice.

5. Any legal change to REMOVE BASIC HUMAN RIGHTS OF ANY GROUP of disabled persons would inevitably contribute to support for abuses in human rights for an increasing range of specific groups within our society.

6. Rather than giving dignity to the dying such legislation tends to treat the patient as an economic or political statistic, rather than face the age-old challenge of facing death bravely and humanely.

A POSITIVE ALTERNATIVE

7. The emphasis of palliative care techniques such as used in the HOSPICE programmes is to control pain and distressing emotional symptoms rather than to fight the disease when it has been found that medical treatment of a curative nature is no longer of any avail and the terminal stage has been reached.

8. This emphasis tends to enrich the suffering and dying experience of the patient; to assist the grieving relatives and friends to benefit from the experience, better respect the dying individual; and to improve public respect for and awareness of the benefits of trained medical staff.

9. Hospice care using modern techniques and domiciliary specialist and palliative care programmes are now known widely in Britain and in North America but the ENORMOUS IMPROVEMENT IN STANDARDS OF CARE for those dying of progressive or incurable diseases have not yet reached the majority of people in Australia. From an economic view point, one big advantage of hospice care is the reduction in requirements for much needed and expensive hospital beds.

10. Legislation for any form of euthanasia would set back much-needed improvements to care as have been seen through hospice and other such care overseas.

We would be most grateful to know your own feelings on the issues raised by the Parliamentary Inquiry and in particular the idea that legislation may be proposed to determine what we consider as essentially medical decisions.

Yours sincerely,

For Pieta:

Understanding of Terminal Illness.

7

Pieta: Understanding Of Terminal Illness

4 Cremin Court

Rosanna 3084

11 June 1986

The Social Development Committee,

Inquiry Into Options For Dying With Dignity,

Treasury Gate,

2nd Floor.

1-15 Little Collins Street,

MELBOURNE 3000

PUBLIC SUBMISSION

'Pieta: Understanding Of Terminal Illness' is the name of a group of people associated with the magazine 'Pieta' currently in its seventh year. We aim to seek a better understanding and to promote a better public understanding of terminal illness and of the needs of persons suffering from terminal illnesses. We also aim to promote the dignity of the human person and to promote responsible support and care of terminally ill persons.

HOPES FOR THIS INQUIRY

There is a need for an inquiry into improving the standard of care of the dying. The title given to this Inquiry as being into Options For Dying With Dignity will hopefully attract comment and draw attention to the needs and options for improving the standards of care of the dying. We would see this as a positive outcome for the Inquiry and sincerely hope that it can be achieved.

We will address the terms of reference as set. We hope that your Committee will also see as relevant the statements we bring from workers in the care of the dying in particular from within the hospice care programs. THE STYLE OF THIS SUBMISSION WILL BE TO PRESENT A SERIES OF NUMBERED STATEMENTS. STATEMENTS NOS. 1-20 HAVE THE SIGNED SUPPORT OF VARIOUS PERSONS LISTED AT THE END OF THIS PAPER. Together they speak with a great deal of experience and authority on the care of the dying.

TO DISTINGUISH OUR OWN ADDITIONAL COMMENTS WE HAVE USED THE INDICATOR 'COMMENT' THROUGHOUT THIS SUBMISSION.

We note that the terms of reference to this Inquiry direct it to consideration of government action, with legislation being the only action specifically mentioned. We direct some attention to the possibility of legislation in general and in particular to so-called 'living-will' legislation.

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A CRY FOR HELP

About the time when the current Inquiry commenced, an 'Age' Editorial asked:

"What about the case of a person who wants to die one day, but who may, if treated, recover the will to live?"

STATEMENT 1

It is the experience of palliative care physicians that requests for termination of life are invariably a cry for help to meet the real needs of patients with terminal illness. What dying patients need is to feel that they are important, to have their pain, if present relieved, to know that they will not be deserted, and to have their loved ones with them. Of patients requesting active termination of life (which is a very rare request), most would be those having inadequate medical treatment or a depressive illness. Both of these require medical treatment, not a superficial acceptance of what is really a cry for help. There would be a tiny minority who had reached the decision to suicide on philosophical grounds.a

Comment: To accept a request for homicide by consent at its face value is to do a gross injustice to the complexity of people and to the complexity of the doctor-patient relationship. Patients with terminal illness are really asking for concern and care for their distressing symptoms, and they ask for our awareness of them as people. The logical solution to a veiled request for help is to provide proper relief of distress. It is the experience of palliative care physicians that relief of pain, attention to factors causing psychological distress, enabling the patient to have a good sleep when his pain has been relieved, invariably bring about a change in any request for euthanasia.b

GOOD MEDICAL PRACTICE - SHIFTING TREATMENT EMPHASIS

IS FUNDAMENTALLY A MEDICAL DECISION

Comment: Unfortunately there is a widely-promoted myth which must be disposed of completely to enable sensible discussion of euthanasia, dying with dignity and a right to die:

Opposition to euthanasia does not mean that life must always be prolonged as long as possible or that every treatment or form of care that prolongs life must always be applied and maintained.

STATEMENT 2

The recognition of an irreversibly poor prognosis and the avoidance of meddlesome over-treatment is the essence of good current medical practice.

'PASSIVE EUTHANASIA'?

Comment: Definitions vary and are often confusing. The concept of euthanasia is characterized by an intention to bring about premature death as THE OBJECTIVE OR AN OBJECTIVE of a decision. (It is also characterized by a judgement that a person's life is no longer worth living.)

In contrast good medical practice includes the avoidance of treatment options which are burden-some, intrusive and yet futile in terms of benefiting the patient. Fundamentally, the decisions involved require an expert assessment of the prognosis and the likely effectiveness of treatment for particular patients in their changing and unique circumstances.

'Passive' and 'Active' are terms relating only to whether the means of bringing about the objective of death involves withholding or taking action to bring about the death.

Active euthanasia may appear to deserve greater condemnation than passive euthanasia but this is due ONLY to its tendency to be more blatantly seeking death.

STATEMENT 3

There is much confusion about the question of so-called passive euthanasia. To turn off a respirator when a patient has irreversible brain damage and is incapable of maintaining his respiration, has nothing to do with euthanasia. It is a judgement of an irreversible situation. Involved in this confusion is a misunderstanding of the function of so-called life support systems. In good medical practice, life support systems are used to determine whether an illness is reversible. An artificial respirator may support the function of spontaneous respiration during a period in which a pathological process may be reversed. The judgement as to when an illness is irreversible and the avoidance of excessive and useless treatment is part of good medical practice.c

STATEMENT 4

In support of killing young infants and the senile, certain present day philosophers have produced arguments based on the concept of a 'person'. A 'person' is defined by certain qualities and capacities which are lacking in the newborn and the senile. Somebody lacking in particular qualities and capacities is deemed to also lack the rights which properly belong to persons - including the 'right to life'.

Discussion of this issue must be based in medical practice and not in philosophical ivory towers. Immediately one grounds the issue in the context of real cases it is apparent that the real needs of patients are not met by a legalistic approach ushering in euthanasia.

STATEMENT 5

"When it has been found that medical treatment of a curative nature is no longer of any avail and the terminal stage has been reached or when the available treatment options are so burdensome and intrusive that they are not proportionate to the probable benefits, then the treatment emphasis shifts toward symptom control and keeping the patient comfortable.

The decisions involved in shifting the emphasis are difficult and come about gradually as the patient's condition changes. Fundamentally, they are medical decisions requiring an expert assessment of the prognosis and the likely effectiveness of treatment."d

11

LEGISLATION VERSUS MEDICAL JUDGEMENT

Comment: Under the operation of the Common Law, we have not seen any malpractice suits against physicians or medical teams. Legislation can only increase the potential for malpractice suits if it tries to face the daunting task of defining personal, moral and medical guidelines into the objective absolutes of legal terminology.

STATEMENT 6

Existing laws protect the right of patients to refuse medical treatment and protect doctors who withhold or discontinue treatment that cannot benefit the patient.

It is a general belief that the solution to all society's problems is to legislate. It is not! The management of the person with terminal illness is a matter for skill and judgement by medical and nursing staff. The intervention of the processes of law make a mockery of both law and medicine.

Medical practitioners would vary in their opinion as to:

- the inevitability of the progression of a particular illness or injury to death;

- the imminence of death;

- the irreversibility of a condition.

For legislation to use terminology such as this and to attempt to define terms such as a 'fatal condition', 'temporary recovery', 'life sustaining procedure' would risk the creation of a complex and confusing legal minefield and thereby be a hindrance to proper medical care.

STATEMENT 7

To reduce the on-going process of proper medical care to a simplistic question of to treat or not to treat, demonstrates a dangerous lack of understanding. Subject to continuous diagnoses, specialist physicians and medical teams must consider the possible form, dosage, timing and combination of various treatments (potentially curative; palliative; or simply symptom controlling) in changing and uncertain situations which are as different as every patient involved.

STATEMENT 8

"The patient's desire in the matter is always paramount. If that desire cannot be expressed, then doctors do what they can to ascertain from close relatives what that desire would be. A team decision is then made on whether treatment should be continued. You cannot hope to define these situations in legal terms. Doctors are exceedingly sensitive to the problem already. These sorts of decisions are having to be made in intensive care units every day."e

STATEMENT 9

For current medical practice in regard to switching off life-support systems of irreversibly and terminally ill patients to be legislated would create a legal minefield.

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LIVING WILL LEGISLATION

STATEMENT 10

Living will legislation contemplates an open ended declaration made ahead of time authorising euthanasia with legislation attempting to define and dictate its uncertain interpretations. The living will would necessarily be a declaration made in ignorance of the infinite range of implications it may have in an infinite range of potential situations. It would necessarily be uninformed consent. A living will declaration would be akin to writing a blank cheque. Furthermore it may have been signed when a person was not immediately concerned with death and yet it becomes operative when the person is 100% concerned with death.

A RECENT CONSTRUCTIVE INITIATIVE - AN ACCEPTABLE DEFINITION OF DEATH

STATEMENT 11

"The recent adoption of Brain Death as a definition of death in the Human Tissue Act is of more constructive benefit to the promotion of good medical practice than any 'living will' legislation. There is a considerable body of scientific evidence supporting the concept that death occurs when a person suffers irreversible cessation of all brain function. The adoption of the definition has lent support to the increasingly accepted view among medical practitioners that good medical care involves the avoidance of heroic or useless treatment. The legislative adoption of the brain death definition provides assurance for medical practitioners that this attitude is correct. It also renders 'living will' legislation superfluous. The ascertainment of the scientifically and medically verifiable fact of death, thus avoiding the need to prescribe useless of heroic treatment, is far more preferable to the uncertain, subjective, inflexible 'living will'."f

TREAT DEPRESSION - YES

INDUCE DEPRESSION - NO

STATEMENT 12

With serious illness, a very important part of a health team's care is often to seek to keep up the hope and spirits of patients where periods of depression and feelings of uselessness arise. Increasing acceptance of the concept of euthanasia would inevitably run an accompanying risk of an increased tendency for the aged to be conditioned to fashion an image of themselves as not being particularly useful citizens; as being a burden.

The adoption of legislation for euthanasia and the feelings it will promote in our society risks increasing the difficulty, anxiety, distress and depression faced by patients when they are most vulnerable to the dangers of such thinking. Throughout our society and particularly to a person who is seriously ill, the existence of legislation for euthanasia would be supportive of an attitude to life that people are only of value when they can be seen to be benefit to society itself.

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Comment: To subtlety and insidiously undermine the self image of the vulnerable, the terminally ill, handicapped and disadvantaged people throughout our society is essentially TO DENY AND DESTROY THEIR DIGNITY. It is to deny that they are worthy of respect, honor and esteem. This is the opposite of our understanding of 'death with dignity'

PUBLIC FEAR FUELLED BY CONCENTRATION ON EXCEPTIONAL HARD CASES

STATEMENT 13

Within the general community there exists an excessive fear of incurable pain particularly in association with terminal illness. Often relatives of a patient perceive greater pain than that which is experienced and hold excessive fears for future suffering.

Acceptance of euthanasia reflects that part of our culture which cannot accept or understand illness suffering and death, and seeks to destroy that which it does not understand.

Increasing acceptance of euthanasia may proceed in our society because of misplaced compassion; the failure to overcome the confusion as to what is actually meant by the concept of euthanasia' and the concentration of exceptional rather than common situations and on situations which are more imagined than real.

It is a philosophical error to table the exceptional very difficult case as the basis for making a general principle for the ordinary case.

Comment: Public misapprehension and fears have been fuelled by the unfortunate sensational concentration of the mass media on hard but exceptional cases. This is made worse by the tendency this century for members of the public to be far less exposed to the experience of a person dying in their midst. We firmly believe a public education program is necessary, in addition to the promotion of hospice care and its accompanying philosophy. In contrast, legislation for euthanasia would generate more of the very negative, misguided and damaging fears upon which it is based.

HOSPICE CARE PROGRAMS - A NEGLECTED NEED IN AUSTRALIA

Comment: We hope that workers within hospice care programs will have provided information on the concepts and achievements overseas. In ATTACHMENT 1 we simply include an extract from an article in the publication "PALLICOM", Summer Issue 1985, by Dr. G. Coates.

From an economic viewpoint, the big advantage of hospice care is reducing requirements for much-needed and

expensive hospital beds. Valuable after-hours nursing care for patients dying at home is provided in Western Australia by the Hospice Palliative Care Service. Funding is received through the State Cancer Council. This service is unmatched and long overdue in Victoria where only private initiatives provide service on a very small scale.

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STATEMENT 14

The emphasis of palliative care techniques used in hospice programs is to control pain and distressing emotional symptoms rather than to fight the disease when it has been found that medical treatment of a curative nature is no longer of any avail and the terminal stage has been reached. The emphasis is then to relax the patient, to remove the distress, to give him or her the comfort of an empathetic caring community right to the end.

Dame Cicely Saunders espouses the ideal of the hospice movement; 'You matter because you are you. You matter to the last moment of your life and we will do all we can to help you die peacefully, but also to live until you die.'

STATEMENT 15

Hospice care using modern techniques and domiciliary specialist and palliative care programs are now known widely in Britain and North America but the enormous improvements in standards of care for those dying of progressive or incurable diseases have not yet reached the majority of people in Australia.

"Palliative care for the dying is a scandalously neglected aspect of health care in Australia."g

"Much preparatory work is being done on a voluntary basis but lack of finance has so far inhibited progress almost everywhere."h

THE ESSENTIAL TRUST OF THE PATIENT - DOCTOR RELATIONSHIP

STATEMENT 16

For a doctor or health team in the care of the dying, effective attention to a patient's needs is very much dependent on the quality and trust of the patient-doctor relationship. The trust of doctor-patient-family relationships is also fundamental to achieving the effective communication necessary if informed decisions are to be made. Judgements, decisions and opinions of doctors, patients and their families are very much dependent on another.

Legislation attempting to define appropriate medical practice risks placing restraints on the all important relationships of doctors and nurses with patients and their families. Legislation threatens to hinder proper medical care. A loss of trust in these vital relationships due to involvement of doctors in the termination of life would be to the detriment of patients; changing the role of nurses and doctors and leaving vital relationships irreversibly hamstrung.

EUTHANASIA: A PRETEXT FOR LIMITING CARE

Comment: Legislation, which would see physicians implementing decisions bringing forth intentional and deliberate inducement of death, would set back the prospects of improving the care of numerous patients. Consciously or unconsciously, this would have the effect of sweeping the problem of second-rate care 'under the carpet.' It not only eliminates patients who are really crying out for help but it also removes the need to improve the care of the dying.

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In view of the achievements of hospice care programs in the United States and Britain, Australia's efforts in this

direction have been shamefully inadequate.

UNDERLYING JUDGEMENTS BEHIND THE SUPPORT FOR VOLUNTARY EUTHANASIA IN HARD CASES

STATEMENT 17

When voluntary euthanasia is favoured by people in hard and exceptional cases, the favourable view is decisively linked with an accompanying judgement that the victim's condition is so irredeemiably wretched that it is fortunate for him to die. WITHOUT THIS JUDGEMENT THE SUPPORT OF VERY FEW WOULD REMAIN.

The consideration which is ultimately decisive in supposed justifications of euthanasia is not that the death is voluntary but that the person to be killed is believed to be fortunate of 'better-off' in being dead.

Attempts to justify voluntary euthanasia are dependent on an assumed ability to make a comprehensive judgement on the worthwileness of a person's life. But if such judgements are possible then they are possible in respect of subjects who are not asking or are not in a position to ask for euthanasia. The thrust of the case for voluntary euthanasia is in the direction of involuntary euthanasia. The connection is not merely logical, it is also historical.

HOW MANY LIVES ARE TO BE JUDGED NOT WORTHY TO BE LIVED?

STATEMENT 18

A logical consequence of legislation for euthanasia is that of an unreasonable pressure on the terminally ill and on disadvantaged people throughout our society. Once the principle of "a life not worthy to be lived" was accepted, we would then find that there would be a widening of the criteria to cover other disadvantaged people in our society. The question would arise "What about those who are mentally retarded?" "What about those with severe physical handicap?'

CARE OF THE NEWBORN DISABLED

STATEMENT 19

There is reason to fear that increasing pressure for quality of life evaluations in decisions about the handicapped newborn will also come to have a place in considering treatment of older handicapped persons.

Once one accords decisive weight to the supposed worthlessness of any human life (beyond a certain degree of handicap), there seems little basis for resisting eugenic and kindred policies of euthanasia.i

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Comment: We are horrified by:

the proposition that a person's disability is sufficient for them to be denied basic human rights accorded to us all;

the proposition that on utilitarian grounds, a person may be discriminated against on the basis of age and disability and denied basic human rights accorded to us all;

the proposition that a certain class of persons may be defined to be ineligible for certain human rights.

We believe that the abuse of human rights arising from the above mentioned propositions would be horrendous and could not logically be limited to any specified class of human beings.

A FUNDAMENTAL CHANGE TO HOMICIDE LAWS?

Comment: In law, homicide and murder depend on the intention to kill but not on the motive. Therefore legislation to see physicians intentionally seeking premature death as an objective would mean a fundamental change to

homicide law.

We have stated our belief that attempts by legislation to influence medical judgements would create a legal minefield simply in the area of medical practice. Whilst the wider legal implications of legalising some forms of homicide appear to be even more far-reaching, this is beyond our ability to comment on.

TERMINOLOGY/TERMS OF REFERENCE

Comment: Dying is generally a natural act and not the subject of free choice. We understand the use of the term 'a right' to imply something desirable proper, required by morality or duty. The term 'right to die' is therefore both confusing and prejudicial to any discussion, and yet it has been made central in the terms of reference for this Inquiry.

The 'right to die' must imply a right to be put to death more prematurely than would otherwise occur. As a right implies some proper or desirable duty or obligation on others, a right to die must be a right to be put to death by others!

'Death With Dignity' is unfortunately not the simplistic term it may initially appear. It can be ambiguous to the point of implying to different people, concepts which are diametrically opposed. To us, our group's stated aims would include promoting death with dignity in as much as we aim to see people live with dignity (worthy of respect, honour and esteem) until they die.

In contrast the terms of reference of this Inquiry narrow down this discussion to be concerned only with bringing forth intentional deliberate and premature death. This itself is a denial of our understanding of living and dying with dignity. It is a denial of proper care seeking to ensure that people 'live with dignity until they die'.

We believe the term 'a right to die' to imply a duty or obligation for others to deny our aim to seek respect honour and esteem until death. We find this in contradiction with the concept of 'a right' implying something desirable, proper, required by morality or duty.

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CONCLUSION

STATEMENT 20

To make voluntary euthanasia lawful would be an irresponsible act, hindering help, pressuring the vulnerable, abrogating our true respect and responsibility to the frail and old, the disabled and the dying. We should resist any effort to bring in any such negative uninformed and mischievous legislation.

Comment: As with all of the Statement Nos. 1-20 we believe that it is significant that such a clear and definite statement can so easily receive signed support from the range of people involved in the care of the dying (list of people at the end of this paper).

Good medical practice involves carefully shifting treatment emphasis. This is fundamentally a matter of medical judgement in unique circumstances after an expert assessment of the prognosis and available treatment options. It would be impossible for legislation to define personal, moral and medical guidelines into the objective absolutes of legal terminology. Any attempt to legislate appropriate medical decisions risks diverting a physician's attention from the necessities for this medical judgement. Any legislation for euthanasia will undermine the self-image of the vulnerable when their depression and emotional state require proper treatment. Such legislation would risk undermining the essential trust of the patient-doctor relationship and would risk increasing the damage done by public misapprehensions and fears of death and of medical treatment.

Legislation for any form of euthanasia would set back much-needed improvements to care as have been seen

through hospice care overseas. Any law change to remove the basic human rights of any group of disabled persons would inevitably result in abuses of human rights that could not logically be restricted.

RECOMMENDATIONS

Government support

for hospice care programs

for home care programs

for after-hours nursing support

for physicians, nursing staff and administrators to visit hospice programs in Britain, Canada and United States.

From an economic viewpoint, the big advantage will be a reduction in the demand for much-needed expensive hospital beds.

Peter Beriman

Convenor

Pieta: Understanding of Terminal Illness

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STATEMENTS NOS. 1-20 IN THIS SUBMISSION ARE PRESENTED WITH THE SIGNED SUPPORT OF THE FOLLOWING PERSONS ASSOCIATED WITH THE CARE OF DYING PATIENTS. (THEY OFFER THEIR SUPPORT AS INDIVIDUALS NOT AS REPRESENTATIVES OF ORGANISATIONS).

W.F. Law, Director of Nursing,

South Port Community Hospice Program.

Sr. J. Ginn, Sister, Administration & Director of Nursing,

R.G.N., R.G.M.,

Dip. App. Sci. (Nursing Management)

Dr. M.J. Leyden, Haematologist & Oncologist,

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T. Cole, Head Social Worker, Cancer Institute,

Dip. Soc., Dip.Soc.St., Dip.Soc.W., M.Sc. (Econ.)

J. Speechley, Ward Sister, Geriatric Centre, Mt. Eliza.

S.R.N.

K. Elmer, Clinical Nurse Co-Ordinator,

R.W., S.C.M.

Sr. M. O'Brien, Pastoral Care Co-Ordinator, Trained Nurse

L.C.M.

Further support from persons associated with hospice care programs is currently being sought. The names of additional signatories will be forwarded shortly as an addendum to this submission.

REFERENCES

a. 'Euthanasia - Compassion Or Cop-Out', Dr.J.Buchanan, F.R.A.C.P.

b. Ibid.

c. Ibid.

d. 'Dying With Dignity', N. Tonti-Filippini, Director, St. Vincent's Bioethics Centre Melbourne

e. 'The Herald', Dr. Bill Ryall, Medical Secretary, Australian Medical Association

f. 'K. Andrews, Barrister and Solicitor of the Supreme Court of Victoria

g. Dr. G. Coates, NSW Palliative Care Association

h. Dr. F'W' Gunz, President NSW Palliative Care Association

i. Working Party Report. The Linacre Centre for the study of the ethics of health care, London, 1982.

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Attachment 1.

Meeting The Needs Of The Terminally Ill

Gordon Coates

(An Overview Of The Modern Concept of Palliative Care)

During the last two decades there have been enormous improvement in the standard of care attainable for patients dying of progressive incurable disease, especially cancer (1).

The comprehensive type of care which has evolved has variously been called terminal care, hospice care or palliative care. The three terms are often used loosely as synonyms, though they highlight different aspects of care.

Unfortunately the improvements have not yet reached the majority of dying patients, especially in Australia.

There is already a large amount of published material in the field and I have tried to give at least one reference for each main point.

Principles

These are based on the published works of numerous pioneers. I think Dame Cicely Saunders (2), Dr. Elisabeth Kubler-Ross (3) and Dr. Balfour Mount (4) stand out in their respective countries, but they are not alone. From the work of these and other authors (5, 6, 7) I have extracted seven principles which I believe to be the hallmarks of modern palliative care, as developed and practised at centres such as St. Christopher's Hospice, London and the Palliative Care Unit at Royal Victoria Hospital, Montreal.

1. Patient-Centred Care

This means that the needs of patients AS PERCEIVED BY THEM are paramount. This concept provides a touchstone for discriminating useful input from wasted output. Three goals to consider at every stage of care are maintenance of the patient's preferred lifestyle, respect for the patient's philosophy of life and preparedness to allow participation by the patient in decisions which affect his care (8). It must be remembered that each case of

terminal disease involves not only the dying patient but also the family and key friends.

2. Holistic, Multidisciplinary Care

Holistic (9) care simply means care directed to the "whole person", which includes physical intellectual, emotional, social and spiritual aspects of the person. The inclusion of spiritual care may at first surprise some people, but is common for patients and families facing death to search for the meaning of their lives (10) - sometimes for the first time. This process of questioning and inner searching sometimes becomes as important to those involved as any other aspect of their existence. Encouragement and help with this process is often greatly appreciated as long as it is offered rather than forced and is practical rather than dogmatic.

Holistic care naturally requires input from a number of disciplines. A multidisciplinary palliative care team often includes a doctor, nurse, social worker and chaplain. In the absence of a full team, the same four areas of care remain important - in fact, roles can never be rigidly demarcated in modern palliative care.

3. Family Care - before and after the death

Not only is the "identified patient" dying, but his or her family is also in the process, inexorable and apparently hopeless, of being bereaved. It seems probable, on the basis of a number of studies, that skilled help at this stage can to some extent prevent the later tragedy of unsuccessful grieving, which might otherwise continue for the rest of the bereaved person's life. Even in cases where no special cause for concern is identified, every ounce of practical support and empathy given gains extra value from being applied at a time of great need.

4. Staff Care

One of the lessons we have been slowest to learn in palliative care is that care-givers need to care for each other as well as for dying patients and their families.

Good palliative care requires considerable emotional investment by all staff involved (8). Such emotional investment in the lives of dying and bereaved people is painful and may also stimulate the memory of a previous emotional pain which has not been fully resolved (11). A team which lacks a friendly and mutually supportive atmosphere is therefore likely to be unhappy, to deliver a poor standard of palliative care, and perhaps finally to disintegrate. Specific times should be scheduled routinely for the discussion of care-givers problems, and help from outside the team enlited when necessary (11). Both these remedies must be applied in a non-threatening way, and a friendly and co-operative atmosphere is just essential.

5. Home-based Care

This does not exclude in-patient care when necessary. Rather, the patient's home is the base for a continuum of care which may well have started in a general hospital and which can return there, or move to a specialist in-patient palliative care unit, or continue in the home until death, according to circumstances.

Such continuity will not be achieved unless the staff move with the patient. This requires much time spent in travelling when caring for patients at home. It is time well spent. It is also, in the economic sense, time well invested: It saves the costs of in-patient care, which can be ten times more expensive (12). During home care, it is very important that an in-patient bed be not only available but known to be available. Otherwise, the preference of dying patients for the homes they know and love (13) conflicts with the anxiety of patients and their relatives over their ability to cope at home (14).

6. After-Hours Care

Fear and grief often reach their peak during the night; death frequently occurs after hours; and severe pain which is

neglected until 9 a.m. is really little different from torture. 24 hour availability of care is thus absolutely essential even though the number of calls is not high. It is a daunting proposition, but in my experience after-hours calls are uncommon, and are usually due to acute severe pain or the death of the patient. Even if such calls were common, surely this is a time of life when patient and family need care of a very special kind.

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It is hard for the person on call to leave a comfortable bed, but it is harder for the patient to die of cancer, or for the relatives to lose a loved one.

7. Volunteer Care

Until palliative care is accorded the importance by the community that it deserves, there will be a chronic shortage of funds and therefore of paid manpower - and thus a constant need for voluntary work. Some of this is done by qualified health care professionals, either free or at reduced rates. On the other hand, a remarkable amount of it can be done by well motivated lay volunteers who are prepared to undergo suitable training courses and to work under supervision (15). This has emerged as a major feature of palliative care in England, America and Canada, and the current state of health financing suggests that it will be at least as important in Australia.

In concluding this consideration of the principles of palliative care, I would like to stress that while they define a "care" as distinct from "cure" system, changes in patient's condition may make it appropriate to return to more active treatment at any stage (16).

SUBMISSION 010 1

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67 Manifold St

Camperdown 3364 Vic

24.2.95

Members of

Legislative Assembly

Northern Territory.

I wish to express my alarm and strong disapproval of the proposed euthanasia legislation for the Northern Territory. I am 80 years old - and whatever is ahead of me it is not to have my life terminated - if I am a burden to Society - and this also is the way most of we oldies feel. I ask you to oppose this Bill.

Sincerely

(Mrs) Mary S Nicholson

SUBMISSION 011 1

22nd February 1995

11 Fort Street

Mount Waverley

Victoria 3149

The Clerk of the Legislative Assembly

of the Northern Territory

GPO Box 3721

DARWIN NT 0801

Dear Sir,

I wish to express horror at the proposed euthanasia legislation for the Northern Territory. THOU SHALL NOT KILL in any form is God's & men's LAW. Is the Northern Territory about to become a killing field?

I urge you to oppose the bill for God sake and for man's sake.

Yours sincerely

(Mrs) Niede North-Coombes

SUBMISSION 012 1

---

30 Fergusson Street

ANULA NT 0812

FEB.28, 1995.

TEL. 273845.

THE HON. ERIC POOLE MLA

CHAIRPERSON PARLIAMENTARY SELECT COMMITTEE ON EUTHANASIA

LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY.

SUBMISSION TO THE ABOVE.

DEAR MR POOLE AND MEMBERS,

I ENCLOSE HEREWITH A RECORDED VIDEO TAPE CONTAINING

(A) A.U.S. EDUCATIONAL PRESENTATION ENTITLED 'THE RIGHT TO KILL'

- 1989, 58 mins.

(B) AN AUSTRALIAN " " " 'EUTHANASIA'

- 1993, 23 mins.

(C) AN AUSTRALIAN VIDEO-TAPED TALK BY RITA MARKER

- approx. 1992, 45 mins.

(D) OFF-AIR TV REPORTS ON THE EARLY DAYS OF THE ISSUE. CH8, ABC, sbs.

IN THE SPIRIT OF THE BILL'S INTRODUCTION AS A PRIVATE MEMBER'S BILL I TENDER THIS SUBMISSION AS A PRIVATE CITIZEN OF TWENTY YEARS RESIDENCE IN THE TERRITORY. I TRUST YOU WILL FIND IT EDIFYING, EDUCATION, ENLIGHTENING, INFORMATIVE AND INSTRUCTIVE: INDEED, GENERALLY HELPFUL IN YOUR VITAL DELIBERATIONS ON THE ISSUES RAISED BY THE BILL CURRENTLY BEFORE THE ASSEMBLY, AND IN REACHING SOUND CONCLUSIONS MAKING

WORTHY RECOMMENDATIONS IN YOUR INTERIM/FINAL REPORT(S).

I WILL BE HAPPY TO ANSWER ANY QUESTION YOU MAY WISH TO RAISE ON THE CONTENTS OF THIS SUBMISSION.

SINCERELY, FOR LIFE,

THOMAS A. KIELY

Attached with submission Video entitled "The Right to Kill"

SUBMISSION 013 1

MRS R ELLIS

PO BOX 3577

ALICE SPRINGS NT 0871

3 March 1995

The Chairman

Select Committee on Euthanasia

GPO Box 3721

DARWIN NT 0801

Dear Sir / Madam,

RE: EUTHANASIA

Over the past eight years I have been in the unfortunate position of watching four (4) very close friends die of cancer.

There comes a time when treatment is no longer an option and the patient is kept alive in as comfortable conditions as possible. Morphine every few hours etc.

The patient has no dignity, no quality of life, are aware of the suffering of their loved ones and can do nothing to alleviate it. They wait in limbo for the end.

One of those friends actually begged me to try and do something about this suffering as he could see what it was doing to his wife and their child.

It was very painful to see him deteriorate further each day until he finally went into a coma where he whimpered most of the time.

He was in that condition for a period of 48 hours before the end came and it tore us all apart yet we could do nothing.

Why should someone suffer when they know the end is near and until the time comes all they have to look forward to is pain and more pain.

There is a definite need in the community for euthanasia.

It is not a decision I would like to have to make but is something that should be the option of the patient and the family especially in the case where there is absolutely no hope of any improvement to the quality of life.

I could not imagine what it would be like knowing I was going to die and then just waiting for the end.

Yours faithfully

ROSEMARY ELLIS **SUBMISSION 014** 1

Narrung SA 5259

9 / 2 / 95

The Clerk of the Legislative Assembly of the NT.,

Dear Sir,

This plea is really directed to all members of the NT Assembly. Please, we beg you do not condone any moves towards accepting euthanasia or any other attack on human life by legalising euthanasia or making abortion more legally acceptable.

We are sincerely yours,

(Mr & Mrs) J. & V. Berry

Narrung SA 5259

per V Berry

SUBMISSION 015 1

Mrs Jeanette M Fogarty

PO Box 183

Alyangula

Groote Eylandt NT 0885

20th February 1995

Member of the Legislative Assembly

Northern Territory

GPO Box 3721

Darwin NT 0801

Re : Euthanasia Bill

There are many reasons why we are against the proposed Euthanasia Bill, and we implore you to consider some of these arguments briefly listed below :

* People who feel they have become a burden to their family and society might request to terminate their life to make it easier for others, even if they themselves have the will to live.

* The 'scanctity of life' which permeates our society will be replaced by so called 'quality of life' as defined by a small group of people. A doctor's vow is to save life not assist in suicide or murder.

* Euthanasia opens the gate to 'economic euthanasia'. It can be feasibly seen that those who are terminally ill or

over a certain age might be denied drugs (this has already been talked about in the media, dismissed at this point in time).

* Legislation such as this is open to abuse - secret coercian, confusing decision making for those not to clear to make such decisions, financial gains. Although one would expect these situations to be in the minority, is it a risk we should take at all?

* From a christian viewpoint; we should not 'play God'. Some have turned to God towards the very end of their life - God continually reaches out to them to give them every opportunity for salvation. We should not take away these opportunities, painful as this may sometimes be. God values each person so greatly, we should not devalue the life, the person, He created. Life on earth is short, heaven is forever.

* This bill, if accepted, will open the gates to other, wider, views on where the line should be drawn to live or die.

Being against the Euthanasia Bill does not mean we are against providing medication to keep patients comfortable, even if it shortens life, nor does it mean going to extraordinary means to prolong life.

2

What we are against is the PURPOSEFUL TERMINATION, ending, of a life. We are against assisted suicide and murder.

Please make a stand against this bill for our and future generations.

I have attached a list of concern citizens who are against this bill and wish to have their voice heard.

Yours Hopefully and Sincerely,

Mrs Jeanette M. Fogarty

on behalf of some of us here on Groote.

(please note the names I have gathered were gathered in just one day - the 20th February, More time needs to be allocated to gain views of more people, better discussion, and better information)

Attached to the submissoin was a sheet with 15 signatures from Alyangula residents.

SUBMISSION 016 1

The University of Reading

Department of Philosophy

Reading RG6 2AA England

Direct Line: (01734) 318325

Fax: (O1734) 318295

Switchboard: (01734) 875123

14.2.95

ATTENTION: CLERK, NORTHERN TERRITORY HOUSE OF

ASSEMBLY

PLEASE COPY AND DISTRIBUTE TO ALL MEMBERS

THE FOLLOWING THREE (3) PAGES

FROM: MR. VINCENT TORLEY

DR. DAVID S. ODERBERG

2

14.2.95

TO: ALL MEMBERS OF THE NORTHERN TERRITORY HOUSE OF

ASSEMBLY

RE: PROPOSED EUTHANASIA LEGISLATION

Dear Member,

It has been reported in the press that a bill which would legalise voluntary euthanasia is being introduced to the Northern Territory House of Assembly this month. The bill is said to be based on euthanasia legislation in the Netherlands and the American state of Oregon.

Before you vote on the proposed bill, we would like to inform you about the Dutch experiment with voluntary euthanasia. Euthanasia advocates often cite the Netherlands as a shining example of a country where euthanasia laws work, and terminally ill patients can opt for death with dignity. Patients are said to be protected from the threat of coercion from relatives who want them to die, by strict legislation requiring patients to ask for active euthanasia several times, in the presence of a physician and other witnesses, before approval is granted. Physicians, in turn, are threatened with very severe penalties if they kill patients without obtaining their consent.

The reality, however, is that despite supposed legal safeguards, involuntary euthanasia is very common in the Netherlands. As proof, we cite the report of the Remmelink Committee, which was commissioned by the Dutch government in February 1990 to investigate the practice of euthanasia in the Netherlands, and whose findings were released in September 1990.

Since euthanasia advocates often make misleading claims on the basis of a selective reading of the Remmelink report, we would like to set the record straight, so that all Members can make a balanced judgment on the desirability of the proposed legislation for the Territory.

About 130,000 people died in the Netherlands in 1990. 2,300 of these people died as a result of physicians intentionally killing them at their request, by lethal injection. Another 400 people killed themselves with the assistance of their physicians. Supporters of voluntary euthanasia often quote these figures to support their claim that death by active euthanasia is relatively rare in the Netherlands, and that those who choose it do so freely.

Euthanasia advocates usually forget to mention that according to the Remmelink report, another 1000 people were put to death in 1990, without being asked. Most of these people were incapable of giving their consent, but a significant number were fully competent.

The situation is even worse. The report states that another 8,1000 people were killed by the administration of pain-relieving drugs which was intended to hasten their deaths. 1,350 of these people were killed by physicians whose primary intention in administering the drugs

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was to hasten the deaths of their patients. The remaining 6,750 people were killed by physicians who administered the drugs in order to relieve their pain, but who also intended to hasten the deaths of their patients.

We might add that although 27% of the 8,1000 people who were intentionally killed by pain-relieving drugs were capable of giving their consent, most (60%) were never asked.

You may wonder why these 8,100 deaths were not officially classified as euthanasia. The reason is that although these deaths were brought about intentionally, they were caused by drugs which are designed to relieve pain. So, the Remmelink report misleadingly lists these deaths under the heading "Alleviation of Pain Symptoms".

Finally, the report also reveals that another 7,875 people were killed in 19990 in the Netherlands, by withholding life support from them without their consent.

We have attached for your inspection a letter to The Lancent, dated 19 October 1991, by the Secretary of the Dutch Physicians' League, which authenticates the figures we have cited.

Since 1990, the situation in the Netherlands has degenerated. Many physicians circumvent the laws that regulate the practice of euthanasia there, by falsifying death certificates.

The lesson of the Dutch experience is that even with stringent lethal safeguards, voluntary euthanasia does not work. Once it is legalised, no law can protect terminally ill patients from those who think they would be better off dead.

As concerned Australian citizens, we ask you to heed the Dutch experience, listen to the advice of the Australian medical Association, and note 'No' to the proposed voluntary euthanasia bill.

Yours sincerely,

Dr. David S. Oderberg (B.A. (Hons), L.L.B. (Melbourne), D.Phil. (Oxford), Lecturer in

Philosophy, The University of Reading, England)

{Dept. of Philosophy, The University of Reading, Reading RG6 2AA, England]

Mr. Vincent Torley (B.Sc., B.A., B.Ec., M.A. (Melbourne))

Attached to submission was a copy of letter published in The Lancet, VOL 338:Oct 19, 1991 LETTER TO THE EDITOR.

SUBMISSION 017 1

J.B. HEAGNEY. B.V.Sc.

Veterinary Surgeon Phone

6 PARK STREET BELLINGEN 55 1023

BELLINGEN 22.2.95

The Clerk of the Legislative

Assembly of the Northern Territory

G.P.O. Box 3721

Darwin NT 0801

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

John Heagney

SUBMISSION 018 1

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6 Park Street

Bellingen NSW

22.2.95

The Chief Minister of N.T.

The Hon. Marshall Perron

C/- Parliament House

Darwin

Dear Sir,

I add my voice to the many who are opposed to the devaluing of human life by the proposed euthanasia bill.

Yours sincerely

Margaret Heagney

SUBMISSION 019 1

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2 Mitchell Street

Beaufort 3373

Victoria

The Hon Terence McCarthy

Parliament House

Darwin. N.T.

Euthanasia Bill

Dear Sir,

I am writing to ask you to give consideration to opposing the above proposed bill.

Relatives or society who don't want their comfort Zone disturbed will soon give aged relatives the "flick".

More money for and better aged care is the real alternative.

Yours faithfully

Gordon D McArthur

SUBMISSION ALSO SENT TO:

Mr Timothy BALDWIN, MLA

The Hon. Barry COULTER, MLA

The Hon. Shane STONE, MLA

SUBMISSION 020 1

17-2-95

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.

Your sincerely Mrs R Federico

SUBMISSION 021 1

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37 WALSH CLOSE

ILLAWONG

N.S.W. 2234

4 March 1995

SECTIONAL COMMITTEE ON EUTHANASIA

GPO BOX NO 3721

DARWIN

N. TERRITORY

Dear Sirs

As members of the N.S.W. Euthanasia Society we write in support of Marshall Peron's moves to introduce a bill into the N. Territory for the right of individuals to die with dignity.

It is wrong that citizens in all States do not have the same legal rights in regard to medical treatment and the making of directives for their own welfare.

Many GPs do not seem to have a sound understanding of best palliative care for those in terminal stages of illness. We have know friends and relatives who, at the end of good and useful lives, have been compelled to cling to life in pain and distress against their wishes.

The recent moves on Euthanasia in the Northern Territory and S. Australia are very welcome.

Yours sincerely

Diana & John Constable

SUBMISSION 022 1

K.J. & J.E. Symes

8/77 Queenscliff Rd.

Queenscliff 2096

5.3.95

The Committee on Euthanasia

G.P.O. Box 3721

DARWIN NT 0801

This is to support the legislation on Voluntary Euthanasia now before the N.T. Parliament.

The right to have ones life ended if that life has become unbearable due to excessive pain should belong to everyone. In most cases this would mean only a shortening of the life span by a small amount but would be an enormous relief to those suffering.

We who support the legislation only seek to have the right, and to extend that right to any who feel as we do, to have our life shortened. We do not, as do those that oppose us seek to impose our views on those who disagree with voluntary euthanasia. We do not seek to put any pressure on those who disagree with the practice but only plead our right.

Dr. Nelson, AMA President, fears that a small group of undesirable doctors may use the legislation to euthanise other than those who desire it. Such a person - if such exist -would probably do so under present legislation and if the proposed bill for Voluntary Euthanasia is passed would still be breaking that law.

If this law is passed in your parliament there is hope that NSW will follow suit.

Ken Symes

SUBMISSION 023 1

Bobbie Hardy

402/349 New Osuth Head Road

Double Bay NSW 2028

2.3.95

Committee on Voluntary Euthanasia Bill

PO Box 3721

DARWIN NT 5794

As an octogenarian & long time advocate of voluntary euthanasia, I want to register my approval of the N.T. Government's enlightened stand on this issue. You look like being a spearhead for change in this country & I wish your bill every success. In spite of a very vocal minority of opposition to the question of voluntary euthanasia, one that often threatens to drown out the voice of sanity & reason, there is a steady ground swell of support for the movement throughout Australia at the present time, & the Territory Government's action is most opportune in providing a focus for what I believe is a very important change in social direction.

For those of us who value quality of life above longevity & ask only when the time comes to be allowed to die with dignity, your bill is an inspiration & a source of hope for better things to come Australia wide.

Bobbie Hardy

SUBMISSION 024 1

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15 Pockley Avenue

Roseville

New South Wales 2069

1 March 1995

The Chairperson

Committee on Euthanasia

Parliament House

GPO Box 3721

DARWIN NT 0801

Dear Sir/Madam

I SUPPORT THE HON. M B PERRON'S BILL TO LEGALISE VOLUNTARY EUTHANASIA.

I disagree with Dr Brendan Nelson that palliative care and the discretion of doctors is sufficient to relieve the suffering of terminally ill patients. Palliative care cannot always relieve pain and cannot relieve the distress caused by incontinence. Many doctors would be reluctant to place themselves in a position in which they might face criminal prosecution.

Although I am not a resident of the Northern Territory, this bill could have the effect of facilitating similar legislation in the rest of Australia.

I hope that your committee will support the Hon. M B Perron's bill and that it will be put into law by your Legislative Assembly.

Yours faithfully

(Geoffrey B Stowell)

SUBMISSION 025 1

Ann J. Taylor

22 Parer Dve.,

WAGAMAN N.T. 0810

Dear Sir,

RE. PROPOSED PRIVATE MEMBERS BILL EUTHANASIA

This letter is to tell you that I am VERY strong in my beliefs that this Bill should not be passed.

I do not belong to any group...Right to life etc as I believe in the right for abortion, and in some instances I believe that some people are so evil that its a pity they take up space in this world, therefore perhaps I may not even be classed as a christian, however for the majority of people who have lived a decent life I believe they deserve a decent end.

Pallative care is what is needed....and education.

Like Mr. Perron, I witnessed the final days of my father, however the circumstances were so different, the outcome was the same however my father died perhaps in pain but maybe in peace and joy....who knows.

The difference was the hospital.

My dad had battled cancer for some 20 years and I lived in Qld. so for me it was always of a question of when do I go down? and the time came when I knew. He had been admitted to a hospital caled Pindara (gold Coast) and on my second visit Dad asked me to find "one of those Drs. who got it over and done with fast". I was horrified as I was terrified of how one went about finding these people....it was against the law wasn't it?

The staff at this hospital were just fantastic, and oh so many events took place, and my Dads journey to the New World took some 74 more days and a week before he passed on he asked if a specialist could give him an extension of time.

For myself those 74 days were incredible, I went thru every emotion possible, as I spent some 8 hours a day every day at the hospital and the staff were all saints, and so for me it was a learning experience. No mechanical intervention was allowed for my dad, correct pain relief prescribed by a specialist "pain manager" etc. however I was also aware of other peoples deaths and relatives reactions, and I knew there was a real need for education of "how to die" with dignity.

From my limited experience those who asked for the "quick way out" did so so that their familys would not be inconvenienced, they did not want to be a nuisence. Yes it is true that relatives and friends dont know what to say when they visit a dying patient.....it can be so terribly stressfull in trying to think of something to say.....Pindaras team helped all rellies and friends to feel comfortable.

And so on returning to the Top End I grieved for all those who do not have access to this service....yes we have a small Pallative care team, but what about a unit for the rellies who

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cant cope in the home situation.....I for one could not have coped without the love and support and physicall help available to me.

It seems terrible to me that after a life, an individual has to choose a quick exit order to save the living any trouble.

And who will decide for the many many cases of terminally ill who will not be classified as mentally competant? Althemisers disease.....what cruelty to inflict on so many people looking after "irrecoverables" who will not be able to avail of this situation legally.....to me we will fill up the courts with cases of rellies giving "quick fix" solutions who will believe that if it is O.K. for one type of situation the law will be on their side.....yes I would be compassionate however these cases will not be legal and so what do we do? Ammendments ammendments and changes to the law.....not next week ....but it will happen.

I say "No Law".....there are ways now if things get too rough.....the Dr. places a shunt in for medicall pain relief and if the patient just happens to push the pad too often no questions are asked....the Dr. and staff have no responsibility, the rellies do not question what happened etc. These Drs. are not assisting Death.....

I would also like to say that I have no doubt that public opinion polls will support Euthanasia.....of course most

people have not thought about "what would happen to me" and so this subject deals with fear.....speaking for myself I would not want to endure pain and be a nuiscence, however I think I would feel O.K. if I knew there was a good Pallative Care Unit to assist me and my rellies, but if this Law is brought in perhaps if I have to face terminal illness I would feel guilty for not accepting it to save taxpayers and friends the burden of whatever time was available, and so I ask you to consider all the implications of the Bill.....I believe it does not "consider the rights of the individual"....all it will do is to heap guilt on those who would prefer their loved ones attention and support to travel to the new world.

The world is changing.....too many latch door kids, families in stress due to the fact that most families have to have two incomes to keep up with whateve so many of our younger people are full of insecurities, divorce and abuse is on the increase, and our standard of life is very high, but is their quality?

I have listened to people like Tony Schell, and others who have fought the disease with strength and determination, they deserve the love and support but will this Law make them feel guilty for not "Copping Out" to save the rellies I think Tony said to the effect that he was not sure how his rellies would cope when his final days are close.....will he make this decision for his rellie or himself.....I can only wish him the services of a great hospital .... which Darwin does not have.....a hospital may have a great building, but in the end it is the staff who make a hospital...tents make great hospitals so long as there are good staff.

I have lived in Darwin for some 23 years, and raised 6 kids as a sole parent, and have set the scene for CLP voters for the future, however I am conducting a "one person" education program to attempt to educate them of the folly of this Bill, and the many terrible repucussions that will eventually emmanate in the years to come, and so I ask you to let God

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and the medicall profession do their job of dispencing mercy and compassion.....politicians on the whole do not have the training or experience to do this....

And I would like to know how you will vote on this subject,

Anne J. Taylor.

SUBMISSION 026 1

6th March 1995

Hon. E H Poole, MLA

The Chairman

Select Committee on Euthanasia

GPO Box 3721

DARWIN NT 0801

Dear Sirs' & Madam,

I have no idea of your constituents are entitled to put forward their views to you, the Committee on this subject but it would be appreciated if you would do us the courtesy of reading our letter.

Yes! we do have a copy of the "Rights of the Terminally Ill Bill 1995" plus copies of the speeches Mr. Marshall Perron tabled to you all in the Assembly.

It is our opinion that it takes a great leader with courage and wisdom to put forward such a bill, the likes of which we haven't seen in years!! The man should be given a medal for services to Humanity: Not have to sit in the Assembly and be subjected to the stupid nonsense from those **CLOWNS** who think he is in this for Political gain!

During my career (and I've done a bit in my 18 years in the workforce) I spent 10 of those as an Ambulance Officer, both here in the Northern Territory and "doing my apprenticeship" in Tasmania under the Northern Tasmanian Districts Ambulance Board. During that time I have witnessed many things some **I PRAY I WILL NEVER SEE AGAIN.** I spent the first 3 years (from the age of 17) working (apart from the odd MVA thrown in to see if I could cut it) with Terminally Ill patients. You people who sit in your million dollar white building overlook the harbour have **NO IDEA** of the pain, the suffering, the sheer torment that the body has to sustain until one finally passes over into the next life.

You can't know or comprehend the grief, anguish and sadness of the Families, having to observe their loved ones wasting away before their eyes. I hadn't expected to see this !! This most certainly wasn't why I joined the Service. I joined to Preserve Life, to promote recovery and to prevent the injury from becoming worse: This moral code of the Ambo's to Preserve Life, took on a whole new meaning for me when Matron after Matron, Sister after Sister told me that in order to "preserve life" it meant catheters, tubes, IV drips, drugs morphine, more drugs, the scream of pain, an overcrowded, understaffed public hospital system, more morphine to send them back into the cosmatosed state: all to the sound of machinery chugging away in the background: and this I was told was the "best quality of life we can given them" whilst vomiting everywhere and begging and pleading for it all to end, having no control over faeces and bladder, whilst the patient is gasping for air: Nursing staff doing there best to assist the patient, whilst the distressed Families being powerless to do anything, but watch and look at this pitiful sight before the eyes, ***and this was on a good visit***!!! This went on all those years ago, and it is still gong on NOW.

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When are you people going to get a grip on **WHAT REAL LIFE IS LIKE FOR THESE PATIENTS.**

Yes, I understand the "Right for Lifers" and the Religious Fraternity see things differently **BUT** that's there **CHOICE** if at the end of the road they wish to end up in a situation as I have described above **LET THEM!! DO NOT SUBJECT THE REST OF THE WIDER COMMUNITY TO THIS, AS THIS IS CERTAINLY NOT OUR CHOICE.**

Mr. Marshall Perron's Bill is all about **INDIVIDUAL CHOICE**, nothing more, nothing less.

Please for goodness sake, **LET THE BILL BE PASSED**. It will give us the basic right to choose. This is after all a democracy isn't it???. You people are **NOT** in your positions to represent your Religious, Moral, Ethical or whatever other view you are there to represent **YOUR PEOPLE: PLEASE GIVE YOUR PEOPLE THE RIGHT TO CHOOSE.**

It is as simple as that.

Yours sincerely,

Julie Fawcett & Brent Josling

74 Kalymnos Drive

KARAMA NT 0812

Phone: 45 4646

SUBMISSION 027 1

Michael Youssef

Peter Francis Adamson 75 Terry Rd

Legislative Assembly Eastwood NSW 2122

GPO Box 3721

Darwin NT 0801 4 March, 1995

I am concerned at the growing pressure to accept euthanasia in our society, particularly with the proposed legislation in the Northern Territory to allow lethal injections to terminally ill patients.

Our most vulnerable members of society - the terminally ill and the elderly - need care, not killing. I am sure that, if this legislation is passed, the so-called "right to die" will eventually be seen as a "duty to die" for those who are considered by some to be a burden. We have seen this happen in Holland.

Please oppose any move to legalise euthanasia and uphold the dignity of human life.

Yours sincerely

M. Youssef

SUBMISSION 028 1

Colin D. Crago,

33 Plumbago Crescent

ALICE SPRINGS. 0870.

Mrs. L. Braham,

Member for Braitling,

17 Battarbee Street

ALICE SPRINGS. 0870

2nd March, 1995.

Dear Mrs Braham,

Re: "Rights of the Terminally Ill"

I am glad that this legislation has been referred to a Parliamentary Committee. I would like you to please convey the text of this letter to that Committee.

The Community has long held the basic tenant of the Sanctity of Life. Life is precious and as such is the greatest possession anyone has. Without it they posses nothing. The onset of modern medical development that now prolongs life, sometimes in a form that is so painful it can only provoke a desire to die, is no reason to help someone end their life.

There already exists, and rightly so, the right to turn off artificial life support mechanisms. If a patient is living by their own will, and not by artificial means, then it should not be the prerogative of anyone to take this persons life away.

There are far too many cases of people who report amazing recovery from diagnosed fatal maladies to proclaim the

infallibility of one, two or even three physicians in all cases.

Marshall Perron's bill, as I understand it, gives the right to two concuring doctors to pronounce the death sentence on anyone they choose. The only criteria being their interpretation of the patients wishes to die. This is open to far too much abuse.

Currently it is rumour, particularly in U.S.A, that money is being paid and people are being killed to facilitate organ transplants. If such mercenary practises are actually happening already, it is easy to see that mercenary attitudes could prevail in situations with life termination of elderly or impaired patients. Even if the two doctors are not involved it can easily be seen that unscrupulous relatives could prevail upon a parent to a point where they are persuaded to "end it all".

If 20th Century human beings have become so impervious to the traditionally held value of life what might the future hold?

The prospect that it is the N.T. Government deciding this issue is also alarming. 24 people is far too small a number to make such a landmark decision. At the very least it should go to a

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referendum. Perhaps it would be better to wait until some of the more populous states have debated the matter. A positive decision upon this bill could also mean an influx of people being brought here to die in much the same was as the first states to legislate abortion received an influx of women seeking such services. With the abuses outlined above likely to be even more prevalent in such a people movement it is surely better to postpone passing such a bill.

If the extremity should arise where it is decided that terminally ill people are to be given the right to be killed then surely there must be a better way of deciding it than the decision of two doctors. All other deliberations about killing are made in a court of law - this should be no exception.

Thank you for taking the time to read this.

Yours sincerely,

Colin D. Crago.

SUBMISSION 029 1

Steve Etherington: Submission to Select Committee on Euthanasia 8/3/95

SUBMISSION TO SELECT COMMITTEE ON EUTHANASIA

LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY

Abstract of Submission

The overwhelming majority of the Aboriginal quarter of the Northern Territory's population do not speak standard English as their first language. This, with the physical and cultural isolation of most Aboriginal communities will greatly hinder the process of debate among Aboriginal people before the bill is presented. Should it then become law, this lack of awareness will render highly problematic the application of that law to terminally ill Aboriginal patients, exacerbating the already complex picture of Aboriginal health care.

As well there are some indications that Aboriginal people will not necessarily support the proposed legislation in the same proportion as will be the case for the rest of the community. I therefore urge the committee to recommend to parliament that (1) the time for the process of community discussion be lengthened substantially before the

legislation is presented; and (2) that the draft legislation be circulated widely in non-English speaking community groups in a simplified English form as soon as possible.

My background

I have worked with Kunwinjku people since 1977 in a bilingual education projects, dictionary works and literacy projects, and am presently working as Bible Translator, Linguist and Co-ordinator of the Kunwinjku Language Centre. I have no affiliation with Right to Life or any other organization involved in the current debate about euthanasia. I have no political associations. My standing in making this submission is based on the fact that my expertise in the language, and close involvement with the same community over eighteen years, means that I am in daily conversation with a number of Kunwinjku speaking Aborigines on a wide range of topics. I am often asked to comment upon, and interpret, proposed laws and other aspects of the mainstream society that impinge on Kunwinjku people. I believe I can accurately assess the level of information accessed by Kunwinjku people through the limited exposure they have to English language media, which is for them a foreign language talking about a foreign culture.

The Problem

I am convinced that in the matter of the proposed euthanasia law, as with every other matter that is discussed widely in the *English speaking* parts of the NT community, the Kunwinjku people are effectively denied access to and participation in, the debate. I believe the same comment is true for many other non-English speaking groups in our society. I am convinced that most non-English speaking Aborigines in the NT are being denied the opportunity to make an informed response to this proposed legislation.

I understand that the committee's role is to act as conduit for responses from the public, and I concede that this may not imply a responsibility to facilitate the debate. Indeed, I realize the unfortunate communication situation I have described is the same for the public discussion of most other issues in Aboriginal communities, for example various local enquiries by the Liquor Commission. However, this particular bill is of such an extraordinary nature, and its

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effects so particularly likely to produce problems when applied to Aboriginal people, that I feel some special care is needed on the part of this committee in sponsoring and monitoring the public discussion.

I understand the committee is arranging to visit a couple of Aboriginal communities, and I commend the motivation behind this. However, the people you will listen to in these situations are not able to represent a general opinion or even range of opinions within those communities, since there will have been virtually no informed debate. The reason for this is firstly that there has not been enough time. Access to mainstream electronic media is a very restricted, and print media are late arriving and expensive. Even when the media bring information to such communities, or it arrives by other means, it has to be translated and disseminated locally by a very few competently multi-lingual individuals. What is needed to make possible a truly general discussion (of the kind we are now having, say, in Darwin) is the availability of the proposed bill in the local language, or at the very least in a simplified English form.

As non-English speaking members of the electorate, some Aborigines could argue that they have been discriminated against should discussions of such a significant bill be carried out without equality of language access. As members of primary oral cultures, debates of such paradigmatic nature are slowed rather than accelerated, maintaining the distinction between what is merely urgent and what is deeply important.

Recommendations

(1) The committee should press parliament to extend the time allowed for public debate, proposing at the least, that

the bill not be presented in 1995.

(2) The committee should produce and distribute a suitably modified "simple" English translation of the proposed bill. This should be done as soon as possible, and certainly in the first half of this year, to avoid the debate in non-English speaking groups falling too far out of step with the mainstream. This modified English version would not have the legal standing of the draft legislation, but could have the status, under the imprimatur of the committee, of an explanatory gloss to be used with the proposed bill. In practice, it would need to be exact enough as to content so that the intention of any aspect of the original proposed bill will not be distorted.

I am willing to put this case personally to the committee in a little more detail, and would be happy to assist without charge in the preparation of both a simplified English version of the bill for general circulation, and for its translation into Kunwinjku.

Steven Etherington

Oenpelli NT 0822

Ph 790 066 Fax 790 128

SUBMISSION 030 1

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311 Elizabeth Drive

Mt. Pritchard. NSW 2170

5th March '95.

Chairman

The Committee on Voluntary Euthanasia

G.P.O. Box 3721

Darwin

Dear Sir/Madam,

May I bring the following points to the attention of the Committee in your review of the subject of Voluntary Euthanasia.

(1) Voluntary Euthanasia (VE) is not an issue of 'killing' as the oponents of VE claim it to be. In commiting any act what matters is the 'action - intention'. For example the act of sex could be termed the ultimate expression of love between two human beings who are in love while, on the other hand, the same act if forced on a person becomes rape which is gross violence on an individual. The determining criterion on these instances is the 'action - intention' although the basic physical act is the same.

Similarly, VE does not amount to 'killing' as the oponents of VE claim. The action - intention in VE is bringing relief from intense suffering to an individual which is an expression of compassion & love and certainly not the murderous instincts of a killer.

(2) Every time an opinion poll is taken on this subject, a vast majority of the population (around 4/5ths) indicate that they are in favour of VE. However, the minority view seems to be forced on the society which makes the situation grossly undemocratic.

Thanking you for your consideration,

Sincerely,

(A.M. SAMARA SINGH)

SUBMISSION 031 1

7th March, 1995

The Chairman

Select Committee on Euthanasia

The Hon Eric Poole MLA

Parliament House

Mitchell Street

DARWIN NT 0800

Dear Mr Poole,

Re: *Rights of the Terminally Ill Act 1995*

I would like to present to your committee my views on the proposed legislation to legalise active euthanasia and physician assisted suicide.

I am a specialist physician and in my vocation I frequently care for the terminally ill. I have been doing this for the last 15 years. During my post graduate training I spent quite a time working in oncology and related disciplines which gave me exposure on a daily basis to people suffering and anticipating death. The vast majority of terminally ill patients quitely accept the course of nature; only a few have asked me to prematurely end their lives. Those that ask usually do so for one of two reasons; fear of uncontrolled pain or concern about being a burden to their families. In those instances where people have asked me to end their lives I have always, as an alternative, been able to offer effective palliation and reassurance that they are not a burden. In my 15 years of medical practice I have only seen one terminally ill patient in whom pain was not controlled. This man, to the best of my recollection, did not ask for euthanasia and near the end of his life pain relief was eventually achieved. In the time that I have been practising there have been many advances in palliation especially in the area of pain relief. It is my belief that although death is unpleasant adequate palliation is available and people need not fear the process of death.

There is a widespread belief that modern medicine practice prolongs life as long as possible even when suffering is great and there is no ultimate cure. In general this is not the case. In my own practice if a patient has a terminal illness and is unable to enjoy any aspect of their life I withhold extraordinary measures. It is hard to be precise as to what "withhold extraordinary measures" means but as a rule treatment would be limited to relief of distressing symptoms (eg pain, vomiting, incontinence, breathlessness) and provision of sustenance (drink, food). If an intervening condition arose (eg pneumonia) which was likely to hasten the patients death this would not be treated. These decisions are by and large a matter of common sense and are only undertaken with the consent of the patient and family. In the course of providing symptomatic relief, say of pain with high dose intravenous morphine, the treatment might accelerate death. Some call this passive euthanasia; I do not as the intention is relief of suffering, not the ending of life. Most of my colleagues deal with terminal illness in a similar manner.

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With adequate palliation available and this common sense approach to terminal illness there is, in my view, no need for active euthanasia.

I have read that approximately 60% of all medical practitioners in NSW and Victoria support active euthanasia. I have no reason to disbelieve this statistic. However it is my observation that those doctors most in favour of euthanasia often have the least dealings with dying patients. There is published evidence which confirms this observation1. I have informally surveyed most of the senior specialist staff of Royal Darwin Hospital seeking their position on euthanasia; only two off 18 (11%) were in favour (these two have little dealings with dying patients). None of the senior clinicians directly responsible for the care of dying adults and children support active euthanasia.

All the senior medical staff at Royal Darwin Hospital are agreed on the following: It is mandatory that society and Government in particular provide a public health service which allows the patient the best medical and palliative care. If best medical and palliative care are not available then people may seek euthanasia with some justification. At this point in time within the NT there are important deficiencies in both palliative and curative medical services and the supportive institutions (Nursing Care Homes and Hospices). The most obvious of these being the absence of any form of radiotherapy. Radiotherapy is a vital part of palliative care especially in the provision of pain relief. Likewise there is no hospice nor any substitute such as dedicated rooms for terminal care in Royal Darwin Hospital. Curative services also must not be ignored as a cure now avoids the question of euthanasia in the future.

I would also like to address the moral and ethical issues. The proposed legislation is a major departure from an well established ethic within the Western world. This ethic survived many centuries even though pain relief and other forms of palliation were nor available. It is only in modern times that effective palliation has become available. Pain control (or lack of), whilst important, was not seen by our forebears as the important issue. The moral questions were paramount. I am aware of the ethical and moral arguments for and against active euthanasia; both views have substantial merit and I cannot provide the definitive moral and ethical answer! The crux of the matter, to me, hinges on which is more important; the principle (right) of individual autonomy or the principle of sanctity of human life? My view is that the sanctity of human life is preeminent. The worth of life is under such great threat in the present day (Rwanda, Bosnia, Central America, etc) that our society must vigorously affirms its absolute value.

I am worried that legislation of euthanasia will be but the first step to performing active euthanasia on unwanted members of society (the so called "slippery slop argument"). The reassurances given by proponents of active euthanasia have not convinced me. Civilised societies similar to our own have sanctioned the termination of unwanted life in recent history (Germany, Romania, USSR). It is not beyond my credulity to believe that with some quirk of history our society might "slide down the slippery slope" if euthanasia is introduced.

Even putting aside the ethical issues there are important procedural difficulties with active euthanasia. The issue of consent will be difficult. It is my professional observation that ill people sometimes make precipitous and bad decisions which they later regret. Illness by a variety of mechanisms interferes with normal thought and decision making hence the true

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wishes of the patient are sometimes difficult to determine. Consent may also be the product of subtle pressures; for example the sick and elderly are likely to feel obligated to take some course of action because they are or will become burdensome to their families. In my experience this is not uncommon. If termination of life is at stake there must be no doubt as to the true intentions of the patient; I think there would be problems assuring this.

I do not support euthanasia and would strongly urge you to reject a bill allowing such a practise. People can be reassured that death, whilst not welcome nor pleasant, need not be feared because there is relief available for attendant pain and suffering. There are important values for which our society stands; the inestimable value of human life needs to be reaffirmed.

Yours sincerely

James Burrow MBBS FRACP

Senior Specialist Physician

Head

Division of Medicine

Royal Darwin Hospital

1. Cohen JS, Fihn SD, Boyko EJ, Jonsen AR, Wood RW. Attitudes toward assisted suicide and euthanasia among physicians in Washington state. New England Journal of Medicine 1994; 331: 89-94.

SUBMISSION 032 1

M O N A S H U N I V E R S I T Y

CENTRE FOR HUMAN BIOETHICS

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Deputy Director: Prof . Singer - 905 4270

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Select Committee on Euthanasia Fax: 906 3279

Legislative Assembly of the Northern Territory

GPO Box 3721

Darwin NT 0801

march 9, 1995

Fax No. 089-816 158

Dear Ms. Hancock,

Thank you for your fax of March 8, and for making the relevant travel arrangements for me. I look forward to meeting with the Committee at 9.30 am on Monday, 20/3.

As requested, I attach a brief biographical note. I am forwarding the original of this letter, as well as some information on the Centre for Human Bioethics, by mail.

Yours sincerely

Helga Kuhse

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BIOGRAPHICAL NOTE

Helga Kuhse, Ph D, is Director of the Centre for Human Bioethics, and Program Director of the Institute of Ethics and Public Policy at Monash University.

Since joining the Centre in 1982, Dr. Kuhse has published more than a hundred articles on various topics in bioethics in professional journals and books. She is the author or editor of the following books: *The Sanctity-of-Life Doctrine in Medicine - A Critique*, Oxford University Press, 1987 (German edition 1994); *Should the Baby Live? The Problem of Handicapped Infants* (with P. Singer), Oxford University Press, 1985 (German translation (1993); *Embryo Experimentation,* (with P. Singer *et. al.),*Cambridge University Press, 1990; *Individuals, Humans, Person* (with P. Singer), Academia, 1994, and *Willing to Listen - Wanting to Die*, Penguin Books, 1994 (Japanese translation forthcoming).

Helga Kuhse is editor of the Centre's quarterly publication, *Monash Bioethics Review,* and, with Peter Singer, editor of the international bioethical journal *Bioethics.* She is a member of the editorial board of the following international journals; *Bioethics - Revista interdisciplinare; Global Bioethics; Cambridge Quarterly of Healthcare Ethics; the Journal of Maternal-Fetal Medicine, Ethik und Sozialwissenschaften* and the *Eubios Journal of Asian Bioethics*.

Dr. Kuhse has been a Consultant at the Human Rights Commission Australia on their Occasional Paper No. 10: *Legal and Ethical Aspects of the Management of Newborns with Severe Disabilities*; Consultant to the Victorian Government on their *Inquiry into Options for Dying with Dignity*, and has been the recipient or co-recipient of various Government research grants, totalling more than $800,000.

She is currently a member of the ethics committee of the Royal Australasian College of Physicians; the Monash University Medical Centre; the Mornington Peninsula Hospital; and the Australian Council for Educational Research.

Helga Kuhse is widely known in the national and international bioethics community and a frequent speaker at national and international Conferences. She is a co-founder and now Member of the Board of Directors of the International Association of Bioethics.

She is also the Past-President of the World Federation of Right to Die Societies, and of the Voluntary Euthanasia Society of Victoria.

Enclosed with submission:

Leaflet entitled 'THE CENTRE FOR HUMAN BIOETHICS", Australia's National University.

Monash Bioethics Review Vol.13 No.4 October 1994, Editor Dr. Helga Kuhse - A quarterly publication of the Monash University Centre for Human Bioethics.

SUBMISSION 033 1

The Chairman,

Select Committee on Euthanasia,

GPO Box 3721,

Darwin N.T. 0801.

Dear Mr Chairman,

I wish very strongly to support the Rights of the Terminally I11 Bill 1995. The Bill is one of the best of the many similar proposals I have seen in my long experience in the field of medical ethics and it will, if enacted, be seen as a landmark piece of legislation not only in Australia but in the world at large.

I attach a paper of my own, together with a copy of a chapter from my book Bioethics in a Liberal Society (Cambridge University Press, 1993). Both provide a justification of the position which is of the essence of the Bill, namely that a competent person has a strict moral right to determine the manner of his or her death in the same

way as he or she has a right to determine the manner of his or her living. l also attach a summary curriculum vitae as evidence of my experience in medical ethics.

I might mention that, although I am a member of the Catholic Church, l disagree (along with many other Catholics) with the present 'official' view of Church authorities on assisting terminally ill patients to exercise their right to end their lives. This view allows patients to refuse treatment when it is burdensome or pointless even when it is certain that this refusal will cause their death. But then, inconsistently, the official view prohibits patients from asking for active assistance to help end their lives.

In actual fact, the removal of life-sustaining treatment in the certain knowledge that this will bring about the patient's death is the cause of the patient's death just as much as active assistance (for example, through a lethal injection) would be. If the first is justifiable, then so is the second.

In my view, the traditional Catholic doctrine that each person must follow the dictates of his or her own conscience is a surer guide in matters of death and dying.

l would be happy to answer any questions your committee might wish to put to me.

Yours sincerely,

Emeritus Professor Max Charlesworth, AO.

2

DYING AND THE LAW

Max Charlesworth

1. Legally speaking it is very difficult to die in the manner one chooses. At first sight it might seem self-evident that a person should be able to choose to end his or her life in the manner he or she chooses. Even if it were thought that, on religious or other grounds, deliberately taking one's life is immoral or sinful, a decision to end one's life is, prima facie, so pre-eminently a private or personal one that it should be outside the reach of the law. If the law should primarily be concerned with acts that directly and clearly harm other people it is difficult to see how my decision to end my life (either by refusing treatment or by taking active means) can be seen as harming others. In short, there seems to be something paradoxical in legally coercing, directly or indirectly, a person to remain alive against that person's will.

2. The classical ethical arguments against suicide are an ill-assorted lot: (a) suicide is 'unnatural' since it goes against our 'natural inclination' to preserve our lives; (b) suicide is the ultimate expression of moral cowardice; (c) suicide is a hubristic attempt to 'play God' since a person's life is God's gift and only God has the authority to decide when that person should die; (d) suicide deprives the community of the services of a citizen; (e) social toleration of suicide weakens the community's perception that human life is 'sacred'.

Whatever one may think of the first four arguments against suicide, it is really only the last one which could possibly provide a basis for the State, through the law, intervening to prevent or discourage people committing suicide. Thus the majority opinion in the US case Cruzan v Harmon (1988) referred to the 'immense, clear fact of life in which the State has a vital interest'. In other words, the State may intervene because it has a vital interest in safeguarding respect for human life and, so the argument goes, permitting suicide (whether self-inflicted or assisted) would seriously diminish respect for human life.

I do not, myself, think that this is a very good argument since what is in question here is my right, as a person, to decide for myself when and how I want to end my life. As I said before, there is surely something paradoxical in the State saying to me :'You claim that you wish to end your life but we, the State, have such a "vital interest" in preserving human life that we will prevent you from taking your life and from requesting assistance from others to

end your life. We will, in effect, legally coerce you to remain alive against your will. In other words, in the name of respecting human life we refuse to respect your personal and conscientious decision to die in the manner you choose'!.

3. The present legal situation vis-a-vis suicide is extremely confused: (a) while suicide or attempted suicide is no longer a criminal offence in most Australian jurisdictions, assisting suicide is still a serious offence under the various Crimes Acts; (b) while it is now recognised by the courts that there is no legal duty on a doctor or other health- carer to attempt to keep a patient alive at all costs so that in certain circumstances treatment may not be given to a patient or may be withdrawn even though this results in the patient dying, there are no clear or legally accepted criteria for the withdrawal of treatment. As a consequence, a doctor refusing treatment or withdrawing treatment may very well be charged with manslaughter. (c) While medical treatment legislation in three Australian states allows patients to refuse medical

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treatment even where this is likely to result in their death, it would seem that a doctor may over-ride the wish of the patient if the patient's refusal of medical treatment may reasonably be construed as a attempt to commit suicide. In that case, it has been argued, the doctor would no longer be withdrawing treatment and letting the patient die, but would in affect be assisting the patient's suicide attempt. (d) While medical treatment legislation allows patients to refuse treatment even where this will result in their death, there seems to be little hope of introducing legislation in Australia which would permit patients to ask for active help in bringing about their death. One may let a patient die by withdrawing treatment but any more active help is construed as assisting suicide or as 'killing'.

4. I would like to discuss some of these issues by looking at the Victorian Medical Treatment Act ,1988. The Act is in many ways a remarkable piece of legislation; even though it introduced a radical change in the way in which the law views death and dying it appears at the same time (despite the fears of some that it was the first step on a slippery slope) to have won a great deal of community acceptance and tolerance. (The Medical Treatment Act was later complemented by the Enduring Power of Attorney (Medical Treatment) Act 1990 which enables an adult person of sound mind to appoint an agent who can refuse medical treatment on behalf of that person when he or she becomes incompetent to make a decision about medical treatment.) legislation emerged from a Report of the Victorian Parliamentary Social Development Committee on Dying with Dignity. This Report, which had bipartisan political support, canvassed the central ethical and social issues to do with death and dying and began from the premiss that there is already an enforceable legal right at common law to refuse medical treatment .This legal right is derivable from the right of persons not to be unlawfully subjected to assault or battery, and the legislation recommended by the Report was meant to formalise and classify the common law right.

The Act provides for a patient who wishes to refuse treatment for a 'current condition' to sign a 'refusal of treatment certificate which must be witnessed by a doctor and another person' (s.5). 'Palliative care', however, may not be refused. "Palliative care' is defined as 'reasonable provision of food and water' and 'reasonable medical procedures' for the relief of the patient's pain ad suffering. It is worth noting that the Victorian Act is not limited to terminally ill patients since medical treatment may be refused by a patient in any 'current condition'. In this respect the Victorian Act differs from the South Australian Natural Death Act 1983 which applies only to those suffering from a 'terminal illness'.

Under the Victorian Act the patient's refusal of treatment certificate must be witnessed by a doctor and another person who must be satisfied that (a) the patient has clearly indicated a decision to refuse treatment; (b) the decision was made voluntarily and without compulsion; (c) the patient has been given sufficient information to enable him or her to make an informed decision to refuse treatment; (d) the patient is of "sound mind" and is at least l 8 years of age. If these conditions are met it is then an offence - the offence of 'medical trespass'-for a doctor to give a patient medical treatment which has been refused under the certificate. Conversely, a doctor who withdraws treatment in accordance with the patient's certificate is exempt from both criminal and civil liability.

5. A number of criticisms have been made of the Medical Treatment Act ,the main one being that it is at odds with provisions of the Victorian Crimes Act 1955 (s.463 B) concerning

suicide and assisting suicide. In Victoria, as already noted, a patient who attempts to commit suicide or who succeeds in committing suicide attracts no criminal liability. (In the past in some jurisdictions the property of a person who committed suicide was forfeited the Crown.) But under s. 6B (2) of the Victorian Crimes Act any person who either counsels, aids or abets any other person in the commission of suicide or in an attempt to commit suicide is guilty of an offence and liable to imprisonment for a term of 14 years. If therefore there were reasonable grounds for believing that the refusal of medical treatment was in effect a means of promoting a patient's wish to commit suicide, a doctor might be held liable in acceding to the directives of a refusal of treatment certificate. In other words, the doctor must distinguish between the patient who says in effect: (a)'Withdraw such and such a treatment even though I know quite certainly that this will bring about my death as a consequence', and (b) 'Withdraw such and such a treatment in order to assist me in committing suicide'. If the doctor refuses the first request, made in due form, he is guilty of medical trespass. If, however, he agrees to the second request he is guilty of the crime of assisting suicide.

The difficulty of making such a fine distinction is well brought out in the recent (1989) Victorian Supreme Court case In Re Kinney. (I use the summary give by Professor David Lanham in 'The Right to Choose to Die with Dignity', 1990, 14 Criminal Law Journal, 401. For a critical discussion of the judgment by Fullagar J., see Loane Skene, 'The Fullagar Judgment' (1989) 14 Legal Service Bulletin 42. See also the excellent study by David Lanham, Taming Death by Law, Longman Cheshire, 1993).)"Mr Kinney who was awaiting trial on a murder charge took an overdose of drugs and became unconscious. The Guardianship and Administration Board appointed the Public Advocate as his guardian. The latter was prepared to authorise life saving medical treatment. The patient's wife however sought an injunction to prevent further treatment and gave evidence that the patient had indicated to her that he wanted no medical treatment. There was no certificate under the Medical Treatment Act 1988. Fullagar J. refused to grant the injunction on the ground that any grant would amount to carrying into execution the attempted suicide of the patient'.

I take the view that ,while the Medical Treatment Act represents a noteworthy progress in establishing a patient's right to bring about his or her own death, it is at the same time based upon an untenable distinction (a) between refusing treatment while knowing quite certainly that this will bring about one's death ,and (b) taking active measures to bring about one's death including soliciting assistance from others.. The Act allows (a) and prohibits (b) though, as we have seen, it is often impossible to distinguish between the two and even though, in my opinion ,there is no morally relevant distinction between the two. (See Malcolm Parker, 'Active voluntary euthanasia and physician assisted suicide: A morally irrelevant distinction,' Monash Bioethics Review, 13,4, 1994, pp.34-42)).To be consistent, the Act should permit a doctor to assist a person who wishes to bring about his or her own death not just by withdrawing life-sustaining medical treatment but by using active means.

6. A recent Morgan Poll has found that 78 per cent of Australians believe that if a patient in great pain, with absolutely no chance of recovering, asks for a lethal does so as not to wake again, the doctor should be allowed to give that legal dose, (Morgan Computer Reports, Sydney, No. 1222, 1993). This definitive change in community attitudes has no doubt led to the various legislative proposals about death and dying that have emerged in the last three years in Australia. One thinks, for example, of the Victorian proposal for a Crimes (Medically

Assisted Suicide) Act, the proposal for a Voluntary and Natural Death Bill in the ACT, and the Northern Territory Rights of the Terminally Ill Bill.

Legislation which will formally permit doctors in certain well-defined circumstances to assist patients who wish to exercise their right to bring about their own death, is in my view the best and most logical way to go. However, logic does not always win out in matters such as this and it may be that in some Australian states something like the present situation in the Netherlands will evolve. In the Netherlands assisting another to take his or her life remains a criminal offence; however a court ruling has laid down that such assistance may be justifiable in certain circumstances provided that specific procedures are followed. If they are followed then the courts will dismiss charges of manslaughter against the doctor. (This legal situation is similar to that which prevails in some Australian States with regards to abortion. In the State of Victoria, for example, abortion is a criminal offence. However, a legal ruling (the Menhennit ruling) allows abortion in certain circumstances and under certain conditions so that a doctor inducing an abortion can rely on not being prosecuted for a criminal offence.)

A recent article apropos the report of a Netherlands government commission of inquiry into euthanasia notes that a doctor who is asked by a patient to assist him or her to commit suicide is in a 'situation of force majeure'. 'This situation is thought to apply', the statement goes on, 'since the physician is confronted with conflicting duties : towards his patient, as a care-giver and a health care professional, and towards the law, as a civilian. His professional obligations force him to act against the formal provisions of the law, but in accordance with viewpoints developed in medical ethics, and in accordance with the explicit wish of his patient. Moreover, patients are often in a terminal phase of their disease, are being cared for at home, trust their physician and rely on him. This trust will encompass the assumption that the physician will perform euthanasia according to their wishes. This allows for an additional way to help the patient to die in dignity. In addition to this, there are substantive requirements a physician has to meet when performing euthanasia or assisting in suicide. These requirements were published by the Central Committee of the Royal Dutch Medical Association (RDMA) in 1984 and have been confirmed in court decisions. The five requirements are cumulative:

a: Voluntary request;

b. A well-considered request;

c. A durable death wish;

d. Unacceptable suffering;

e. Consultation of (a) colleague(s),

If a physician makes sure that these requirements are fulfilled, he can be quite certain that the district attorney will not initiate an investigation or file charges against him.

In 1990 the Central Committee of the RDMA and the Ministry of Justice agreed upon a notification procedure. This procedure is made up of the following elements:

1. The physician performing euthanasia or assisted suicide does not issues a declaration of a natural death, and informs the local medical examiner by means of an extensive questionnaire;

2. The medical examiner reports to the district attorney;

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3. The district attorney decides whether a prosecution must be started. When the doctor has complied with the five requirements the district attorney will not prosecute (Robert J.M. Dillman and Johan Legemaate. 'Euthanasia in the Netherlands" The State of the Legal Debate'. European Journal of Health Law I:1994. pp.83-4).

It should be noted that the Netherlands Minister of Justice has announced that, as a general rule, doctors reporting a case in which they have ended the patient's life without his explicit request will have to face prosecution.

The Netherlands approach to allowing patients to control the manager of their dying is rather roundabout and, as I have said, a clearer and more logical approach is to have legislation which, under appropriate conditions and controls, allows doctors to actively assist competent patients to end their lives.

Attached to submission:

Bioethics in a Liberal Society, Max Charlesworth, Emeritus Professor of Philosophy, Deakin University, Cambridge University Press, pp. 30-63.

Max Charlesworth: Summary CV.

Article entitles 'Caught between life and a life not worth living', from Gabrielle Gardner edited by John Messer, The Age, Thursday 9 March 1994, p.14.

SUBMISSION 034 1

37 Mary Street

Hawthorn 3122

9th March 1995

To the Select Committee on the Rights of

the Terminally ill bill.

Reading about the proposed legislation on euthanasia introduced by your Chief Minister Marshall Perron I hoped this bill would not be passed. I have a daughter who suffered from schizophrenia from the age of twenty. She attempted suicide several times - once only just found in time and having to spend some time in intensive care. She obviously at that stage, wished to die. She is now 27 and has completed an arts degree at Monash University in Melbourne. She is happy and well and has an active social life. What is gong to happen to people with a psychiatric problem who say they wish to die? Will they be treated or will their request be taken at face value? This is a very dangerous bill and has far reaching consequences it is passed.

Yours sincerely

Carole Hart

SUBMISSION 035 1

6 Coulson Street

Eaglehawk 3556

10-3-95

To the N.T. Select Committee

on the rights of the terminally ill Bill

Dear Members

I am writing to ask you to oppose the active euthanasia. The laws to protect the sick will be unable to be enforced. People will be too scared to go to Doctors and hospitals when they are sick.

Who knows it may be our loved one or ourselves who are killed against our wishes in the future.

Thank you for reading this.

Mrs. Anne O'Brien

SUBMISSION 036 1

20 Patterson St., MAX C TATE

T/Creek Qualified GyroPlane

Instructor

Ph. 089-622184

Fax: 089-623277

9-3-95

Dear Sir/Madam,

I wish to say that I consider Euthenasia an act of Love and not an act of Murder, provided the patient has lost their quality of life.

We should all have the right to die with dignity.

Please inform me of any gatherings in this area on this subject.

Thanks,

Max C Tate

SUBMISSION 037 1

J. LAZZARO

66 PALM BEACH DRIVE

PATTERSON LAKES

3197

9.3.95

Dear Sir/Madam

Hoping you are well. In regards of your Euthanasia Bill. The end result is that some one is killed. God commanded that you shall not kill, please dont let this Bill go through.

Yours faithfully

Joe Lazzaro

SUBMISSION 038 1

Paul Vandeleur

P.O. Box 1188

Katherine. N.T. 0851

7th March, 1995

The Chairman

Select Committee on Euthanasia,

Legislative Assembly of the N.T.,

G.P.O. Box 3721

DARWIN. N.T. 0801

Dear Sir

RE:- Submission on Northern Territory of

Australia - "Rights of the Terminally Ill Bill"

I am taking this opportunity as a responsible citizen to comment on what will certainly affect the lives of all Australians should this devisive piece of legislation be enacted in the N.T.

Every Australian will in some way be affected by this radical shift in Medical and Legal ethics. If in fact, our inalienable right to Freedom cannot be reversed by Legislation, how then could we possibly contemplate legislation to permit people to terminate their lives.

Some of the terminology used in the Chief Minister's background paper to the Bill is misleading, such as "to die with dignity" which he interprets as being the active participation by a patient or other persons who assist in hastening the death of another Human being. The choice of words - highly emotional is used to enlist support from the community to agree with his Philosophy that when a patient's organs are barely functional and the quality of life of that patient is deteriorating to an extent where the patient feels they may become a burden to family, friends and carers, then the hastening of death should be acceptable. The next step may well be encouraging the patient to make the choice.

The background paper refers to "torture" - aside from the emotive connotations of this word, torture means the infliction of pain and suffering by one person on another. When a patient is dying from a terminal illness and that patient experiences in many cases, severe pain, it does not necessarily follow that the patient is being tortured.

The Chief Minister seems to imply that those of us who seek to perceive life are "irrational", while those who agree with the proposed Bill will be engaging in positively rational debate. What a hide!

Intention is the key issue which distinguishes between Euthanasia and good medical practice. When treatment is either given or with-held. In euthanasia the intention is to kill - in good medical practice it is to maximise the quality of life extended to the patient therefore the term active and passive euthanasia are ambiguous and shouldn't be used, neither should the term voluntary and involuntary euthanasia be used because the motivation to administer can become very blurred in many circumstances, such as:-

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Suffering - due to poor or non-existent palliative care.

Sense of burden - on family, friends and carers.

Confusion - caused by physical illness contributing to mental disorder.

Depression - due to a lack of self-esteem and worthlessness.

The introduction and enactment of this Bill, I believe is fraught with danger. It won't be long before terminally ill patients over the age of 18 years and the aged and infirmed, who may not be terminally ill are being pressured

because of scarce resources or because in some one's view, even that of the patient, they are a burden on Society and take the easy way out. Figures from the Netherlands in 1990 indicate that of the 10,558 cases where there was an "explicit" intention to hasten the end of life by act or omission 55 per cent were not voluntary.

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

The Government should be allocating more funds towards palliative medicine and care in the Northern Territory and not trying to legalise an act that would all too easily substitute for palliative competence and compassion that Human beings need during the most difficult moments of their lives.

I respectfully offer the above submission for your urgent consideration.

Paul Vandeleur

SUBMISSION 039 1

R.M.B. 7185,

Hamilton 3300

4th March 1995

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

(Mrs) Catherine Finnegan

R.M.B. 7185,

Hamilton 3300

4th March 1995

Hon. M. J. Palmer,

C/- Parliament House,

State Square, Darwin N.T. 0800.

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Yours sincerely

(Mrs) Catherine Finnegan

SUBMISSION 040 1

The Chairman

Select Committee on Euthanasia

GPO Box 3721

Dararwin

NT 0801

Dear Sir.

I understand, from the information supplied, that the Select Committee on Euthanasia is willing to accept a submission in the form of a substantial paper. My submission (attached) is of this type - about 20 000 words.

In my paper. I do not specifically argue for or against the Chief Minister's Rights of the TerminallyIll Bill 1995, although my support for the 'rights' of the individual in this regard will be obvious to anyone who reads the document. Instead. my submission is a 'single case' account of the death of my wife from metastalic breast cancer couple of years ago here in Darwin. I was appalled at the way she had to die. As a consequence of my distress (and hers. I believe). I have written this account of her illness and subsequent death, in the context of popular attitudes to pain, suffering and death, as a contribution to the public debate on euthanasia.

I can well understand how the circumstances of his mother's death and the death of a friend may have driven the Chief Minister to introduce his Rights of the Terminally Ill Bill. as. I am sure.,can many in the community who have watched a relative or friend die a particularly unpleasant death. I commend his initiative in seeking to allow the competent. terminally ill to issue in advance, a 'death directive' and have it implemented without an offence being committed. Significantly, however, the Chief Minister's Bill makes no provision for the mentally incompetent. terminally ill to request and receive a similar service. To this extent, the legislation if passed, could be held to be discriminatory. I am not. in anyway opposed to the intent of the Bill but merely point out a major limitation of the current draft.

Of greater concern to me. at the moment is the Committee's stipulation that "once a submission has been received ... it must not be published or disclosed to any other person in that form without the Committee's authorisation", in order to retain protection of parliamentary' privilege and to avoid contempt of Parliament. My concern stems from the fact that my paper, with minor editorial changes and the addition of a foreword. is scheduled to be published in book form at the end of March this year. My reason for publishing the document is that. as a contribution to the public debate on euthanasia. I think it deserves as wide an audience as possible as soon as possible. Accordingly. I would be most grateful if the Committee could grant me special dispensation to proceed with the publication of my paper as scheduled concurrent with its acceptance as a formal Committee document. If, after reading my submission, the Committee decides that such authorisation cannot be granted, then I am prepared to withdraw it, but would do so with regret. Withdrawal of my submission would. I believe be to the detriment of the Committee's deliberations.

Sincerely

A.L. Chapman (Mr)

PO Box 40867

Casuarina NT O81l

10/03/95

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THERE HAS TO BE A BETTER WAY TO DIE

A.L.CHAPMAN

INTRODUCTION

This is a story about death, not in the abstract but of a particular person, Margaret Joan Chapman - one death among the billions scheduled for our species. The cause of her death was metastatic breast cancer. She died almost three years to the day after her doctors confirmed that she had the disease.

Her death, on April 6, 1993 at age 58, was a tragedy for me because she was my wife and best friend but was otherwise unremarkable in Nature's grand design. Thousands, perhaps millions, of people die annually from cancer. Likewise, I suppose, the manner of her dying was also unremarkable, at least to professional medical and nursing staff who deal regularly with death and dying. In the words of one hospital staff member who knew her well, "hers was not too bad a death"; the implication being that others have had it worse and that dying, like giving birth, is often neither pleasurable nor comfortable, although a tremendous relief to those involved once it is over.

Nor did I, who until recently had spent little time in the presence of the dying, think that her actual death - the precise moment when her unconscious body drew its last laboured, rattling breath (which I did not witness) and the only sounds in the room were those of sobbing relatives and the soft voices of the nurses offering comfort to the bereaved - was either remarkable or noteworthy, except that a transition long expected had finally occurred. A loved one who, for so long, had endured unimaginable pain, was now said to be 'at peace'. Her suffering, mercifully, had ceased.

Our tearful goodbye, as the evening shadows lengthened outside the darkening room, is etched into my brain. Her lifeless body now suddenly so relaxed and still, though ravaged internally by disease, showed little evidence of the cellular struggle that had long gone on within. (As a friend said of her husband when he died recently of cancer, "he's dead and he didn't even look sick"). While the awful finality of her death was so painful at the time, it was the manner of her dying - the prelude to her death, the last 60 days of her life - that has scarred me emotionally for life.

The 'count-down ' to her death (though short compared with some) was terrible for me, and, I think, for her. The mental anguish suffered by both the living and the dying was beyond description and beyond measure. I spent 8-12 hours daily (sometimes more) at her bedside doing whatever I could to provide emotional support for her and to help the nursing staff - who were also doing their best to provide emotional support for us. Yet, to see so often upon her face and in her eyes an expression of abject misery was so harrowing an experience that it was almost impossible to bear. Her eyes, which will always haunt me, were so despairing, so imploring.

When she could no longer speak but merely groan, she was a dying, dumb animal which, had it belonged to us, we would have felt obliged to 'put out of its misery' - or stand accused of inhumanity if we didn't.

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The 'count-down' to her death took place at the Darwin Private Hospital. The medical and nursing staff, in attendance during that time, were unstinting in their professional and emotional support. If ever a group of people more than fulfilled their duty of care, they did. The enormous debt of gratitude which I owe them is something I cannot possibly repay. That three members of the nursing staff should think enough of Joan, after their sad and short acquaintance, to attend her funeral service was a gesture so emotionally overwhelming that I cannot put my feelings into words. I hope that they will not see my action in writing this report as a criticism, implied or otherwise, of the standard of palliative care that was delivered. Nothing could be further from my mind. It's just

that, I think, for someone with a terminal illness such as hers, there has to be a better way to die - a way in which the combined anguish of the living and the dying can be mitigated by measures more acceptable to both. It is my hope, therefore, that this account of my wife's illness and the manner of her dying, discussed here in the context of popular attitudes to pain, suffering and death, might contribute to the debate on euthanasia in this country.

A HOPELESS CASE

This story began sometime in 1988 when Joan first complained of pain and stiffness in her neck, which she herself attributed to osteo-arthritis since she had, some years earlier, undergone surgery to 'free' a 'frozen' shoulder joint. For a long time thereafter, she tolerated what seemed a minor inconvenience and sought pain relief in non-prescription analgesics. The neck pain got steadily worse and in April 1989 her GP, who was also at a loss as to its possible cause, suggested that she undergo a course of physiotherapy. When this failed to bring relief there seemed no alternative but to 'grin and bear it'. Also, during that month, her colon was examined by air contrast barium enema, apparently to see whether the pain had a more deep-seated cause. No evidence of inflammatory disease or carcinoma in her colon or rectum was detected.

From about November 1989, her condition became much worse. While in September, she had been able, with care and moderate difficulty, to clamber around the rocks at Ubirr in Kakadu National Park and to enjoy the delights of Litchfield Park, by early 1990, as the search for the pain's cause continued, life had become a burden. On February 9, X-ray examination showed "mild scoliosis" present in the thoracic spine with "mild osteophyte formation" present throughout the thoracic areas. The two lower discs of the cervical spine also showed "moderate narrowing and osteophyte formation". By March, she could hardly walk. She could no longer drive her car because she couldn't move her left leg to operate the clutch pedal. She was getting little sleep at night because the pain, which had spread to her left side, could no longer be relieved by the mild analgesics she was taking. A friend who came to visit her at that time was horrified to see how difficult it was for her to get out of bed.

Meanwhile, the only suggestions that her GP could offer concerning her painful condition were, firstly, that she might be suffering from Bornholm disease or epidemic myalgia, an infectious virus disease (of the Cocksacki group) characterized *by* sudden and acute onset of pain around the lower rib margins; and later, that the cause might somehow be related to her post-menopausal status. Perhaps hormone replacement therapy (HRT) might give her some relief?

However, before starting HRT, which is known to cause abnormalities in breast tissue, she was advised to undergo mammography to provide baseline information by which to measure subsequent changes in her breasts. She had been having mammograms at regular intervals (the last about two years previously) because of a family history of breast cancer and a natural desire to minimise her chances of dying from the disease.

The results of the mammography on March 21 were enlightening and frightening. "Deep in the upper medial quadrant of the right breast [against the chest wall] was a poorly marginated density [about 10 mm in diameter] which could represent malignancy and required further investigation". A needle biopsy, to determine whether the 'lump' was malignant or benign, was inconclusive but hope was held out that this 'lump' would prove benign, as had those excised from her breasts some years earlier. In any case, the decision had been made to remove this suspect 'lump' and April 2 was set as the date for surgery. This was later postponed by one week after the surgeon suffered a minor injury to his hand. The 'lump' and surrounding tissue were excised on April 9. This time the pathological report was unequivocal. The 'lump' was a malignant rumour. In another operation a few days later more breast tissue was removed and evidence obtained that the cancer had already spread to the lymph node under her right arm. Meanwhile, in hospital she complained of continuing and severe pain in her left side which made it difficult for her to move or be comfortable in bed. Chest X-ray on April 11, showed the presence of a "destructive bony lesion associated with a fracture laterally in the left 4th rib whose appearance suggested a metastatic deposit"; indicating that the disease had already spread to her skeleton and that spontaneous bone fracture had consequently

occurred.

Thus, the evidence quickly mounted that the most likely cause of the neck and side pain that she had endured for so long, and which had crippled her, was metastatic breast cancer - not osteo-arthritis as previously supposed by herself and her GR While lying in bed recovering from the surgery she tearfully confided to me that because of her family history of breast cancer - two of her relatives died of it and another (her mother) had a lucky escape due to early diagnosis - she had "been waiting all her life for the sky to fall in", and finally it had. What was once the far horizon was now suddenly very close. We cried together with the awful realisation that late diagnosis of the true nature of her disease had stacked the cards so heavily against her. In the lottery of life she had drawn a short straw.

She was referred initially to a radiation oncologist in Brisbane, who, on observing her patient's pain-etched face and greatly impaired mobility, had her placed immediately in a wheel chair to reduce the risk of possible bone fracture. X-rays later showed that although bone damage clue to the disease was widely evident, especially in the ribs, pelvis and left hip, the structural integrity of her skeleton was not yet threatened. However, her condition indicated that the cancer was extremely active and had metastasised to such an extent that aggressive chemotherapy, rather than radiotherapy, was deemed to be more appropriate at this stage. Control of her treatment was, therefore, transferred to a specialist in chemotherapy. A bone scan, which confirmed our worst expectations, showed that the only parts of her skeleton that didn't have "hot spots" - as the centres of active cell division, when highlighted by injected radioactive technetium, are called - were her hands and feet.

In their consultations with us, both doctors were at pains to point out that any treatment they

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could offer was only palliative. There was no cure. No prognosis was volunteered and she didn't ask for one. In private conversation with me later, but only at my request, the chemotherapy specialist said that, in his opinion, her chance of surviving for another five years was about 5-8%.

However, as the characteristics of a given cancer vary so much among individuals, it was impossible to say with certainty how much longer she might live. Thus began a conspiracy of silence concerning her prognosis. The doctor, I suspect, deliberately withheld this information from his patient to engender in her a 'positive attitude' towards treatment and survival; believing no doubt that as she hadn't asked, she probably didn't want to know the worst and that it would, in any case, be in her best interest if she didn't know. Although I now knew how poor her chances were, I couldn't tell her.

One ray of hope in all the gloom was that tests had shown her cancer to be of a type whose growth was strongly stimulated by the hormone oestrogen. Tamoxifen, a competitive inhibitor of oestrogen, which has few known side effects and has been used against some such cancers with 'good results', was suggested as an appropriate treatment. As for the chemotherapeutic agents that might be used, the doctor emphasised that the choice was ultimately hers but 'aggressive' treatment was strongly recommended. As far as she was concerned, there was no choice. To refuse treatment, even if it was only palliative, was unthinkable. There was a tragic irony in the fact that she, who as a former hospital pharmacist used to prepare batches of these highly cytoxic chemicals to infuse into other cancer victims, was now to be a recipient herself.

She suffered all the well-known side effects of aggressive chemotherapy - nausea and vomiting, diminished resistance to infection, loss of appetite and body hair. We returned to Darwin at the end of June, she with a wig to cover her baldness and scripts for Tamoxifen and Endone, the latter a powerful analgesic to dull the ever-present pain. She was soon able to drive a car again and returned to her work as ethnopharmacist on a project to record traditional aboriginal bush medicines in the NT. In December, we went on a sea cruise around the islands of eastern Indonesia.

By May 1991, walking had again become difficult and painful for her. In reviewing her condition, the doctors in

Brisbane concluded that Tamoxifen was no longer holding the disease in check. Her response to this drug had, apparently, been only average. The hormone therapy was changed and she underwent radiotherapy to the lower spine and left hip. The use of a stick to help in walking was recommended, although it was thought that she might eventually be able to walk again without this or other aid. Unfortunately, she never did. As we left the hospital, in a very despondent mood, she said that she had begun to think that she didn't have as much time left as she had hoped. All I could say in reply to lift her spirits was," who knows, you might live for another 10 years". Wistfully, she said, "I could accept that".

We returned to Darwin with a review of her condition scheduled for November. She resumed

her work. The analgesic Endone, which by now she called her 'happy pills', was something of a 'miracle drug' for her. Not only was it effective in reducing her pain to a tolerable level, it also produced a feeling of euphoria which helped to take her mind of her misfortune. After the November review, the hormone therapy was changed/because of excessive weight gain, unpleasant side effects and a couple of unexplained bouts of sickness. No other treatment was indicated at the time.

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This happy state of affairs was not to last much longer. In April 1992, she suffered spontaneous rib and collar bone fractures from simple actions such as turning sideways to watch for oncoming traffic while driving her car, or from stretching while working in the kitchen at home. Her mobility deteriorated rapidly to something like that of two years earlier when the disease was first diagnosed. The pain had become intolerable despite the regular use of Endone. She was hospitalized in Brisbane in late April where her condition was again reviewed.

The bad news this time was that the bone in parts of her pelvis and left hip had deteriorated to such an extent that its structural integrity was now at risk. There was a danger of hip collapse, with possible rupture of an artery and fatal internal haemorrhage. The good news was that skilled orthopaedic surgeons, for whom total hip replacements were routine operations, were readily at hand. After the operation, we were assured, the services of a skilled physiotherapist (also at hand) would soon get her walking again. As well as the replacement of her left hip, radiotherapy of hip, pelvis, rib and collar bone areas was also recommended, as it was evident that the disease was very active. For best results, it was essential that any delay between surgery and radiotherapy be kept to a minimum. Probably, the preferred course of action was to have the surgery first and then start the radiation treatment as soon as the wound had healed. These decisions were, of course, hers alone to make. Meanwhile, MS Contin (a slow-release formulation of morphine) was now recommended, instead of Endone, to control the pain.

After much discussion, she made the decisions that everyone thought were fight buoyed by a fervent hope that she would later walk again. The rest, as they say, is history. The operation was successful and she did walk again - although not without the aid of a pick-up or roller frame. Extensive thrombosis developed in both legs ~ which went undetected until she complained of severe pain in her lower legs a few days after surgery - necessitating treatment initially with Heparin and subsequently with Warfarin. Her recovery from surgery was extremely slow and possibly prolonged by the concurrent radiotherapy. To see the physiotherapist, with an almost callous disregard for the pain that she was suffering, encouraging and even bullying her along the corridor in an effort to get her walking again, is something I won't easily forget. Joan was discharged from hospital after a stay of nine weeks - setting a new local record, I believe, for time taken to recover from this operation - able to walk only about 20-30 metres on the flat using a roller frame and to struggle laboriously up and down a flight of 10 steps with the aid of a walking stick.

It was early July when we returned to Darwin, she a virtual invalid - unable to wash or dress herself or get into bed without assistance, although she could get out of bed unaided. She was registered with the local Community Care Centre in order to receive medical aids and home nursing care. On arriving home, she had somehow found the strength to struggle up the 15 steps that give access to our house. A couple of weeks later, while trying to reposition herself in bed, she felt something 'give' in her left hip. When next she got out of bed, she found that

walking on the flat was more difficult than. before and to walk up or down a single step was impossible. The reason was soon apparent from X-ray photos which showed that part of the prosthesis had broken through the diseased and weakened bone of her pelvis and the artificial ball joint was now misaligned with its socket.

Devastated by this result she sought specialist advice. Two surgical procedures were suggested

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as possible corrective measures, the more radical of which involved partial replacement of the pelvis. This was offered as her best chance of walking again. The alternative to further surgery was to do nothing. After considering all the risks, including the possibility that weakness of the adjacent bone might again negate prosthetic surgery, she decided to do nothing. Instead, she resigned herself to being confined mainly to a wheelchair or to bed and to using a roller or pick-up frame to walk inside the house. Installation of an exterior stairlift at home enabled her to enter and leave the building without the aid of an ambulance crew - a great morale booster since

she had, after the hip replacement operation, elected to continue chemotherapy in Darwin until a review of her condition in Brisbane in October. The lift also allowed her to return to work to complete the final stages of a book about traditional aboriginal medicines of the NT on which she and others were working.

In early December, she began to experience severe chest pain which was diagnosed locally by CAT scan as being due to an acute wedge fracture of the thoracic spine, and which necessitated her immediate return to Brisbane for radiotherapy. During the course of this treatment, which was spread over three weeks, the oncologists tried to break the news to us, very gently and obliquely, that there was little else they could do for her. There remained one chemotherapeutic agent which, although usually given to patients suffering from leukaemia, she might like to try. However, they held out little hope of it being effective for her condition. She was also advised that she'd now had as much radiation as they could safely give. An area of the body once irradiated, can't be treated again otherwise the bone will be destroyed - something we hadn't realized or been told previously. At the end of the treatment, we submitted the Patients' Assistance Travel form - an authority for subsidised travel - to the oncologist as we had done after each visit before. Watching, I saw that, in answer to the question 'is further travel likely to be required', he wrote NO. Although she heard what the oncologists said, I'm not sure whether she understood the 'sentence' she'd been given. She seemed confused by the sudden turn of events. Either she preferred to ignore the terrible news or full comprehension was beyond her because of impaired mental capacity.

On our return to Darwin in early January 1993, she was keen to start the chemotherapy again, despite severe radiation 'bum' to her oesophagus - an unavoidable side effect of the radiotherapy to her thoracic spine - which made swallowing difficult and painful. After consultation with her supervising doctor, she accepted the latter's recommendation that the chemotherapy be delayed for a couple of weeks to give her more time to recover from the recent radiotherapy. On January 21, she began the last desperate course of chemotherapy. Privately, the doctor told me that she had reached the terminal stage of the disease when it was ethical to consider withdrawing treatment. The continuous 'tingling' sensation and progressive weakness in her hands, of which she had complained for some time, indicated that she might ultimately become a quadriplegic. Under the circumstances, the kindest fate that could be envisaged for her was that she suffer a massive embolism. Whereas in Brisbane recently, her blood clotting characteristics in response to Warfarin medication had been measured almost daily, from now on, weekly monitoring would suffice.

From this point onwards, the quality of her life deteriorated rapidly. Her mouth and lips became badly ulcerated. The ulcers together with a fungal infection of the mouth and the

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'burned' oesophagus made chewing, and the swallowing of food and medication, extremely

painful. There were nine medicines she had to take, some twice daily; a total of 19 tablets or doses at one stage.

Several of these were necessary to counter the unwanted side effects of other drugs. Her left leg, which had swelled after surgery and had never returned to, its normal size, began to swell again, as did her fight leg, ankles and feet. She became very depressed. While sitting in her wheelchair one day, she saw on television a picture of a young woman full of the joy of life walking jauntily along a deserted beach at dusk with the waves lapping her feet. After watching the picture for a few moments, she turned to me with a wan smile and, in a sad and wistful voice, said, "I'll never do that again".

By the end of January, her life had become an ordeal. Her mouth ,and throat were so sore that she no longer felt like eating even when we tried to make the food more palatable and easier to swallow. She could now hardly walk at all, even with the aid of a roller frame. Staggering to the bathroom or toilet or getting in or out of bed was exhausting. She became breathless very quickly. Even sitting in a wheelchair was firing. Her haemoglobin fell to a level where a blood transfusion was indicated and arrangements were made to give this at home. She began to refuse medication, saying "I'm sick of taking all these bloody tablets!" Indeed, one day, she refused even the MS Contin until woken by such severe pain that she was persuaded to continue taking the drugs. Whenever I enquired as to whether she was in much pain she said, "darling I'm always in pain, it's just that it's been bearable until now".

Incredibly, during this period, she made a final visit to her place of work to inspect the printer's proofs of the book on which she had been working and to seek permission to do the proofreading at home. On February 1, she made a valiant attempt to start the proof-reading but couldn't do the job. Her condition worsened during the next few days and her distress was pitiful to see. On February 5, a hospital sister arrived to give the blood transfusion but had difficulty inserting the cannula in her arm. The supervising doctor, who was called to the house to assist with the transfusion, diagnosed that her patient had clinical, left lower lobe pneumonia in addition to her other problems. She recommended that the patient be transferred to hospital immediately. This was done, with the ambulance crew administering supplemental oxygen in transit.

'COUNT-DOWN' TO DEATH

In discussing Joan's future health care with the doctor, I said that I thought the last dose of chemotherapy had been a disaster for her. Its effects had been far more severe than any treatment she had undergone since her hip surgery eight months previously. Furthermore, she didn't seem to be recovering very well. We agreed that no more aggressive treatment would be given and that intensive intervention would be avoided. Her Warfarin medication was stopped and the blood transfusion deferred. The doctor remarked that, in medical circles, pneumonia has long been regarded as the 'old man's (person's) friend'. Death due to pneumonia, while not particularly pleasant, is, mercifully, pretty quick. In this instance, however, the doctor said that she felt obliged to instruct the nursing staff to administer an oral antibiotic to Joan and to continue giving supplemental oxygen to ameliorate her condition.

The following account of Joan's condition during the last 60 days of her life is based on the records held at the Darwin Private Hospital, the comments of nursing staff and my own observations.

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Day 1 - On admission, she was breathless and bluish around the lips, coherent in speech but drowsy between conversations. She was described as a 57-year old female with advanced metastatic breast cancer - including secondaries throughout the spine and pelvis - who had received maximal possible radiation, had clinical left lower lobe pneumonia and now required terminal care.

The objectives of the terminal care were to:

. assist the patient with self-care

keep her comfortable

. keep pain to a minimum, and

. ensure that her skin tissue remained healthy

On the morning after admission, the doctor said she wouldn't have been surprised if her patient had died during the night.

Day 2 - Joan appeared to be recovering from the lung infection. The doctor tried to communicate something of her surprise to her patient, saying that, from now on, to ensure that she had a decent 'quality' of life would be the aim of all concerned because she might have only a short time left to live. Joan seemed bemused by this revelation and the fuss.

Days 3-4 - During this period, she was extremely breathless on exertion (requiring supplemental oxygen for varying periods); her appetite remained poor; she would tolerate fluids if prompted but had difficulty in swallowing; she appeared not to be in pain, was vague though not confused and said inappropriate things at times.

Satisfied that her condition had improved, the doctor now suggested that the blood transfusion be given and I concurred. It was not 'intensive intervention' and might help to relieve her breathlessness. One standard bag of packed cells was given on **Day 3** followed by a second bag on **Day 4**. Her left lung continued to clear but supplemental oxygen was still necessary and her lucidity remained variable.

Day 5 - She now felt much better and was able, with assistance, to take a shower in a roller-chair, although she found it very tiring. The nasal oxygen cannula annoyed her and she was disinclined to use it.

Day 6 - She was mentally confused and the lower lobe of left lung had consolidated again. The doctor proposed to change the antibiotic if her temperature rose above 40° C.

Days 7-10 - She slept for much of the time, used supplemental oxygen for short periods and was sometimes mentally confused, making inappropriate conversation. Regular use of MS Contin appeared to control her pain, except when she was moved for pressure area care. On

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Day 10, the doctor noted that her abdomen was very distended and prescribed extra laxatives and an enema, which were subsequently very effective. She stayed awake until 0100 hours but appeared comfortable. Her mouth was very sore again and her appetite poor. The antibiotic used to treat the lung infection was stopped.

At this stage, we considered taking her home - as she had asked several times why she couldn't go home - but concluded that she would be better off in hospital because, even with extra help from the Community Care Centre, we couldn't have given her the kind of care that she now needed. I tried to explain this to her and she probably understood. In any case, she stopped asking to go home.

Days 11-12 - Her condition showed little change and her appetite remained poor. She didn't complain of pain except when she was moved, in accordance with pressure area care, onto her left side.

Day 13 - She had pain over the ribs - most marked over the bone and on movement but not on breathing - which the doctor concluded was probably due to secondaries (metastases). Naprosyn suppositories were prescribed. The nurses reported that it was difficult to assess the level of pain she experienced when lying still, because most of the time she didn't complain or if she did, she declined any additional pain relief. There was no doubt that she felt pain when moved.

Day 14 - No change in her condition was evident.

Days 15-17 - At breakfast on **Day 15**, she was described as 'weepy' and refused a dose of laxative. During the night of **Day 16**, she appeared 'very restful' with no complaints of pain even on movement. She remained awake all

the following night watching television. A nurse thought her pain had increased but that she didn't recognize it as such, although she referred on one occasion to a 'niggle' in her neck. The next morning she had no recollection of the neck pain but she told the doctor that she would much prefer to take the Naprosyn orally rather than as a suppository!

Day 18 - She complained of leg pain while being helped out of bed but slept for long periods that night. The next morning **(Day 19**) she was comfortable and, after showering, was taken for a 'walk' in a wheelchair. She remained awake most of the next night watching television or talking to the nursing staff.

Day 20 - She was given another enema, with good results later in the evening. At 2200 hours, she experienced what was described as a 'panic attack'. She was terribly distressed and requested that I stay with her all night, which I did. She was given Temazapam and reassurance after which she slept for most of the night. The next day **(Day 21),** she was 'very depressed'. She had begun to feel insecure but couldn't understand why. The doctor saw this as a sign that she had become afraid of dying and arranged for the hospital chaplain to visit and talk about her condition. The next morning **(Day 22),** she sat out in a lounge chair after her shower and appeared to be quite comfortable.

Days 23-25 - There was little change in her condition.

Day 26 - At about midnight she called the duty nurse, in a teary and very anxious state,

concerning her increasing weakness. After reassurance, she drifted off to sleep again.

Day 27 - Her general condition was described as deteriorating, although the state of her mouth was said to be improving gradually. Epistaxis (bleeding from the nose) commenced - slight to moderate in amount. This occurred frequently during the remainder of her life. It was annoying and she tried to stop the bleeding by rolling up pieces of tissue paper and stuffing them up her nose.

Day 28 - She slept for much of the time, requesting company sometimes at night. Her conversation was rational at times.

Day 29 - The doctor reported that the weakness in her hands, due to marked wasting, was consistent with thoracic metastases and the radiation treatment she had received. She was still able to take a shower in a roller-chair with the assistance of two nurses; seemed not to be in pain and sat in a lounge chair for a short time. In the evening she was less confused, tolerated small amounts of food and fluid and was talkative and jovial.

Day 30 - She was described as very shaky, confused at times and breathless on exertion. Oxygen was given by nasal cannula during one shift. MS Contin and Naprosyn were thought to be having a good effect.

Day 31 - She was unable to sleep that night and experienced another 'panic attack' at 0200 hours. Again, she asked that I be called to come and stay with her. These 'panic attacks' took the form of uncontrollable crying and wringing of her hands, necessitating sedation and reassurance. She couldn't explain why she felt so frightened apart from the fact that she knew the disease was out of control and there was nothing that could stop its inexorable progress. The duty nurse reported that a feeling of powerlessness to determine her own environment and lifestyle also contributed to her deep distress. As she put it, "all 1 can do is lie here and accept whatever happens".

Days 32-33 - This period was uneventful. She appeared comfortable, sat out in a lounge chair occasionally, didn't complain of any pain, accepted all medication but was a little disorientated at times.

Day 34 - At 0100 hours, she awoke distressed, not knowing where she was, after having had a dream in which she was trapped in a broken-down car. The nurse noted that her abdomen was very distended and causing discomfort. After being reassured by nursing staff, she watched a video for a while and eventually went to sleep. Later that

day, at 2100 hours, she again became very distressed when she realized that I wasn't present. I had tried to explain to her earlier in the evening that I was going to be away for a few hours but she had apparently forgotten. Even after I returned to stay with her for a couple of hours, she remained anxious if left alone in the room and was given medication to 'settle' her. She showed no sign of anxiety the next day **(Day 35).**

Day 36 - The 'panic attacks' began to increase in frequency. She had two, one at 1900 hours and another about two hours later. Next day **(Day 37),** she had four 'panic attacks' during the

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daylight hours - beginning at 0600 hours - followed by more during the night, during which her hands and body shook uncontrollably. These 'attacks' were very distressing for everyone. Again, she said she didn't know why she was so upset; she was aware of unrealistic feelings and thoughts but had no control over them. The doctor instructed the nursing staff to 'talk her through' these 'panic attacks' but Doxepin was also administered. Although she slept for long periods, she was confused and anxious when awake, "about a happening in the future she cannot clearly see".

Day 38 - I discussed her condition with the doctor that morning saying that it seemed most unfair to have, perhaps, saved her from death due to pneumonia only to subject her to mental anguish of this kind. The doctor said that as the most recent 'panic attacks' had occurred during the daylight hours, the disease was probably affecting the temporal lobe of her brain. A CAT scan showed no definite intra-cerebral metastases but there was evidence of extensive bone involvement in the parieto-temporal area which could be irritating the temporal lobe. Epilim was prescribed.

Day 39 - Following treatment with Epilim the 'panic attacks' ceased over the next couple of days. Around this time her feet became swollen and uncomfortable. Her lower abdomen was also sore and causing discomfort. She was mentally confused but relaxed.

Day 40 - She experienced severe pain in the lower back and behind the left knee. After being helped from bed to go to the toilet, she couldn't bear any weight on her feet during her return. She was extremely distressed by the pain. A hot pack and panadol gave no relief. Her sobbing and crying continued for more than half an hour. Omnopon was then prescribed and the pain abated by 0610 hours. The daily dose of MS Contin was increased. As the doctor thought the sudden deterioration in her mobility could indicate bone fracture in the legs or pelvis, she was X-rayed later that morning. No fracture was detected but extensive metastatic decline of bone tissue was confirmed. From this time onwards she was washed in bed.

Day 41 - She was uncomplaining and appeared to have had a comfortable night. Her mental state fluctuated considerably and in mid-afternoon she had what she could describe only as a "strange attack", a "vague awareness". She became pale and her speech slowed. There was no pain. After heating a loud bang on the wall next door she became confused and began talking incoherently. Her hands began to twitch more frequently.

Day 42 - She seemed pain-free and, when asked, denied she had pain but she was very depressed, mentally confused and talking inappropriately or incoherently. Her mouth was still sore and her lips were dry and bleeding occasionally. She accepted her medication reluctantly and ate very little for breakfast. Later in the morning she appeared to lose consciousness for a short time. She didn't respond when spoken to and could not be roused. Those watching her thought the end may have been approaching. Perhaps she did too, because when she regained consciousness and we said, jokingly, that we thought "we'd lost her", she was able to describe the experience, and that of the previous afternoon, quite clearly. It was, she said, "as if I was just drifting away". The doctor said that she was probably describing her state of consciousness. Afterwards, when I asked her whether she had been frightened, she smiled and said no, and then added, "if it's like this I won't be frightened". Then she said, as if I'd been somewhere with her also, "didn't you think so too darling? I replied that I hadn't been where

she had been but I may have misunderstood the question. She may have been asking what I'd been thinking as an onlooker.

Day 43 - This was March 20, her 58th birthday. A friend had baked a cake and we had planned a celebration in the afternoon. It was to have been a special day but turned out to be a disaster. Shortly before noon, she had a full epileptic fit, the nature of which confirmed the doctor's earlier, tentative conclusion that irritation/oedema of the left temporal lobe of the brain was affecting her mental condition. Although startling and distressing to onlookers, the subject, apparently, has no memory of an epileptic fit. In this instance, however, it was obvious from the alarm in her voice a few seconds before full onset of the spasms, that she knew something unusual or unpleasant was about to happen to her. Valium was administered intravenously - with good effect - to prevent further fitting, together with supplemental oxygen. The doctor instructed the nursing staff to keep her comfortable and that no active resuscitation was to be undertaken, please. By 2330 hours, she was comfortably asleep and there had been no more fits. The birthday cake, of which she'd had none, was devoured by family, friends and the nursing staff. It must have been the worst birthday she ever had.

Day 44 - She awoke in pain, very confused mentally with generalized twitching of her arms, legs and the right side of her mouth. Propped up in bed that morning, she was a picture of absolute misery. Valium and Epilim medication were continued and liquid morphine supplements were administered orally to control the pain. Throughout the next couple of days, she was drowsy or asleep for much of the time. When awake, she was mentally confused and her speech was often incoherent.

Day 45 - At 2000 hours, a catheter was inserted in her bladder. She resisted this intervention as much as possible and it caused her great distress. She had a small]~ 'fitting attack', with twitching of the hands and mouth, at 2015 hours.

Day 46 - She had another small 'fitting attack'. By this stage, she was eating and drinking little. The catheter was draining well and her urine was very concentrated. She still suffered pain when moved despite the morphine supplements. She appeared to lose consciousness for about five minutes and did not respond to voice or stimuli.

Day 47 - Her condition deteriorated further. She was slightly agitated, experiencing slight focal fits when awake and continued to drift in and out of consciousness. Her abdomen was very distended.

Day 48 - She was given another enema - with excellent results. For much of the time during the next couple of days **(Days 49-50),** her condition, as a consequence of the large amount of morphine she was receiving daily, was probably best described as comatose. On one shift, she was described as being 'very restful'. She had no fits but was confused when awake. Her urine was minimal in amount, highly concentrated and foul-smelling.

Day 51 - She was very agitated when awake, with frequent focal fits. Small quantities of water and fruit juice were still being administered, mainly by syringe into her mouth. She suffered a lot of pain this day and was given an injection of morphine. She was also given another enema, with moderate results. During the night she was unable to swallow anything.

Day 52 - At 0915 hours, and after instruction from the doctor, morphine infusion was commenced. The only tablet she was now required to swallow was Epilim, unavailable as an injectible formulation. The catheter was removed from her bladder and found to be blocked. Her bladder was washed out and the catheter re-inserted.

Day 53 - She was awake during most of the morning complaining of pain in the left leg. She accepted 30 ml of water at breakfast but then couldn't swallow an extra 10 ml. She appeared 'more orientated', recognized staff members and spoke to her son. Although her eyes were closed for most of the time she was not asleep. The

morphine dosage was increased and although the pain appeared to be controlled, she seemed uncomfortable as she would often grasp the bed rails to try to lift herself off the bed or brace her right leg against the rail, apparently trying to ease her condition. Later, she went to sleep.

At 1500 hours, she awoke suddenly and, with a look of desperation in her eyes, tried to get out of bed. When asked why she was doing this she said, loudly and clearly and in a most determined voice, "I'm getting out of here!" While I tried to stop her and prevent her interfering with the infusion and catheter tubes, she began to repeat over and over again, in a despairing and

imploring voice, "please father ....., oh please father. .....", and grabbed hold of my arms.

When a nurse was summoned to attend to her, she promptly clasped the nurse around the neck, crying uncontrollably in great distress, exclaiming, "please father take me away!" When the nurse asked what was wrong, she pleaded to be allowed to go to her father, whom she insisted was there in the room. Whether she mistook her son - who was present in the room - for her father, or whether she could actually 'see' her father in the way that a normal subject can 'see' images of past events when certain parts of the brain are electrically stimulated, is impossible to say. Other nurses came to her aid and one gave her a morphine injection in the leg to quieten her down and to control what is called 'break-through' pain. Her anguished crying and pleading went on for about 10 minutes. Meanwhile, she clung desperately to the nurse's neck and it took considerable strength to pull her hands apart and hold them in our own until the morphine injection took effect and she calmed down. The doctor instructed the nurses to increase the morphine infusion rate as necessary to control the pain but that over-sedation should be avoided. She appeared pain-free throughout the ensuing night.

Day 54 - She was awake at 0700 hours listening to music and seemed relaxed and comfortable. Later that morning, between 1 lOO and 1135 hours, she became very restless and kept grabbing at the infusion tubing attached to her body, almost removing it ,it one stage. The nurses were uncertain as to whether the morphine infusion syringe and pump were operating properly. The infusion equipment was changed and a morphine injection was given after which she settled down. Her speech was now limited mostly to monosyllables- such as yes or no - or was otherwise incoherent, unintelligible noise. She still recognized people, could apparently hear and was able to swallow a little soup, juice and water by syringe.

Day 55 - She remained apparently comfortable and mainly asleep until 0 130 hours (**Day 56**) when she complained of pain but did not seem to be distressed. Another morphine injection was given. While still able to swallow liquids when these were squirted into her mouth, the swallowing of even an occasional tablet was now impossible. Epilim was therefore

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administered as a syrup. She hardly smiled or spoke any more but still managed to hum a little song today when attended by the nurses. When I kissed her on the lips she responded eagerly. Though her eyes were often closed she seemed to be in a stupor rather than asleep. Another bladder washout was attempted but was unsuccessful. The insertion of a new catheter in her bladder showed that small amounts of foul-smelling urine were still being produced.

Later that night and again at 0900 hours on **Day 57**, she experienced more 'break-through' pain and was quite restless for most of that morning. A morphine injection was given but seemed slow to take effect and she appeared to be in constant pain for the next two hours - opening and closing her eyes, squirming around in bed and bracing herself against the bed rails. Though only an occasional groan came from her lips, you could see the desperation in her eyes. The doctor ordered that the morphine infusion rate be increased and the next scheduled dose of Epilim be brought forward because of her twitching. She was settled by 1330 hours. A successful bladder washout was also performed. At 2030 hours she awoke, swallowed a little orange juice and the nurse squirted Epilim syrup into her mouth but she couldn't swallow much of it - most of it dribbled out of the comer of her mouth. She was asleep

again by 2200 hours. Her breathing was irregular and very laboured but she appeared to have a comfortable night.

Day 58 - Her condition had deteriorated further. She experienced pain and distress whenever she was moved. 'Top-up' injections of morphine were given whenever she became restless. Her

bladder was washed out again and the catheter found to be blocked with sediment. She seemed comfortable during the afternoon. At 1945 hours, a nurse again tried to administer Epilim syrup but she seemed almost comatose and had great difficulty in swallowing.

Day 59 - Her condition had deteriorated still more but she managed to swallow the Epilim syrup at 0600 hours. About mid-morning she opened her eyes and I think she recognized me, because a faint flicker of a smile passed over her face. The morphine appeared to holding the pain in check as long as she was left lying still. However, when the nurses moved her it must have hurt, because she protested by stretching out her hands and on one occasion uttered distinctly, the word/"please", by which I'm sure she meant, please don't do it. The tone of her voice was imploring. By 2000 hours, her condition was noticeably worse. All oral medication was stopped. Only morphine was now being administered. Her breathing was very laboured, her body jerking as she struggled for breath.

Day 60 - From midnight April 6, her condition was described as unconscious. She no longer cried out or protested when moved by the nursing staff. There was no urine output and her temperature had risen to 39° C by 1000 hours. Her breathing was irregular, rattling and laboured. At one stage, a nurse suggested that suction be used to remove the fluid from her throat. When I demurred, the idea was rejected by other staff because "it would not be kind for Joan". Her irregular, rattling and laboured breathing continued throughout the day until, at 1700 hours, it stopped and she died without regaining consciousness.

"ALL I CAN DO IS LIE HERE AND ACCEPT WHATEVER HAPPENS"

When Joan was transferred to hospital on February 5, 1993, she lost control of her life. With little consultation, she was judged physically, and possibly mentally, incompetent. Instead of

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being a person in her own home she became a patient in an institution. From now on, her life would be regulated by other people. There is little doubt, as one nurse reported, that this transition contributed to her distress. She recalled nothing of her transfer to hospital - although we had tried to tell her at the time - and couldn't understand later why her 'minders' wouldn't allow her to go home.

As a pharmacist, she would have been aware, at least during her lucid moments, of her longstanding 'right', as a patient under common law, to refuse medical treatment, although, according to Pollard (1989), the existence of this 'right' is not widely promoted by the medical profession. Significantly, however, the 'fight' of refusal exists only as long as the patient is mentally competent. The crucial issue, so far unresolved, as pointed out by Roger Clarnette (Australian Newspaper May 17, 1993) in relation to the Dying With Dignity Guidelines released recently by the NSW Department of Health is, who decides what happens when the patient is incompetent? Just as important, presumably, is who decides *when* the patient is incompetent?

Clarnette favours the introduction of an 'advance treatment directive', similar to that adopted by the US Congress in 1991, to allow self-determination by the patient in the event of incompetency. This approach, he says, is advocated by the Queensland Law Reform Commission and should take the heat out of the euthanasia debate. In a recent book rifled "Let Me Decide" (Molloy et al. 1993; Clarnette is one of the authors), an advance 'health care directive' (HCD) developed for Canada is presented. The proponents state that the HCD is designed for use not only by the elderly or the terminally ill but by all competent adults who wish to plan their future health care. It is written in medical terms and provides for various treatment options depending on whether your illness is judged "reversible" or "irreversible". The authors suggest that the advance HCD be prepared in consultation with your doctor, family

or close friends and that it be co-signed by a competent proxy (preferably someone who lives nearby), your doctor and two witnesses.

I think the HCD is an excellent idea and all competent adults should be encouraged to prepare them (regardless of their present legal status), as we are urged to execute wills to authorise the disposition of our assets after death. For various reasons some people die intestate and don't exercise their 'right' in this way. Similarly, if the HCD were introduced, some degree of non-compliance would undoubtedly occur. Also, like a will, the HCD can provide no absolute guarantee that advance instructions will always be followed to the letter. The intent may be contested, especially if the instructions are thought to be vexatious or unreasonable. The HCD would, however, give others a good idea of the kind of health care that a person, who becomes a patient, would prefer.

Although Joan knew she had a terminal illness three years before her death, she never talked about the kind of health care she would like if she ever became incompetent. From the beginning, she accepted, almost without question, any treatment that might prolong her life. Even in December 1992, after the doctors had told her, albeit indirectly, there was nothing else they could do for her, she never raised the subject of her dying. She refused to even contemplate incompetence or the imminence of her death. She scorned my sometimes tearful expression of concern for her rapidly deteriorating condition. She behaved as if there would always be a tomorrow. She kept buying things that she could not possibly hope to use and insisted that we give more thought to lowering the kitchen benches so that she could prepare

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and cook food while seated in a wheelchair. It was almost as if the act of purchase or planning somehow strengthened her conviction that she was going to live for a long time yet. She didn't want to die so soon.

Thus, in the absence of specific instructions or any hint of personal preference from her concerning her health care, in the event of incompetency, the decisions after her admission to hospital had to be made by other people. The things that happened (were done) to her during the 'count-down' to her death, were designed to minimize (not eliminate) her pain and maximize her comfort. Even the catheterization of her bladder, which was intrusive and caused her considerable anguish at the time, had the same objective. In tiffs, and other instances, her carers had to be 'cruel in order to be kind'. Whether the treatments that the doctor ordered during this time were what she would have wanted or whether her pain was kept to an 'acceptable minimum' - whatever that might mean - could be argued endlessly. For the most part, she was compliant and uncomplaining. A dispassionate observer may well have judged her dying to be 'dignified' but it could not have been regarded as 'pleasant'.

The records show - and it was obvious to any observer standing mute or in tears by her bedside -that she suffered both physical and mental anguish frequently during the 'count-down' to her death. To abolish pain was never the intention, probably because this could not have been done without rendering her comatose or unconscious. To do so, would have further reduced the 'quality' (and perhaps the length) of her remaining life (something she herself may not have wanted), and which her carers had no wish to do, although it would have meant less anguish for all concerned if they had done so. Whatever the relative merits of morphine as the drug of first choice to control or suppress intractable pain, it seemed to lack, unfortunately for her, the euphoria-producing side effects of Endone. (Recently, I was told that a cancer research hospital in London used to give its dying patients a 'cocktail' consisting of gin, orange extract and heroin every 3-4 hours. The mixture is said to be pleasant tasting, give adequate pain control - the heroin being metabolized in the body to morphine - and a wonderful feeling of euphoria, which morphine itself appears not to give. Terminally ill patients so treated are said to just 'sail away' die on a 'high'). The mental and physical anguish that she suffered while dying, though apparently well within the norm, is something I would not wish upon myself or on my friends as for my enemies, I'm not so sure!

The anguish that she suffered during those last two months, as a consequence of the inexorable progress of the disease and her probable realization that she was dying, was extremely difficult to watch with equanimity. The 'panic attacks', until these could be abolished by medication, were terrible to see. The effects of brain dysfunction

responsible for these 'attacks' must be something like those of schizophrenia - unimaginable to the normal observer but terrifying to the sufferer. Even simple things that 'happened' to her, such as her inability to use the telephone, caused her great anxiety and distress. At home, during the seven months previously, she had become accustomed to using a cordless telephone, the operation of which was different from that of the standard handset. By the time she was admitted to hospital her mental function had been so impaired that she couldn't remember how to use the standard telephone at her bedside.

Although the 'count-down' to her death was within their general experience, members of the nursing staff close to the action were distressed by what was happening, despite their professionalism and comparative inurement to anguish in the dying. They found it hard to put

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the necessary mental distance between themselves, the sufferer and the sufferer's family or to shrug off her suffering as simply another shining example of 'God's will' in operation. In other words, they became too involved with their patient. On **Day 42**, when Joan lapsed temporarily into unconsciousness, I'm sure it was the unspoken hope of all concerned that she wouldn't wake up. We could only hope that when she became unconscious for the last time on **Day 60**, the sensation of "just drifting away"- which apparently wasn't frightening - was much the same.

While marvelling at Joan's capacity to endure pain over the last few years of her life, I have often wondered whether women, by virtue of their maternal role in reproduction, are intrinsically able to tolerate more pain than men. What seemed to me to be an unacceptable level of pain during the last two months of her life, may not have been so for her, especially as sometimes she appeared unaware that she was hurting or was unable to recollect that she had complained of pain only a few hours before. While in Brisbane for the final radiotherapy she had declined to take a liquid formulation of morphine because, although it eliminated her pain, it "zonked her out" - which was something she didn't like. To experience some pain but still be capable of dialogue with her friends and family may have been preferable to the alternative of being pain-free but comatose.

No discussion of death and dying can be complete without some general comments on pain and suffering and our attitude towards them. Pain, in the normal course of life, is a personal early warning system. For those unfortunate individuals who, congenitally, are unable to feel pain, life is usually short and nasty (Brouard 1993). Pain is also the most common cause of suffering.

Suffering is the subjective experience of pain. It can be detrimental to well-being and there is always a lot of it around, much of it inflicted upon us by fellow members of our species. Both pain and suffering are commonly regarded as a 'natural' part of life (and dying) and, in moderate amounts, are said to be good for us. Suffering, especially, is said to be good for the soul. It builds 'strength of character' and helps us, while living or dying, to better adapt to the environment around us. The implication is that those who seek to avoid or minimize suffering are somehow doing a disservice to themselves and to the species. A little bit of suffering never hurt anyone! This view of pain and suffering is deeply entrenched.

On an ABC television program early in 1993, in which the subject of euthanasia was being discussed, a young nurse (firmly opposed to this "form of homicide"), claimed that she wouldn't mind a bit of suffering as a prelude to her death. Her steadfastness in this view was reinforced by her fervent belief that Christ suffered horribly while dying on the cross so that she (and the rest of us) might live - forever. An extra bit of suffering on her part was a tiny price to pay for a pearl of such great value. She gave, perhaps unintentionally, the strong impression that she thought she was getting something on the cheap. How much suffering, and of what kind, she would be prepared to tolerate on her deathbed was not explored by the interviewer.

There is no doubt, however, that too much pain and suffering are bad for us. Under these conditions, life can become a 'burden' which we might be tempted to throw away, an action that is greatly frowned upon. How much

pain and suffering is too much for any individual is always hard to say. For those like the poet Dryden (1631-1700; quoted by Brouard, 1993), who may have had a gutful of pain himself when he wrote:

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"For the happiness that mankind can gain

Is not in pleasure but in rest from pain;"

any pain is probably too much. This view is shared by millions - if the consumption of analgesics is any guide.

Our response to pain is influenced by many factors, including tribal custom. Members of Eastern cultures sometimes say that Westerners don't understand pain, by which they apparently mean that Westerners today are unable or unwilling to tolerate much pain. In ancient times, initiates into adulthood were, apparently, taught to tolerate pain, presumably because relief from pain was not readily at hand or was often ineffective. The widespread use of plant and other materials as medicines by tribal cultures is evidence that pain relief was often sought.

Distance profoundly affects our view of pain and suffering. It is easier to countenance pain and suffering in other individuals than in ourselves, especially if they are far away and we don't know them very well. Another's pain can be a cause for mirth or a sweet revenge. Unless we are affected directly, most of us can stand by impassively while millions of our fellows suffer the 'torments of the damned', especially if they belong to a different tribe. We can sleep each night with few qualms about their predicament, secure in the knowledge that there is nothing we can do to alleviate their suffering. Apart from the few glimpses we get of them on evening television, they axe out of sight and out of mind, like death in our institutions. The mere fact that we can envisage 'torments' appropriate for the 'damned' says much about our attitude towards pain and suffering - certainly, as just retribution for unacceptable behaviour.

Was the pain that Joan endured while dying, minimized to the best of our ability? I believe it

was - but I don't really know. Were her carers poorly educated in pain management? I don't think so - but, again, I don't know. (Others who read this can make their own judgement). All I know is that I was appalled at the way she had to die. The extended suffering she had to endure while dying I regard as unacceptable and, given the circumstances, unnecessary and unkind. I refuse to accept the notion that suffering by the dying (or anyone else for that matter) should be tolerated because it's 'natural' (or evidence of 'God's will'). Our species, at least during its recent existence, has always sought to modify the 'natural', through incantation and other means, to make life and death more bearable. Must we, on ethical grounds and in order to prevent wholesale slaughter of the innocents and incapacitated among us, continue to deny the dying the relief from suffering that only death can bring? Does this have to be the trade-off?

Despite what they say, what they see of dying seems to leave some doctors remarkably unmoved. Like combat-hardened soldiers on the battlefields of life, their behaviour raises fears that professionalism may sometimes be a cloak for cold indifference. There *are* doctors, however, who are profoundly disturbed by the manner in which their patients die, like the GP in an ABC-TV Lateline program on the subject of euthanasia - which went to air while Joan was dying - who spoke in favour of this "form of homicide" because of the unrelieved mental anguish that he'd seen among the dying in 10 years of general practice. He was adamant that this was something he wouldn't like to have 'happen' to him. Emotion may seem an inferior and dangerous basis on which to predicate our actions but, whether we like it or not, 'gut feeling' is a powerful, perhaps the primary, driver of human behaviour.

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The 'count-down' to Joan's death was not all unrelieved mental anguish. Some of the things that 'happened' to her, the visits by family and friends and a champagne lunch that was organized on one occasion, she obviously

enjoyed. For most of the time, however, those watching her could only guess at what she was going through and if they didn't like what they saw, could only hope that it doesn't 'happen' to them that way. Dying is, as far as we know, a one-off experience for each of us - despite the reports of those like Kerry Packer who can, with some justification, claim to have 'been to the other side and come back'. The individual never gets the chance to say what it was really like or whether he/she would do it differently next time. In the popular view, death, like birth, is something to get over and forget as soon as possible. To dwell on death and dying is deemed morbid and unhealthy. We'll 'cross that bridge when we come to it', we say glibly. Instead, the unrelieved anguish that is still the province of the dying should cause us to reflect on how we would like to 'cross' that final bridge. Should the manner of that 'crossing' (i.e. what 'happens' to us) be left to the dictate of other people, no matter how well-intentioned, or should we be given the 'right' to determine in advance how we will make the 'crossing'? Only by questioning present practice can we dare to hope that the one who is doing the dying can die more 'pleasantly' while those who are obliged to watch can do so without dishonour.

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A TIME TO DIE

'For everything there is a season .....a time to be born, and a time to die; ....a time to kill, and

a time to heal; ..... a time to love, and a time to hate; ....a time for war, and a time for peace ....(Eccles 3.)

Most of us, through experience, accept the doctrine of seasons for all things. Only the actions and their timing are in dispute - especially where death and dying are concerned. We think we are the only ones who know we're on death row. Far from helping us to 'go gently into that goodnight', this knowledge has only made us more desperate in denial. Death is daunting. The idea that what you see is all you get is unacceptable.

To reconcile the irreconcilable our imagination has run riot. Among the more popular of our fancies, no less delusive, I suspect, despite its antiquity, is the belief that this earthly life, so ephemeral for all and so wretched for so many, is only a pit-stop on the road to greener pastures. Our 'death' is a translation to another 'existence' - a Happy Hunting Ground, an Elysium, Paradise, Heaven, call it what you will. There, conditional upon our having followed a prescribed behaviour here on earth, we will dwell among friends, neighbours and loved ones in unimaginable but ineffable bliss - forever. A more interesting variant, offers a return ticket from time to time plus a suite of disguises. Death, dissolution and end-of-existence are free for other creatures but not for us.

As the poet (Wordsworth) put it:

"Our birth is but a sleep and a forgetting:

The Soul that rises with us, our life's Star,

Hath had elsewhere its setting,

And cometh from afar:

Not in entire forgetfulness,

And not in utter nakedness,

But trailing clouds of glory do we come

From God who is our home:"

The evidence is flimsy but these inventions have theft uses. They provide, for the many who crave it, a

comfortable certainty where there is only uncertainty. They offer hope where there is no hope. Wisely, perhaps, few adherents in their right mind rush to collect their glittering prize.

Death may come early to an individual or it may come late. Either may be regarded as being in the 'best interest' of the individual (to say nothing of the community) depending on circumstance, your point of view and whether you are a spectator or a player. The timing is, of course, of great significance to the individual. Some individuals see death coming without regret. Overwhelmed by the decrepitude of age and disliking the thought of being a 'burden' to their community, they see in death their only prospect of relief. They find it easy to admit that they have 'lived their lives'; like the old man in the (possibly) apocryphal story, who, when asked how he was, said he really didn't know but thought that he was just waiting for something to 'happen' - adding that he hoped it would 'happen' soon. For others, the timing of their demise contains the element of surprise or there is total unawareness - instant oblivion. The admission by the young or 'young at heart' that life is not worth living is harder to make, and may never be justifiable in the eyes of a censuring community. To admit that it's time to die or that one's death is overdue is one thing; to do something about it - because of the opprobrium dumped on those who dare to tinker with 'the course of Nature' or flout 'God's will' - is a very different matter.

Our lives, and the manner of our dying, are dominated by two great antitheses of human nature. The first is our capacity, under certain circumstances, to care deeply for our fellows yet, in another time and place, to treat them with unspeakable cruelty. The second is the capacity of our much-vaunted individualism to destroy co-operative community, unless moderated by some means. We hear much about the 'rights' of the individual but less about the responsibilities of individuals to their community. In law, when punishing non-conformers who break community rules we are asked to distinguish between the interest of the individual and the protection (interest?) of the community. The distinction seems hard to justify because few, if any, individuals exist alone. We are born into a community of some sort. It may be small or large, rich or poor, capable or incapable. Instinctively, we know that together more is possible than from each alone. Only when confidence in community competence collapses does survival of the individual, in desperation, take precedence over all. Inevitably, the chaos of such breakdown leads to the establishment of new communities. The distinction is forced upon us because we also know instinctively or learn very early in life, that some individuals will, if given half a chance, exploit their less fortunate fellows in a most 'inhuman' (?) way. The only defence is an uneasy balance of power between the individual and the community - a balance that is endlessly disputed.

The nature of our community and our position in it affects our expectations of, and will determine, the counter-measures, if any, that will be taken when accident or illness puts our lives at risk - how much medicine will be dispensed, to whom and at what cost? In a poor

community, the answers to these questions are easy because there is little to spread around and death may well come sooner than in a rich community. Only a rich and capable community can afford the sort of high-tech medicine that individuals in tiffs country now take for granted as a 'right'. That our current capability, in this regard, has caused disquiet as well comfort among the terminally ill is evident from Pollard's (1989) experience that the greatest fear among the dying is that their lives will be prolonged unnecessarily - something that he, in his capacity as carer to the dying at Concord Hospital in Sydney, was at pains to assure his patients would never 'happen' to them.

High capability is, unfortunately, often accompanied by high cost. Even in wealthy communities, those who serve the sick and dying are now obliged(?) to put a value on an individual human life. Cardiac surgeons in some UK hospitals, confronted with long waiting lists (600 on a 6-month list) for heart bypass surgery, are said to be refusing to perform this operation on patients who smoke on the grounds that it is pointless, costly and unfair to non-smokers (The Weekend Australian Newspaper May 29-30, 1993). The failure rate of bypass surgery and the need for repeat surgery is increased considerably in patients who continue to smoke. Therefore, "the best use of

[limited?] resources is achieved by not offering angiography or bypass surgery to smokers". This action by the surgeons has been condemned by professional ethicists as "fascist", because nicotine addicts in the British community tend to be the poor, the disadvantaged and the ill-educated.

The report may or may not be true but it is clear, however, that the extension of military-style 'triage' to the casualties of civilian life has been discussed and is, perhaps, gaining appeal

among some doctors in the UK, or is being forced upon them by a cost-conscious community. Nicotine addicts in queues for cardiac surgery are being 'told' by the medical profession that their time to die is now. Ethicists may fume at this but they must be well aware that our code of acceptable behaviour, though perhaps once carved in stone, is not immutably set in concrete. It used to be considered ethical - and in the wider community interest - to bum witches at the nearest convenient stake. (We still have witch hunts, but those we catch we mistreat in other ways). Likewise, immorality today may be morality tomorrow.

Some sage once said, perhaps in a moment of quiet despair, that 'life is nothing but a slow death'. For many individuals of our species ravaged as they are, almost from birth, by disease, malnutrition and man's 'inhumanity' to man, nothing could be closer to the truth. The more fortunate among us, however, find the existence we call life to be so marvellous and enjoyable that we are loath to let it go and expect as a 'right', that our fellows will do everything in their power to prolong it, even beyond the point where our capacity to enjoy it has been irretrievably lost or the very awareness of our own existence has been severely compromised.

The mere fact that we can prolong an individual's life by heroic or other measures does not mean that we should (or will) always do it:. If the 'steady-state' economists have their way and our ever-expanding-growth model is superseded by a steady-state model (in which capital investment would equal depreciation and births would equal deaths, at some sustainable level), and in which 'quality' rather than quantity of economic product would be the universal aim (Goldsmith 1988), we may decide that no one should expect to live to become a 'burden' on his fellows. His expectation may well depend on the value that we place upon his continued existence (as some UK cardiac surgeons are apparently inclined to do) and whether he can

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make a net contribution to the 'quality' of our economic product. He has no intrinsic 'right' to more. His 'rights' are what we give him and what we can afford. The individual is always expendable in the interest of the community. This is something we accept already. We've always been ready to sacrifice the individual for the benefit of the group, although generally at a younger age than many in line for heart bypass surgery. In a steady-state economy we could simply extend this principle. We might expect the incapacitated and useless old to follow the celebrated lead of Oates in that ill-fated South Polar Expedition - simply walk out into the blizzard and die with little fuss; or, in the case of nicotine addicts seeking heart bypass surgery in the UK today, to quit the queue. Already, a few individuals are willing to comply but we will need to do a bit of proselytising to get the numbers up, remove the onus from the doctors and secure community sanction for honourable self-sacrifice. In our future self-sustaining community, we will surely provide the option of being carried 'into that good-night' and do our best to make it a 'pleasant' and memorable experience. If we had the will, we could do it now.

Those among us today who want this service have done their self-appraisal, judged the worth of their continued existence (to themselves and to the community) and concluded that it's time for them to die. They may be old or young. Because a quick and easy death is not readily available, indeed, seems widely despised, they will seek the do-it-yourself service offered by the likes of the well-publicised and much-vilified Dr Jack Kevorkian ('Dr Death') in the USA, or will be forced to rely on doctors who, secretly, will comply with their wishes to 'go' comfortably and 'go' now. The results of surveys of medical practice and reports in the popular press tell us that there are doctors around who will, clandestinely, accommodate the wishes of the dying for an accelerated death. Of 369 doctors (out of 2000 sent the questionnaire) in one survey (Kuhse and Singer 1988) who answered the question-

"Have you ever taken active steps to bring about the death of a patient who asked you to do so?" - 107 said they had done so. In a more recent study, conducted by Dr Christine Stevens and Prof. Riaz Hassan of Flinders University in South Australia (reported in the Medical Observer May 28 - June 11, 1993), 19% of doctors surveyed admitted to having "taken active steps to speed a patient's death. Of these, half had acted without a request from the patient." Almost half of the doctors who participated in this survey had been *asked by their patients* to hasten their deaths. The same proportion had been *asked by the families* of the dying persons to play the role of 'mercy killer'. Most of the respondents were aware of the The Natural Death Act of 1983 but only 25% had been presented with declarations under this Act. The study confirmed the lack of unanimity among doctors in their opinions concerning the ethical and legal status of their decisions to withhold or withdraw medical treatment. Consequently, patients are presently at the 'mercy' of individual doctors because there are no commonly accepted guidelines in these matters. The survey also highlights the ethical conflicts that arise when a doctor, whose traditional role is that of healer and life sustainer, is challenged to relieve the suffering of the terminally ill through homicide.

If the results of these surveys are to be believed, and Pollard (1989), rightly, urges caution in their interpretation, there is a demand among the terminally ill (and their families) - only partially satisfied, in secrecy, by complying doctors - for active intervention by someone to speed their deaths, i.e. to kill them. The demand, presumably, is based on a belief among the terminally ill (and their families) that their dying *is* sometimes prolonged unnecessarily, despite (or perhaps because of) the good, but misguided, intentions of their carers. Those who ask

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their doctors for the 'kiss of death' presumably want it. Whether they are depressed about their future or are 'in their right mind' may be arguable under the circumstances, but why not give them the benefit of the doubt - as some doctors are apparently doing. The doctors know their patients are dying, their patients know they are dying, have accepted the fact and, like the old man in the apocryphal story above, would prefer to 'get it over' sooner rather than later.

There are, however, as Pollard (1989) points out, some "areas of difficulty". Some terminally ill people can accept, with equanimity, the fact that they are dying. Others, like Joan, cannot. Thirty years ago, my father, at the age of 80, was diagnosed as having rectal cancer. Against all medical advice, he declined any surgical intervention on the grounds that he had 'lived his life' and didn't want to suffer the trauma that surgery would entail. He was ready to die and asked only for palliative care. His verbal 'health care directive' was accepted with bad grace by the medical profession at that time. Joan, at age 55 at the date of diagnosis of breast cancer, was not ready to die. The 'count-down' to his death took two years. Hers, from the date of diagnosis, took three.

I have no idea of the anguish that some people suffer while dying today, but if it is anything like the kind of unrelieved, post-operative pain that I endured for five days following the removal of the sigmoid section of my colon 20 years ago, after diagnosis of cancer - the memory of which brings tears to my eyes still - then I can understand how these poor wretches feel and why, in their predicament, they will ask for death. Despite the pain-killing injections, which were never enough, my pain throughout that period was so interminable, so all-consuming, so indescribably appalling and so unbearable - and there was no way of knowing whether all the suffering would be in vain - that in desperation I told my doctor that if someone would offer me the 'kiss of death' I would gladly take it in order to get relief. Needless to say, he dismissed my plea as the product of a deranged mind saying gruffly instead, "you're going to live!" He was right, of course, but I have never forgiven him for not warning me in advance of the agony I would suffer after surgery. I don't think he'd ever had this operation and, like those who watch the dying, had no idea what I was going through. I can only assume that my post-operative pain was inadequately relieved because it was beyond the reach of best medical practice at the time, and that short-term pain - the nature of which was impossible to communicate - was the only way to long-term gain.

TO KILL OR NOT TO KILL ?

Homo sapiens is a great killer. We kill other animals by the billion for our food. We kill our fellows by the million

for other reasons. We will kill for territory and for sex. We will kill for convenience and for self-interest; for fun and for revenge. We will kill for fear that others will kill us. We will kill for ideas. Think of an idea, noble or ignoble, and someone will kill or be killed for it. Create the circumstance and we are all killers. Our killing is ritualised, sanctified, glorified or vilified, depending on the circumstance. Nothing, no code of ethics, no moral scruple, no taboo has been able to stop the killing. The long-standing 'thou shalt not kill' proscription of Christian and other codes of human behaviour and now enshrined in the UN code of civil rights, which states that "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" (quoted by Pollard 1989) - is flouted daily around the world. It is much easier to get people to shoot their neighbours than to love them - of which fact, the former Yugoslavia today is merely one

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example. There is nothing inhuman about our killing, although it may be 'inhumane'. Indeed, this fact is so well recognised that we've set up conventions to ensure that we kill in the 'proper' way. Generally, for our species - but not necessarily for others - we favour a quick and clean killing rather than a slow and dirty one but either option is always there. Those among us who take up killing as a profession are rewarded with our undying thanks and many monuments if they are killed while striving valiantly to kill others we don't like.

Though many are the reasons for which we will kill our fellows, to kill for kindness is not among their number. To kill for kindness is something we dare not do, for that way danger lies. To kill for kindness, according to Pollard (1989), is to open the floodgates of our longing to kill for other reasons. As a salutary example of what could happen if ever our pent-up love of killing is legally unleashed in the name of kindness against the terminally ill, we are told that, of 1.5 million abortions (fetal killings) performed in the US in 1982, 99% were done for economic reasons or convenience. It is, however, both 'right' and 'proper' for us to kill other animals for kindness (as well as for other reasons) - perhaps because they can't talk to us and we don't know what they're thinking. The mere fact that *we* think that their condition is not conducive to their enjoyment of continued existence is all the justification we need to 'put them out of their [presumed] misery'.

Pollard (1989), an anaesthetist, whose career spanned 30 years before his appointment to Concord Hospital in Sydney in the service of the dying, is implacably and unashamedly opposed to killing for kindness. In his recent book, 'Euthanasia - should we kill the dying?', he puts the case against killing for kindness as well as any one I've read. In his view, "it must be ethically superior to attend to the elimination of human distress before the elimination of the human in distress". (Not so, apparently, for other animals.) He concludes that to kill our fellows for kindness is morally indefensible because the justification of this action is based on:

. premises which do not respect life;

. ethically unsupported assertions; and

. misleading presentations.

Neither is it supported by:

. medical codes of ethics, or

. legal analysis; and

is at odds with:

. current best medical strategies of care;

. the patients' best interests; and

. the community's best interests.

Pollard (1989), who has participated in the palliative care of nearly 1000 terminally ill patients who were dying or about to die found that none asked directly to be killed. The few who mentioned the E-word, euthanasia, were told to raise the subject later if their lives became unbearable. None ever did. This experience has convinced Pollard that if palliative care is good, no patient will ask to be killed. If Pollard is right then poor palliative care is more prevalent than he realizes. If we accept the results of the survey questionnaires, some terminally ill patients in hospitals do ask to be killed for kindness and some doctors, on compassionate grounds, comply with these requests. The reasons are probably various but if the patients (or their agents) are mentally competent, their wishes are, apparently, being respected. The true frequency of these killings may be impossible to determine. Pollard (1989) dismisses those who assert on such dubious grounds that doctors are closet killers of the terminally ill, as being both mischievous and ignorant of what really happens in our hospitals. It is absurd, he says, to think that this could happen on any significant scale. Could Pollard be wrong?

While those doctors who, clandestinely, kill for kindness do so because they believe they are doing the 'right' (ethical), if not the legal thing, other doctors find the idea of 'mercy killing' repugnant and unethical. They're in the business of prolonging life, not terminating it prematurely, no matter what the cost in anguish or other terms to the individual or the community. Let them remain conscientious objectors but let them not condemn outright their compassionate, killing colleagues. Is it just coincidence that Pollard (1989) and the other outspoken opponent of euthanasia in the television program mentioned above, are both anaesthetists? Are anaesthetists afraid that we might ask them to be professional killers because we don't think of them as doctors but as highly skilled technicians? Personally, having experienced anaesthesia before undergoing surgery, I can think of no better way to die than at the hands of a kindly anaesthetist - to slip quickly into a 'sleep' from which there will be no awakening. I've heard others say the same.

Pollard (1989) sees great irony in the fact that euthanasia is being promoted at a time when the ability of the medical profession to care for the dying has never been better. The demand for euthanasia, he says, is being driven by the observation that the pain and stress that lead to suffering cannot or is not being adequately relieved, despite the best intentions of those responsible for terminal care. Thus, elimination of human distress during dying (rather than elimination of the human), while being the laudable and stated objective is, currently, not yet either achieved or achievable. Certainly, this appears to be true but, in Pollard's *view, any such failure is the result of poor education in pain management not our ability to control pain(my* italics). While to do better, in accordance with fine principles, is always an admirable objective, the dilemma for the dying (and theft relatives) is that they must deal with what is 'happening' to them now. They can't wait for the ideal that may never be attained.

Those who oppose the liberalisation of the law to let us kill for kindness are afraid that this will give us a licence to kill, in the 'name of kindness, for convenience or economic reasons - a licence already secured by the 'pro-choice' advocates of the killing of the unborn. There is already too much killing, by nature and by nurture. Far better, they say, to leave things as they are; tacitly condone the killing of the terminally ill as the circumstances demand and disregard the legal fact that murder is being committed. Opponents of legalisation fear that the law will

be broken, bent, twisted or otherwise interpreted to fit the circumstance. This happens now, of course, at every level throughout the community and probably for every rule. There is no easy way to stop individuals from breaking, bending or twisting the law. If too many people (said to about one in three) break a law without detriment, then the rest will not think it worth their while to abide by it. The law must either be changed or popular infringement of it ignored by those charged with its enforcement, as is commonly done locally with the many motorists who travel at 70-80 km/hr in 60km/hr speed zones, and is apparently done with 'compassionate' doctors who 'murder' the terminally ill. If the law is perceived to be an 'ass' under particular circumstances, it will be flouted widely. This prospect, however, has never stopped us from enacting laws or believing that by so doing we

can achieve an acceptable measure of control over the actions of individuals.

If our moral/ethical codes can be broken, bent, twisted or otherwise interpreted to accommodate our need to kill, for unkind reasons, the innocents in Bosnia, for example, despite a professed belief that all human life is "sacred" and inviolable, there is no reason why we shouldn't give hemlock to the terminally ill and, through similar intellectual sophistry, call it the 'milk of human kindness'. The mere fact that we declare human life to be "sacred" and inviolable does not mean that humans can never be sacrificed should the circumstances demand it. This is something we have long understood. We train some individuals as professional killers whose lawful job it is to 'put their lives on the line' while killing others for reasons that, later, may seem trivial but were deemed important at a particular time. We expect them to kill, or be killed. Many of these killers are volunteers. If there are not enough volunteers, the reluctant are conscripted to the cause. When, 'in the line of duty', the lives of these individuals are sacrificed for the 'greater good' we bury them in hallowed ground (if we can find their remains), call them heroes and sing their praises for evermore, so that others will follow their splendid example. "Greater love hath no man than this', we say, 'that a man lay down his life for his friend' (and community). Yet, when a patient who is terminally ill - whose continued existence has become a 'burden' to himself and an 'impost' on the community - offers to lay down his life for his friends, we decline his offer and say he is not lawfully allowed to do so. We regard him as misguided or incompetent and do our best to dissuade him on the grounds that his altruism is unseemly and unnecessary. If he insists, and does lay down his life in the line of his perceived duty, either alone or with help on the side, we treat him like the proverbial pariah. Why shouldn't he follow the celebrated lead of Oates (mentioned above) in that ill-fated South Polar Expedition - simply walk (or be carried) out into the blizzard and die? Why shouldn't this be an individual's responsibility to his community? Why shouldn't we call *him* a hem? Why not broaden our notion of heroism to include, even encourage, the voluntary sacrifice of the lives of the terminally ill in the interests of a grateful community? Why shouldn't there be conscripts too?

One doctor (a respondent in the survey reported by Kuhse and Singer 1988), disinclined for ethical reasons to kill the terminally ill on demand, tried to highlight the gravity of the request by asking whether the patient (or his relatives) would still opt for 'mercy killing' if told that the killing would be done *aggressively* by blowing off the patient's head with a shot gun that the doctor kept in his surgery rather than *gently* by lethal injection using chemicals from the hospital pharmacy. Any competent patient and his relatives would, properly, be appalled at the former prospect. They would know, of course, that death comes lawfully in many ways, e.g. by shredding with shrapnel, by searing with napalm or by inhaling poisonous gas - which is the lot

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of many soldiers and civilians; by firing squad, by single shot to the back of the head, by hanging or by electrocution. If they also knew that a 'more gentle' death by lethal injection is available legally to criminals (in parts of the US, at least) though not to the terminally ill, they might feel hardly done by if the coup de grace was given by shot gun at point blank range to the head. Their disquiet would surely be magnified if the patient had never fired a shot in anger, so to speak, during the course of a God-fearing life. 'Mercy killing' by shot gun may be appropriate on a lawful battlefield but to offer it in a hospital context, in order to salve a doctor's conscience, is unreasonable and unhelpful.

Who, then, should do the killing? Unlike soldiers, our doctors are not trained to be killers. We don't expect them to kill - either in closets or out in the open. Killing shouldn't be part of their job. We are entitled to feel highly aggrieved if our hired healers turn out to be 'murderers' in disguise. While some doctors, apparently, do kill for kindness and others condone this practice, most, it seems, would prefer someone else to carry the 'guilt'. With community sanction, the competent could, if they wished, kill themselves (either alone or with help from a 'Dr Kevorkian'), at a time, in a place and in a manner of their choosing or delegate the task to a friend. The incompetent need an agent to do the job for them. Clearly, we need another class of professional killer - someone, like the traditional hangman but held in higher esteem, with the hands and technology of an anaesthetist and the manner of a trusted friend. The doctor would certify death once the killer had completed his work - as he/she does

now when Nature or God has finished the job.

Killing for kindness in our hospitals, hospices and homes should, therefore, be legalised. It should also be ritualized, sanctified, glorified (and vilified, if handled badly) along with the rest of our reasons for killing. The alternative, is to do what we often do about undesirable human behaviour - ignore it and pretend that it isn't happening. Certainly, we should try to direct and control killing for kindness bearing in mind, of course, that we are likely to be no more and no less successful in regulating this activity than we have been in any other. The demand for the service is bound to grow along with our ability to squeeze yet a few more days into a human existence at an ever greater cost to the individual and the community but often of doubtful benefit to either.

A DEATH DIRECTIVE

"Sunset and evening star,

And one clear call for me"

(Tennyson: Crossing The Bar)

Roger Clarnette's hope that the advance Health Care Directive (HCD), (Molloy et al. 1993), will take the heat out of the euthanasia debate is unlikely to be realised. Although many may welcome the introduction of the HCD as a means of gaining more control of their health care, especially as doctors are said to provide more care than is wanted sometimes, the limitation of the document remains. As the name implies, the HCD is a prescription for 'health care' only. Although good as far as it goes, it doesn't go far enough. It covers the 'count-down' to the patient's death but is 'passive'. Death may or may not be accelerated by 'omission' on the part of the doctor or those caring for the patient. Delivering death to those who want it, as distinct from watching it 'happen' to those who don't want it, is very different from delivering health

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care - as Dr Kevorkian, recently ordered to stand trial in Michigan (US) for helping a 30-year-old man to commit suicide (Sunday Territorian Newspaper, September 12, 1993), must now be well aware. The Death Directive (DD) would be 'active'. It would sanction, in advance, direct action by the dying person (if competent) to end his own life by some specified procedure or, (in the event of incompetency), by some agent(s), not necessarily a doctor, to perform that service for him.

The purpose of the advance Death Directive would be similar to that of the advance Health Care Directive, i.e. it would transfer control to the patient but would cover the final stage of life - death. Its purpose would be to remove, from medical and health care professionals and relatives, the responsibility concerning *the time and manner of my death*, should I become terminally ill and/or mentally incompetent - in short, to "let me decide". If we are given the 'right' to specify in advance, in the event of incompetency, the health care we would like during the 'count-down' to death, why shouldn't we have the 'right' - if we have the guts - to say when and how we would like to die and to know that there will be a good chance of having our wishes respected and carried out?

I hesitate to say what options might be provided in a formal DD for the terminally ill. If given the choice, most of us would probably prefer the 'soft option' - a comfortable and painless death. If this could be assured, was available on demand and we had the guts to ask for it, the

duration of our dying would be of less concern to all. There will always be some heros like the

young nurse in the television program, who won't mind a bit of suffering on the side/Let them have it, if that's their choice! A few may wish to go laughing 'into that good-night'. Let's help them do that too! Let the community not, however, deny other individuals the choice to 'do it' their way! Let those who will, issue in advance a Death Directive as to *when* they wish to die and by what means.

When life becomes too great a 'burden' for otherwise healthy individuals, some choose the shot gun or rifle option and make things messy for their survivors. I wouldn't want that kind of death. Others have sought to kill themselves through poisonous chemicals of various kinds -solids, liquids and gases. Many of these are very effective but some seem likely to make dying too protracted or too painful. I wouldn't like to die like Joan. In Holland, where killing for kindness is condoned but has not been formally legalised, there are two main methods in common use:

(i) a slow infusion of barbiturate to produce death in hours, or

(ii) an injection of barbiturate to produce rapid unconsciousness, followed by a muscle relaxant to produce arrest, which results in death within a few minutes.

The former is said to be preferred but the reason is not given (Pollard 1989).

My preference, based on my experience in the hands of professional nursing staff and those of an anaesthetist prior to surgery is, as I have indicated above, for death via anaesthesia or a similar condition. The tiny prick of a needle in one arm delivered by a smiling and strangely garbed attendant, a brief joking remark, a request to start counting out aloud, the vague memory of reaching the count of four and then - oblivion. I have found being prepared for

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surgery to be so relaxing and unfrightening that I have never been particularly concerned as to whether I would wake up or not. In each case, the condition which necessitated surgery had caused me so much anguish that 'relief', rather than survival, was my prime concern. Today at 62, with age-related breakdowns steadily eroding the 'quality' of my life, the time may come when death - that great harbinger of 'relief'- will be my saviour too. I would like to think that my community will give me the 'fight' to say 'when', if I am competent, or, if I am not, then I would like my agents to know in advance that I will understand that they may act also in their own interest while presuming to act in mine. I say this without knowing how my dying under anaesthesia may appear to others. My first such experience of surgery under anaesthesia surprised me. I woke up to find I had many bruises in the most unlikely places - as if I had been in a fight. At the time, post-operative pain had claimed my full attention so that I failed to seek an explanation from the doctor for these unexpected injuries. I have since been told that patients being subjected to surgery sometimes struggle quite violently to escape the scalpel, despite their comatose condition. They need to be strapped securely to the operating table to prevent them hurting themselves or medical staff. (In my case, I can only presume that the straps that bound me to the table were not adjusted properly to stop me engaging in callisthenics of a non-beautifying kind). During my dying, I would not like to give concerned onlookers the impression that, having made the big decision, I was trying to escape my fate! I would like to feel, and act, as if I was going to 'sleep' and have my watchers think the same. Others may prefer an 'exit' more heroic.

As for the language in which my Death Directive should be written to ensure that its instructions are clear to all, again I defer to others. If, as seems wise, in order to "let me decide", without ambiguity, the fate of my estate *after* my death, the legal profession is engaged to do the job, I fear that those delegated to *bring about* my death, under specified circumstances, may have difficulty in implementing my instructions even in spirit, let alone to the letter, unless the language can be simplified. When, recently, a legal firm drafted my will and submitted it for my comment I protested that it was, in too many places, beyond my comprehension. The lawyer quickly explained that, unfortunately, such language was essential to spare my executors - both graduates of distinguished universities - the confusion and ambiguity that might otherwise arise if legal terminology was eschewed. My suggestion that the document be written in English that I could understand was greeted with dismay and treated with the derision that it deserved. To do so, I was told, would take so long and cost so much that I would be well-advised to accept the standard format with minor alterations!

I would like to think that my Death Directive could be written in language that I, and those appointed to act on my behalf, could read and understand without the services of an interpreter. Molloy et al. (1993) have drafted their

Health Care Directive in language which, when used in conjunction with the explanatory text and the glossary provided, should be understandable by most people. Although delivering death, as noted above, is very different from delivering health care, ! can see no reason why a Death Directive could not be appended to, or even included in Molloy et al. 's sample document, since three of the procedures listed at its end, for which the choice of *yes* or no is offered, namely, post-mortem, organ donation and cremation, would properly be offered after death. With the possible exception of organ donation, they are not procedures that would normally form part of a patient's health care.

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Probably, it would be best to keep the Death Directive separate from, although possibly appended to, the Health Care Directive in order to distinguish clearly between *medical intervention* to deliver the individual's specified health care and *community intervention* to deliver the specified death of the individual. The exact wording of the DD should, perhaps, be decided in consultation with both legal and medical practitioners to minimize misinterpretation. There would need to be a short personal statement describing the circumstances under which the individual would wish his/her life to be ended (in case the patient is incompetent), together with the names of proxies and choice as to site, who should attend as witnesses and the method by which the death of the individual is to be brought about.

If I have the chance, I would like to actually *say* goodbye directly, in as non-stressful a state as possible, to such relatives and friends who may care to come around. I would like them to be able to bid farewell to a person rather than an unconscious or lifeless body. If my death is accidental or sudden and I happen to be unconscious or otherwise incompetent, I probably won't much mind the manner of my exit. I can but hope that its effect on relatives and friends is minimized. To what extent I am entitled or qualified to speak for Joan, I hesitate to say. We are often told that we cannot, or should not, speak for other people yet, we have to do it all the time. Parents speak for theft children when they are young and incompetent and the children speak for their parents when the latter become old and incompetent. Our representatives, elected or appointed, speak for us at all levels. How much latitude we give them depends upon the circumstance and their competence.

When the doctors told Joan in Brisbane in December 1992, that there was little else they could do to prolong her life, she had, in the sense my father used the words, 'lived her life'. In fact, this was true in April 1990 when the disease was diagnosed. What followed was nothing but a 'slow death' even though much of it she enjoyed. The prospect of a 'miraculous' cure, unforeseen by her doctors, was vanishingly small. The last desperate chemotherapy in Darwin changed nothing. If anything, it may have shortened her life as well as increasing her anguish. The wisdom or the ethics of giving the oral antibiotic and the blood transfusions to her after admission to hospital on February 5, 1993 can be questioned but to little purpose. It may have been 'kinder' and 'ethical', under the circumstances, not only to have withdrawn these treatments but, since she didn't ask for the information, to have withheld from her the knowledge that she was anaemic and had pneumonia. It could also be argued that these treatments may have had no effect on the 'count-down' to her death. The same, I suppose, could be said of the other things that 'happened' to her during terminal care - the CAT scan, the X-rays, the bladder catheterization and wash-outs, the medication and general care although they may have increased her 'comfort'. All these things were done, we are led to believe, in the name of kindness. Yet, the kindest thing of all we could not do. She didn't 'belong' to us. She 'belonged' to the wider community. The doctor knew and the nurses knew that death was near - and hoped, for her sake and for ours, that she would die sooner rather than later. If she .knew that she was dying, she was unwilling or unable to admit it. Thus, in a way, she had abdicated her responsibility to her community. By default, she left others to 'do it' for her.

Yet, in Pollard's (1989) view and that of many others, she could not be killed for kindness. She could not be "a candidate for euthanasia" because her method of dealing with dying was to deny that it was happening - as we had, in fact, been doing all along. We were actors in a heartbreaking charade. We would laugh and make little jokes about her increasing disability.

On excursions in her wheelchair when friends would often comment on how well she looked, we would laugh and say that apart from the fact that she couldn't walk and her bones were disintegrating, there was nothing wrong with her! Because she never initiated any discussion concerning her probable life expectancy, I could never raise the subject with her - nor could the professional nurses who attended her at home. The nearest they came to talking to her about dying was on the morning of February 5, before she was transferred to hospital, when a nurse said to her, "things are happening much faster than we thought, Margaret, aren't they"? "Oh yes", she murmured, "they are!"

Regardless of whether the terminal care that she received was appropriate or not, her condition during the first 15 -20 days of the 'count-down' to her death was such that no one would have begrudged her those extra weeks of life. The rest was pointless. Why, in the name of kindness, did she have to endure another 40 days of anguish? Why, in the name of kindness, must those who care be forced to watch? Why, in the name of kindness, don't we intervene when all hope is gone - the medical repertoire exhausted? Why, in the name of kindness, don't we end the 'danse macabre'? We don't, of course, because kindness is not our main concern. We are not-killing for *convenience*- not for kindness. We are so terrified of losing control that we are too paralysed to act - whether it be a Bosnia or a victim of breast cancer. We let them suffer for the 'greater good'!

There were occasions during the last 40 days of the 'count-down' to her death, when she could have been killed for kindness instead of not-killed for convenience but no one had the authority to act on her behalf. The instructions for the administration of morphine were explicit avoid over-sedation. One hears stories of how, under similar circumstances, a patient's death has been accelerated discreetly by morphine over-dose. I have no reason to believe that this 'happened' to Joan. If it was done without my knowledge, then those who did it deserve a community commendation of the highest order.

Each life has its 'use-by' date. Why shouldn't we recognize this fact and have the guts to say so when we reach it? Why shouldn't we be given the 'fight' to make our 'exit from life's stage' at a time of our choosing and in a manner more acceptable to all? I hope that, like my father, I will know when I have 'lived my life'. I hope that my advance 'health care directive' will be respected and carried out. I also hope that my 'death directive' will be treated similarly.

CONCLUSION

When, in my anguish during the 'count-down' to Joan's death, I exclaimed to one of the nurses in attendance that 'there has to be a better way to die', implying that something should be done to 'put her out of her misery' - i.e. kill her - the nurse asked whether I was seeking to relieve my own anguish or hers. I said, both. Not only was her condition the cause of great mutual distress, her inability to admit that she was dying made things worse. If only she could have admitted that she was dying how much better it would have been for all concerned! Because she could not admit the inadmissible, or saw no sense in stating the obvious, I could not watch the 'happening' of her death. I felt like an intruder upon something that was terribly private. Pollard (1989) says that terminally ill patients for whom their dying is not a legitimate subject for discussion (and Joan was certainly one of those) constitute an "area of difficulty" in the euthanasia debate. I couldn't agree more with him on this point. To argue though, as Pollard

does, that such patients "could never be candidates for euthanasia" because they refuse to admit that they are dying even unto death, is specious and unhelpful. Although enabling them to cope with their predicament, their behaviour can be devastating to those who watch. To argue also, as Pollard does that misery is as much a part of the human condition as happiness - "an amalgam of good and bad, happy and unhappy" - and that a refusal to accept this is evidence of immaturity and "a kind of childish longing for the impossible", is also specious. It

downplays the fact that we have always sought to maximize the happiness and minimize the misery in human life.

Indeed, it is probably our success in skewing the composition of life's "amalgam" towards happiness for many, through better health and increased longevity, that has changed our popular attitude to death. To make dying more 'pleasant' for the spectator and the player rather than merely 'dignified' for the player, requires admission of another view of death - death as the great 'reliever'- a view that seems almost to have been lost from our society but which is still common in less capable communities. Although, paying lip service to this view of death we do our damnedest to discourage its acceptance. Our health has become an industry, subject to excess and abuse like any other.

To advocate killing for kindness need not imply a disrespect for human life, which seems to be the main concern of those who oppose the idea of euthanasia. Rather, it highlights an individual responsibility too often overlooked and best expressed, perhaps, by paraphrasing the oft-quoted words of John E Kennedy - ask not what your community can do for you but what you can do for your community. ff, 'in the morning of my life, it is my duty to be ready to die for my community, either as a volunteer or conscript, then I see no reason why I should not carry this obligation in life's evening. If, to popular acclaim - and without disrespect for human life - I can accept the prospect of community-sanctioned, violent death by mutilation when my life has just begun, I can face the prospect of a gentle death when I have 'lived my life' and accept this, my last responsibility to my community.

While, at first sight, it might seem unlikely that this view would gain wide support, some individuals are showing the way. To this end, the Kevorkians of this world, whether they work in closets or out in the open, are to be commended rather than condemned. Western 'liberal individualism' - 'pro-choice', not anti-human - is the most powerful force afoot in the world today. Traditional religious autocracies, who for so long have considered themselves the sole arbiters of ethical behaviour, now confront an unwelcome 'democratisation' of their role. In attempting to crush rather than to temper or accommodate the challenge they may end up destroying the very 'communitarianism' that both they and Goldsmith (1988) see as essential for a self-regulating world community.

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ACKNOWLEDGMENTS

I would like to express my gratitude to: Dr Lizbeth Kenny, Dr Geoff Beadle and staff of the Wesley Cancer Care Centre, Brisbane; the staff of the Nightcliff/Casuarina Community Care Centre; Dr Robin Ferguson, Darwin; Dr Dan Campbell, Dr Dianne Howard and the nursing staff of the Darwin Private Hospital, for their professional and emotional support during my late wife's illness; the Darwin Private Hospital Administration for giving me access to her hospital records; and Ms Colleen Pyne, librarian, Australian National University, North Australia Research Unit for help with literary quotations.

SUBMISSION 041 1

14 Aldidja Street

ALICE SPRINGS NT 0870

10th February 1995

Mr Marshall Perron

Chief Minister

Legislative Assembly

DARWIN NT 0800

Dear Mr Perron

Last year I spent 6 months looking after my 60 year old Mum while she was dying of cancer. For the large part of that time she was in a great deal of distress, nauseated and vomiting, in a lot of pain and constantly requiring enemas, catheters and at least 20 pills or needles a day. There must have been at least 10 experienced and caring Doctors giving us advice, but it was only when we contacted the head of a large Sydney Palliative Care Unit that we found the right combination of medicines that allowed her to live and die with some peace and dignity.

There were many times when both she and we, her family, hoped that she would die peacefully in her sleep while at the same time being terrified that she wouldn't wake up. Our family is scattered all over the country and the strain and financial cost on each one of us trying to juggle families, children, school, partners and jobs was incredible. I took my 3 children to live with Mum and Dad (in country NSW) while my husband flew down to visit when he could.

I and two of my sisters are registered nurses and another is a Doctor. We have all worked in hospitals and in the Community with the dying, but we were all totally unprepared for the trauma of having some one very precious to us die of cancer.

Many times we discussed euthanasia and I have thought about it often since Mum died on July 3rd last year. I have come to the conclusion that legalising euthanasia is not going to make it easier for the dying to take their own lives - it is simply going to put more pressure on them to do so. I say this for the following reasons:

1. People do not really have to die horrendous deaths if they are given the correct care. This care should be directed by an expert in the field of Palliative Care, given unrestrainedly irrespective of whether a particular drug given to relieve symptoms may prove to be lethal.

2. Current laws already allow people to die without extraordinary lifesaving measures, and they can choose to refuse any treatment which they do not want.

3. Most people who are dying, already have capacity to take their own lives if they really want to. They have access to lethal drugs such a narcotics, sedatives or even a packet of panadol and I can't imaging anyone who felt he or she was morally entitled to do so, hesitating because any government says it is illegal.

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4. It places incredible pressure onto a dying person who feels that he or she is a real burden on their family and friends (as Mum did), to end their life, where otherwise they may have hung onto the end. Being very vulnerable someone who is dying may well read the community as a whole saying "It's time for you to go, you are costing us in time, money and resources and you have no future and no value - you are a burden, do the decent thing and kill

yourself now". And the frightening prospect is that the community may soon be thinking like that.

5. The cost factor may put pressure on Doctors, Institutions and governments to take the easy way out and encourage termination of a life rather than put the necessary time, money and resources into improving the quality of the lives of the terminally ill.

6. Where do we draw the line - a friend who visited Mum said "You are lucky you are dying of cancer. I have to live with Multiple Sclerosis."

7. I have no doubt there are many other long term social, moral and legal ramifications to the legalising of euthanasia, all of which deserve widespread debate within an unhurried timeframe.

8. As a member of the Nursing Profession, I can see all kinds of issues of concern with the actual face to face reality of giving someone a lethal injection. It is a bit like calling for capital punishment - many in the community scream for the death sentence but how many would actually be prepared to pull the lever?

In conclusion, I would ask at the very least for you to delay presenting your Private Members Bill to enable more debate on the matter and to consider some realistic alternatives.

Yours sincerely

HELEN LILLICRAP CHRIS LILLICRAP

SUBMISSION 042 1

P.O. Box 1742

Palmerston N.T. 0831

An open letter to Members of the Legislative Assembly of the Northern Territory.

As a concerned member of this community I wish to make a contribution to the debate concerned the proposed Voluntary Euthanasia legislation.

The following points appear to me to be the contentious issues.

(1) Should terminally ill people of sound mind be allowed to control their lives and destiny or should that responsibility be denied them and rest with the community.

(2) Should someone who has chosen death rather than prolonged suffering be made to break the law to fulfill his greatest need.

(3) The role of doctors in the proposed legislation.

(4) The role of the relatives in the proposed legislation.

(5) The question of voluntary euthanasia tourism.

(6) The role of palliative care.

(7) The misuse of emotive language destroying real issues of the debate.

DISCUSSION

(1) I suggest that the decision for voluntary euthanasia rests between the person concerned and his Maker, not the person and the community. How can the community know the special circumstances and needs of this individual human being? Regardless of our own feelings on the subject, what right have we to force our personal ideologies

upon an adult of sound mind with a terminal illness? If the person has been declared terminally ill by two doctors and for whatever reason finds his condition intolerable, why can't he direct the outcome if he so wishes? Remember the old Indian saying "Never judge another until you have walked in his moccasins for two weeks."

(2) The notion that there will be a dramatic increase in deaths as a result of this legislation seems to me to be unrealistic. In my experience people cling to life with unbelievable tenacity. The option of suicide has always been there for some. What if they choose this uncertain, unhappy and sometimes messy outcome? The patient will carry the burden of secrecy and guilt, add to the grief of his family and be denied the comfort of a legitimate farewell. At present the only choice for the terminally ill is between intolerable suffering (often as much mental and emotional as physical) or an illegal act. Some choice! Are we really a caring community or just a mob of well meaning busy bodies trying to make everyone believe and behave as we would wish?

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(3) Unlike the patient, the doctor has a choice. He need only meet the patient's request if his conscience allows him. The proposed law does not force him to comply. The doctor also has the backup of another of his peers to support him in his diagnosis. As I understand it the doctors and other medical staff are not involved in this final private act - and neither they should be. The prescription of appropriate drugs to induce a pain free death is all that is required of them. Everyday doctors prescribe potentially lethal drugs for a multitude of serious illnesses. If the patient accidentally or deliberately misuse those drugs does the doctor accept the blame for the consequences? No, of course not. The onus is on the patient except if the patient is terminally ill and then it seems that he is no longer allowed to be responsible for his actions despite being declared of sound mind.

(4) The view has been expressed by some that the patient may feel he has to take his own life to relieve the burden of his illness from the family. Yes, I agree that a terminally ill patient may be made to feel a trial and a nuisance to his family. That says more about the nature of the family than it does about the merits of voluntary euthanasia. The very fact of legalising voluntary euthanasia will probably promote more frank discussions within families making it possible for these issues to be raised. The fact remains that it is unlikely that someone who is terminally ill but clings on to life will accept death just to get his family off his back. In a caring community accommodation in palliative care hospices should be available for people in such uncomfortable circumstances. Even if voluntary euthanasia was not a legal option the terminally ill should be able to live out their final days without duress from an unsympathetic family.

(5) The craziest notion I have ever heard is that hundreds of terminally ill people will come flocking to the Territory to take advantage of the proposed legislation. Most people, I am sure, would prefer to remain within the bosom of their families during a terminal illness regardless of the benefits of N.T. legislation. What is more likely to happen, is that other governments will adopt the sensitive and caring legislation put forward in the Territory and the terminally ill throughout Australia will be recognised as having the right and responsibility of making their own life or death decisions.

(6) The acceptance of voluntary euthanasia does not make the need for palliative care obsolete. Palliative care facilities should be provided in every community and patients should be able to choose to remain at home with appropriate support or accept institutional care. Both forms of care should be available. Despite excellent palliative care there are going to be some patients who do not gain adequate pain relief. Others may find the amount of medication required to relieve pain clouds the sensorium or causes other distressing side effects. If and when palliative care fails do we just say: "Bad luck, it works for most people". It is not suggested that palliative care workers offer patients a way out. This is not congruent with their role. However, if the patient requests a prescription from a consenting doctor and wishes to carry out the final act himself and accepts the full responsibility for his action who is harmed by it?

(7) The hysterical and emotive outbursts by some people in our community in response to the introduction of this bill for discussion seems to me to be quite unwarranted. These people appear to take quantum leaps into the realms

of fantasy. To suggest that anyone who agrees with this bill is a Nazi and wants to murder children, the mentally unsound

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and ethnic minorities is outrageous. As far as I am aware the bill does not include children or people of unsound mind. This libellous and emotive labelling of people with a different view to ones own is intolerable. We all have the right to contribution to the debate without our opponents intentionally misconstruing and distorting our words to suit their own ends. The meaning of the word voluntary appears to be missing from the public debate so far. From the 'over the top' reactions of some people it seems that they have confused voluntary with compulsory. Another argument against voluntary euthanasia is that it is the thin edge of the wedge. The same erroneous assumption was once made about marijuana users. It was considered that there would be a natural progression from marijuana use to heroin use - all sensational bokus pokus and clap trap.

I ask the question, "Who will be harmed by this legislation if rational thought and compassion guide the hands and hearts of our legislators to produce a document which safeguards the right to die for those who choose it and the right to die to those who don't?'

Issues such as termination of pregnancy and homosexuality have been addressed in this country and the rights of the individual to accept the responsibility for their own actions has been recognised. Now give us the gift of choice if we are threatened by a terminal illness - most of us may never need or wish to use it and those that do will not condemn the law makers.

The issue of voluntary euthanasia is crying out to be addressed. It will not be resolved until true justice is done and legislators bight the bullet and takes some risks. May you make wise, honest and informed decisions.

Yours sincerely.

Bobbie Buchanan.

SUBMISSION 043 1

N u m e r y S t a t i o n

PMB 59 Alice Springs 0871

Ph/Fax (089) 569760

Mrs L Braham, MLA

PO Box 1770

Alice Springs 0871

Dear Lorraine

I have just finished reading the "Rights of the Terminally Ill Bill".

I feel that all my concerns have been covered in the Bill, and find myself in agreement with it.

The right of personal choice remains paramount, and an essential part of our way of life.

The only part that I did not agree with was the penalty for improper conduct. I feel that this should be much stronger. It amounts to an attempt to murder, and should be penalised accordingly.

Yours sincerely

Kate Schubert (Mrs)

13/3/95

SUBMISSION 044 1

IN CAMERA

SUBMISSION 045 1

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55 Range Road

OLINDA VIC 3788

10 March 1995

N.T. Select Committee

G.P.O, Box 3721

DARWIN 0801

To whom it may concern,

I would like to let you know how horrified I am about the Euthanasia proposal, I never thought that this would come to our beautiful country as it has in Holland.

Ten years ago my Father was in Holland for a holiday when he ran into his cousins wife who told him his cousin had died three years earlier, he had been completely im-mobile but he could still understand the doctor told her he would be better off out of his misery as he no longer had any quality of life, she was to go home and discuss it with her older children and let him know. They decided the doctor must know what he was doing and agreed, she had to tell her husband that they were going to give him a leathal dose in her own words his eyes grew like saucers he had misunderstood perfectly.

The doctor gave him the needle and the next day she went back to pick up his belongings only to be told he had not died she was horrified and asked the doctor what he intended to do now, he said he would just give hime a stronger dose. This had all happened three years earlier. Since then two of her children had gone into a mental institution and the third one she had not seen since.

This will happen here too. Once you introduce a death policy there will be no proper protection, and as in Holland the elderly will be to frightened to go into hospital. Do not believe all the propoganda that was on television, how beautiful Euthanasia is. I have eight elderly aunts and we receive regular correspondence from them. They say there are many frightend poeple in Holland.

Please do not let this black veil be pulled over this country.

Sincerly yours,

Elizabeth Scott

SUBMISSION 046 1

12/03/95

The Chairman

Select Committee on Euthanasia

GPO Box 3721

Darwin NT 0801

Dear Sir

I am given to understand that we live in a democracy. That being the case, I am at a loss to understand why the people of the Northern Territory are deprived of their democratic right to euthanasia.

Our elected representatives have no right whatsoever to claim the right of a conscience vote - they are there to vote in the manner their constituents require. Politicians are the servants of the people NOT the other way around as has been the popular misconception [aided and abetted by politicians] for far too long.

From a legal point of view Territorians along with other Australians actually have the legal right to euthanasia. Think of it in terms of suicide - suicide is no longer a crime - how then can the voluntary ending of one's life be anything but suicide with assistance?

To answer the religious critics - It is generally acknowledged by most Judaeo-Christian groups that as a species we are created in the image of God. That being so, we have been given a brain with which to think - surely God gave his brain to us to use for the species' betterment. How can the retention of life for the mere sake of it be good? Are the politically-correct not forever rattling on about how we supposedly have the right to "quality life styles"?

Those who claim that the answer is better hospice care - get real! My husband was injured in a mining accident in 1989. The extent of his obvious injuries is not particularly great. All most people can see is that he appears to have lost part of his little finger and wears a wrist brace. What they can't see are the permanently damaged muscles, nerves and sinews. With the very best will in the world [and no thanks to the years of neglect at the hands of Work Health and the insurance industry], the best that can NOW be done for him is massive doses of doloxene.

His case is mild compared to those with a terminal illnesses - they have the right to die with dignity. I certainly will! After all, they shoot horses don't they?

Yours sincerely

R.M.CHRISTIE

PO Box 237

Humpty Doo NT 0836

SUBMISSION 047 1

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1 Araluen Drive

Croydon 3136

9.3.95

To N.T. Select Committee on Rights of Terminally Ill.

Re Opposition to Rights of Terminally Ill Bill.

I wish to voice my opposition to the Bill because legalising matters like this to assist the few to whom it is intended to apply, tend to become floods applied to a great many people for whom the act was not intended. To

quote two examples look at the flood of abortions and divorce. Can it be guaranteed this so called Right to Die will not be abused?

Think about it.

Yours most sincerely,

A Sullivan.

SUBMISSION 048 1

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29 Corben St

Reservoir 3073

10-3-95

To,

N.T. Select Committee

on the Rights of the Terminally ill bill

Box 3721, Darwin

Dear Members,

I am deeply concerned and alarmed at the proposed euthanasia bill for the N.T.

Our lives are in God's Hands. We have absolutely no right to take life no matter what the reason may be. There are far too many implications Human life will be devalued very fast. Kindly oppose the bill.

Thank you,

Yours sincerely

(Mrs) Lena Anderson

SUBMISSION 049 1

SELECT COMMITTEE ON EUTHANASIA

NURSES AND THE MANAGEMENT OF DEATH,

DYING AND EUTHANASIA

Christine A. Stevens

Submitted by Dr John FLEMING

during briefing meeting on

14 March 1995, Darwin

Enclosed with submission document from 'Nurses and the Management of Death, Dying and Euthanasia'.

Christine A Stevens, Consultant, Stevens Social Research, Belair, Australia

Riaz Hassan, Professor of Sociology, The Flinders University of South Australia, Australia

Reprinted form the International Journal of Medicine and Law Vol 13 No 5/6 1994

pp:541-554

SUBMISSION 050 1

EUTHANASIA: HUMAN RIGHTS AND INALIENABILITY

by Dr John A. Fleming

Submitted by Dr John FLEMING

during briefing meeting on

14 March 1995, Darwin

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EUTHANASIA: HUMAN RIGHTS AND INALIENABILITY

by

Dr John I. Fleming

1. INTRODUCTION

The point of departure for this paper is the universal commitment to fundamental human values expressed in our own time as human rights. In the aftermath of the Second World War the nations of the world determined that flagrant abuses of human rights would never be tolerated again, and that nation states must have regard to fundamental human rights in the enunciation of public policy.

Notwithstanding that determination, abuses of human rights go on and, in the case of bioethics, are commonly promoted. One such area is euthanasia. It will be argued in this paper that the State cannot allow or tolerate euthanasia because it violates international law, and constitutes a threat to the social contract whereby the ruler is bound to secure the fight to life of the citizenry.

2. HUMAN RIGHTS

2.1 The Right to Life

In any discussion on human rights, full account has to be taken of the provisions of the U.N. Charter, and the *Universal Declaration of Human Rights* which seeks to specify Article 55 of the U.N. Charter. Article 55 commits the United nations to "promote respect for, and observance of, human rights and fundamental freedoms for all without distinction as to race, sex, language, or religion.1

The *Universal Declaration of Human Rights* is rounded upon the notion that there are human values and that these values are inherent in the human individual. In the *Preamble* the Declaration states that "the foundation of freedom, justice and peace in the world" is the "recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family".

As far as the Declaration is concerned there are human values *inherent* in all members of the human family because of their "inherent dignity". Since "dignity" is about true worth or excellence ["dignus" L. means worthy], and, in the context, human worth, then the claim for the inherent dignity of human beings is a claim for basic human values.

Further, the *Preamble* links human dignity, human values with human rights which are described as "inalienable

rights", rights of which we may not be deprived and cannot deprive ourselves. I must not be sold into slavery and I am to be restrained from selling myself into slavery.

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These human rights which reflect human values must, says the *Preamble*, "be protected by the rule of law" otherwise humankind may be driven, ,"as a last resort, to rebellion against tyranny and oppression". This protection of the rule of law is necessary not only for human beings to live together peaceably within the State, but also so that nations may live together in peace.

The *Universal Declaration of Human Rights* presents itself to the world as "a common standard of achievement for all peoples and all nations" and as a guide for every structure in society and for every individual in order that the rights identified in the Declaration may have "their universal and effective recognition and observance" secured.

In Article 1 the Declaration asserts certain things about human beings which affect the understanding of the rest of the document. Human beings, it says, "are born free and equal in dignity and rights". This value of equality of human beings, this injunction not to show preference between individuals in the recognition of "the rights and freedoms set forth in this Declaration" is further specified in Article 2. In particular, in the entitlement to the rights and freedoms in the Declaration there is to be no distinction of any kind, "such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status."

In this way the Declaration excludes discrimination against the elderly and the very young, the physically and mentally disabled and the chronically ill. All have equal claim to the rights and freedoms enunciated in the Declaration.

In Article 3 the Declaration begins the articulation of the human values to be defended in terms of human rights. "Everyone has the fight to life, liberty and the security of person." Thus is human life held to be both inviolable and inalienable. The Declaration does not begin with hard cases or exceptions, but with the general proposition which concerns the value of human life. It is also interesting to note the order of the rights articulated - life first, then freedom [liberty], and then security of person. Unless. the fight to life can be guaranteed by the State then there is no meaningful rights to freedom or to security of person. The fight to life is logically prior to considerations of the quality of the individual's life.

2.2 Human Rights and International Law

The member nations of the United Nations are committed to the promotion of "universal respect for, and observance of, human rights and fundamental freedoms for all without distinction as to race, sex, language, or religion"2 by way of a pledge.

All members pledge themselves to take joint and separate action in cooperation with the Organisation for the achievement of the purposes set forth in Article 55.3

What we have here is the idea of a *consensus gentium, an* agreement among the nations, a consent to be bound by certain values expressed as human rights. This doctrine of consent involves the idea that the "basis of .obligation of all international law, and not merely of treaties, is the consent of States.4

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Legal positivism, the dominant theory of the early part of the twentieth century, "combined with a strict application of the doctrine of national sovereignty ... effectively excluded the possibility of judging, and therefore criticizing, the treatment of any people by its own government." Paul Sieghart has observed that the apotheosis and consequent downfall of that position "came in National Socialist Germany" when that regime perpetrated "historically unprecedented atrocities".

According to the strict doctrine of national sovereignty, any foreign criticism of those laws was therefore formally illegitimate; according to the strict positivist position, it was also meaningless. And precisely the same position could be, and was, taken in relation to the atrocities perpetrated at much the same time upon some millions of its citizens by the regime then legitimately in power in the USSR.5

As far as the *ius gentium* is concerned, Bruno Simma and Philip Alston understand human rights in terms of international law by "treating the Universal Declaration and the body of soft law built upon it as an *authoritative interpretation* of the obligation contained in Articles 55 and 56 of the U.N. Charter." 6 these articles the members of the United Nations "pledge themselves to take joint and separate action in cooperation with the Organization" in order to achieve "universal respect for, and observance of, human rights and fundamental freedoms for all without distinction as to race, sex, language or religion". Importantly, they also refer to Article 38 of the Statute of the International Court which gives as a basis for unwritten international law "the *general principles of law* recognised by civilised nations'.7 Both of these ways of grounding "substantive obligations to respect human rights in positive international law" are commended by Simma and Alston as "more acceptable under the premises of consensual international law-making."8

Who, then, is bound by the *ius gentium?* N.A. Maryan Green holds, in company with many others, that the subjects of international law are (1) states, (2) international organizations, (3) certain special entities such as the Vatican, (4) special individuals such as diplomats, aliens, refugees, slaves, minorities, and (5) persons, corporations and governments with respect to human rights.9 are bound by the *ius gentiurn* in so far as human rights are at issue.10

In his discussion of the development of international law D.J. Harris observes that the "demise of Oppenheim's doctrine that 'States solely and exclusively are the subject of International Law' is also evident ... it is ... the case that inter-state treaties are increasingly concerned with the 'trans-national' affairs. :. of private individuals and companies."11 Harris, in a later discussion of the activities of the UN Commission on Human Rights, draws attention to the fact that "the idea that the treatment of a state's own nationals is a matter within its own jurisdiction has been abandoned."

The practice of the Commission shows clearly the acceptance by states, as they respond without question to allegations against them, that *the protection of human rights is now within the domain of international law.* 12 [my emphasis]

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One may take the view, following John Humphrey or Oscar Schachter that, because of a *consensus gentjura* relating to the actual behaviour of nations, the Universal Declaration has become part of the customary law of nations. Or, one may accept the alternative views of Simma and Alston, put slightly differently by Ivan Shearer, that the *consensus gentium* refers to

a widespread conviction that certain principles of conduct are binding in law - or at least in morality - without the necessity of applying the usual proofs of customary law; indeed, that even widespread evidence of non-observance of these norms will not invalidate them. It is in this way, for example, that one would argue that genocide and torture are contrary to international law. 13

The *consensus gentium* on human rights has now gathered the force of international law, despite the fact that "there are no legally binding sanctions available." 14

The Universal Declaration is, then, something which is morally and legally binding in the sense that member states assent to it by virtue of their membership of the United Nations and in the sense that it embodies human values expressed as human rights on which civilized people are agreed. And by the end of 1988 there were 159 member states of the United Nations representing a total estimated population of 5,040,770,000.15 The world population in 1988 was estimated to be 5,130 million.16 This means that about 97% of the world belonged to nations that were

member states of the United Nations and were thereby committed to the U.N. Charter and to the Universal Declaration of Human Rights. Indeed, even those states which are not members of the United Nations are bound to observe human rights because human rights now form part of the *ius gentium.*

The evidence, then, for a *consensus gentium* on human values is evident not just in terms of the current overwhelming human agreement on human rights, but also in terms of the consistent support for these values throughout human history in every culture. That governments and individuals have not always behaved consistently with those values is obvious. But the human agreement on human values represents the opportunity to adjust practice to principle.

2.3 Human Rights and Inalienability

As I have already observed, fundamental rights are inalienable as well as inviolable. These are rights of which I may not be deprived and of which I may not deprive myself. To deprive myself of these rights threatens the rights of others. Thus the State cannot allow the slave trade even if individuals for very compassionate reasons decide, quite voluntarily, to sell themselves into the slave trade. 17

Contemporary human rights discourse has, as its origin,18 the modern doctrine of natural law inaugurated by Thomas Hobbes riding on the back of Machiavelli's realism about the way human beings actually behave. Hobbes, like Machiavelli before him, rejected the Aristotelianism of the Schoolmen as building castles in the air. But Machiavelli's substitution of political virtue for moral virtue created difficulties as did his admiration for "the lupine policies

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of republican Rome". Hobbes attempted to restore the moral principles of politics, the natural law, "on the plane of Machiavelli's 'realism." 19

Human beings, said Hobbes, act in a self-interested manner and are inclined to "a perpetual and restless desire of power after power, that ceaseth only in death."20 Traditional philosophy had failed to deal with scepticism. Hobbes believed that the only way to come to come to terms with the truth contained in a scepticism which persisted despite all attempts by dogmatism to overcome it, was to give full range to scepticism. Whatever "survives the onslaught of extreme scepticism is the absolutely safe basis of wisdom."21 The only fact about human existence that survived the full blast of scepticism was the impulse to self-preservation.22 From this fact Hobbes deduced the natural right to live, the right of individuals to use their own power for their self-preservation. The law of nature

... is a precept or general rule, found out by reason, by which a man is forbidden to do that, which is destructive of his life, or taketh away the means of preserving the same; and to omit that, by which he thinketh it may be best preserved.23

Thus the notion of inalienability finds its origins as far as modern human rights discourse is concerned in the modern doctrine of natural law as proposed by Hobbes. In its fullest formulation it is a recognition that the right to life is as fundamental to the social contract as the right to liberty, and that any exceptions to the laws against the intentional killing of the innocent, even when a competent adult asks for it, threatens the right to life of other citizens. Just as the State cannot condone a citizen alienating his or her right to freedom because this would legitimate the slave trade into which others far less willingly would be drawn, so the State cannot license any citizens to kill other innocent citizens, even at their own request, because this would lead to the killings of others who did not ask to be killed. Is there any empirical evidence to suggest the truth or otherwise of Hobbes's philosophical insight? There is. It may be found in the practise of euthanasia in The Netherlands, and in a recent survey of the practice of physicians and nurses in the State of South Australia.

3. THE EVIDENCE

3.1 The Netherlands

The recently published Remmelink reports contain overwhelming evidence that, in a country in which voluntary euthanasia is legally tolerated, at least as many if not more patients are killed without their knowledge and consent by the medical profession.

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".24 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 by the Dutch courts and summarised by Mrs Borst-Eilers, Vice-President of the Dutch Health Council.25 This means that The *Lancet Dutch Report* 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,

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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 circumstances. Also, when the decision was not discussed with the patients, almost all of them were incompetent.26

In the light of the fact that Dutch doctors do not always tell the truth in these matters,27 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. as

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 non-voluntary euthanasia, and so does not include the 1,000 patients to which I have already referred. Nor does it refer to those whose death is intentionally brought about by 'omission', by either withdrawing treatment or refusing to initiate treatment. As John Keown recently pointed out: "If a doctor's intent is to kill his patient, it morally matters not whether he does so by (say) giving him poisoned food or by starving him.29 Far from understanding that the matter of intention is fundamental both in law and morals to an understanding of the blameworthiness of a person's act or omission, the authors of the Remmelink Report go so far as to suggest, somewhat petulantly, that both the present writer and Brian Pollard "must have missed at least two decades of ethical debate" because each of us included under the general rubric of "euthanasia" (voluntary, non-voluntary, and involuntary) the 5,800 cases 30 of non-treatment decisions "in which the patient explicitly requested to withhold or withdraw a treatment."31 What van Delden et al do not say is that each of us included those cases precisely because they were done either with an explicit or implicit *intention* to accelerate the end of life.

Without an understanding of *intention* it is almost impossible to distinguish, morally and legally, theft from borrowing, theft from a prank, murder from, accidental killing. Two acts which look the same such as stealing a pencil from another person and borrowing a pencil may be distinguished by intention. Theft involves an *intention* to permanently deprive. Having no articulated moral theory upon which to proceed, and having no doctrine of

intention to help sort out morally acceptable acts or omissions from morally unacceptable acts or omissions, van Delden et al then suggest that if Fleming and Pollard want to be consistent "they would have to

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accept any NTD (non-treatment decision), even those to which the patient is opposed, as long as the doctor does not think about hastening the end of life of the patient."32 Well, the doctor can think anything he likes including thinking about Mozart. That is not morally relevant. What is morally relevant is whether in removing or not starting treatment he intends to kill his patient, or whether his non-treatment decision is based upon his best clinical judgment that that treatment would either be futile or burdensome disproportionate to benefit. In cases where it is the patient who wishes no further treatment then, at least in Australian law, the doctor cannot proceed to treat. This is true even when such a refusal is thought to be suicidal. Even here in many .jurisdictions in the world there is legal room for a doctor or private citizen to 'rescue' someone about to commit suicide. And since in many instances the call to be killed reflects a patient in physical pain or suffering from depression, there is ample room for the depression or physical pain to be treated bringing forth a different attitude in the patient.

This is not to suggest a "treat at all costs." mentality, or a domination of the physician over the patient. Far from it. It is to suggest that treatment can be foregone or discontinued in a morally sound way when such a refusal carries with it no intention to kill. 'One may foresee that one's death is near. One may even welcome one's own death. That, however, is not the same thing as wanting to be 'killed. And if a doctor believes that the patient's lawful refusal of treatment is in fact suicidal, and he 'does not want in any way to cooperate with suicidal omissions, he may retire from the case and allow .another physician to be appointed.

Moreover, van Delden et al simply confuse motive with intention.

No physician who performs euthanasia does so with the sole intent to kill his or her patient. His or her intention can always be described as trying to relieve the sufferings of his or her patient. This is exactly what infuriates Dutch physicians when, after reporting the case they are treated as criminals and murderers.33

They appear not to understand that the doctor's motive in killing the patient to relieve pain may be a very understandable and laudable motive. It doesn't change the fact that, *motivated* by a desire to relieve the patient's suffering, the particular act or omission chosen is chosen because the doctor *intends* to kill the patient and is therefore committing a homicide. Since the Remmelink Report provides evidence that in over 10,558 cases it had been the doctor's *explicit intention to shorten life,* then not surprisingly many people do evaluate what has happened as murder even if such an evaluation infuriates those who commit the murders.

If reference is then made to the two Dutch reports upon which the The *Lancet Dutch Report* is based, then a very disturbing picture emerges. The number of physician assisted deaths estimated by the Remmelink Committee Report34 is 25,306, all of which involve intentional (sometimes implicit, sometimes explicit) killing by act or by neglect, some voluntary and others non-voluntary. They are made up of:

2,300 euthanasia on request35

400 assisted suicide36

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1,000 life-ending treatment without explicit request37

4,756 patients died after request for non-treatment or the cessation of treatment with the intention to accelerate the end of life38

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 life39

8,100 cases of morphine overdose with the implicit intention (6,750) or with the explicit intention (1,350) to terminate life.40 Of these 61% were carried out without consultation with the patient, ie non-voluntary euthanasia.41

This total of 25,306 deaths amounted to 19.61 per cent of total deaths [129,000] in The Netherlands in 1990. A large proportion of them involve intentional (either implicitly or explicitly) killing by act or by neglect, ie euthanasia.

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* Report42 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.43

This situation is clear if we take only those cases from the Dutch evidence where the doctors were "acting with the explicit purpose of hastening the end of life." 44 This explicit intention or purpose is explained as follows: "If a physician administers a drug, withdraws a treatment or withholds one with the explicit purpose of hastening the end of life, then the intended outcome of that action is the end of the life of the patient.

In short, 'explicit' intent is synonymous with the natural (and legal) meaning of 'intent', as purpose, goal or aim.46

Now the Dutch evidence shows us that in 1990 there were 10,558 cases where there was an 'explicit' intention to hasten the end of life by act or by omission. As John Keown has put it:

This total comprises the 2,300 cases classified as 'euthanasia' in the survey; the 400 cases classified as 'assisted suicide' in the survey; 1,000 cases of administering drugs 'with the explicit purpose of hastening the end of life' without explicit request; 1,350 cases of the administration of opioids 'with the explicit purpose of shortening life'; 4,000 cases of withholding or withdrawing treatment, without explicit request, 'with the explicit purpose of shortening life'; and 1,508 cases of withdrawing or withholding treatment, on explicit request, 'with the explicit purpose of shortening life' .47

Simple mathematics shows that of the 10,558 cases where there was an 'explicit' intention to hasten the end of life by act or by omission, *55 %* were non-voluntary. This justifies the conclusion that it is impossible to quarantine non-voluntary euthanasia from voluntary euthanasia, that where voluntary euthanasia is practised more are killed without their consent than with their consent. That voluntary euthanasia inevitably leads to non-voluntary euthanasia has now been accepted by the authors of the Remrmelink study:

But is it not true that once one accepts [voluntary] euthanasia and assisted suicide, the principle of universalizability forces one to accept termination of life without explicit request, at least in some circumstances, as well? *In our view the answer to this question must be affirmative.*48 (my emphasis)

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.49

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 slopes50 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 'slippery slope' is between voluntary and non-voluntary forms of euthanasia. Proponents of euthanasia talk about only wanting *voluntary* euthanasia. The truth is, that once voluntary euthanasia is practised, non-voluntary and involuntary forms of euthanasia are bound to follow as Paul van der Maas et al have now conceded.51

The *Remmelink Report,* in the context of dealing with the nature of medical decisions at the end of life,52 does not effectively deal with the questions of palliative care53, 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* falls to give reasons why patients who were close to death "were suffering grievously",54 and why a wealth country The Netherlands does not offer patients effective means to relieve that suffering. "Good care is not cheap; it is much cheaper to kill people."55

Alexander Morgan Capron56 attended a meering at the Institute for Bioethics, Maastricy, The Netherlands, in December 1990, which brough together, by invitation, 14 experts to examine the practice of euthansia in The Netherelands. 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" definintion (limited to voluntary cases) as a strategy for winning acceptance of the general practice, whcih would then turn to the second factor, *relief of suffering,* as its justification in cases *in which patients are uanble to request euthanasia.*57 [my emphasis]

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Capron went on to cite the evdence of one of the Dutch participatns, a physician, who "mentioned that in perhaps thirty cases a year, patients' lives were ended after they had been placed ina coma thorugh 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 vluntary* dicsuccin 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 lease in some situations the number of instances of physicians casuing death without consent overshadowed the number that met the Dutch definition of "euthanasia."58

In a recently compoleted 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 "satisdactory procedure, such as an effective independent check on the doctor's decision-making, to ensure that they are met".59 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."60

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.61 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.62

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."63

3.2 South Australia

In a recently published report of a sociological survey of the attitudes and practices of medical practitioners and nurses in South Australia64, Christine Stevens and Riaz Hassan found that 19% of medical practitioners and nurses had ever taken active steps to bring about the death of a patient.65 Their most striking discovery, however, was that 49% of them had never received a request from a patient to take such active steps66. That is, in a jurisdiction in which euthanasia in any form is legally prohibited, 19% of the medical profession agreed that they had been involved in euthanasia, but half of those 19% had done so without reference to the patient. Again, one wonders why proponents of voluntary euthanasia imagine that law-breaking doctors will suddenly become law-abiding if voluntary euthanasia is legalised. If a

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group of medical practitioners (a minority) will break the law now, it would be naive to imagine that they and others will not break a voluntary euthanasia law and kill those they consider ought to have the benefit of euthanasia if only they were competent enough to ask for it.

Dr Stevens recently revealed on radio and in private correspondence that at the time when she conducted the study she was not in favour of euthanasia as some had imagined, nor was she opposed. "I was entirely neutral and impartial in my views, neither in favour nor opposed, until completion of the analysis of the survey results."67 She formed views opposed to legalised voluntary euthanasia because of her finding of views "albeit minority ones, that poor quality of life, mental disability and physical handicap should be valid circumstances for active euthanasia, whether this was requested or not.68

Advocates of euthanasia often argue in its favour from the perspective of individual rights, autonomy and dignity, but the research demonstrates that *these* very principles are abused by its practice. There *is* a danger that legalisation of active euthanasia, voluntary or involuntary, may expand the potential for further abuses. Further, I consider legalisation could undermine the value placed on human life, and erode our sense of security. We need to ensure that the state continues to protect people.69

4. CONCLUSION

It is not possible to quarantine voluntary euthanasia from non-voluntary euthanasia. The belief that the killings of some innocent human beings leads to the killings of many others is justified by the evidence. In any *case* the bioethical literature is replete with examples of bioethicists and philosophers who urge the decriminalisation of not only voluntary euthanasia but also infanticide and other acts of non-voluntary killings of certain classes of human beings. The ultimate justification for the non-voluntary killings of some human beings *is* that they are not persons. However, the Universal Declaration on Human Rights forbids the dividing up of the human family into persons and non-persons *(vid* Article 6), and presents the right to life and certain other rights *as* inviolable and inalienable. The provision of legal euthanasia represents a violation of international law and exposes the citizenry in general to an unreasonable risk to their right to life.

Footnotes:

1 Charter of the United Nations, Article 55 (c)

2 Ibid

3 Ibid., Article 56

4 Parry and Grant Encyclopaedic Dictionary of International Law. ads. Professor Clive Parry *et al.* (New York:

Oceana Publications**.** Inc.. 1986). 72

5 Paul Sieghart, *The International Law of Human Rights.* (Oxford: Clarendon Press. 1983), 14

6 Bruno Simma and Philip Alston. "The Sources of Human Rights Law: Custom, Jus Cogans. andGeneral Principles. 12 *Australian Year Book of International Law* (1992}. 100

7 cited in/bid., *102*

8 Ibid., 107

9 N.A. Maryan Green. *international Law.* 3rd ed., (London: Pitman. 1987), chapters 3 and 4

10 /bid., 114-125

11 D.J. Harris. *Cases and Mater/sis on international Law,* (London: Sweet & Maxwell}. 18

12/bid., 604

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13 Private correspondence, January 4, 1993. Professor Shearer is the Professor of International

Law at Sydney University, New South Wales, Australia

14 D.J. Harris. *op. cit.,* 604

15 *Monthly Bulletin of Statistics, Statistical Office, United Nations,* vol. XLIV, No. 2. February 1990

16 Ibid.

17 *Cf* Daniel Callahan's response to John Lachs in which he notes the inconsistency of Lachs

having no difficulty in rejecting in principle either voluntary or involuntary slavery from a perspective of social protection. yet unable to see that euthanasia is socially harmful too. Daniel Callahan. 'Ad Hominem Run Arnok: A Response to John Lachs'. *Journal of Clinical Ethics.* 5:1, Spring 1994. 13-15

18 In 1215 the English barons extracted the Magna Carta from King John. Perhaps the most

notable feature of the Magna Cartna was the right not to have a punishment imposed without due process of law. That right. however, only applied to "free men".

19 Leo Strauss, *Natural Right and History,* (Chicago: University of Chicago Press, 1953). 179

20 Thomas Hobbes. *Leviathan. or the Matter. Forme and Power of a Commonwealth Ecclesiaticall and Civil.* edited by M. Oakashore. (Oxford: Blackwell. 1960). 64

21 Leo Strauss. *op. cit., 171*

22 In this matter Hobbes followed the scepticism of Justus Lipsius and Michel de Montaigne who both "condemned public spiritedness and patriotism, for such feelings exposed their possessor to great danger". a conclusion which Hobbes did not endorse. of Richard Tuck. *Hobbes.* (Oxford: Oxford University Press, 1989). 6-11.

23 Thomas Hobbes. *op. cit.,.,* 84

24 Paul J. van der Maas. Johannes J.M. van Delden, Loss Pijnenborg. end Casper W.N. Looman, "Euthanasia and other medical decisions concerning the end of life". *The Lancet.* 338:8768. September 14. 991. 670

25 Else Borst-Eilers 'The Status of Physician-Administered Active Euthanasia in The Netherlands". (Unpublished paper delivered et rhs Second Internatoinal Conference on Health Law and Ethics. London. July 1989). and cited in John Keown. l.J. Keown. "The Law and Practice of Euthanasia in The Netherlands'. in *The Law Quarterlyv Review*. 108. January, 1992. 7-8

26 Paul J. van der Maas *et al, op. cit.*. 673

27 Paul J. van der Maas *et a/,* 669. Here the *Lancet Dutch Report* acknowledges that 'in cases of euthanasia the physician often declares that the patient died a natural death."

28 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

29 John Keown. "Dances with Data': A Riposte", *Bioethics Research Notes,* vol 6 no 1. 1994. 1

30 Actually, I didn't. I included only 82% of the 5,800 cases, ie 4,756, because only 82% of

these patients in fact died. Cf John I Fleming. "Euthanasia, The Netherlands. and Slippery Slopes". *Bioethics Research Notes Occasional Paper No. 1.* June 1992. footnote 35.

31 Johannes JM van Delden, Loes Pijenborg. and Paul J van der Maas,*Bioethics.* vol 7. no 4, July 1993, 326 and see footnote 7. *32* Johannes JM van Delden ~t al. *Ioc. cit.*

33 Johannes JM van DeIden et al,/oc. *cit.,* 325

34 Medische Beslissingen Rond Het Levenseinde - Hat onderzoek voor de Commissie Onderzoek Medische Praktijk inzake Euthanasia, (The Hague, The Netherlands: Sdu Uitgeverij. 1991) *[Dutch Euthanasia Survey Report]* and *Medische Beslissingen Rond Her*

Levenseinde - Rapport van de Commissie Onderzoek Mad/ache Praktijk inzake Euthanasia. 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.

35 *Remmelink Report. 13*

36 Ibid., 15 37 *Ibid.,*

37 Ibid.,

38 There were 5,800 such cases, *cf Ibid.,* 15. However only 82% [ie 4,7561 of these patients actually died. *Cf Dutch Euthanasia Survey Report.* 63ff

39 There were 25,000 such cases, *cf/bid.,* 69. However. only 35% (8,750 cases) were done with the intention to terminate life. *Cf/bid..* 72; *cf* also *Remmelink Report, 16*

40 There were 22,500 patients who received overdoses of morphine. *cf Ibid.,* 16. 36 per cent were done with the intention to terminate life, *cf Dutch Euthanasia Survey Report.* 58

41 *Dutch Survey Report.* 61. Table 7.7. ['Besluit niet besproken"]

42 The *Remmelink/ink Report, 17-19*

43 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 Joe V.M. Welie, 'Euthanasia: Normal Mad ca Practice?"loc. *cit*, 34-38

44 P.J. van der Maas, J.J.M. van Delden, and L. Pijnanborg, *Euthanasia and other Medical*

Decisions Concerning the End of Life, (Amsterdam: Elsevier, 1992.), 21 45 *Ibid.*

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46 .John Keown, "'Dances with Data': A Riposte", *Ioc. cit., 1*

47 John Keown, "Dances with Data': A Riposte', loc. *cit., 1*

48 Johannes J.M. van Delden, Loss Pijnenborg and Paul J. van der Maas, "The Remmelink Study Two Years Later', *Hastings Center Report,* November-December 1993, 26

49 Paul J. van der Maas *et al,* "Euthanasia and other medical decisions concerning the end of life", *op. cit.,* 673

50 Helga Kuhse. referring to the "'social experiment' with active voluntary euthanasia" currently inprogress in The Netherlands, has stated that "as yet there is no evidence that this has sent Dutch society down a slippery slope.' Helga Kuhse, 'Euthanasi*a', 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.

51 See footnote 46 above.

52 The *Remmelink Report,* 21ff. Part II, par. 6 deals with "De aard van medische beslissingen rond her levenseinde.'

53 This stands in sharp contradistinction to the Report of the Committee on the Environment,

Public Heath and Consumer Protection on 'care for the terminally ill' |European Communities - European Parliament *Session Documents (English Edition),* 30 April 1991 A3-O 190/91I 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 n dying.

54 Paul J. van der Maas et al, op cit., 673

55 Ian maddocks, *TheAdvertiser,* (Adelaide, South Australia, November 2, 1991), 1. Professors Maddocks is the Professor of Palliative Care, Dew Park Repatriation Hospital in South Australia. He was referring to allegations that some doctors in South Australia help patients to die by lethal injectoin.

56 Alexander Morgan Capron is the Henry W. Bruce Unicersity Professor of Law and Medicine University of Southern California, and codirector of the Pacific Centre for Health Policy and Ethics.

57 Alexander Morgan Capron, "Euthanasia in The Netherlands, American Observcations", *Hastings Center Report,* 22:2 March-April 1992, 31

58 Alexander Morgan Capron, *loc. cit.,* 31

59 I. J. Keown, *loc. cit.,* 62.

60 *Ibid.,* 62-63.
61 *Ibid.,* 67-68.

62/bid. 67.

63 Brian Pollard, "Medical aspects of euthanasia". *Medical Journal of Australia.* 154:9.1991, 613-616.

64 Christina A Stevens 'and Riaz Hassan. "Management of death. dying and euthanasia: attitudesand practices of medical practitioners in South Australia", *Journal of Medical Ethics.* March 1994. vol 20 no 1. 41-46

65 *Ibid.,* 43

66 *Ibid.*

67 Private correspondence between Dr Brian Pollard and Dr Christ/no Stevens, August 1, 1994

68 *Ibid.*

69 Ibid.

SUBMISSION 051 1

SELECT COMMITTEE ON EUTHANASIA

Official Statements:

NEW YORK ADVISES ON ASSISTED SUICIDE

Submitted by Dr John FLEMING

during briefing meeting on

14 March 1995, Darwin

Enclosed with submission article entitled 'Official statements. New York advises on assisted suicide, from Bull. Med. Eth. / August 1994, pp:8-11.

SUBMISSION 052 1

SELECT COMMITTEE ON EUTHANASIA

DUTCH JUSTICE MINISTER BROADENS

EUTHANASIA CRITERIA

Jennifer Chaq

_____

Submitted by Dr John FLEMING

during briefing meeting on

14 March 1995, Darwin

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DUTCH JUSTICE MINISTER BROADENS EUTHANASIA CRITERIA

By Jennifer Chaq Associated Press Writer

THE HAGUE, NETHERLANDS (AP). THE JUSTICE MINISTRY'S DECISION TO ALLOW EUTHANASIA FOR PATIENTS WHO AREN'T AT DEATH'S DOOR IS RECHARGING THE NATIONAL CONTROVERSY OVER MERCY KILLING.

"THE DIKE HAS BEEN BROKEN" PARLIAMENTARIAN VINCENT VAN DER BURG SAID THURSDAY.

"THIS WIDENS THE POSSIBILITIES FOR PATIENTS TO ASK FOR EUTHANASIA" ADDED THE CHAIRMAN OF PARLIAMENT'S JUSTICE COMMITTEE.

JUSTICE MINISTER WINNIE SORGDRAGER TOLD PARLIAMENT WEDNESDAY NIGHT THAT SHE HAS SCRAPPED THE ABOUT-TO-DIE REQUIREMENT APPLIED BY THE PREVIOUS GOVERNMENT AS A NECESSARY CRITERIA FOR IMMUNITY FROM PROSECUTION.

AS A SIGN OF HER LIBERALIZING STANCE. FIRST SET OUT LAST SEPTEMBER WITH LITTLE FANFARE. 11 OUT OF THE 15 CASES SCHEDULED FOR PROSECUTION HAVE BEEN DROPPED. IT WAS NOT KNOWN HOW MANY OF THOSE CASES INVOLVE THE TERMINAL PHASE ISSUE.

SORGDRAGER'S FURTHER LOOSENING OF GUIDELINES FOR A PRACTICE THAT IS STILL TECHNICALLY ILLEGAL HAS DRAWN SALVOS OF OUTRAGE FROM THE NATION'S CONSERVATIVE POLITICAL PARTIES.

VAN DER BURG AND A COALITION OF CONSERVATIVE CHRISTIAN PARTIES INTRODUCED TWO MOTIONS TO BLOCK THE MOVE DURING THE PARLIAMENTARY DEBATE.

"SHE HAS WIDENED THE CONDITIONS (FOR REQUESTING EUTHANASIA) AND I WANT THEM MADE STRICTER" SAID CHRISTIAN DEMOCRAT VAN DER BURG.

SORGDRAGER MAINTAINS HER MOVE IS BASED ON A 1994 SUPREME COURT DECISION WHICH REFUSED TO PUNISH A PSYCHIATRIST WHO SUPPLIED A SEVERELY DEPRESSED WOM/IAN WITH A DEADLY DOSE OF SLEEPING PILLS.

3

THE PATIENT WAS NEITHER PHYSICALLY NOR TERMINALLY ILL.

"THE CAUSE OF THE SUFFERING AND THE PRESENCE OF THE TERMINAL PHASE ARE NOT RELEVANT IN PRINCIPLE ACCORDING TO THE SUPREME COURT ... THE BASIC PRINCIPLES ARE THE INTOLERABLE AND THE UNBEARABLE SUFFERING OF THE PATIENT: ACCORDING TO A JUSTICE MINISTRY STATEMENT.

EUTHANASIA AND ASSISTED SUICIDE ARE STILL CRIMINAL OFFENSES, BUT PHYSICIANS ARE IMMUNE FROM PROSECUTION IF THEY FOLLOW A SET OF GUIDELINES. .

THOSE GUIDELINES, WHICH PASSED PARLIAMENT IN NOVEMBER 1993, STIPULATE THAT PATIENTS MUST REPEATEDLY REQUEST DEATH WHILE SUFFERING INTOLERABLE PAIN.

PERFORMING EUTHANASIA WITHOUT FOLLOWING THE GUIDELINES CARRIES **A** MAXIMUM PENALTY OF 12 YEARS [IMPRISONMENT. ALTHOUGH NO ONE IN

RECENT MEMORY HAS EVER SERVED TIME FOR THE OFFENSE, ONE INDICATE OF THE PRACTICE'S WIDE ACCEPTANCE.

THE PREVIOUS GOVERNMENT DOMINATED BY THE RIGHT-LEANING CHRISTIAN DEMOCRATS UNOFFICIALLY TACKED AN ADDED STRICTURE ONTO THE GUIDELINES. THAT THE PATIENT BE IN A TERMINAL PHASE OF ILLNESS.

BUT SORGDRAGER IS A MEMBER OF THE CENTER-LEFT D66 PARTY, WHICH MAKES A POINT OF THE INDIVIDUAL RIGHT TO SELF-DETERMINATION.

HER DECISION TO DROP THE ABOUT-TO-DIE REQUIREMENT WAS BACKED BY HEALTH MINISTER ELS BORST, A MEMBER OF THE COUNTRY'S LEADING EUTHANASIA LOBBY, THE DUTCH VOLUNTARY EUTHANASIA SOCIETY (NVVE).

THE 50-YEAR-OLD PATIENT OF THE SUPREME COURT CASE, HILLY BOSSCHER. WAS SEVERELY DEPRESSED AFTER THE DEATHS OF HER ONLY TWO CHILDREN AND A DIVORCE FROM HER PHYSICALLY ABUSIVE HUSBAND.

SHE DIED IN SEPTEMBER 1991 AFTER SWALLOWING A FATAL DOSE OF MEDICATION PRESCRIBED BY HER DOCTOR.

BY ABANDONING THE TERMINAL PHASE ELEMENT, SORGDRAGER HAS REMOVED AN OBSTACLE TO EUTHANASIA THAT THE ROYAL DUTCH MEDICAL ASSOCIATION SAYS SHOULDN'T HAVE BEEN THERE IN THE FIRST PLACE.

"WE WOULD LIKE TO HAVE AS MANY I-RfRDLES AS POSSIBLE BUT WE SHOULDN'T INTRODUCE HURDLES THAT WILL CREATE MORE MYTH AND VAGUENESS" SAID JOHAN LEGEMAATE, THE ASSOCIATION'S LEGAL COUNSEL.

LEGEMAATE SAID THE TERMINAL ISSUE HAS NEVER BEEN VIEWED AS A VALID CRITERION BECAUSE THE CONCEPT IS DIFFICULT TO DEFINE AND TO APPLY.

4

IN 1994, THERE WERE 1,424 REPORTED CASES OF EUTHANASIA, OR 1.07 PERCENT OF ALL DEATHS, ACCORDING TO THE JUSTICE MINISTRY, BUT A GOVERNMENT REPORT SAYS THE ACTUAL NUMBER MAY BE AS H/GH AS 2,700, OR 2, 1 PERCENT, ANNUALLY.

(JC/AK)

161702 FEB GMT

SUBMISSION 053 1

SELECT COMMITTEE ON EUTHANASIA

EUTHANASIA IN HOLLAND:

AN ETHICAL CRITIQUE OF THE NEW LAW

H. Jocehemsen

Submitted by Dr John FLEMING

during briefing meeting on

14 March 1995, Darwin

Enclosed with submission article entitled "Euthanasia in Holland: and ethical critique of the new law", Journal of medical ethics 1994; ***20: 212-217***

SUBMISSION 054 1

SELECT COMMITTEE ON EUTHANASIA

MANAGEMENT OF DEATH, DYING AND EUTHANASIA:

ATTITUDES AND PRACTICES OF MEDICAL

PRACTITIONERS IN SOUTH AUSTRALIA

Christine A. Stevens and Riaz Hassan

Submitted by Dr John FLEMING

during briefing meeting on

14 March 1995, Darwin

Enclosed with submission article entitled 'Management of death, dying and euthanasia: attitudes an practices of medical practitioners in South Australia' Christine A Stevens and Riaz Hassan, Flinders University of South Australia, Journal of medical ethics 1994; ***20: 41-46.***

SUBMISSION 055 1

Lyall & Sharon Zweck

1 Jasmine Court PO Box 3154

Alice Springs NT 0871

16 February 1995

Dear Mr. Stone,

In response to Mr Perron's private members bill proposing the legislation of the practice of euthanasia, our bible study group discussed this issue at our meeting last Thursday. After an examination of our Church's policy statement on euthanasia and other related materials, we were all firmly of the view that any moves to legalise mercy killing should be opposed.

We believe most importantly that human life is sacred and only God has the right to determine when it should end.

We also feel that euthanasia should be opposed because of the following points:

Despite the incredible advances in medical technology in recent times, there are still cases of uncertainty in diagnosis of medical conditions. This raises a risk that a person may be killed despite having a curable condition. Further, because of the research and advances in medical technology that are occurring, a cure for currently incurable conditions may be found within the persons natural lifetime. Mercy killing would certainly prevent them from availing themselves of the cure.

Even the clearest instructions will always be open to misinterpretation by medical practitioners and family, especially while they themselves are grieving at the pain that their loved one is suffering.

Acceptance of the practice of euthanasia places value judgements on a persons life. Why should the life of someone who has a seemingly incurable medical condition have no value? Maybe society can do little more for them but should they stop giving love, friendship and inspiration to those close to them?

Our *civilised* society has ruled that it us unacceptable to take away the life of a person who has committed even the most horrific crimes. Surely we cannot then say that the life of an innocent person can be terminated. Sadly the life is already sucked from many unborn babies every year. Next the terminally ill, then who? Will we soon start taking the lives of those people that are mentally ill, or disabled, or who have suffered a major accident and have valuable organs that they can *donate?*

We urge you to oppose the current legislation seeking to legalise mercy killing in certain situations. We further urge you to oppose any future attempts to legalise euthanasia in any form. We believe that it is far too risky to start to allow mercy killing in any form. It is too likely to be just the start of expanded use of life termination for the *good of society*.

2

We are sure that you will agree that the first step is always the hardest. Once society accepts the first step, it will be far too easy for the legislation to be amended to expand the scope of situations in which it can be used.

We urge you to seek out ways in which the life of people suffering from seemingly incurable and painful medical conditions can enjoy a better standard of life and in so doing, continue to give to others rather than think only of themselves. This could take the form of increased palliative care services, and the training and provision of more counsellors to assist those suffering and those treating and caring for those that are suffering.

Please do not consider this issue as one that can be dealt with from an economic point of view.

Yours sincerely

Submission signed by eight residents from Alice Springs.

SUBMISSION 056 1

MR DENNIS CLARK

P.O. BOX 8172

ALICE SPRINGS

0871

10/3/95

SELECT COMMITTEE ON EUTHANASIA

DARWIN N.T.

FAX 816158

DEAR MEMBERS OF THE COMMITTEE,

I WOULD LIKE TO EXPRESS MY APPROVAL OF ANYONE HAVING THE RIGHT TO USE EUTHANASIA. I DO NOT UNDERSTAND PEOPLES DISAPPROVAL OF THE LAW BECAUSE IT WON'T

BE COMPULSORY AND IT HAS NOTHING TO DO WITH ANYONE BUT THE DYING PERSON AND HIS/HER DOCTOR. I ALSO FEEL THAT THE LEGISLATION SHOULD GIVE A PERSON THE RIGHT TO EMPOWER FAMILY MEMBERS TO SIGN ANY NECESSARY FORMS IF A SITUATION ARISES WHERE THE PERSON CONCERNED CAN'T SIGN. WE CAN SIGN AWAY OUR BODILY ORGANS, SO WHY NOT WHAT IS LEFT OF OUR LIFE IF THE END IS NIGH. WE DO THE RIGHT THING BY OUR PETS & ANIMALS IN SIMILAR SITUATION. I WOULD LIKE THE SAME RIGHT IF DEATH IS INEVITABLE.

THE "RIGHT TO LIFERS" HAVE NO RIGHTS OVER MY LIFE. I SHUDDER AT THE THOUGHT OF LINGERING ON IN PAIN.

YOURS FAITHFULLY

D CLARK

SUBMISSION 057 1

122/562 Burwood Highway,

Northern Territory Select Committee South Vermont. Victoria 3133

on the Rights of the Terminally Ill Bill, 11-3-95

Dear Members,

I strongly oppose Euthanasia because it requires some one willing to terminate a human life. I pray Euthanasia never becomes legal. If it was legalised Doctors would be protected as much as possible, but all safeguards taken from the patient. Hippocrates 400 yrs before Christ realized this, and made every Doctor swear never to kill.

Most people want to legalise Euthanasia out of compassion, but it is a deadly compassion. I am all for ending the patient's pain, not the patients life.

I remain,

Yours Sincerely,

(Miss) Colleen McNamarra

SUBMISSION 058 1

---

113 Jasper Rd.,

Bentleigh Vic

3204

12/3/95

The Secretary

N.T. Select Committee

Rights of the Terminally Ill

Dear Sir or Madam,

I am utterly opposed to legalised patient-killing. Our elected representatives in Parliament have responsibility to protect the inalienable right to life. Non voluntary euthanasia follows voluntary euthanasia as sure as night follows

day, and no matter how clear and how strict the legislation provisions appear to be, Parliamentarians must resist legalised voluntary euthanasia.

Please do your utmost to prevent this bill begin passed.

Yours sincerely

M.C. Sykes.

SUBMISSION 059 1

PO BOX 2431

ALICE SPRINGS

NT 0871

12.3.95

MR ERIC POOLE
CHAIRMAN OF THE SELECT
COMMITTEE ON EUTHANASIA
GPO BOX 3721
DARWIN 0801

Dear Mr Poole,

I am writing to you to express my concern about the currently proposed euthanasia bill. I am strongly opposed to the practice of euthanasia and would not like to see the practice of euthanasia introduced to the Northern Territory in any form whatsoever.

I am a medical practitioner practising in the Northern Territory and believe in the sanctity of life. I don't believe that any doctor has the right to prematurely end someone's life. The medical profession embraces the practice of promoting and restoring health to patients. The practice of euthanasia is directly opposed to this philosophy.

If the proposed euthanasia bill is passed in parliament, I have grave concerns about how this policy can be properly policed. It is extremely difficult to predict how long a patient with a terminal illness has to live, and yet the proposed bill will be applied to patients that are deemed to have less than twelve months to live. Doctors simply do not have the means to accurately make this sort of assessment.

The patient's choice of whether to live or die can be influenced by so many factors. It is impossible for a doctor to be sure that a patient will not change their mind about whether they wish to live or die. Hence, how can doctors feel comfortable in assisting a patient to die when they may well have changed their mind about this procedure sometime later,

I feel that a far better solution to the concerns centering around terminal illness is for the government to provide adequate palliative care facilities for the people of the Northern Territory. How many hospices do we have in the Northern Territory? None! Do we have a palliative care team in Alice Springs? No! As a General Practitioner in Alice Springs I have to attempt to provide palliative care to my patients with terminal illnesses without the government providing any suitable services. How can the government possibly consider introducing the practice of euthanasia to the Northern Territory without first providing adequate palliative care facilities to the people it represents?

It is my hope that the proposed euthanasia bill will not be passed. It is also my hope that the government will see fit to provide adequate palliative care services where they are needed throughout the Northern Territory.

Yours sincerely,

DR RAY INGAMELLS
MBBS. DipRACOG, FRACGP.

SUBMISSION 060 1

To: The Select Committee on Euthanasia

From: Mrs Paulina Jurkijevic

(Nursing Sister, School Teacher)

PO Box 28, Palmerston, NT 0831.

Re: Euthanasia - Arguments supporting the Bill

I wish to submit the following points for consideration:-

(1) The terminally ill often suffer agonizing and anguishing deaths, which cause severe distress to themselves and to relatives. Nursing staff who are forced to administer medications and treatments which they know will prolong the agony are also distressed. Such prolonging of suffering is unhumane. I have sometimes thought that if the patient I was treating were a dog, the RSPCA would prosecute.

(2) It is illogical that terminally ill patients may be forcibly given medications and treatments which will keep them alive, but may not request medication to end their trauma. Holding patients down in order to inflict upon them medications and treatments which they do not want - but apparently have no right to deny - is a disgusting business, and is one which I hope never to be involved in again. It has sometimes seemed to me that the seriously ill are no longer human beings with ordinary citizens' rights.

(3) The Health budget is (unfortunately) limited. Thousands of dollars are currently being spent every day on keeping terminally ill people alive. Meanwhile, many children suffer through the lack of basic medical services. 95% of the loss of hearing suffered by Aboriginal schoolchildren in the NT could have been prevented. Hearing loss hinders education and the potential usefulness and happiness of these people. At the time of writing this, there is a student in my class whose parents cannot afford to pay for the glasses which are waiting for her at the optometrist, and without which she is suffering eye strain, headaches and loss of concentration in class. Children have a right to a healthy life.

P Jurkijevic

SUBMISSION 061 1

VOLUNTARY EUTHANASIA SOCIETYOFNEW SOUTH WALES -CANBERRA

BRANCH

PO Box 4029 KINGSTON ACT 2604 Tel. (06) 2959412
Convenor' GORDON **TAYLOR**

The Secretary

The Euthanasia Committee

Northern Territory Legislative Assembly

DARWIN

13 March 1995

Dear Sir,

The Canberra Branch of the Voluntary Euthanasia Society of New South Wales wishes to make the attached submission to the Committee. We hope it will be helpful.

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VOLUNTARY EUTHANASIA SOCIETY OF NEW SOUTH WALE S - CANBERRA

BRANCH

PO Box 4029 KINGSTON ACT 2604 Tel. (06) 2959412
Convenor: GORDON TAYLOR

FOR THE EUTHANASIA COMMITTEE

Submission by the Canberra Branch of the Voluntary Euthanasia Society of New

South Wales

We wish to support Mr Perron's Bill, which we believe would significantly reduce suffering for some citizens of the Territory.

Not only do we support the Bill itself but we support the principal arguments made in its favour by Mr Perron.

In the first part of this submission we give some arguments in favour of active voluntary euthanasia (AVE)in general. In the second part of the paper we point out that the Bill does not make adequate provision for some who would legitimately wish to use it.

People do not lightly ask to have their lives ended, and will not do so prematurely if they know that if and when suffering becomes unbearable they will be able to have assistance in dying. Add that what they seek assistance to do, they would be free to do if they did not need assistance. So long as the safeguards have been met and the patient has demonstrated that the request is not a passing whim, there is no good reason for, in effect, querying whether the patient has yet suffered sufficiently. We attach a short paper by Dr Peter Admiraal, a well known proponent of active voluntary euthanasia (AVE)in The Netherlands.

Doctors are not keen to end lives, but are persuaded to do so by clear evidence of unbearable and purposeless suffering. They will do this only when the suffering has become real; not because of something that is likely but may not happen. The Rammelink Commission found no evidence of abuse or malpractice in The Netherlands.

Society changes - people no longer believe that suffering is a punishment from God, nor do they barbecue witches and heretics. The present law is well behind public opinion.

It is here argued that all AVE should be regarded as equivalent to assisted suicide, alias assisted dying. The start of the process is the patient's request for AVE because suffering has become unbearable. The doctor provides technical assistance and, if need be, the means of achieving AVE. The doctor is the servant of the patient. If the doctor cannot handle this situation, he/she is able to opt out. The patient does the suffering. The patient does the dying. No other persons' rights are reduced significantly. The safeguards will prevent abuse. The state should not intervene further.

Risks

There are various risks associated with AVE. Some are considered in what follows. It is

contended that generally these risks should be the subject of decision by the patient. There is the risk that a cure will be found for the patient's ailment. However, cures do not just appear without notice, but spend a long time, usually years, being developed and tested. Doctors would know or could find out if there is any real chance that a cure could become known and available in time to be relevant. Most AVE would occur when the patient would have only weeks or days or even hours to live anyway. This is a risk that ultimately the patient has to decide about.

Regarding possibility of abuse, it is pointed out that abuse would require a conspiracy between two doctors, presumably as well as some other persons. This is a pretty incredible situation. Anyone who fears this situation can direct that measures to shorten his/her life not be taken, irrespective of circumstances.

When a patient is not now competent but did at some time in the past authorise AVE by a direction, or appoint an attorney, there is perhaps a risk that if now able to express a decision the patient would not proceed with AVE. This risk has to be weighed against the risk that to refuse AVE at this stage would be to inflict unnecessary suffering on the patient and others. We cannot do better that accept the judgment of the patient when he/she was competent. The risk is for the patient to assess and decide about.

Morality

In the newsletter of the VES Scotland for April 1993, Dr Kuhse discusses at some length moral aspects of AVE. A booklet of the Voluntary Euthanasia Society of Victoria contains statements by some prominent believers (in Christianity). When delivering a 1989 Boyer Lecture, Professor Max Charlesworth, of Deakin University, said:

At the most basic level, we have, as human beings, the right to control or determine the course of our own lives ... This right to moral autonomy carries with it the subsidiary right to control the duration of one's life ... from a purely moral point of view, it is difficult to deny that one does have a right to end one's life when thi)re are serious reasons for such a course of action ... Ill have such a moral right then it follows that (a)l ought not to be penalised for exercising it, and (b)l may reasonably ask another to assist me in ending my life either by not giving me certain treatment or by withdrawing life - sustaining treatment or, in certain circumstances, helping me in directly bringing about my own death ... For that assistance, the other ought not to be penalised for acting as my servant. If it is not, in certain circumstances, morally wrong to terminate my own life, it cannot be morally wrong for another to assist me in this act.

It is necessary to consider moral aspects of AVE for the patient and for the helper (i.e. the doctor).

It has at times been argued that suffering is ordained by God as punishment for past sins, and to seek to escape it by suicide is further sin. This is really a theological stand and as such OK for believers; but it should not be foisted on those who do not share the faith from which it is derived.

Generally today few would subscribe to the basic proposition that suffering is ordained by God, but the conclusion, that suicide is evil, has tended to live without supporting argumentation. Suicide has been condemned because it deprives the state of a human resource; but this surely would not apply when a sick and incapable patient is involved. The opposite is the case.

It is arguable that the doctor is breaking moral law in participating in AVE. We would claim that is a matter for the doctor to decide. If he/she considers AVE immoral he would be able to opt out. Beyond that it is not for the law to intervene. Those who support AVE claim that it is highly moral because with it the main consideration is compassion.

The Bill

Mr Perron's Bill would result in very worthwhile benefit for a number of people in very sad circumstances; his action in introducing it is greatly to be commended, and most of what has been said in support we would strongly subscribe to.

It is nonetheless true that the Bill falls well short of thoroughgoing AVE because there will be people with a strong claim for, and great need of, AVE, who would not meet the Bill's requirements. We recognise, of course, that the Committee and Mr Perron are constrained by what is politically achievable and this might be the reason for the shortcomings.

The Bill requires for AVE that the patient have a terminal illness, have less than a year to live (perhaps these are seen to be the same thing) and be competent at the time of making the request.

Some accident victims, including quadriplegics, may be in great mental anguish and rather than face perhaps decades of continued anguish, would want AVE. But they may have a life expectancy well beyond a year and no terminal illness. The same would probably apply for some with severe birth defects.

Some dementia cases deteriorate fairly slowly and may never be in the position of being competent (as required by the Bill) and at the same time be expected to die within a year. Dementia, particularly Altzheimer's, is one of the great worries of those who are ageing and foresee exactly the situation here being referred to.

There are heart and stroke cases who will not be competent when decisions have to be taken whether to treat or not to treat. It would seem that the Advance Directive ('living will') is required to make a decision when they are fully competent, to apply when competence has been lost at least temporarily.

Psychiatric cases are believed to present special difficulties when considered for AVE, but it is our firm belief that they should be considered, not ruled out in advance, as we think would happen under the Bill as it now stands. Again, a 'living will' signed by the patient when indisputably competent would be crucial. A patient about to undergo an operation may wish not to be resuscitated, or even AVE to be applied, if the operation goes wrong and it becomes apparent that the patient would have such poor quality of life that the patient's directives become relevant. Such a patient would have no case for AVE under the Bill.

5

It is of course easier to raise these questions than to solve them in a way that would be acceptable to the public and to the Parliament. We are not in a good position to have views about what would be acceptable to Parliament. However, it is perhaps timely to remind ourselves that a large majority of the public have expressed themselves as being in favour of AVE, even though they will not go on to the streets over it.

The scenario We suggest is as follows.

A competent patient may request AVE because of suffering that is in the patient's own view unbearable, and a quick and comfortable death is desired. The patient is examined by at least two doctors and counselled about the patient's health, chances of recovery, AVE and other options that might be available. If the patient still wants AVE and maintains this attitude over a significant period, and the doctors consider the patient's chances of significant improvement to be at best very slight, it would not be illegal for a doctor to assist the patient to die by AVE.

There would be provision for people now competent and not suffering unbearably to give an Advance Directive (a 'living will') or give someone an enduring power of attorney, to ensure that, if certain specified circumstances come about, they would be acc~rded AVE. In this way a v~ell person might pro, vide that it he/she suffe!'ed a heart attack, he/she should not be resuscitated, or if he/she suffered a bad accident which would leave him/her incapacitated, he/she should be accorded AVE. In many cases the specified circumstances will never come about, but it is a source of comfort to those who think about such matters that they have the contingency covered. We view this as a most important part of what we seek by way of AVE.

Enclosed with submission article:

Justifiable Active Euthanasia in the Netherlands, by Pieter Admiraal, Free Inquiry, Winter 88/89. pp5-6.

SUBMISSION 062 1

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49 Huntingdale Dr.,

Chirnside Park. 3116

12th March, 1995.

To the Select Committee on the Rights

of the Terminally Ill Bill

I am writing to express my serious concern with regard to the rights of the "terminally Ill Bill.

As a registered nurse I have seen patients who have dealt with relationships of families & friends. They have had the chance to say good-bye to loved ones. I believe this legalization could deny this most important time in a persons life.

I believe if we take this step it is opening the door to abuses of basic human rights.

Yours Sincerely

Brenda White.

SUBMISSION 063 1

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877 3348 K.M. Grainger

25 Main Street,

Blackburn,

Victoria, 3130

12th March 1995

Northern Territory Select Committee

on the Rights of the Terminally Ill Bill,

G.P.O. BOX 3721, DARWIN 0801.

Dear Members,

"I predict that the "right to die"- which really means that hospitals and doctors and other health care 'providers' will be required to kill - will dwarf the abortion phenomenon in magnitude, in numbers, in horror - "Right to die" laws will one day force a patient to prove that he or she has a right to live, just as we are now forced to prove that the unborn child has a right to live" -JOHN CARINAL O'CONNOR OF NEW YORK, U.S. Is this what we really want? A SUPPOSEDLY CIVILISED SOCIETY - seems more like a barbaric society. Surely our memories aren't that sort, that we have forgotten the men and women who fought and have their lives & limbs for freedom and democracy,not much freedom or democracy when we'll be scared to go to our doctor or a hospital when we're not quite as useful as we used to be!

I can understand that most people want to legalise euthanasia out of compassion with the suffering patient. But it is a deadly compassion. There is another way to help. Let us end the patient's pain,not the patient's life.

Yours sincerely,

K.M. GRAINGER

SUBMISSION 064 1

GAVIN B. CARPENTER

LIC. LAND & Box 504

BUSINESS AGENT TENNANT CREEK 0861

AUCTIONEER & PH (089) 622664 AH 622754

HAWKER PH/FAX 622754

========== ==========

The Chairman,

Select Committee on Euthanasia,

Box 3721

Darwin 0801.

13/3/95

Dear Sir,

Congratulations to Marshall for sticking his neck out, I fully support his actions for his "put me down" legislation.

It is great to see a bit of intestinal fortitude being shown by a politician, it is a rare occurrence of late.

HOWEVER!!!

There are laws that kids should go to school daily!!! There are 2K laws and laws on drinking in public places!!! The list goes on. There are a multitude of laws that are totally disregarded on a regular basis, the too hard basket is full and overflowing.

There will no doubt be numerous laws in this legislation saying that "Aunt Fanny cannot be put to sleep early to take advantage of her inheritance" etc. etc. etc.

In view of the fact there are so many laws of the land not being abided by, how do you intend policing any further new rules and regulations????

Yours faithfully,

Gavin Carpenter.

SUBMISSION 065 1

MEMBERS OF THE LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY SELECT COMMITTEE ON EUTHANASIA.

I would hereby like to present to you this private submission on the Bill for an Act entitled **the** *Rights of the Terminally Ill Act 1995,* into which you are conducting this enquiry.

My submission is in two parts:

1. Concerning the impropriety of introducing a bill of such dramatic import and moral and ethical concern to the general population, to be passed into law by a simple majority of the Parliament without any appropriate mandate from the people to do so.

2. Concerning the impact such a bill will have on the consciences of the Catholic population of the Northern Territory.

The Lack of an appropriate mandate to introduce such a Bill.

In the practice of representative democracy as it applies in the Northern Territory, candidates, whether belonging to a party or as individuals, stand for election on known platforms of major policies. The electors choose the people whom they consider will represent them most effectively, and pursue those known policies with which they generally agree. Once elected, the candidates do not have to go back to the electors for approval every time a Bill is introduced, as they have already been given the right to speak on behalf of the electors on matters that lie within the general parameters set during the election campaign,. As a result of this process the electors can rightfully expect that whatever matters are introduced as Bills in the Parliament, will be within the overall political, ethical and moral philosophy which the candidates had previously espoused.

Any matter that is of major import and is outside these known and expected parameters, or is completely new or unique to the system within which that government operates, obviously requires some kind of a fresh mandate from the people, other wise it would make it to be an entirely unwitting vote that put that individual or party in power. An example of such a divergence from the electors legitimate expectations could be a Conservative Government which introduces a bill to do away with private property, or a Chief Minister who introduces a bill, under whatever guise, whose ultimate result will be to legalise the taking of innocent lives.

Whether under the rule of a conscience vote in the parliament or not, such a decision surely cannot be left to a simple majority support from within a limited number of parliamentarians, none of whom included any mention of such a vital and important issue in their policy speeches. Surely this is stretching the principles of representative democracy too far.

It is pleasing to see that this contention has already received a certain degree of support because of the appointment of the Select Committer to which this submission is addressed. However I wish to contend that in the time that has been made available to you, you will not be able to truly ascertain the wishes of the people of the Northern Territory in this regard. and that your recommendation back to the Parliament can only be that, if such a controversial and

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morally and ethically important bill, with all the consequences that could come from it, be proposed, it can only be with a fresh and informed mandate gained from the people at a general election or by referendum. Any other course would only be giving a private member (who also carries the clout of the Chief Minister), with the support of a simple majority of Parliamentarians, powers to impose his own private philosophies on the people of the Northern Territory, who had been given no warning of what was in his mind when they voted for him..

The Catholic Perspective.

As a Catholic layman, concerned about the general disregard for the sanctity of human life which is prevalent in the general population, I would like to remind the Committee of the position which the Church takes with regard to the matter of euthanasia.

Firstly the Church considers that life is a gift from God and each person is responsible for its continuance until his/her appointed time arrives. The voluntary choice of death is akin to throwing the gift back in the face of the giver.

Secondly it teaches that the exercise of such a choice, under whatever circumstances, is an act of pure pessimism and despair, for we do not know what God has in store for us from one moment to the next that will either relieve us of suffering or bring some good out of it.

Thirdly the official Catechism of the Catholic Church at Page 549 states:

"Whatever its motives and means, direct euthanasia consists in putting an end to the lives of handicapped, sick or dying persons. It is morally unacceptable.

Thus an act or omission which, of itself or by intention, causes death in order to eliminate suffering, constitutes a murder gravely contrary to the dignity of the human person and to the respect due to the living God his Creator. The error of judgement into which once can fail in good faith does not change the nature of this murderous act, which must always be forbidden and excluded.

Discontinuing medical procedures that are burdensome, dangerous, extraordinary or disproportionate to the expected outcome can be legitimate; it is the refusal of "over-zealous" treatment Here one does not will to cause death; one's inability to impede it is merely accepted. The decisions should be made by the patient if he is competent and able or, if not. by those legally entitled to act for the patient, whose reasonable will and legitimate interests must always be respected.

Even if death is thought imminent, the ordinary care owed to a sick person cannot be legitimately interrupted. The use of painkillers to alleviate the sufferings of the dying, even at the risk of shortening their, days, can be morally in conformity with human dignity if death is not willed as either an end or a means, but only foreseen and tolerated as inevitable. Palliative care is a special form of disinterested charity. As such it should be encouraged."

I feel that this makes the orthodox position of some 25% of the population of the NT abundantly clear, even though the actual position each one of them takes may vary according to the dictates of their own consciences. For those who believe in the dignity and sanctity of

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life and its creator, such an Act on the statute books will be a continuing scancal.

It also requires, you as a Committee, to ensure that when you are receiving evidence concerning the subject of Euthanasia; you make sure that a clear distinction is continually made between these different circumstances. By doing this you will ensure that there is no blanket thrown over them all, that will give a false impression of just what the people of the Northern Territory are either for or against.

Bill Coburn

4/7 Banyan St.

FANNIE BAY NT. 0820 **SUBMISSION 066** 1

---

7 Lucy Street,

Katherine,

NT 0850.

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 my submission on the above for the consideration of the Select Committee on Euthanasia.

Yours Sincerely,

Ian Mackintosh Hillock

14/3/95

Encl.

2

Ian M. Hillock

Submission

Submission on the Rights of the Terminally Ill Bill 1995

to the Select Committee on Euthanasia by Ian Mackintosh Hillock

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3

Ian M. Hillock

Submission

Submission on the Rights of the Terminally Ill Bill 1995

1.0 Introduction

The Chief Minister has highlighted a problem. The proposed legislation is not the solution.

1.1 The background paper to the Bill of 1st February 1995 outlined the points considered relevant to the debate. These were further expended upon in the second reading speech.

1.2 As recommended this submission addresses these points.

2.0 Guarantee of Liberty

The liberty to live one's life is meaningless unless it entails the liberty to ends one's life. Legalising voluntary euthanasia would guarantee the right to quite an existence which has become insupportable. (Background Paper,1st February 1995)

2.1 Quoting John Stuart Mill in the second reading speech in support of this serves no purpose. Much of what Mill wrote is unclear in or out of context.

2.2 For example on 'Utilitarianism' he put forward an argument so fallacious that it is hard to understand how he can have thought it valid. He says: - that because the only things visible are seen and the only things audible are heard, so the only things desirable are things desired. Pleasure is the only thing desired therefore pleasure is the only thing desirable.

2.3 If quotations on Liberty and Rights are necessary I would put forward this;

"That all being equal and independent no one ought to harm another in his life, health, liberty or possessions". (American Declaration of Independence)

2.4 Legal liberty is only possible where prudence, duty and mutual respect are universal, otherwise restraints imposed by criminal law are indispensable.

3.0 Euthanasia is not murder

There is a universal ethic against murder, which is the 'involuntary' killing of one person by another. Voluntary euthanasia is 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 universally condemned, yet many patients dying days can be likened to torture.(Background Paper, 1st February 1995)

4

3.1 This is Humpty Dumpty talk, "the words say what I say they mean". The Chief Minister must know this. The definition of murder is the killing of one person by another, irrespective of consent.

3.2 We can all imagine cases in which murder would be justifiable, but they are rare and do not afford an argument against murder. For a doctrine to be a suitable basis for law it is not necessary that it be true in every possible case. It is only necessary that it be true in an overwhelming majority of cases. This does not apply here.

4.0 Relieves the emotional burden

People should not imagine that the victims of a terminal disease don't know the suffering which their

prolonged agony causes their relatives. Frequently they know it better than anyone and the knowledge makes their condition more painful. Voluntary euthanasia provides a way out: a means of ending intolerable anguish for terminally ill patients and for those who care for them. (Background Paper, 1st February 1995)/

4.1 On the contrary the terminally ill are in the most vulnerable position of their lives. With legislation a patient labelled as terminal will be subjected by themselves and others to the added unnecessary anguish/ pain of having to consider to choose to die (prematurely) even though their pain may well prove to be manageable, or that it is their duty to die simply to save their family, carers and friends further worry and money.

4.2 People are afraid that dying will be unbearable, that they will be overcome by immobilising, even dementing illness and intolerable meaningless pain.

4.3 A recent Gallop Poll showed that 84% of those questioned would prefer to have treatment withheld if they were on life support and had no hope of recovering. People have no difficulty with that. There is no doubt that this is what many believe this Bill is all about. It is not.

4.4 By definition "it is not euthanasia to withdraw treatment if it is judged to be overly or disproportionately burdensome, risky or costly. Nor is it euthanasia to administer a treatment aimed at relieving pain as the directly intended result even though that treatment may contribute to death, if there is no other reasonable means of relieving pain and the treatment is not disproportionate".

4.5 Deliberately procuring the death of a patient by action or by neglect of reasonable care is another matter entirely.

5.0 Fact of morality

Modern technology allows life to be extended for the sake of extension, without any thought for the quality of life extended. Perhaps the theory is that if life is longer, it is automatically better.(Background Paper, 1st February 1995)

5

5.1 This is irrelevant to the argument for Euthanasia. By definition, it is not euthanasia to withdraw treatment if it is judged to be overly or disproportionately burdensome.

6.0 Medical profession

Medical staff are human. They hate seeing patients suffer needlessly. But doctors know and understand 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 the torment of this ethical dilemma. (Background Paper, 1st February 1995)

6.1 Where is the ethical dilemma. The ethics of the medical profession are based on the Hippocratic Oath. This imposes clear strictures against the the deliberate killing of a patient or the suggestion that others do so. The legislation, if enacted, would present the medical profession with a very real 'ethical dilemma'.

6.2 Many of those who work with the dying feel that higher standards of terminal care are the answers to requests for Euthanasia, Dame Cicely Saunders, founder of St Christophers Hospice in London argues strongly against legislation. She simply says, "If one of our patients requests euthanasia it means that we are not doing our job".

6.3 Elizabeth Kubler-Ross, when asked to comment on similar proposed legislation, said, "I think it sad that we should have to consider laws about matters like this. I think we should use our human judgement and come to grips with our own fear of death. Then we could respect patients needs and listen to them, and would not have a problem

such as this".

6.4 A public policy supporting Euthanasia raises the question of opting for death for every ill or severely incapacitated person. There would have been no Auschwitz without active participation and initiative of the medical profession. The Australian medical profession has no special lien on virtue in this regard.

6.5 The very existence of an option would change the very sense of duty and responsibility of care for the sick and disabled with concomittant effects of their security and sense of belonging and destroy their essential trust in the carers.

7.0 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. (Background Paper, 1st February 1995)

7.1 What does this mean. It would seem to make suspect any opposition arising from religious motives.

7.2 Euthanasia is not an isolated individualistic decision. To say that no individual who opposes voluntary Euthanasia is required to have anything to do with it, suggests that we are all islands that our actions have no effect on others. This is simply untrue.

7.3 All the great religions agree with Buddhist teaching that we should do everything we can to help the dying cope with their deterioration, pain fear and suffering and offer the loving support that will give the end of their lives meaning.

7.4 "Man is not a solitary animal and so long as social life survives, self realisation cannot be the supreme principle of ethics."

7.5 The ethics of christianity and their antecedents have stood for over 4000 years and form the main spring of civilisation.

8.0 Rights

This Bill is fundamentally about rights. (Background Paper, 1st February 1995)

8.1 It was recently reported that the Chief Justice of the High Court, Sir Anthony Mason, has publicly regretted that the individuals responsibilities and duties have been neglected in what he describes as society's 'rights revolution'.

8.2 There are no rights without concomittant responsibilities. In its absolute form the doctrine that an individual has inalienable rights is incompatible with this and its elements are compromised by this Bill.

8.3 The philosophy inherent in this Bill undermines the 'duty of care' that society owes to the sick and dying.

8.4 It has been said that if there is any ethic in government, the end of government must be one, and that the only single end compatible with justice is the good of the community.

8.5 The evidence is overwhelming that voluntary euthanasia leads to involuntary euthanasia. This Bill, both in the general and particular, would condone and encourage the greater possibility of this practice.

9.0 Summary

9.1 The Chief Minister has highlighted a problem. The proposed legislation provides no solution. The Bill with its moral relativism renders more fragile the ecology of liberty.

9.2 It sets a precedent in law with untold consequences. It inevitably undermines duty of care and has the inherent capacity to further erode trust and respect for the medical professions.

7

9.3 "We are not so poor a society that we cannot afford time and trouble and money to help people live until they die. We owe it to all those, for whom we can kill the pain which traps them in fear and bitterness. To do this we do not have to kill them.....To make voluntary euthanasia lawful would be an irresponsible act, hindering help, pressuring the vulnerable, abrogating our true respect and responsibility to the frail and old, the disabled and dying." (Dame Cicely Saunders, Founder, St Christopher's Hospice,London: "A Commitment to Care')

Ian Mackintosh Hillock

14/3/94

SUBMISSION 067 1

TO

LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY

SELECT COMMITTEE ON EUTHANASIA

ON

RIGHTS OF THE TERMINALLY ILL

Queensland

Right to Life

Head Office 62 CharIotte Street

Brisbane Old Australia 4000

Postal Address GPO Box 1507

Brisbane Qld Australia 4001

Phone (07) 229 5437 **Fax** 107) 229 5424

Respect Life

2

8th March, 1995

The Chairman

Select Committee on

GPO Box **3721**

DARWIN NT 0801

Euthanasia

Dear Sir,

We write to register our deep concern of the contents of Marshall Perron's Private Member's '**Rights of the Terminally Ill**' Bill introduced to the Northern Territory Parliament on 22nd February, 1995,

It is essential that the Bill's contents are fully reviewed by the Select Committee on Euthanasia.

The proposals in their present form are insensitive to the accumulated wisdom of universal civilisation and, therefore, exposes your parliament to derision in the coming months. The promoter of this Bill is unable to grasp the consequences of his action in the introduction of systemised legalised killing of the dying.

The matters for examination by the Committee would involve the following:

PART 2 - REQUEST FOR AND GIVING OF ASSISTANCE

3.

(i) The definition of terminal illness needs to be clearly defined.

Section 4 of the proposed legislation of New South Wales Health Department's Discussion Paper, based on the Natural Death Act 1983 South Australia, states terminal illness defined as
"any illness, injury or degeneration of mental or physical facuIties -

(a) Such that death would, if extraordinary measures were not taken, be imminent; and

(b) From which there is no reasonable prospect of a temporary or permanent recovery, even if extraordinary measures were undertaken".

Section 4 of this Paper also emphasises

"Extraordinary measures were defined to mean 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 operation"

3

We reiterate, does terminal illness mean - any illness, injury or degeneration of mental or physical faculties?

We do not want to see in the Northern Territory the example set in the Netherlands Supreme Court in 1994 when a psychiatrist was allowed to go unpunished after he had given a fatal dose of drugs to a mentally-ill woman.

(ii) No doctor can give a 100% accurate judgement that a patient will die from their terminal illness within 12 months! (There certainly wouldn't be anyone to refute it after they are dead).

4.(2)

Does 'shall advise' mean the medical practitioner must refer to other medical practitioners who will give assistance sought, or does the medical practitioner have the legal freedom of his conscience and be allowed to abstain from giving such information.

6.(d)

The illness is causing the patient severe pain, suffering or distress - is this with or without medication?

6.(f)

The relief from severe pain in terminal patients can almost be eliminated with the current standards of treatment available. It is the responsibility of thedoctor to acquaint him/herself with the methods of pain relief or call upon expert help, for the well-being of the patient.

6.(l)

No time frame has been given from initial request to second medical practitioner verifying to the actual carrying out of assisting patient to end his or her life. In actual fact it could all be completed on the one day or in the same week.

How can the doctor be sure any patient is competent if the patient is on medication?

What if the patient were to become incompetent before any written or oral request was recorded? Could be patient's carer or doctor go ahead anyway? Is the onus on the doctor to ask his patient's wishes on euthanasia once he has been diagnosed as having a terminal illness?

7.

If the patient is **emotionally** unable to sign the certificate of request how can one say they are free or competent to make this death decision?

PART 3 - RECORDS AND REPORTING OF DEATH

10.(c)

If medical practitioner in this paragraph is interpreted to be a G.P we believe a specialist in the area of psychiatry should be the one to ascertain competence of the patient. No general medical practitioner's opinion is a good enough safeguard.

As no minimum time has been stipulated for the medical practitioner to have attended the patient the carrying out of having one's life terminated could be dealt with in an incredibly short time.

Neither does this Bill address that the patient needs to be a resident of the Northern Territory. So, in fact, anyone could come to 'the Northern Territory to have their life terminated if they are over 18 and have a terminal illness they are likely to die from in 12 months.

All it takes is for the majority of Northern Territory MLA's to legislate this Bill and all Australians are affected.

Our MLA's have not voted on it on behalf of their constituents, so don't impose your laws to be able to include and make available for the other states/territory to make use of.

11.(2)

Euthanasia is unnatural and is violent, as it is the taking of life before natural death occurs.

How will cause of death be recorded on the death certificate to accurately state cause of death? (Or is it to be in fudged terms as in reality it is not palatable to say his/her life was deliberately ended with the assistance of a health care provider/medical practitioner).

12.(2)

'report as he or she thinks appropriate' - what does this mean? Is there real concerns indicated already that the numbers of assisted deaths of human being could be so high that this was written into the Bill to safeguard the number of deaths pertaining to euthanasia from being disclosed.

Why has this proviso been included? How can you ensure accurate statistics are recorded and freely available, when in the Netherlands doctors weren't honest in their reporting even when it was legal (Remmelink Report)

PART 4 - MISCELLANEOUS

13.(1 & 2) 14 17

This Bill gives immunity doctors, nurses or any other person whose duties include the care of the patient. What of negligence - can it ever be an issue?

Ending the life or indeed killing the patient is' taken to be medical treatment for the purposes of the law ' - what a sad day for medicine!

The Bill's overall effect will greatly diminish the legal protection of the rights of the terminally ill. Bearing in mind the patient who can be emotionally unable to sign a certificate of request need only orally request his/her death.

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What safeguards are in place to truly determine this kind of horrific situation being totally misconstrued?

Altogether this Bill is in a potential landmine area. One needs to walk carefully, examining all points & hearing from professional people who know this issue before any legislation occurs.

We believe the mechanics of the Bill are unworkable.

A far better approach for the terminally ill is for your Parliament to promote and support palliative medicine and palliative care.

Yours sincerely,

Dr Michael Monsour

President

SUBMISSION 068 1

12th March '95

Dear Sirs, & Mesdames,

I wish to lodge my protest of the proposed euthanasia Legislation for the Northern Territory. This kind of patient killing will further devalue human life and will place under scrutiny those whose lives are seen as Society's burden. Please think very deeply before passing such a Bill.

Yours Sincerely

Mrs B. Green

P.O. Box 63

Noble Park

VIC. 3174

SUBMISSION 069 1

PO Box 1189

Palmerston

NT 0831

The Chairman

Select Committee on Euthanasia

GPO Box 3721

Darwin NT 0801

Dear Chairman

Re: The *Rights of the Terminally 111 Bill*

I write to express my support for the *Rights for the Terminally 111 Bill.*

I am firmly committed to the principle that individuals have the right to act without restraint so long as their actions do not interfere with the equivalent rights of others; the principle of liberty.

The *Rights of the Terminally 111 Bill* supports this principle by allowing terminally ill adults a legal choice in the timing of their own death while in no way compromising the rights of individuals opposed to voluntary euthanasia. Those opposed to voluntary euthanasia need not participate in any way.

To me, the issue is very clear. If the Bill is not passed by the Legislative Assembly, the current system with its lack of legal choice for terminally ill adults will be perpetuated. The government will continue to deny individuals the right to legally choose a painless and dignified death. Individual liberty will be compromised.

If the Bill is passed and becomes law in the Northern Territory, terminally ill adults will be able to choose to end their suffering. There will be no compulsion for individuals to choose euthanasia and no compulsion for doctors to assist. Individual liberty will be strengthened.

I hope that I am never afflicted with a painful terminal illness. If it happens that I am, I want to have the choice of ending my suffering with dignity.

Who would deny me this choice?

Michael Ward

March 19951

SUBMISSION 070 1

SOUTHSIDE 7-DAY

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Dr. A.S. Reece

M B B S (Flons), **F R.C.S (Ed), FR.C S** (Glas) ;RACGP,MD (UNSW)

Provider Number 0433086

14/03/95

Select Committee

GPO Box 3721

DARWIN 0801

RE: the Rights of the Terminally Ill Bill

Dear Sir,

l understand that the Northern Territory is currently in the process of considering Australia's first Euthanasia Bill. I understand this is being introduced by Mr Marshall Perron, Chief Minister of the Northern Territory. As a doctor involved with numerous patients with cancer and also major psychiatric problems, 1 wish to express in the strongest possible terms my complete disagreement, and indeed one could say abhorrence, of such proposed measures and legislation. To add insult to injury, if that were possible, I understand that the Northern Territory has no medical oncologist, very limited radiotherapy services, not a single palliative care specialist and an inadequately resourced domiciliary care program and not one hospice. Quite frankly I cannot understand the irony of your situation; nor could I imagine a more perverse situation, it appears that patients who are seriously ill are being put in the "too hard" basket and offered a medical "bullet" paradoxically in a time when medical science has reached its all time zenith in history, not only in terms of its ability to cure and dramatically alleviate so many conditions, but to provide palliative care for both physical and psychological stress for patients whose remedies currently lie outside our present technical limitations.

The Australian government needs to realise very quickly that its primary resource in this country is our citizens and we need to value them in the extreme. The utilitarian view of life, which Bill's such as this espouse, is sacrilegious in the extreme and an insult to all fair thinking "dinky-di" Australians. Even euthanasia advocates themselves freely admit that once the cat is out of the bag there is no going back to the blissful world of yesterday.

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1 would enthusiastically hope that we are able to entrust the future of not only those of our fellows who live in the Northern Territory, but indeed all Australians, to your thoughtful, truly compassionate and wise legislative care in the Northern Territory. My concern is that with increasing world-wide pushes in a direction such as this, in fact we may not be able to trust legislatures such as yours. I understand Mr Perron has had significant coaching from the proeuthanasia lobby in this country. How deluded they must all be. I have seen quite a number of their case reports and from the medical view they are wholly specious. Indeed from a medical science point of view, one would take them about as seriously as one would take a Charlie Brown comic strip. I would be more than happy to address any individual clinical situations "tough cases" you may have in a case by case manner.

Yours sincerely,

Dr A S Reece

SUBMISSION 071 1

Private Submission 194 Dowding St.,

Oxley,

Brisbane,

4075

13/3/95.

"N.T. Select Committee on the Rights of

the Terminally Ill",

GPO Box 3721

Darwin, N.T., 0801

Dear Committee,

I wish to express my opposition to the proposed introduction of any legislation which permits the taking of human life by doctors and nurses.

This approach is redundant due to the "palative care" approach to sick and dying people which is advocated by leading medical organisations in Australia.

A pandora's box will be opened if legislative freedom of this kind is introduced.

This power will be abused by doctors and nurses as is happening in other countries who have moved down this path.

The Northern Territory Government have no mandate for this to my knowledge. It was not an issue in the lead up to the last election.

Any decision of this kind should be decided by a referenda of the citizens of the Northern Territory.

All the issues would be then brought out for public scrutiny on this issue.

In closing I re-iterate the redundancy of euthanasia due to the "polative care" approach presently available and in use. This is the ethical way.

Yours Sincerely,

L. Nightingale

SUBMISSION 072 1

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236 Acacia Drive,

ASHGROVE, QLD. 4060

Dear Select Committee Members,

I address the following comments to you, and to Mr. Marshall Perron concerning his proposed Euthanasia Bill. It seems to me that there is a reluctance, even an inability, in society at large to acknowledge the full implications of allowing one human being to actively end the life of another human being. It simply is not possible to infringe on a fundamental principle of life, and then expect to draw a line. You have, once you sanction euthanasia, crossed the line at the only place where it can logically be drawn. You are then on a flat, featureless expanse - a slippery slope - where any arbitrary line you may draw can simply be erased at a later stage, and moved further down the slope.

This is precisely what has happened in Holland. It is precisely what happened in Germany half a century ago.

The fundamental principle is the right to life, and society's corresponding obligation to protect that right at all times.

Don't forget, those who now wish to end their lives have, for the greater part of their existence demanded, and received, society's protection for that same life. They cannot now expect society to simply abandon that fundamental obligation simply because they have no further use for it. It is a small price for them to pay in return to simply live out that life in dignity and uphold to the end the fundamental principle they sheltered under for almost an entire lifetime.

Yours faithfully,

Peter Davidson

SUBMISSION 073 1

Northern Territory

To the Select Committee

regarding "The Rights of the Terminally Ill" Bill.

I am absolutely against this Bill becoming Law.

It is against Christian principles.

Against the age-old Hippocratic Oath (one of the noblest of pagan enlightenments).

It is bringing to new births the ideas and tactics of the Nazis that paved the way to the Holocaust.

There will be no real safeguards (Holland proves this.) Undoubtedly by this Law we will be going the way of Hitler:- the unwanted will be listed for destruction.

Doctors, nurses, hospitals will be potential Killers.

Delia C. Craig

14 Adeney Ave

Kew VIC 3101

March 11 1995

SUBMISSION 074 1

13.3.95

Miss Patricia Brennan

55 Josephine St

Oak Park 3046

(N.T. Select Committee) Melbourne Victoria

To whom it may concern,

I am writing to voice my opposition to the Rights of the Terminally Ill Bill. The answer to Euthanasia is proper palliative care. The patient should be treated with the utmost respect and be given hours of attention and counselling. I have been informed that in the Northern Territory there is not a single palliative-care Specialist and not a single hospice. Isn't it ridiculous to suggest that to solve the problem patients should be killed, when obviously what is needed is more specialists in the area. If you pass this bill the N.T will become the dead end of Australia, voluntary will inevitably lead to involuntary and all respect for life will be lost. I pray that this doesn't happen.

Yours sincerely

Patricia Brennan

SUBMISSION 075 1

---

19 Normanby Street

Oakliegh, 3166,

Vic,

13-3-95.

Northern Territory Select Committee.

on the Rights of the Terminally ill Bill.

Dear Mr Chairman,

I am writing to yourself and the above committee members to express my alarm at the proposed euthanasia legislation.

I believe 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 please oppose the Bill.

Yours Sincerely

Gerald Schumann.

SUBMISSION 076 1

Mary Mortimer

PO Box 54

O'Connor ACT 2601

14 March 1995

The Chairperson

Select Committee on Euthanasia

GPO Box 3721

Darwin NT 0801

Dear Sir/Madam

I am writing to support the proposal in the Northern Territory to legalise voluntary euthanasia for terminally ill patients who request that their lives be ended with medical assistance, at a time of their choosing.

In 1979 my husband Rex Mortimer developed a painful back condition. Lung cancer was diagnosed, which had spread to the spine. It soon reached his brain. He was Associate Professor of Government and Dean of Economics at Sydney University. He was a highly intelligent, witty and sensitive man, and the very proud father of Michael and Rachel, aged nine and seven.

He wanted to die before the cancer in his brain ravaged his mental capacity. He feared that he would lose his reason, and with it his dignity. He was afraid that the end of his life would be humiliating, and that his children and l would remember him as an incapable and irrational 'patient' rather than a proud, competent and loving father and husband.

He and I agreed that he should be able to end his life when he felt it was no longer bearable for him. We found a sympathetic doctor who said he would help us when the time came. We knew the risks for him, and that this course might well be difficult.

After Christmas, Rex felt that his life was effectively over, and he wanted to die while he was still a whole person, whom we would remember with pride and pleasure. One night we said goodbye and held each other, and he took a large dose of sleeping pills.

Unfortunately they did not kill him. By the next day his mind had started to wander, but his wish to die quickly was even more clear.

I couldn't let the children visit again - this was not the way he wanted them to remember him. I managed to get another prescription for sleeping pills, sneaking off in the night like a criminal to collect them from an all-night chemist. The dosage was half what the doctor had prescribed, but although we were in a large teaching hospital, surrounded by medical staff, I couldn't ask anyone for help or advice.

By now he was too confused to take the pills by himself, so I fed them to him. Fearful of failing again, but not knowing the appropriate dose, I gave him as many pills as he could swallow. He must have died soon after, but I didn't know how to tell, and had to wait for the hospital staff to "discover" him.

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I still had to talk to a hospital doctor, and refuse to authorise a post-mortem. Of course the doctor did not know what anguish I had just endured, and how terrified I was of being discovered. I didn't know whether they could tell that Rex had had an overdose of sleeping pills. l just had to sit it out.

Eventually I was taken home, but I could tell nobody, so l lay awake all night, not yet able to grieve, waiting instead for the police to knock on my door and arrest me for murder.

Many people believe that palliative care is adequate for a terminal illness. It is certainly more widely available and better developed than it was in 1979. It meets the needs of many terminally ill people, who accept that life and death will take their course, provided they can live out their lives with little pain. However, it would not have met Rex's need to end his life with dignity, before the effects of brain cancer became intolerable to him.

Neither Rex or l believed in God. Religious people have their views on suicide and assisting people to die. I respect their views. But they are not my views, and it is time the civil law was not determined by them. There is a wide range of religious persuasions in our community, and a wide range of attitudes to ending a life which an individual no longer wants to live. But my right to end my life when it is no longer tolerable to me, and my right to seek assistance from professional people who know the appropriate dose, who can spare me pain, helplessness and indignity - this is a right I claim in a humane society, and it is surely time the law met this pressing need.

People around Australia are experiencing every day what we experienced, making the same decisions, giving the same kind of assistance to those they love who are dying in pain, helplessness and indignity. l ask you to imagine yourselves in this situation. Someone you love pleads for you to help them end their suffering. Could you really walk away? Would you really have a choice? Yet to help today is to break the law, and expose yourself to prosecution and prison. The law must be changed to meet people's real needs.

Doctors help us to care for ourselves throughout our lives. We expect from them professional expertise and compassion, in birth, illness, aging - all kinds of circumstances and conditions. We have the right to expect from them the same expertise and compassion at the end of our lives; not just to watch over our dying when they can no longer keep us alive, but help to relieve our suffering and pain. They should have the right to assist us to end our lives when we ask them to.

My experience is representative of many in our community. If the Northern Territory leads the way in changing the law, other states and territories will surely follow. Then Australians everywhere can take pride in our humanity, in this important area of everybody's life - a fitting and dignified end.

Yours sincerely

Mary Mortimer

SUBMISSION 077 1

Doctors' Reform Society

13th March. 1995

Dear Sir/Madam,

The Doctors' Reform Society supports the passing of the Rights of the Terminally III bill in the Northern Territory Parliament.

The D.R.S. does this for the following reasons;-

1) Patients have the right to finally determine their own destinies, just as they have

a right to accept or refuse medical treatment.

2) The law puts the responsibility of action on patients and merely provides legal protection for Doctors who assist them.

3) Doctors already anonymously help terminally ill patients to die by administration

of Morphine drips at concentrations much higher than those needed for pain relief.

4) If medical help is refused. many patients will still try to take their own lives, often more brutally or painfully.

5) In many cases, bungled suicides leave patients in a persistent vegetative state, becoming a tragic and costly burden on survivors and society.

6) Finally, terminally ill patients may lie for years in agony, indignity and hoplessness because Doctors and families fear the legal consequences of turning off technology that can now prolong life far beyong any real meaning.

Many of the Doctors in the Doctors' Reform Society including myself have had requests from terminally iii patients requesting assistance to die. These requests are made because of the severe distress and suffering of the terminally ill patients. The Doctors involved also feel great stress being asked to do something that is at present

illegal. Some Doctors do help the Patients to end their suffering, others walk away from the patient saying there is nothing they can do because of the law against euthanasia. Other Doctors would never assist a patient to end their life because of their personal beliefs.

The Medical profession is not unified for or against euthanasia. Former Liberal Senator, Professor Peter Baume, has surveyed Doctors and found many of them (although not a majority) would be prepared to assist terminally ill patients who requested assistance to end their life if the law allowed such action.

The safeguards included in the Rights of the Terminally III Bill are sufficient and appropriate to protect patients and Doctors who choose to become involved.

If I can be of any further assistance, please contact me.

Your sincerely,

DR. ROBERT MARR

M.B.B.S.M.P.H.

F.A.F.P.H.M.

BOX 14, 4 GOULBURN STREET, SYDNEY, 2000. PH (02) 264 9084

SUBMISSION 078 1

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28 Sandham St

Elsternwick 3185

10th March 95

President of Select Committee on the Rights of the Terminally Ill

G.P.O. Box 3721

Darwin 0801

Dear Committee

I am deeply concerned for the innocent who will be at the hands of doctors, medical staff, relatives etc should you legalise euthanasia. Mercy killing is not mercy.

Instead we should be striving to give pallative care to the sick, elderly and disadvantaged in our society. Let our money be spent on this - not on paying people to murder either the unborn or ill.

Please do all you can to protect life.

Yours sincerely

Eileen F Jones

SUBMISSION 079 1

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10 March 1995

36 Turnbull Street

Sale, VIC, 3850

Dear Sir/Madam

Re: Rights of the Terminally Ill Bill

I am totally opposed to any form of euthanasia, anywhere in the world. I find it unthinkable that people can consider legalising manslaughter and murder under the guise of compassion.

There is no realistic or plausible way of attempting to control the ramifications and day to day carrying out of this bill. We cannot let our elderly be threatened and terrorised in this way, and if we do, we can no longer claim to be living in community, let alone civilisation.

Please stop to consider the reality and massive implications of beginning to kill off our fellows. There are times when most of us feel the future is not worth facing, whether due to illness or loneliness or depression or anguish. We cannot punishing or "rewarding" human emotion with death, which, unlike emotion, has only one state.

Yours sincerely

Janet Kingman

SUBMISSION 080 1

4/5 Kalinng St.

Essendon, 3040

13 March, 1995

Select Committee on the

Rights of the Terminally Ill Bill

G.P.O. Box 3721

Darwin, 0801

Dear Sirs

I believe that the terminally ill have the right to proper palliative care. Such care should be provided by professionals but also by relatives and friends, if possible.

The question of why one suffers must be answered by each individual in their own way. However, I believe that the Rights of the Terminally Ill Bill is only a "quick-fix" solution that ultimately cheats carers and the terminally ill.

Sincerely,

J. RAGNANESE

SUBMISSION 081 1

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106 Holden Street

North Fitzroy

Victoria 3068

12-3-95

The Northern Territory Committee

on Euthanasia

C/o Parliament, Darwin

Dear Committee Members,

I want you to oppose the acceptance of the dying treatment of ill people - don't access the euthanasia mentality. Tonight on TV we watched the story of Grace and Ian Gawler, - he was told 20 years ago, he had 2 months to live! He is leading the support of cancer sufferers, by arousing their resources of mind and spiritual strength to go on with their lives, with an acceptance of their condition and a positive enjoyment of the company of people. DONT accept the fatalist approach that we kill people who are not economic supporters of the state production! You need to value a human life. You have no right to take and destroy human life - as our law at present tells you.

Dont change our law's attitude, which is to save lives, and punish homicide, and doctors or anyone else who take lives.

Please preserve our lives;

Thank you

John McINERNEY

SUBMISSION 082 1

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110 Macintosh Street

Shepparton, Vic 3630

10/3/95

Dear Sir,

re: Rights of the Terminally Ill Bill

I am very much against euthanasia. Certainly, when a loved friend or relation is terminally ill we hope and pray that they will not linger on.

These days there are many drugs etc to ease their pain and I think we should leave the termination of their life in God's hands.

Sincerely

Pat Frizzell

SUBMISSION 83 1

To the Euthanasia Committee from R Earnshaw

5 Radford Ct

Coconut Grove

16.3.95

Please place on record the following submission regards the Euthanasia Bill.

1. I personally agree that a person who is terminally ill should have the right to decide whether or not to request assistance in the termination of his or her life.

2. Should such a person make a positive request then a strict routine must be carried out with all the safeguards laid down in the final Bill in force.

3. I would like to see a provision put into the Bill that would allow Euthanasia to be extended to persons who are moribund or in such a deep coma that recovery is not possible.

I know of one case where the life support system was switched off, allowing the patient to die, this after he had been in a deep coma for over nine months after suffering severe brain damage in a road accident.

4. I would suggest that any person[s] who brings about the death of a patient through greed, deceit, cupidity, bribery, negligence or any other false means contrary to the final bill should be charged with being an accessory to, or with actual murder and liable to the proscribed punishment for that crime.

Finally should you wish for me to appear before your committee to expand on or add to any of the above I am quite willing to do so.

Yours sincerely

Ron Earnshaw

SUBMISSION 84 1

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124 Fitzroy Street,

Sale. Vic. 3850

10th March, 1995

N.T Select Committee on the Rights

of the Terminally Ill Bill,

G.P.O. Box 3721,

Darwin. N.T. 0801

Dear Members of the Committee,

I write to express my concern at this bill which has been introduced into the N.T. parliament. Although the bill deals with the Terminally Ill and the killing of them, I would like to know if there has been any enquiry into the needs of the terminally ill?

My husband, ill with a fatal illness, was given less than one year to live, hence would have been a candidate for euthanasia under your bill. Each year, when he returned to the city to visit his specialist, the physician expressed surprise and delight to see him again. For five years, my husband was able to be with us, to enjoy his children, spend time with them, talk with them and pass on to them his moral values, thus ensuring that today they are first class Australian citizens.

This bill is not in the best interests of Australians, and certainly not in the interests of those who are sick with a potentially fatal illness.

Yours sincerely,

Margaret Goss (Mrs.)

SUBMISSION 85 1

The Chairman,

Select Committee on Euthanasia

GPO Box 3721

DARWIN N.T. 0801

Dear Sir,

I am writing to give support to the "Rights of the Terminally Ill" Bill put forward by Mr. Perron.

None of us know if in the future we are going to be in this situation, but if I am I would certainly like to be able to make the decision for myself as to whether I was going to die in extreme pain or to die with dignity I really feel that having this choice I would be able to enjoy the time I had left more because I would not be centring on the pain and suffering that usually accompanies the final stages of most terminal diseases. Just knowing the choice was mine would be a comfort.

Please let this Bill be passed.

Yours sincerely.

(Mrs) Meredith Robson

11 Wanguri Terrace

WANGURI N.T. 0810

16th March 1995

SUBMISSION 86 1

Robyn Van Dok

53 Van Senden Avenue

Alice Springs NT 0870

14th March 1995

The Chairman

Select Committee on Euthanasia

GPO Box 3721

Darwin NT 0801

Chairman & Committee Members

I write to forward my views to the Select Committee on the Private Member's Bill titled the *"Rights of the Terminally Ill"*

I totally support the bill and congratulate Marshall Perron on having the foresight and strength to enable someone to elect to make this last personal decision. He has shown a quality all too rare these days when any decision appears to be swayed by noisy minority groups that may or may not affect an electoral outcome.

I am very pleased to support the bill and strongly believe that people should have the right of choice should they wish to end their life. I sincerely hope the Select Committee does not become enveloped in continuous debate and loose the final conclusion with no resolution to assist the Members of the Legislative Assembly to case their votes.

I would ask that the Select Committee not take into deliberation any input from pressure groups outside the Northern Territory and not consider any arguments put forward from these minority groups, e.g., Right To Life Association, Knights of the Southern Cross, Churches &/or Ministers, etc.

Only the wishes of the voters in the Northern Territory should be considered. I believe most people I have spoken to are in favour and have strong support for this Bill, but however, it is unfortunate that they will not take the time to put pen to paper.

Yours faithfully

ROBYN VAN DOK

SUBMISSION 87 1

Ian Wilson

53 Van Senden Avenue

Alice Springs NT 0870

14th March 1995

The Chairman

Select Committee on Euthanasia

GPO Box 3721

Darwin NT 0801

Chairman & Committee Members

I write to put my views forward to the Select Committee on the Private Member's Bill "Rights of Terminally Ill".

I totally support the proposal and congratulate Marshall Perron on having the foresight and strength to enable someone to elect to make this last personal decision. He has shown a quality all too rare in a politician in this day and age, when any decision appears to be swayed by noisy minority groups that may or may not affect an electoral outcome.

I would ask that the Select Committee not take into deliberation any input from pressure groups outside the Northern Territory and not consider any arguments from, e.g., Right To Life Association, Knights of the Southern Cross, Churches/Ministers, etc.

Only the wishes of the voters in the Northern Territory should be considered.

Also, in the event of no decision being made by the Committee, legislation be enacted that would allow the people of the Northern Territory to decide by means of a referendum to vote on this very important piece of legislation. This could be included to coincide with a Northern Territory general election.

It is felt that the Committee should consider some legislation to control Life Insurance Companies, etc, with regard to the interpretation of euthanasia rather than suicide, etc.

Yours faithfully

IAN W WILSON

SUBMISSION 88 1

PO Box 40/359

Casuarina NT 081

The Chairman

Select Committee on Euthanasia

GPO Box 3721

Darwin NT 0801

15 March 1995

Dear Mr Poole,

Submission in Support of Mr Perron's Private Member's Bill

I write as a member of what I suspect is the silent majority in support of the Chief Minister's Private Member's Bill.

I have personal experience of an instance in which Euthanasia was requested by a member my immediate family and, for obvious reasons, denied by the treating practitioner owing of his professional commitment to the Hippocratic Oath.

Had my father been an animal, my family would have been prosecuted for cruelty -- for sustaining a life which was clearly not sustainable and which presented the patient with immeasurable and unbearable pain and discomfort, notwithstanding some excellent medical treatment and vast quantities of pain-killing drugs.

The humane and sensible way of dealing with his terminal illness, added to his request for a lethal injection, illustrates the very nature and intent of Mr Perron's proposed bill.

This, I think, is the crux of the matter.

I have not sought the treating doctor's approval, but I feel sure that Dr Ted Giblin would not object to my naming him as the treating GP in this instance. Dr Giblin's care of my father was outstanding but he was hamstrung by the opinion of so-called "specialists".

My father asked Dr Giblin to give him a lethal injection five days before he died. Dr Giblin told my father, and then reported to the family, that he could not. This was at a time when my father's capacity to take a lethal dose of medication was beyond him, and such is the time when Euthanasia is most needed -- when the patient has no control.

A few years earlier, my father produced a rifle (I have no idea of its make) from within our home and threatened to shoot himself. I wrestled the rifle from him. This was a frightening experience for me because I have no knowledge of weapons. I did not know what type of rifle it was, whether it was loaded, whether there was any ammunition in the house or whether the safety catch (if any) was in position.

It was late-evening when the incident occurred. Fortunately, my mother was in bed and I was able to keep the incident from her. I wrestled the rifle from my father, locked it in the boot of my car and immediately took the weapon to a friend's home. I left my father weeping in the lounge room of my family home. The friend to whom I

took the rifle did have knowledge of weapons and I made him promise never to return the weapon to our home. I often wonder

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whether I did the fight thing.

My father, Lloyd Stafford Smith, was diagnosed with cancer of the throat seven years prior to his death in 1990. He had a major operation in Adelaide which left him in an extremely poor state although, it could be argued, the operation saved his life. It is a moot point. He refused chemotherapy and/or radiotherapy.

The treatment he received in the Northern Territory from "specialists" was nothing short of incompetent and I am quite happy to name the treating "specialist" should your Committee request the name of that individual.

My mother, who worked full time and cared for my father full time, finally sought treatment for my father in Melbourne (having been told by the "specialist" in Darwin that there was no cancer, no reason he could not eat, no reason he was in pain and that the real problem was depression, for which my father was referred to a Psychologist). Following preliminary tests and exploratory procedures during one day in Melbourne, he was told: "Mr Smith, you have two weeks to live. If you wish to die in Darwin we suggest you go home now."

He lived for 12 weeks following that prognosis. He had all the morphine in the world. The supply was liberal and on demand and his quality of life in his last 12 weeks was considerably better than it had been for the previous six years. This is more a reflection on the treating "specialist" than anything else. The morphine was in liquid form because my father could not swallow tablets, much less any other form of solid -- such as food. It is for this reason that during the previous seven years he cried with hunger and simultaneously cried with fear because each time he ate, the pain which resulted was worse than the hunger itself. He had been allowed no pain killers stronger than panadine. Even with the morphine following the "terminal" diagnosis, he was in extremely bad shape after he attempted to eat.

Can we civilised human beings, with our dearth of knowledge of all that is "good" and "kind" and "medically appropriate" really tell someone that his life is worth living when, in a first world environment, he is starving to death because medicine cannot help him?

"Goodness" and "kindness" and "medical appropriateness" all amount to respect for human life and death, and to respect of an individual's wishes about his or her own being.

Can we tell the carers, who need almost as much care as the patient, that everything is "all fight" and that life is worth living, irrespective of the conditions under which we expect that person to "live"? Are we serious?

Does any member of your committee wish to end his days in similar circumstances?

1 most certainly do not. I am of the view that my life is valuable to no one other than me -- **I** reject any interest the church (in whichever form) may claim, and I certainly reject any interest the medical profession may claim to have in my life. I-laving been diagnosed with arthritis at the relatively young age of 27, I most certainly hope that if my pain becomes such that I cannot go about my daily activities or conduct myself in a decent and proud manner, I will have the option of deciding that my life is no longer worth living, and that I ought not be expected to live in pain which is beyond my capacity to take.

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It does not bother me to offend the church or the medical profession: offending me for years.

they have been

One of the control mechanisms of the medical profession is the powerlessness and blind faith thrust upon patients, carers, family and friends in times of illness and trauma. This is a nonsense. People's lives and destinies ought to be in their own hands.

God is not playing God in this debate: the church is playing God for reasons of control and mysticism over mortal souls and the medical profession is playing God for reasons of elitism and mysticism. It, also, is nonsense.

The church is defending its rapidly declining flock and the medical profession is defending its rapidly declining authority. People are daring to question both and questions to both institutions are threatening.

My understanding of the term "democracy" is: "for the people, by the people, of the people." Why don't we consider the people? If they don't wish to end their lives, so be it. If they do, they ought to have the choice. It's logical, sensible and humane.

This bill is about choice and dignity. It's not too much to ask. It is, in fact, a fundamental human right: the right to decide in the interests of oneself.

When I was a university student, my father was ill and the family was taking shifts in caring for him to relieve my mother and give her a sleep break. I had to submit an assignment on the subject of my choice. My choice was Euthanasia. My opening line was: "There are three sides to every story: there's a right; there's a wrong; there's a truth."

I respectfully suggest that your Committee deals with the truth and discards the opinion of interest groups, particularly those from outside the Northern Territory.

I should be happy to support this submission verbally, as would members of my family, should the Committee deem it appropriate.

Yours sincerely,

ROBYN SMITH

Tel & fax: 851909

co: Marshall Perron, MLA, Chief Minister of the NT.

SUBMISSION 89 1

10.3.95

Dear Sir,

Our family is totally opposed to legalised patient - killing.

Do something about the pain not the patient.

Laws can not make all people/Doctors etc., act honestly and without other motives all of the time.

Yours sincerely

Mr & Mrs A Goodall

RMB 2800

EUROA

3666

SUBMISSION 090 1

DARWIN G.A.GAMESON

WHARF P.O. Box 39699.

PRECINCT WINNELLIE NT 0821

PH. (089) 413705

FAX. (089) 412547

JUGHEADS

SHOP 8

THE CHAIRMAN

SELECT COMMITTEE

ON EUTHANASIA 13/3/94

GPO BOX 3721

DARWIN 0821

DEAR SIR

YEARS AGO MY FATHER, TOOK SIX MONTHS TO DIE FROM CANCER, I SAW HIM WITHER AWAY FROM A FULL GROWN MAN TO A MATCH STICK,

IF EUTHANASIA HAD BEEN AROUND THEN IT WOULD HAVE SAVED HIM A LOT OF PAIN. NO CHURCH IN THE WORLD IS GOING TO TELL ME, THAT EUTHANASIA CAN NOT BE STOPPED AS THE CHURCH IS OUT OF TOUCH WITH THE MODERN WORLD.

YOURS SINCERELY

G. GAMESON

SUBMISSION 091(A) 1

AUSTRALIAN FEDERATION OF

Right to Life ASSOCIATIONS

15 March 1995

The Chairman

Select Committee on Euthanasia

GPO Box 3721

DARWIN NT 0801

Dear Chairman,

SUBMISSION ON THE RIGHTS OF THE TERMINALLY ILL BILL 1995

I refer to the terms of reference of the Select Committee. I enclose a submission prepared on behalf of the Australian Federation of Right to Life Associations on the Bill, as well as attachments.

We would appreciate an invitation for our Barrister to address the Committee on any of the matters prepared in our submission, either in public or private sessions.

The Federation Members are the largest Pro-Life Groups in their respective States and Territories. The Member States are: Western Australia, Tasmania, Queensland, the Australian Capital Territory, the Northern Territory, South Australia and New South Wales (with the exception of Victoria).

Please acknowledge receipt and forward me a copy of your Committee's Report.

Yours sincerely,

Kath Harrigan (Mrs)

Hon Secretary Right to Life Association (NSW) Inc.

Spokeswoman for Australian Federation Right to Life Associations Treasurer of the International Right to Life Federation

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SUBMISSION ON RIGHTS OF THE TERMINALLY ILL BILL 1995

Introduction:

This Bill (The Perron Bill) if enacted , would be only the second piece of legislation in the western world to legalise the deliberate, killing of terminally ill people. A Bill was narrowly passed by a referendum in Oregon, USA in November 1994. The operation of this Bill has been restrained by injunction pending a full hearing. As important constitutional questions are involved, it is likely to be resolved in the US Supreme Court.

Whilst euthanasia is widespread in The Netherlands it remains illegal but sanctioned if medical guidelines are said to be complied with.

The Perron Bill would undermine centuries of legal. tradition prohibiting the deliberate, killing of human beings, a tradition which has served society well. It would also have repercussions throughout Australia and indeed the world.

In our submission the onus is on the author of the Bill to justify the overturning of such a fundamental legal tradition.

The most basic right of all humans is the right to life which is clearly recognised by the common law, statute law and international instruments.

Before examining the provisions of the Bill in detail we will examine the legal traditions, which have been reaffirmed on many occasions modern times.

The Common Law Tradition

Although the Northern Territory has a Criminal Code, Part VI has codified common law sanctity of life traditions.

The Perron Bill if enacted would allow what has traditionally been the most serious criminal act, deliberate murder, to be carried out with impunity by a doctor on a patient if the patient is terminally ill. This is a total betrayal of the primary role of a doctor as healer of the sick.

The traditional protection which the law requires to be provided by doctors, parents and others entrusted with

looking after the welfare of those human beings who are unable to Look after themselves was clearly set out by Lord Keith of Kinkel in his judgment in Airdale NHS Trust v Bland ((1993) 2WLR 316 at 362 (The Tony Bland Case) as follows:

"Where one individual has assumed responsibility for the care of another, who cannot look after himself or herself, whether as a medical practitioner or otherwise, the responsibility cannot lawfully be shed unless arrangements are made for the responsibility to be taken over by someone else. Thus a person having charge of a baby who fails to feed it, so that it dies, will be guilty at least of manslaughter. The same is true of one having charge of an adult who is frail and cannot look after herself: Reg v Stone [1977] QB 354."

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The distinction between cases where a doctor decides after careful consideration that further treatment of a patient is futile and cases where a doctor deliberately kills a patient, to put the patient out of his or her misery, was clearly stated in the following passage from the judgment of Lord Goff of Chieveley at p.368 in the Tony Bland case:

"I must however stress at this point, that the law draws a crucial distinction between cases in which a doctor decides not to provide, or to continue to provide, for his patient's treatment or care which could or might prolong his life, and those in which he decides for example, by administering a lethal drug, actively to bring his patient's life to an end. As I may be have already indicated, the former may be lawful, either because the doctor is giving effect to his patient's wishes by withholding the treatment or care, or even in certain circumstances in which (on principles which I shall describe) the patient is incapacitated from stating whether or not he gives his consent. But it is not lawful for a doctor to administer a drug to his patient to bring about his death even though that course is prompted by a humanitarian desire to end his suffering, however great that suffering may be: see Reg v Cox (unreported) 18 September 1992. So to act is to cross the Rubicon which runs between on the one hand the care of the living patient and on the other hand euthanasia - actively causing his death to avoid or to end his suffering. Euthanasia is not lawful at common law." (emphasis added)

Lord Mustill in the same case examined a number of instances where medical treatment may invoke the criminal law. At page 393-394 he stated:

"7. Murder. It has been established for centuries that consent to the deliberate infliction, of death is no defence to a charge of murder. Cases where the victim has urged the defendant to kill him and the defendant has complied are likely to be rare, but the proposition is established beyond doubt by the law on duelling, where even if the deceased was the challenger his consent to the risk of being deliberately killed by his opponent does not alter the case.

8. "Mercy killing." Prosecutions of doctors who are suspected having killed their patients are extremely ,rare, and direct authority is in very short supply. Nevertheless, that "mercy killing" by active means is murder was taken for granted in the directions to the jury. in Reg v Adams (unreported) 8 April 1957, Reg v Arthur (unreported) 5 November 1981 and Reg v Cox (unreported) 18 September 1992, was the subject of direct decision by an appellate court in Barber v Superior Court of State of California 195 Cal Rptr 484 and has never so far as

I know been doubted. The fact that the doctors motives are kindly will for some, although not for all, transform the moral quality of his act, but this makes no difference in law. It is intent to kill or cause grievous bodily harm which constitutes the mens rea of murder, and the reason why the intent was formed makes no difference at all.

9. Consent to " mercy killing" So far as I am aware no satisfactory reason has ever been advanced for suggesting that it makes the least difference in law, as distinct from morals, if the patient consents to or indeed urges the ending of his life by active means. The reason must be that, as in the other cases of consent to being killed, the interest of the state preserving life overrides the otherwise all-powerful interest of patient autonomy." (emphasis added)

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The Sanctity of Life

In a number of cases in recent years courts in Great Britain, Australia, New Zealand, Canada and the United States have examined cases on medical treatment which provoked examination of the sanctity of human life. Whilst the Courts have not declared that the sanctity of life is an absolute value paramount always over other rights and interests, they have given great emphasis to its importance.

In the Tony Bland case, Lord Keith in the course of considering the question of withdrawing nourishment for Tony Bland suffering from an incurable persistent vegetative state made the following comments at 362:

Given the principle of the sanctity to life, which it is the concern of the state, and the judiciary, as one of the arms of the state to maintain, requires this House to hold that the judgment of the Court of Appeal was incorrect. In my opinion it does not. The principle is not an absolute one It does not compel a medical practitioner on pain of criminal sanctions to treat a patient, who will die if he does not, contrary to the express wishes of the patient. It does not authorise forceable feeding of prisoners on hunger strikes. It does not compel the temporary keeping alive of patients who are terminally ill where to do so would prolong their suffering. On the other hand it forbids the taking of active measures to cut short the life of a terminally ill patient. In my judgment it does no violence to the principle to hold that it is lawful to cease to give medical treatment, and care in a PVS patient who has been in that state for over three years, considering that to do so involves invasive manipulation ,of the patient's body to which he has not consented and which confers no benefit upon him."

In Auckland Health Board v Attorney General [I993] 1 NZLR 235, Thomas, J of the New Zealand High Court granted declarations authorising the withdrawing of artificial ventilatory support from a patient suffering an extreme case of Guillain-Barre syndrome. At page 244 of his judgment he commented under the heading "The sanctity of life":

"Life, and the concept of life, represents a deep-rooted value immanent in our society. Its preservation is a fundamental humanitarian precept providing an ideal which not only is of inherent merit in commanding respect for the worth and dignity of the individual but also exemplifies all the liner virtues which are the mark of a civilised order. Consequently, the protection of life is, and will remain, a primary function of the criminal law. It was said by Blackstone to be the first regard of the English law (Blackstone Commentaries on the Laws of England (1678) Vol 1 p130) and I entertain no doubt that it receives no less regard today. Indeed our New Zealand Bill of Rights Act 1990 recognises the individual's right to life and emphasises the role of the law in preserving life. Section 8 of the New Zealand Bill of Rights Act 1990 provides:

"8. Right not to be deprived of life - no one shall be deprived of life except on such grounds as are established by law and are consistent with the principles of fundamental justice."

That is not to say of course, that the sanctity of life represents an absolute value"

In McKay v Essex Area Health Authority [1982] 2 All *ER* 771, the Court of Appeal

confirmed the trial judge's refuse decision to a claim by a child who had suffered severe and irreversible damage before birth, as a result of her mother contracting rubella. The child's action was founded on the proposition that her mother should have been advised to seek an abortion and that, if this advice had been given and accepted, she would never have been born at all. The damages claimed under this head were necessarily based on a comparison between her actual condition and her condition if, as a result of an abortion she had never been born at all.

Stephenson LJ stated at 781:

"To impose such a duty toward a child (to give the child's mother an opportunity to terminate the child's life)

would, in my opinion, make a further inroad on the sanctity of human life which would be contrary to public policy. It would mean regarding the life of a handicapped child as not only less valuable than life of a normal child, but also much less valuable that it was not worth preserving ..."

Later at 781-782, he stated!: "But how can a court of civil law evaluate that second condition (where the child's embryonic life has been ended before its life in the world had begun) and so measure the loss of the child? Even if a court were competent to decide between the conflicting views of theologians and philosophers and to assume an "afterlife" or non-existence as the basis for the comparison, how can a judge put a value on the one or the other, compare either alternative with the injured child's life in this world and determine that the child has lost anything, without the means of knowing what, if anything, is has gained?"

Courts' Abhorrence to Assisting Suicide

The respect for the sanctity of human life has been reflected in cases where litigants seek to use court orders to allow suicide. In Schneidas v Corrective Services Commission (8/4/83 Supreme Court of NSE unrep) Lee, J refused an injunction to a prisoner on a hunger strike who prison authorities wanted to force feed.

At page 13 of his judgement he expressed his principal reason for refusing the injunction:-

"But the substantial matter that would lead me to refuse an injunctions, even if the contemplated feeding was unlawful, is that to grant an injunction would put the plaintiff's blood on my hands if he dies of starvation. He has made it clear in his affidavit that he is prepared to take his own life by denying his body necessary food and he is thus in the course of attempting to commit suicide: that is a crime under our law. He comes to this Court inviting me, in effect, to aid and abet him in the commission of that crime by removing an obstacle which stands in the way of him carrying out his intention. I firmly refuse to do so. I make it clear that I would not participate to any extent at all in the wilful destruction of the plaintiff's life; to injunct those would save his life, would make me a participant."

Although the offences of suicide and attempted suicide were later abrogated, they were replaced in NSW and elsewhere with statutory offences of aiding and abetting suicide and inciting suicide. Attempted suicide is still an offence in the Northern Territory under Section 169 of the Criminal Code. (A copy of this judgement is attachment 7.)

Powell J of the NSW Supreme Court in Secretary, Department of Immigration, Local Government and Ethnic Affairs v Gek Bouy Mok (30/9/92 unrep) expressed similar concerns about Asian boat people on a hinder strike (attachment 8).

Fullager J in the unreported Victorian Supreme Court decision of In re Graham Michael Kinney; Application by Tahlia Kinney (23/12/88) refused an injunction to the wide of a man awaiting trial for the murder of his mother-in-law, who attempted suicide by overdosing on drugs. His wife sought an injunction to restrain doctors at St Vincent's Hospital Melbourne operating to stop bleeding to save his life.

At page 4 of his judgment, His Honour stated that "the remedy sought was discretionary and it is clear that it would require very powerful considerations needed to persuade the court to extend that remedy to prevent doctors from saving the life of a person ... I think even more powerful considerations would be required to persuade the court to grant an injunction when the preventing of the medical or surgical treatment amounts to carrying into execution the attempted suicide of the person concerned. To grant the injunction would be to assist the person to complete his suicide."

At 5.9 His Honour stated, "Granting the injunction sentences the patient to death on the termination of the supply of blood or upon a decision of the doctors that further inroads on the supply are not to be tolerated."

At 6.8: " ... it is not part of the court's function to assist any person to encompass his or her own death." (Attachment 9)In Nancy Beth Cruzan et al v Director, Missouri Dept of Health et al (1990) 110 S Ct 2841 Scalia J of the US Supreme Court affirming said at p 2 of his judgement:

" ... American law has always accorded the State of the power to prevent, by force if necessary, suicide - including suicide by refusing to take appropriate measures necessary to preserve one's life." He quoted with approval at p 3 a statement in an earlier case: "There is no significant support for the claim that it may be deemed "fundamental" or "implicit" in the concept of ordered liberty."

Scalia J at p 3-4 rejected the three distinctions claimed on behalf of the Petitioners to separate Nancy Gruzan's case from ordinary suicide: "(1) That she is permanently incapacitated and in pain; (2) that she would bring on her death not by any affirmative act but by merely declining treatment that provides nourishment; (3) That preventing her from effectuating her presumed wish to die requires violation of her bodily integrity. None of these suffices. Suicide was not excused even when committed to avoid those ills which [persons] had not the fortitude to endure." 4 Blackstone at 189: "The life of those to whom life has become a burden - of those who are hopelessly diseased or fatally wounded - nay, even the lives of criminals condemned to death, are under the protection of the law, equally as the lives of those who are in the full tide of life's enjoyment, and anxious to continue to live." Black v State 23 Ohio St 146, 163 (1873).

"The lives of all are equally under the protection of the law, and under that protection to their

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last movement ... (assisted suicide) is declared by the law to be murder irrespective of the wishes or the condition of the party to whom the poison is administered ... ' Blackman v State, supra, at 163.

(2) p.4 "The irrelevance of the action - inaction distinction. Starving oneself to death is no different from putting a gun to one's temple as far as the common law definition of suicide is concerned, the cause of death in both cases is the suicide's conscious decision to put an end to his own existence ... of course the common law rejected the action - inaction distinction in other contexts involving the taking of human life as well. In the prosecution of a parent for the starvation death of her infant, it was no defence that the infant's death was "caused" by no action of the parent buy by the natural process of starvation or by the infant's natural inability to provide for itself ...'

(p6) "A physician moreover, could be criminally liable for failure to provide care that could have extended the patient's life, even if death was immediately caused by the underlying disease that the physician failed to treat ... if the state may interrupt one mod of self destruction, it may with equal authority interfere with the other ...'

p6. "The third asserted basis of distinction - that frustrating Nancy Cruzan's wish to die in the present case required interference with her bodily integrity - is likewise inadequate, because such interference is impermissible only if one begs the question whether her refusal to undergo the treatment on her own is suicide. It has always been lawful not only for the State, but even for private citizens, to interfere with bodily integrity to prevent a felony. That general rule has of course been applied to suicide. At common law, even a private person's use of force to prevent suicide was privileged."

(p7) "It is not even reasonable, much less required by the Constitution, to maintain that although the State has the right to prevent a person from slashing his wrists it does not have the power to apply force to prevent him from doing so, nor the power, should he succeed, to apply, coercively if necessary, medical measures to stop the flow of blood. The State run hospital, I am certain, is not liable under 42 USC 1983 for violation of constitutional rights, nor the private hospital liable under general tort law, if, in a state where suicide is unlawful, it pumps out the stomach of a person who has intentionally taken an overdose of barbituates, despite that person's wishes to the contrary."

In Re Rodriguez and Attorney General of British Columbia et al (1993) 85 C.C.C. (3d) 15 the Supreme Court of

Canada considered a challenge to Section 241 of the Canadian Criminal Code which concerned the offence of aiding and abetting suicide, based on provisions of the Charter of Rights and Freedoms. By majority the Court dismissed the challenge, by Miss Rodriguez who was a leading supporter of voluntary euthanasia who was suffering from a terminal illness and wished that a doctor assist her commit suicide.

In the leading judgment, Sopinka J embarked on a most exhaustive review of the legal position of euthanasia and assisted suicide throughout western democracies, including reports by courts and law reformers, including the Tony Bland case decided by the House of Lords. At page 73 he referred to a working paper issued by the Canadian Law Reform Commission which discussed the possibility of decriminalisation of assisted suicide in the following terms at pp 53-54:

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"First of all, the prohibition in (S 241) is not restricted solely to the case of the terminally ill patient, for whom we can only have sympathy, or solely to his physician or a member of his family who helps him to put an end to his suffering. The section is more general and applies to a variety of situations for which it is much more difficult to feel sympathy. Consider for example, a recent incident, that of inciting to mass suicide.

What of the person who takes advantage of another's depressed state of encourage him to commit suicide for his own financial benefit? What of the person who, knowing an adolescent's suicidal tendencies, provides him with large enough quantities of drugs to kill him? The accomplices in these cases cannot be considered morally blameless. Nor can one conclude that the criminal law should not punish such conduct. To decriminalise completely the act of aiding, abetting or counselling suicide would therefore not be a valid legislative policy. But could it be in the case of the terminally ill?

The probable reason why legislation has not made an exception for the terminally ill lies in the fear of the excesses or abuses to which liberalisation of the existing law could lead. As in the case of compassionate murder, decriminalisation of aiding suicide would be based on the humanitarian nature of the motive leading the person to provide such aid, counsel or encouragement. As in the case of compassionate murder, moreover, the law may legitimately fear the difficulties involved in determining the true motivation of the person committing the act.

Aiding or counselling a person to commit suicide, on the one hand, and homicide on the other, are sometimes extremely closely related. Consider for example, the doctor who holds the glass of poison and ours the contents into the patient's mouth. Is he aiding him to commit suicide? Or is he committing suicide, since the victim's willingness to die is legally immaterial? There is reason to fear that homicide of the terminally ill for ignoble motives may readily be disguised as aiding suicide."

He commented later on at p 73: "It can be seen, therefore, that while both the House of Lords and the Law Reform Commission of Canada have great sympathy for the plight of those who wish to end their lives so as to avoid significant suffering, neither has been prepared to recognise that the active assistance of a third party in carrying out this desire should be condoned, even for the terminally ill. The basis for this refusal is twofold it seems - first the active participation by one individual in the death of another is intrinsically morally and legally wrong and secondly, there is no certainty that abuses can be prevented by anything less than a complete prohibition. Creating an exception for the terminally ill might, therefore, frustrate the purpose of the legislation of protecting the vulnerable because adequate guidelines to control abuse are difficult or impossible to develop."

He then referred at p 74 to the challenge to the European Human Rights Commission brought in 1983 by Nicholas Reed, Secretary of the UK Voluntary Euthanasia group Exit following his conviction by an English jury: "The UK Provision is apparently the only prohibition on assisted suicide which has been subjected to judicial scrutiny for its impact on human rights prior to the present case. In the Application No 10083/82, R v United Kingdom, July 4, 1984, DR 33, p 270, the European Commission of Human Rights considered whether S2 of the Suicide Act, 1961 violated either the right to privacy in Art 8 or freedom of expression in Art 10 of the Convention for the Protection

of Human

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Rights and Fundamental Freedoms. The applicant, who was a member of a voluntary euthanasia association has been convicted of several counts of conspiracy to aid and abet a suicide for his actions in placing persons with a desire to kill themselves in touch with his co-accused who then assisted them in committing suicide. The European Commission held (at p 172) that the acts of aiding, abetting, counselling or procuring suicide were excluded for the concept of privacy by virtue of their trespass on the public interest of protecting life, as reflected in the criminal provisions of the 1961 Act, and upheld the applicant's conviction for the offence. Further, the commission upheld the restriction on the applicant's freedom of expression, recognising "the State's legitimate interest in this area in taking measures to protect, against criminal behaviour, the life of its citizens particularly those who belong to especially vulnerable categories by reason of their age or infirmity. It recognises the right of the State under the Convention to guard against the inevitable criminal abuses that would occur in the absence of legislation, against the aiding and abetting of suicide." Although the factual scenario in that decision was somewhat different from the one at bar, it is significant that neither the European Commission of Human Rights nor any other judicial tribunal has ever held that a state is prohibited on constitutional or human rights grounds from ciminalising assisted suicide. Critics of the Dutch approach point to evidence suggesting that involuntary active euthanasia (which is not permitted by the guidelines) is being practised to an increasing degree. This worrisome trend supports the view that a relaxation of the absolute prohibition takes us down the slippery slope."

Whilst considerable attention has been paid in the current debate to the US State of Oregon legalising assisted suicide following a referendum vote in November 1994, where the proposal was carried by the narrow of 51 to 49 percent of voters, Sopinka J reminded at p 76 of previous failed attempts to achieve similar results in other US States: "It is notable, also, that recent movements in two American States to legalise physician assisted suicide in circumstanced similar to those at bar have been defeated by the electorate in those States. On November 5, 1991, Washington State voters defeated Initiative 119, which would have legalised physician assisted suicide where two doctors certified the patient would die within 6 months and two disinterested witnesses certified that the patient's choice was voluntary. One year later, Proposition 161, which would have legalised assisted suicide in California and which incorporated stricter safeguards than did Initiative 199, was defeated by California voters (usually thought to be the most accepting of such legal innovations) by the same margin as resulted in Washington - 54 to 46%. In both States, the defeat of the proposed legislation seems to have been due primarily to concerns as to whether the legislation incorporated adequate safeguards against abuse (Penrose, ibid at pp 708-14). I note that, at least in the case of California, the conditions to be met were more onerous than those set out by McEachern CJBC in the court below and by my colleagues the Chief Justice and McLachlin J.

Overall, then, it appears that a blanket prohibition on assisted suicide similar to that in S 241 is the norm among western democracies, and such a prohibition has never been adjudged to be unconstitutional or contrary to fundamental human rights. Recent attempts to alter the status quo in our neighbour to the south have been defeated by the electorate, suggesting that despite a recognition that a blanket prohibition causes suffering in certain cases, the societal concern with preserving life and protecting the vulnerable rendered the blanket prohibition preferable to a law which might not adequately prevent abuse."

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At page 75 he referred to the Dutch euthanasia guidelines as follows: "Critics of the Dutch approach point to evidence suggesting that involuntary active euthanasia (which is not permitted by the guidelines) is being practiced to an increasing degree.

This worrisome trend supports the view that a relaxation of the absolute prohibition leads us down the slippery slope."

At page 78 he examined the distinction between palliative care and voluntary euthanasia: "The fact that doctors may deliver palliative care to terminally ill patients without fear of sanction it is argued, attenuates to an even greater degree any legitimate distinction which can be drawn between assisted suicide and what are currently acceptable forms of medical treatment. The administration of drugs designed for pain control in dosages which the physician knows will hasten death constitutes active contribution to death by any standard. However, the distinction drawn here is not based upon intention - in the case of palliative care the intention is to ease pain, which has the effect of hastening death, while in the case of assisted suicide, the intention is undeniable to cause death. The Law Reform Commission, although it recommended the continued criminal prohibition of both euthanasia and assisted suicide, stated, at p 70 of the Working Paper, that a doctor should never refuse palliative care to a terminally ill person only because it may hasten death. In my view, distinctions based upon intent are important, and in fact from the basis of our criminal law. While factually the distinction may, at times, be difficult to draw, legally it is clear. The fact that in some cases, the third part will, under the guise of palliative care, commit euthanasia or assist in suicide and go unsanctioned due to the difficulty of proof, cannot be said to render the existence of the prohibition fundamentally unjust.

The principles of fundamental justice cannot be created for the occasion to reflect the courts dislike or distaste of a particular statute. While the principles of fundamental justice are concerned with more than process, reference must be made to principles which are fundamental in the sense that they would have general acceptance among reasonable people. From the review that I have conducted above. I am unable to discern anything approaching unanimity with respect to the issue before us. Regardless of one's personal views as to whether the distinctions drawn between withdrawal of treatment and palliative care, on the one hand, and assisted suicide on the other, are practically compelling, the fact remains that these distinctions are maintained and can be persuasively defended. To the extent that there is a consensus, it is that human life must be respected and we must be careful not to undermine the institutions that protect it.

This consensus finds legal expression in our legal system which prohibits capital punishment. This prohibition is supported, in part on the basis that allowing the State to kill will cheapen the value of human life and thus the state will serve in a sense as a role model for individuals in society. The prohibition against assisted suicide serves a similar purpose. In upholding the respect of life, it may discourage those who consider that life is unbearable at a particular moment, or who perceive themselves to be a burden upon others from committing suicide. To permit a physician to lawfully participate in taking life would send a signal that there are circumstances in which the state approves of suicide.

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I also place some significance in the fact that the official position of various medical associations is against decriminalising assisted suicide (Canadian Medical Association, British Medical Association, Council of Ethical and Judicial Affairs of the American Medical Association, World Medical Association and the American Nurses Association). Given the concerns about abuse that have been expressed and the great difficulty in creating appropriate safeguards to prevent these, it cannot be said that the blanket prohibition on assisted suicide is arbitrary or unfair, or that it is not reflective of fundamental values to play in our society. I am thus unable to find that any principle of fundamental justice is violated by S241(b)". (A full copy of Sopinka, J's judgment is attachment 4.)

Note that the Australian Medical Association is also against decriminalising assisted suicide and euthanasia.

Australian Laws Permitting the Use of Force to Prevent Suicide

In the Northern Territory, where the offence of attempted suicide still exists, a person may seek to prevent the commission of an offence by means of necessary force that it not likely to cause death or grievous bodily harm (S169, 27(e) Criminal Code).

In the Australian Capital Territory (S18 Crimes Act), New South Wales (S547B Crimes Act), and Victoria (S 463

B Crimes Act), a citizen is entitled to use such force as in reasonably considered necessary to prevent suicide.

In Queensland (S266 Criminal Code) and Western Australia (S243 Criminal Code) this situation, although not specifically covered, may fall within the power to use reasonable force to prevent a person of unsound mind from doing violence, although these provisions may be interpreted as being limited to controlling those who pose a threat to others and not themselves.

The Defence of Necessity is Not Available on Murder Charges

Such is the importance of protecting human life that the so called defence of necessity is not available to a person charged with murder: R v Dudley & Stephens (1884) 14 QBD 273.

The facts: the Mignonette was an English yacht, which sank in a storm 1,600 miles from the nearest land. Four members of the crew, Dudley, Stephens, Brooks and Parker, of whom the first three were grown men and Parker, a lad of 17 or 18 yrs, survived the sinking by taking to an open boat. This boat was virtually without supplies, after drifting for 20 days and all becoming very weak from their privations, Dudley, with the assent of Stephens but not Brooks, killed Parker, who was weakest of all. For four more days, the three men lived by eating Parker's body. On the fourth day they were picked up by another vessel and taken to England.

Dudley and Stephens were prosecuted for the murder of Parker. The jury did not return a general verdict but instead found a number of facts and referred back to the court the question whether the facts so found amounted to murder.

The case the jury in effect stated for the court was that if the killing and cannibalism had not taken place, the three men would probably have died from starvation before rescue, and that when it did take place there was no reasonable prospect of rescue. The trial judge in turn referred the question to a court of five judges of the Queens Bench Division, who held that the defendants were guilty of murder notwithstanding the circumstances and convicted them accordingly.

Whilst this decision has been criticised by some text book writers, it was followed with approval by the English Court of Appeal in Borough of Southwark v Williams (1971) 2 A11 ER 175.

The questions asked by Lord Coleridge in his judgment in R v Dudley & Stephens at p287 are in our view opposite to the consideration of the Perron Bill:

"It is not needful to point out the awful danger of admitting the principle which has been contended for. Who is to be the judge of this sort of necessity? By what measure is the comparative value of lives to be measured? Is it to be strength, or intellect, or what? It is plain that the principle leaves to him who is to profit by it to determine the necessity which will justify him in deliberately taking another's life to save his own. In this case the weakest, the youngest, the most unresisting was chosen. Was it more necessary to kill him than one of the grown men? The answer must be "No".

And later at p288: "It must not be supposed that in refusing to admit temptation to be an excuse for crime it is forgotten how terrible the temptation was; how awful the suffering, how hard in such trials to keep the judgment straight and the conduct pure. We are often compelled to set up standards we cannot reach ourselves, and to lay down rules we could not ourselves satisfy. But a man has not right to declare temptation to be an excuse, though he might himself have yielded to it, nor allow compassion for the criminal to change or weaken in any manner the legal definition of the crime. It is therefore our duty to declare that the prisoners' act in this case was wilful murder, that the facts as stated in the verdict are no legal justification of the homicide ... "

Applying these comments to the Perron Bill: should doctors be the judge of when a person should die? Won't this interfere with the confidence the public have in the medical profession? As with abortion, won't the Bill encourage

a small number of doctors to make a lot of money out of killing patients? If so, won't this lead to abuses of the law, as with the availability of abortion on demand, despite this being illegal?

Is it right that the terminally ill be selected as the class of victims excluded from the homicide laws? The basis for the Dudley & Stephens decision was that if the law allowed an exception to the total prohibition against deliberate killing this would open up the floodgates. This has clearly happened with abortion. Is it not likely that once a society sanctioned the killing of the terminally ill, pressures would mount to extent the law to allow the killing of handicapped babies, comatose accident victims, the mentally ill and persons who incur high public expense for medical treatment? How could involuntary euthanasia be controlled? It hasn't been in the Netherlands where more than half of those killed constitute cases of involuntary euthanasia.

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NSW Government's Response to Treatment of the Terminally Ill

In November 1990 the NSW Minister for Health released a Discussion Paper prepared by his Department seeking community response to proposals for legislation to protect medical practitioners in not treating or withdrawing treatment on terminally ill patients. The Paper supported a draft Bill similar to the South Australian and Northern Territory Natural Death Acts. This Bill did not address many of the problems raised in the Discussion Paper.

Such was the force of the response against legislation that the Government scrapped the proposal and subsequently the Health Department developed interim guidelines which were issued on 1 March 1993. These guidelines are far from perfect and we attach as an attachment 1, a copy of the interim guidelines and a copy of a submission forwarded to the Health Department which was published as a supplement to the June 1993 edition of the Right to Life Newsletter (NSW) and circulated to participants at the AMA Forum on Death and Dying held in Canberra in July 1994. This submission sets out some of the weaknesses of the guidelines.

House of Lords Select Committee on Medical Ethics

In 1993, following the decisions of the House of Lords in the Tony Bland case and the conviction of Dr Nigel Cox for attempted murder, a Select Committee of the House of Lords conducted an exhaustive inquiry into death and dying, including taking evidence in The Netherlands and conducting a close analysis of the Dutch euthanasia guidelines and practises.

The Select Committee commented on euthanasia, as follows: "Many of us had experiences of relatives or friends whose dying days or weeks were less than peaceful or uplifting, or whose final stage 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 experiences."

Nevertheless, the Committee concluded: "Ultimately, however, we do not believe that these arguments are sufficient reason to weaken society's prohibition of intentional killing. The prohibition is the cornerstone of law and social relationships. It protects each one of us impartially, embodying the belief that all are equal. 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. We acknowledge that there are individual cases in which euthanasia may be seen by some to be appropriate. But individual cases cannot reasonably establish the foundation of a policy which would have such serious and widespread repercussions. Moreover, dying is not only a personal or individual affair. The death of a person affects the lives of others, often in ways and to an extent which cannot be foreseen. We believe that the issue of euthanasia is one in which the interest of the individual cannot be separated from the interest of society as a whole." A copy of the opinion of the Committee and summary of its conclusions is attachment 2. We also commend the excellent submissions made to the Select Committee by the Society for the Protection of Unborn Children (attachments 3(a) & (b).

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Suicide: A Major Problem Among Australian Youth

We submit that the Perron Bill and other such Bills not only unsettle the terminally ill and aged, making them feel more of a burden to society in a consumer age, but will only worsen Australia's poor record on youth suicide. Australia is reputed to have the highest youth suicide rate in the world. Attachment 6 sets out statistics and comments on this.

Victorian Voluntary Euthanasia Society's Draft Bill

The Perron Bill is obviously based on the draft Medical Treatment (Assistance to the Dying) Bill 1994 which attracted considerable criticism at the AMA's National Forum on Death and Dying in July 1994. That draft Bill has never been debated in Victorian Parliament. A copy of the draft is attachment 5. We urge you to read Dr Brian Pollard's commentary on this draft Bill (attachment 6).

Conclusion

The Federation adopts the criticism of the various provisions of the Bill set out in the submission of Mr Greg Smith, Barrister at Law (attachment 11).

If murder of terminally ill patients is legalised as proposed by the Perron Bill, we have no doubt that a significant number of patients will be killed who have not expressed such a wish as is now the case in the Netherlands. Also depressed terminally ill patients will be lured to the Territory for poison cocktails which will inevitably damage the moral fabric of the Northern Territory society, as well as its reputation as a caring community and a tourist attraction. This could seriously undermine the Territory's economy. In our submission, the Northern Territory owes it to the rest of Australia to maintain and increase respect for the sanctity of life. There is no justification for killing or assisting to kill patients, as proposed.

We therefore urge that this Committee recommend that the Bill be rejected in toto. Please also consider the attached documents which are described in the Index overleaf.

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INDEX OF ATTACHMENTS TO SUBMISSION

OF AUSTRALIAN FEDERATION OF RIGHT TO LIFE ASSOCIATIONS

1. NSW Guidelines and NSW Right to Life's comments thereon.

2. Opinion and Summary of Conclusions of House of Lords Select Committee on Medical Ethics.

3. Submission to the House of Lords Select Committee on Medical Ethics by (a) the Society for the Protection of Unborn Children; (b) the Handicap Division of the Society for the Protection of Unborn Children.

4. Extracts from Canadian Supreme Court's judgment in Re Rodriguez and Attorney General of British Columbia et al.

5. Copy of Bill drafted for Voluntary Euthanasia Society of Victoria Inc entitled "Medical Treatment (Assistance to the Dying) Bill 1994".

6. Commentary of Dr Brian Pollard on the 1993 version of the draft Bill referred to in 5 above.

7. Crime and Justice Bulletin No 8 July 19909 (NSW) Bureau of Crime Statistics and Research) entitled "Suicide".

8. Judgment of Lee, J in Schneidas v Corrective Services Commission and others (NSW Supt Ct 8/4/83 unrep).

9. Judgment of Powell, J in Secretary Department of Immigration, Local Government & Ethnic Affairs v Gek Bouy Mok (NSW) Sup Ct 30/9/92 unrep).

10. Judgment of Fullager J in Re Graham Michael Kinney Application by Talila Kinney (Vic Sup Ct 23/12/88).

11. Submission to the Select Committee by Mr Greg Smith, Barrister at Law.

SUBMISSION 091(B) 1

AUSTRALIAN FEDERATION OF

Right to Life ASSOCIATIONS

AUSTRALIAN FEDERATION OF RIGHT TO LIFE ASSOCIATIONS

The Australian Federation of Right to Life Associations consists of other State Associations, these being: South Australia, Western Australia, Northern Territory, Queensland, New South Wales, Australian Capital Territory and Tasmania.

Each of these organisations is the largest pro-life group in its State or Territory, with a registered office, its own membership and complete autonomy. Northern Territory does not have a registered office.

There would be an estimated 20,000 membership in the Australian Federation.

The organisations called Right to Life Victoria, Right to Life Australia and Pro-Life Victoria are not members of the Australian Federation of Right to Life Association.

The Australian Federation of Right to Life Associations is affiliated with the International Right to Life Federation. Kath Harrigan is the Treasurer of the International Right to Life Federation.

In April 1994 the Australian Federation of Right to Life Associations held a World Congress in Sydney (see attached brochure).

Objectives of the Australian Federation of Right to Life Associations are:

(a) To respect and protect human life from the moment of conception.

(b) To defend the right to life against any threat including but not limited to abortion, infanticide and euthanasia.

(c) To provide for the needs of pregnant women, the fathers of their unborn babies and their families by offering initial and continued counselling, and financial and other support.

(d) To awaken a sense of responsibility within the community and initiate and carry out programmes of action directed towards the alleviation of all medical, psychological, social and economic conditions which might lead individuals to deny the right to life.

(e) To promote personal and community awareness of the inherent value of each and every human life, irrespective of age, race, colour, sec, creed or conduct and irrespective of each person's physical, mental or emotional capacities.

(f) To promote personal and community awareness of the absolute value of human life, and the need to protect it at all stages of its development, from the moment of conception through to natural death.

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(g) To develop and carry out for the above purposes an educational program directed towards legislators who make

public policy, and towards opinion leaders who affect the making of public policy, and towards the general public which affects both groups.

(h) To promote persuasive programmes; to influence lawmakers; to initiate, maintain and administer laws which defend the right to life.

(i) To support financially, or otherwise, persons or bodies or charitable organisations with objects consistent with these objects.

Enclosed with submission:

Program - The Australian Federation of Right to Life Association 4th World Congress for Life, In the Year of the Family.

SUBMISSION 092 1

49/4 Waters Road

Cremorne 2090

17/3/95

To Whom It May Concern,

I should like to help further your fight for voluntary euthanasia in the Northern Territory, by recounting the story of my mother's death.

She died at the age of 64 after many years of suffering Parkinson's Disease. These were the days of no medicinal support for her illness and no monetary assistance for her permanent invalidness, and when suicide, for which she made one abortive attempt was considered a criminal act. As she lingered on, in spite of my appeals to her understanding but helpless doctor to end her life, no other illness intervened to end her misery and humiliating loss of dignity which she bore with great fortitude, until only her eyes moved. I was with her when she died and could only rejoice.

I am in my eightieth year and have suffered for a long time from 2 incurable complaints - ischaemic colitis and mycosis fungoides.

I fervently hope that other states in our country follow your bid for legal voluntary euthanasia and I may be spared further pain and humiliation.

My husband and I are both members of the V.E. Society of N.S.W. and realize how important it is for us personally that you have success in your campaign.

Your very sincerely,

Eve Popper

SUBMISSION 093 1

13.5.95

The Chairman,

Select Committee

Sir,

Would you please inform me of your receipt of this submission, either by phone or mail, as soon as possible?

Thank you.

Sincerly,

Brian Pollard

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SUBMISSION TO SELECT COMMITTEE

ON EUTHANASIA

LEGISLATIVE ASSEMBLY

of the NORTHERN TERRITORY

Dr Brian Pollard FANZCA Grad Cert Bioeth

40 Chisholm St.,

GREENWICH NSW 2065 13 March 1995.

Ph: 02. 436.3516.

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'Good law depends on good ethics and good ethics depend on good facts'.

Margaret Somerville AM.,

Gale Professor of Law, Faculty of Medicine,

Director, Centre for Medicine, Ethics and Law,

Montreal, Canada.

Personal information

I am a retired doctor. I was a specialist anaesthetist who, after thirty years of that work, founded and directed for five years the first full time palliative care service in a Sydney University teaching hospital. Some of the problems associated with dying aroused my interest in their legal and ethical dimensions, in addition to the medical aspects, and I have made a study of them. I have had many articles published in both medical and non-medical journals, and have published a book, recently rewritten and reissued as *The Challenge of Euthanasia.*

All the comments in this submission relate to the Bill itself, and not just to the wider issue of euthanasia.

Ethical and Legal Considerations

Ethics and morality refer to the same thing, namely the moral worth of human thought or actions. This is not morality identified with any religious dogma, but the ordinary agreed community perception of right and wrong. Despite much moral pluralism to-day, there is still consensus on the morality of most of the matters covered by the criminal code. The foundation on which the whole of that code rests is the recognition of the inherent value and consequent inviolability of innocent human life. Throughout the world, laws on killing observe the same ethical principles, reflecting each community's awareness that every person has the undoubted right to their life, and that this is to be protected invariably by law. The criminal law recognises no exceptions based on individual

preferences, situations or motives. It protects equally the life of every citizen, as it should, by allowing of no discrimination. Taking innocent life is not seen to be wrong because it is illegal - it is illegal because it is seen to be wrong. Since current criminal law is ethically based, any law which would exempt from sanction its necessary provisions to protect life, would be unethical. This Bill would, therefore, allow unethical practices.

The United Nations Universal Declaration of Human Rights, to which Australia is a signatory, contains a powerful enunciation of the fundamental right to life. It states, in part, that 'the foundation of freedom, justice and peace in the world' is the 'recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family'. It further declares that 'everyone has the right to life' and that 'all are equal before the law and are entitled without any discrimination to equal protection of the law'.

Article 6 of the United Nations International Covenant on Civil and Political Rights, also agreed to by Australia, declares: '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'. Good law promotes the common good by protecting all innocent human life.

Lest it be thought that an appeal to international declarations about human rights has little application to Australian conditions, the following statement should be carefully considered. Mr Justice Michael Kirby, President of the NSW Court of Appeal and a leading human rights campaigner, commenting on the significance to Australia of international law and treaties, said recently: '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 this global development ... is as unrealistic as it is unworthy'.

The common good

Though it is not fashionable to do so, the common good needs to be well considered if public policy is to reflect anything more than money, opinion polls and the assertions of individual rights. The common good is a good for all, not a good for each. It is a good that pertains to the general social relationships in which individuals seek specific goods. Being a general good, it may frustrate acquisition of specific goods for individuals-

The common good must serve the interests of all individuals, and provide a mutual benefit they can all share. This is especially demanding in a society which places high value on traditions of respect for persons and their autonomy. Although the common good is not equivalent to the good of each, no good can be part of the common good if it does not serve the good of most individuals over time.

Society is real, and it has real effects on the development and fates of individuals which can be ignored when exclusive emphasis is placed on individual autonomy. Persons are born into, shaped by, and need to be satisfied in networks of relationships where people do things with, for, and to one another. Because the common good presumes social realism and moral concern for relationships and arrangements beyond the individual, claims about the common good will necessarily create tensions in a culture marked by ethical relativism and extreme individualism. The killing of a dying person may serve the good of some, but as public policy, killing a sick person cannot serve the common good.

However beneficent a particular reform may be, good law cannot be made by simply taking no account whatever of the common good. In this instance, we have a Bill which purports to uphold the claim of individuals to protection for their autonomous wish to have their lives ended, while totally ignoring, and not even attempting to argue against, the undoubted, universally acknowledged right of every individual to have his or her life protected by law. If good law depends on good ethics, what kind of law may result from ignoring ethics? The claims of the Bill regarding human rights require some examination.

They are: (a) a right to take one's life, (b) a right to involve another in taking one's life and (c) a right to respect for

one's autonomy.

A right to suicide. There is no agreed right, in ethics or law, to suicide. A right may be said to exist to an action which appears to be freely chosen, which appears to harm no other person and which nobody can prevent. It may be thought this would involve at least a de facto right, but not a right in any sense of being an established human right, certainly not one with power to bind others to respect it, which is a distinguishing mark of any genuine human right. It is important to realise that attempting suicide has been decriminalised

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because of the frequent association of suicidal intent with mental illness, to be discussed later in greater detail. This association indicates that a merciful legal response is more apt for those who are in need of medical help than legal punishment.

By contrast, it remains a criminal offence to assist in a suicide, because of (a) the presumption of mental health in the accomplice, who should therefore be bound to unqualified respect for the law, and (b) the basis of criminal law, already mentioned, that innocent life is to be universally respected and protected.

A right to be assisted to suicide. Such a right is totally unknown to ethics or law, and those who claim that such a right exists in justice undermine that claim when they declare that there is no obligation, by those who may be asked, to respond. If an attempt were made, then, to protect by law a spurious right which had not been shown to exist, it would be an abuse of legal process, and unwarranted.

A right to respect for autonomy. Does an appeal to respect for autonomy, which is undoubtedly a genuine human right, uphold even a theoretical concept of a right to assistance in suicide? The autonomy of two persons now needs to be considered, the one who asks and the one who is asked. Personal autonomy is about having what one is entitled to, in the circumstances. Since no person is entitled to whatever he or she happens to want, no matter how sincerely or insistently, an appeal to autonomy must recognise that there are limits to what may be reasonably requested or provided. Those limits are set by an awareness of society's fundamental need for good order, social intercourse and its continued survival - in other words, the promotion of the common good. It cannot be maintained that autonomy has, or should have, no limits - the Bill itself places its own limits, when it restricts its application to competent adults, with terminal illness, who are suffering.

If it were implied that autonomy should be free of constraints, as is often done, then there would be no need for any laws about voluntary killing, since the killing of any person who competently requested it, for any reason, at any time, could not be opposed.

'The criminal law recognises no right of a person to provide assistance in suicide or killing, and it positively forbids it. When presented with such a request, a person must make an autonomous decision whether to respond. He or she is under no obligation, ethically or legally, to agree and the only justification for agreeing would be on account of an overriding perceived need to relieve suffering. When, as will be seen, there exist medical means to relieve most suffering of medical cause, which have not been tried and whose full power to relieve that person's suffering will not be known until they have been tried at the hands of experts, to agree to killing on request would be unjustified. To protect unjustified actions by law would be doubly unjustified.

If medical remedies for suffering of medical cause were known to be effective but were not available, the reasons why they were not available must be considered. If their lack were due to neglect by a person or an authority to provide such care, especially if there was a legal duty to provide the appropriate standard of care in use elsewhere for those patients, it would be similarly unjustifiable to allow killing by law in preference to making such care available. If such care were available, but refused by the person, it would be doubly unreasonable and

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unreasonable and unjustifiable to base a decision to take life on the grounds of such refusal, because that would be, until shown to the contrary, unnecessary.

Other jurisdictions

Mr Perron has been widely quoted as saying that his Bill is based on 'legislative experiences in Oregon USA and Holland' and on a draft Bill of the Voluntary Euthanasia Society of Victoria. I shall comment on each of those.

A. The Oregon Ballot Measure 16, as it is called, was introduced as an initiative petition. This is a means of law-making which allows the customary method of parliamentary scrutiny and debate to be by-passed, and is available in about half of the United States. The method is resorted to primarily when it is feared close scrutiny would be adverse, or when the topic is so contentious that no MP can be found to sponsor it. If enough signatures can be obtained in advance, a proposal can be attached to a State ballot paper, with added space for voters to record their opinion on the proposal. If enough votes are in favour, the proposal becomes State law.

Not only does the method avoid expert scrutiny, it is a resort to a form of head counting of those whose understanding of the issue is both unknown and unknowable. In achieving a result, ignorance counts for as much as expert knowledge. The Oregon law will allow a doctor, on request, to prescribe a lethal dose of a prescription drug for self-administration (the doctor is not permitted to administer it. The Perron Bill goes much further, in that the doctor is expected to be present, and may administer it, if wanted). The person must be competent and make the request in writing, witnessed by two witnesses. If psychiatric or psychological disturbance is suspected, the patient must be sent for counselling, and two waiting periods are built in. At present, there may be a problem with implementing the Oregon law, as it appears to conflict with certain Federal laws.

Regarding these ballot initiative petitions, George Annas, an eminent Professor of Health Law in Boston, observed that 'while thorough and detailed public debate is needed on these questions, these initiatives tend to degenerate into televised sloganeering, and permit neither of those'. This is the legally dubious process which Mr Perron regards as a suitable model.

B. The state of the relevant law in Holland is described in my book (copy enclosed). Briefly, Dutch law on euthanasia is contradictory and in disarray, and it is not known which part may have influenced this Bill, as it is unlike anything I am aware exists in law in Holland. One of the explicit purposes of Dutch law is to maximise social cohesion and harmony. Because Western law in many instances encourages individualism and confrontation (and no better example of that could be found than this Bill), some Dutch lawyers think the legal experience in their country is quite unsuited for adoption by the West.

C. The Victorian Bill has not been presented to a parliament, so it has not yet been legally tested. Although Mr Kelly, who drafted it, had earlier claimed it was free of the possibility of abuse, at an Australian Medical Association seminar in Canberra last September, after being confronted with some of its defects, he conceded that it was defective. Mr Perron's Bill contains many of those same defects, which could lead to abuses that could be difficult or impossible to detect.

Thus, this Bill would establish a legal precedent which no parliament in the world has allowed. Many attempts have been made in different countries to legalise euthanasia or assisted suicide, but they have all failed when they have been exposed to critical debate of all the consequences. It is a mistake to suppose that no laws have been made on account of political timidity or the supposed coercive pressures of protesting groups. Even the Dutch, who have the most permissive public attitudes to euthanasia and who have permitted the common practice of euthanasia by progressive court precedential judgments, have stopped short of changing their statute law. They have seen the need, and have wished, to keep euthanasia and assisted suicide as arguable exceptions to the principle that forbids the taking of innocent human life. They wish to permit certain practices for so-called compassionate motives,

though their prescribed guidelines are known to be commonly neglected, while retaining the general force of the legal principle protecting life. They have thus avoided the dilemma which this Bill would precipitate.

This Bill would confront that life-respecting legal principle head on, and overturn it. In that sense, it is extremely ill-considered. The precedent it would establish, were the Bill to be passed, could be used to make further exceptions in the future. Should this occur, and there is no reason why it might not, the protection needed for safeguarding the lives of all citizens equally will have been eroded, and perhaps lost. Far from protecting human rights, this Bill could be the instrument for the loss of protection for the most fundamental human right of all, the right to one's life.

The most dangerous future extension of voluntary euthanasia would be a progression to nonvoluntary. To many, that seems such an extreme and unlikely prospect that it is often treated as a caricature, not worth taking seriously. It is said: 'It is preposterous to suggest that doctors are or would become monsters who might kill at random. In any case, the Bill has provisions to restrain such behaviour'.

But it is not an extreme suggestion, and it can be ignored only at society's peril. The rationale of voluntary euthanasia is that it provides a benefit to those who want it to control suffering. If such a 'benefit' were genuine, it would ultimately be discriminatory to withhold it from those who seemed to suffer as much, but were unable to ask. Exactly that thinking is now being used in the Netherlands to justify the frequent non-voluntary killing by doctors, which official surveys have discovered. That practice has become so widespread that some of the Dutch themselves think it will be unable to be controlled. Rather than take on the task of trying to eliminate it, the Dutch have begun to rationalise it instead. Consider this quote from prominent spokespersons from the Department of Public Health at the Erasmus University, in a 1993 article:

'But is it not true that once one accepts euthanasia and assisted suicide, the principle of universalizability **forces** one to accept termination of life without explicit request, at least in some circumstances, as well? In our view, the answer to this question must be affirmative'. (Emphasis added).

Once a doctor takes a patient's life because it has lost, in his or her estimate, sufficient quality to be worth living, it will simply be consistent to apply the same yardstick to others also without request, at least sometimes. One does not have to be a monster to be rationally consistent. But it is no longer necessary to suggest that this might happen in

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Australia - it is already happening. In a survey of doctors in South Australia, conducted by sociologists and published in 1994, 19% of respondent doctors said they had carried out voluntary euthanasia. Other answers, not obviously cross-linked to that question, revealed that on half those occasions, the doctor had received no request.

It is common to dismiss suggestions of a 'slippery slope', the potential for progression from lesser to greater moral infractions, as figments of imagination. But the evidence is there to show it is a real event, and that it threatens the most vulnerable among the sick. If the relief of suffering is sufficient reason to kill, that notion already contains the seed of the justification for non-voluntary euthanasia also, on compassionate grounds.

The reasons why no parliament has to date felt it could legalise euthanasia is simply that no law has been devised which could be made safe from predictable abuse. This Bill contains many of those known sources of abuse, and would be unsafe for the same reasons. It is particularly disturbing that the Bill's author is only too ready to ascribe opposition to it as due to emotion or religious bias. Far from that being the case, opposition can be grounded in incontestable fact, as has been done many times, and unwillingness to examine the Bill's failings objectively is itself indicative of a preference to rely on emotional views, and also possibly, of bias.

The chief difficulties in making euthanasia law, which have not been able to be solved, are:

- determining the real intention of the one doing the killing. While the universal reason given is the exercise of compassion, that claim could be used as a cover for medical ineptitude, a distorted concept of rights, callousness, a conflict of interests or, in the worst case, a malicious intent. Though the same can be said of other laws, in every instance of abuse of a euthanasia law, a person would have been killed without consent.

- the possibility of a wrong diagnosis. This would not be a major factor.

- defining distress or suffering in such a way that the law could never be applied to those for whom it was never intended. Whether definitions are simple or complex, they must be interpreted against a background of subjectivity, either by the person or an observer. What one person finds intolerable, another can readily bear. There could be no possibility of standards of measurement or comparison to enable judgments of distress to be made to an acceptable level of legal certainty.

- guaranteeing a person's freedom to give or withhold consent. In the unstable emotional context of dying, confusion, anger, depression, resentment, anxiety, fear, misunderstanding and feelings of worthlessness are common, with the ever present possibility of coercion, especially in subtle form. It would often be impossible to confirm coercion, even when it was suspected, and thus, this form of abuse would be virtually impossible to eliminate.

No matter how carefully legal guidelines were worded, they would be practised through the medium of inequity and bias which characterise our social services, including health. Those exposed to the greatest risks would be the unwanted, the poor, the elderly, minority groups

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and those without access to good care. Advocates of legal reform often speak as if they believed they could remain in control of the reform they propose once it is on the statute book. That is an illusion. What legalisation of euthanasia would enshrine is the novel principle that one may be justified in killing people because, once they lack worthwhile lives, to do so is to benefit them. In this age of elder abuse and animus against the aged, one of the prime purposes of law, that is, safeguarding the weak, needs to be kept prominently in mind. Following his inquiry into mental health, the Australian Human Rights Commissioner, Mr Brian Burdekin, said, based on his findings, the vulnerable were 'the most systematically abused in our society, and the most likely to be coerced'.

Some of the published studies of various aspects of legalisation, which have concluded that euthanasia law would be unwise, include:

(a) Working Paper Number 28 of the Canadian Law Reform Commission, 1982, titled 'Euthanasia, Assisting Suicide and the Cessation of Treatment'. This paper contains a comprehensive consideration of the legal issues, and concludes that: 'The principal consideration in terms of legislative policy ... 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', and 'there is also the constant danger that the subject's consent to euthanasia may not really be a perfectly free and voluntary act'.

(b) The Report of the Select Committee on Medical Ethics of the House of Lords, January 1994. This also contains an objective and detailed examination of all the issues. The report makes the important point that 'there are individual cases in which euthanasia might be seen by some to be appropriate. But individual cases cannot reasonably establish the foundation of a policy which would have serious and widespread repercussions. The issue is one in which the interest of the individual cannot be separated from the interest of society as a whole'.

(c) The report of the Social Development Committee of the Victorian Parliament, April 1987, titled 'Inquiry into Options for Dying with Dignity'. It found that legalised euthanasia was 'neither desirable or practicable', and recommended the wide adoption of palliative care practices.

(d) The Second Interim Report of the Select Committee on the Law and Practices relating to Death and Dying, Parliament of South Australia, May 1992, which made similar findings.

(e) Report of the New York State Task Force on Life and Law on 'Euthanasia and Assisted Suicide', published in the *Bulletin of Medical Ethics,* August 1994.

(f) Paper from the American Suicide Foundation, titled 'Physician Assisted Suicide: The Dangers of Legalisation', published in the *American Journal of Psychiatry,* January 1993.

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(g) Report of the Board of Trustees of the American Medical Association on 'Euthanasia/Physician Assisted Suicide', published in *Issues in Law and Medicine,* January 1994.

(h) Paper titled 'The Common Good, Terminal Illness and Euthanasia', published in *Issues in Law and Medicine,* April 1993. Written by an ethicist/philosopher, this is a searching examination of the ways in which the common good, a difficult concept at the best of times, would be damaged by legalising euthanasia.

Those reports and papers, which are just a sample of those available, by lawyers, doctors, politicians and a philosopher, each offering aspects of different perspectives, examine the reasons why such legalisation would be unwise, unnecessary and/or dangerous. Taken together, they constitute a compelling case for not proceeding, containing no emotion and no religious bias. The essence of their conclusions is that safe law in this area would not be possible, however it was worded, because the problems are inherent.

What other evidence of need is given for this Bill, apparently so overwhelmingly necessary that the wise provisions of existing law must be put at risk? No estimates of the incidence or causes of unrelieved suffering are offered, because none are available. No evidence of any kind is given, beyond references to widespread public approval. The source and nature of this public approval need examination.

Opinion Polls

Opinion polls are political instruments, devised to test political trends. They were not meant for the testing of public awareness of ethical issues, and it is improper to use them for that purpose, because they cannot do so. Polls test what people say, not what they mean - that can only be established by sophisticated construction of questions and appropriate selection of respondents. Euthanasia is admitted on all sides to be a very complex issue, even to the extent that professionals can have wrong perceptions about what it entails. Unless the understandings of poll respondents were known about a number of matters, such as what is, and what is not, euthanasia, the effectiveness of palliative care to relieve suffering, the common abuse of the law in the Netherlands and the continuing inability of law to be able to eliminate abuses, the results of such polls have no meaning, and no bearing on whether the law should be changed.

Without doubt, the public gains most, if not all, of its information on euthanasia from the media, whose presentations are emotional and superficial, always with an eye to controversy and ratings or sales. Opinion polls, therefore, merely find what the media have led people to think. These polls cannot provide any argument which stands on reason. The idea that polls, which give as much credence to opinions based on misunderstanding as to those based on correct understanding of a difficult matter, might be used to bolster a case for the taking of innocent life, is both bizarre and absurd. For good reason, polls are never used to promote changes to any other part of the criminal law. What would one think of a poll conducted to decide the conditions under which fraud, theft or physical violence may be legally protected?

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Even when polls are conducted by respected individuals or organisations, their questions permit strictly limited

information to be gained, and, though it is usually unrecognised by the pollsters themselves, they commonly reveal widespread ignorance. For example, poll questions often refer to 'severe, unrelieved pain', while not informing respondents that such pain can now be effectively treated by experts in most cases. The commonest reason given by doctors in polls for carrying out euthanasia is pain; the only reasonable conclusion is that those doctors did not know how to provide best care. They were ignorant, negligent or both.

Polls are used to give the impression that there is a pool of suffering in the community, waiting and hoping for relief by death, the sole alternative. The shallowness of this approach is revealed by these facts:

(a) Doctors who care for the dying and the elderly rarely receive requests from patients for euthanasia. Old and dying persons still love life, and when they are made comfortable, they do not wish to die.

(b) Public submissions to committees of inquiry into euthanasia have been heavily opposed to it in Australia, especially when it is understood that good care is available. This would seem to indicate that poll responses are poorly considered answers to emotive questions, and that more reflection brings more moderate views.

(c) Cancer patients are now often supplied with large amounts of morphine in their homes to be taken by mouth to control their pain, amounts more than adequate to end their lives if this were wanted, but there is no record of any patient ever doing so.

Survey and poll results must be suspect when they are claimed to represent considered views on euthanasia. Rather, they mirror natural fears (for who is not afraid of suffering and would want to avoid it if it were thought to be inevitable) and poor understanding of a complex issue, which evaporate when good care is encountered.

Medical Considerations

There are a number of important points in the Bill, related to medical practice, which deserve mention.

(i) Palliative care can significantly and reliably relieve most of the suffering of the dying that is due to medical causes. Anyone could be excused who had come to the opposite conclusion by relying on the commonly observed incidence of unrelieved suffering in the community at present. What they would not know is that those instances are overwhelmingly the practices of doctors who have never been taught the principles and skills of palliative care, or who have never educated themselves about them.

That being so, it would not be proper to make a law to permit those doctors to cover for their ignorance or negligence by doing away with their suffering patients in preference to

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applying the known effective medical treatment. It is not necessary to kill patients in order to relieve their pain. Medical law already requires doctors to practise at a standard appropriate to their kind of practice. Most of the necessary skills of palliative care are within the capabilities of family doctors, and for patients who pose special problems, experts are available, either for consultation or referral. It would be a gross abuse of law to allow the unnecessary killing of some patients, when there is a proven remedy to hand, but one which is tragically underutilised. The exercise of public power is seriously misplaced when it is used to allow killing to relieve suffering, while failing to introduce, as an urgent measure, the wider understanding and practice of palliative care.

Suffering is a capacious reason to justify killing, as this Bill does. Not all suffering, even in the dying, has medical causes, and it is unreasonable to criticise palliative care for its inability to deal with the social causes of suffering. These may be related to such matters as the social environment, the personality characteristics or the unsatisfactory relationships of the person. These are for society to deal with, if it can. If it cannot, and many of them cannot be modified, and it is therefore suggested that the person may be killed on that account, then it will be rationally consistent to suggest the same for all who suffer for these reasons, whether they are sick or not. Suffering due to non-medical causes can be as burdensome as that due to medical causes. Are these people also to be killed on

request? For what other social problems is killing the victim suggested as a proper part of the solution?

Regarding the efficacy of palliative care, four different Australian universities have created a Chair of Palliative Care, and universities do not have money to waste on useless endeavours.

(ii) The most glaring medical deficiency of the Bill concerns its failure to take account of the documented close relationship between the desire for suicide and mental illness. The American Suicide Foundation and other experts, who have studied this matter closely for many years, have concluded, on the evidence, that:

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

suicide rarely occurs in the absence of major psychopathology

70% of depressive illness responds to medical treatment

society would face many dangers and abuses if a patient's assertion that he or she prefers death were accepted at face value

more can be done to benefit these patients by improving pain relief and providing palliative care than by changing the law to make it easier to commit suicide

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legalising assisted suicide would license the right to abuse and exploit the fears of the ill and depressed.

Hendin and Klerman, psychiatrists with extensive experience of suicide, comment that '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'. They conclude:

'If those advocating assisted suicide prevail, it will be a reflection that as a culture we are turning away from efforts to improve our care of the mentally ill, the infirm, and the elderly. Instead, we would be licensing the right to abuse and exploit the fears of the ill and depressed. We would be accepting the view of those who are depressed and suicidal that death is the preferred solution to the problems of illness, age and depression'.

Those expert views, unfortunately not commonly known outside psychiatric circles, contain much that is impossible to argue against. Those experts do not believe that any law to allow assisted suicide could be made safe.

(iii) Another regrettable feature of the Bill is its unthinking acceptance of the idea that, if society wants to legalise euthanasia, it should be doctors who would carry it out. The role of the doctor is strictly controlled by law, ethics and social acceptance, and killing patients they cannot cure has never formed part of their work. It may be thought that the law should not intrude in private agreements, and that since consensual euthanasia would come within that category, it should not be legally censured. That view is false.

If a doctor took the life of a patient who asked, it would be because he or she considered that that life now lacked sufficient value. Doctors disposed to think that some of their patients may lack inherent worth, and that they may therefore be justified in killing them, have seriously undermined in themselves a disposition essential to the practice of medicine, namely the willingness to give what is owed to every patient just in virtue of their possession of basic human dignity. The absence of that willingness is likely to be fateful for other patients. If doctors kill some patients because they judge those patient no longer have a worthy life, they make themselves disposed to kill other patients for that reason. For the sake of everyone who, at one time or another, is likely to become a patient, society has a basic interest in maintaining a legal framework for the practice of medicine which requires respect by

all doctors for the basic dignity of every patient.

Since there are more social causes than medical causes for emotional distress, even in those who are dying, this Bill would empower doctors to become what would be, in some situations, the means by which some of the community's social problems would be eliminated. That distasteful prospect should not be acceptable to anyone and would be an abuse of medical practice.

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(iv) this Bill goes much further than the Voluntary Euthanasia Society of Victoria draft Bill, on which it is said to be based, which was confined to assisting suicide. Since this Bill would allow the doctor to personally administer the lethal dose, justified by an unspecified emotional incapacity of the patient (which could be as simple as 'I don't want to'), that provision could be expected to be used by patients virtually routinely.

(v) it is not medically possible, even for those with the most experience of dying patients, to be able to say with any degree of certainty that a patient is likely to die within twelve months. It may be possible to say that a patient is likely to die in the very near future, and even that is often proved wrong. The current provision of the Bill is an open invitation to abuse by ignorant or unscrupulous doctors, with no chance of protection for a patient who would be in no position to question what would be no more than a wild guess, unable to be supported by reference to medical knowledge. The doctor's view will invariably remain untested, since the patient will be dead.

(vi) the presence of a second practitioner is no guarantee against abuse. First, it has already been shown that accompanying mental illness in this subject group is often beyond the ability of ordinary doctors to detect, or in some cases, even to suspect. Second, the doctors may be partners, close friends or spouses. Two uninformed doctors coming to the same, albeit wrong, conclusion is no better protection for a vulnerable patient than one. In the absence of doctors confessing to abuse, it is unlikely that anyone would be able to challenge the certificates.

(vii) 'the medical practitioner is satisfied ... that the patient is competent'. The incidence of depressive illness in these persons has been discussed. These illnesses can be associated with a number of cognitive changes, including a significant and measurable decrease in intellectual functioning, diminished concentration, indecision, mild memory loss and sometimes confusion. In the presence of such possible defects, and in the absence of objective standards for the assessment of mental competence, the potential for abuse in this area is large, and almost certainly could not be eliminated.

(viii) the provision that if good care was not 'reasonably available', this may be an excuse to proceed to take the patient's life, is unjust and fraught with risk. The lack of good care, which is agreed to be appropriate and is available elsewhere, cannot be so easily dismissed. If it were not available, it would be an indictment of those individuals or authorities whose duty it was to see it provided. Individual doctors have a legal duty to care for their patients at an appropriate standard. If they do not, they are either culpably ignorant or negligent. Health authorities have a similar obligation to see that necessary facilities are provided to enable nurses and doctors to care for all their patients, not just those who are going to recover. It would be a transparent abuse to attempt to use these failings to justify killing.

(ix) 'reasonably available or acceptable'. Similarly, to permit the killing of an innocent person on the grounds that they refused the treatment which was available and would have relieved the condition leading to the request for death, is logical nonsense. Such a provision would be disastrous public policy in criminal law.

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(xii) it is a bizarre and provocative abuse of process for the Bill to exempt doctors, who have acted under its provisions, from medical disciplinary procedures. The World Medical Association (WMA) and every national medical association in the world, with one exception, holds these practices to be unethical for doctors. That is, they

are morally wrong, though that concept of morality does not depend on any religious code or dogma. The WMA regards these matters as of such importance that it has issued a separate declaration on behalf of both euthanasia and assisted suicide, indicating specifically that they are unethical. If a matter is agreed to be morally wrong, it cannot be made morally right by passing a law. The Bill is, in effect, an inducement to doctors to behave unethically. It is one thing for individuals to behave unethically, it is quite another for a government or a politician with no mandate, no public clamour and no medical consent or request, to offer unbidden its approval of unethical medical conduct.

It is said to be improper when the religious views of some are thought to be used to oppose the wishes of others who want euthanasia to be legalised. How then can it be proper to do the same in reverse, by using a Bill to override the well-nigh universal consensus of doctors' bodies on an ethical matter? Is it in the community's interest to have unethical doctors? Does the community want unethical doctors? This provision of the Bill is unilaterally dismissive of the well-considered views of doctors. It is overwhelmingly and unjustifiably paternalistic.

(xiii) Worse still is the blanket exemption of doctors from prosecution under other sections of the Criminal Code, even when there may be good reason to believe that the doctor had acted negligently. Surveys of doctors' knowledge of detail of the care of terminally ill patients in Australia, as elsewhere, have consistently shown that such knowledge is commonly inadequate, especially in the matter of pain control, and that this ignorance is responsible for much of the unrelieved pain which this Bill seeks to address. It could happen then that a doctor's patient asked for assistance to suicide for unrelieved pain, when it was clear that such pain could have been relieved by known remedies. If the doctor was ignorant of that care, though it was his legal duty to know about it, or if he failed to consult with an expert, or if he knew of it but failed to supply it, that doctor would have been medically negligent. Those comments are not meant to impugn any doctors in the Northern Territory, since their medical competence is unknown to me. It may be supposed that there may be some, however, since they are known to exist elsewhere.

This Bill would allow such doctors to conceal their negligence by offering assisted suicide (and no provision of any Bill could ensure that doctors might not do that), and then carrying it out when asked. In this respect, the Bill would not encourage, or even require, the application of high standards of care for the dying, but instead, would actually allow medical ignorance or negligence to be concealed, and then used to justify the taking of life unnecessarily. This fact would surely not be welcomed by Territorians. (Incidentally, this possibility is a prime example of critical information which, if revealed to prospective poll respondents, could influence a particular outcome, but which if not revealed, could produce the opposite. It shows clearly why such polls have no claim to credit, unless the respondents have been fully informed). The Bill would do grave injustice to the reasonable expectations of Territorians to the same good standards of health care as are available elsewhere to dying patients.

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Matters of detail

There are a couple of other minor but unsatisfactory details in the Bill.

(i) the title is misleading in as much as it wrongly infers that some valid human right is being upheld.

(ii) since the Bill concerns the terminally ill, it is a serious omission that there is no definition of terminal illness.

Conclusions and Recommendations

The Bill contains, not just a few unlikely areas where advantage may be taken of some of the vulnerable sick, but many. It is seriously flawed in principle when it attempts to uphold some claimed but unargued and unagreed rights of individuals, in preference to upholding the undeniably genuine rights, due to every member of the community. However sincerely held individual wishes may be, it takes little reflection to see that to allow overriding respect to be given to such wishes, and to continue to do so progressively, would ultimately change the

entire purpose and practice of the criminal law and medical practice. It would replace the acknowledged need for universal protection with nothing better than arbitrariness. Whatever is arbitrary cannot be a foundation for justice. Whatever may be promised the community in regard to the Bill, no guarantees would be possible that the current levels of necessary protection would continue.

The Bill is similarly flawed in its practical detail, to the extent that many of its provisions would be quite unable to be controlled, despite what the law purports to prescribe. Some of these, such as subtle forms of coercion, which are already known to be present in the community to the detriment of vulnerable groups of the sick, could not be proven to any reliable degree, even when it were thought highly probable they were present. To proceed to put these provisions into law would be to show little regard for basic rights, in a document which claims to uphold human rights. It would, in fact, permit the very opposite.

Some other of the Bill's contents are objectionable, but not dangerous. In my view, this Bill would lead to a faulty and dangerous law, and like all bad laws, it may be hard to reverse.

The Bill should be withdrawn. Its intent is so inherently flawed in principle it is incapable of being made satisfactory. A more logical and more satisfactory alternative, from ethical, social, legal and medical perspectives, would be to follow the example set by the Social Development Committee of the Victorian Parliament in its Final Report of the *Inquiry into Options for Dying with Dignity,* April 1987. It made 31 recommendations to meet a wide range of issues needing improvement, which its inquiries had revealed were indicated.

It recommended, first, that 'it is neither desirable or practicable for any legislative action to be taken to establish a right to die' (by which they meant a right to have one's life taken on request). The Select Committee should note that inquiry's language, to the effect that, in its view, an attempt to make such law safe is not rationally possible.

It then made recommendations covering a considerable number of matters, many of which the Select Committee may not think relevant. But some nine or so referred to measures to encourage better awareness by doctors of their lawful and ethical duties to dying persons, improved public and professional awareness of palliative care, the wider inculcation of its attitudes and skills in doctors and nurses, and other measures related to informed consent, the framing of nontreatment orders and medical decisionmaking for incompetent persons. The government of the day accepted the recommendations about palliative care, and soon established two standing committees to oversee their implementation, providing those committees with adequate personal and financial resources. As a result, Victoria has a high standard of palliative care facilities which serve the genuine needs of dying patients and their families in that State.

These are the kinds of initiatives I think are urgently needed to raise medical services for the dying to an adequate standard in the Northern Territory. Whatever one thinks of euthanasia and assisted suicide, it should be seen as illogical to legislate for these actions before good palliative care has been provided and its potential to relieve suffering fully explored. The experience of those who practise such care indicates that the need to kill dying patients would then be likely to disappear, and at the very least, the extent and nature of remaining problems will have been made clear.

Brian Pollard.

Enclosed with the submission:

Copies of the following are attached:

A. Working Paper No 28, Canadian Law Reform Commission, 1982, titled 'Euthanasia, Assisting Suicide and the Cessation of Treatment'.

B. Relevant recommendations in the Report of the Select Committee on Medical Ethics of the House of Lords, January 1994. The Committee's task was to inquire into (a) withholding medical treatment, (b) the justification for medical actions which are intended to shorten life, and (c) to consider the likely effects of changes in law or medical practice on society as a whole.

C. Report of the New York State Task Force on Life and Law on 'Euthanasia and Assisted Suicide', published in the Bulletin of Medical Ethics, August 1994.

D. Paper from the American Suicide Foundation, titled 'Physician Assisted Suicide: The Dangers of Legalisation', published in the American Journal of Psychiatry, January 1993.

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E. Report of the Board of Trustees of the American Medical Association on 'Euthanasia/Physician Assisted Suicide', published in Issues in Law and Medicine, January 1994.

F. Paper titled 'The Common Good, Terminal Illness and Euthanasia', published in Issues in Law and Medicine, April 1993.

G. The Challenge of Euthanasia. B. Pollard.

H. The recommendations of the 'Inquiry into Options for Dying with Dignity' in the Final Report of the Social Development Committee, Parliament of Victoria, April 1987.

SUBMISSION 094(1) 1

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3 Henley Street

LANE COVE NSW 2066

Ph: (02) 427 2538

16 March 1995

The Chairman

Select Committee on Euthanasia

GPO Box 3721

DARWIN NT 0801

Dear Sir,

SUBMISSION ON THE RIGHTS OF THE TERMINALLY ILL BILL 1995

I enclose a submission on the legal aspects of the Bill which is critical of the Bill and urges rejection.

I am a practicing Barrister and a permanent Crown Prosecutor for the State of New South Wales. I forward this submission in a personal capacity and the views are my own.

I am also the President of the Right to Life Association (NSW) Inc.

I have been a Crown Prosecutor for over seven years and have prosecuted trials involving a wide variety of offences including murder, manslaughter and many other offences against the person. I have also appeared for the Crown in appeals in the High Court of Australia and the Court of Criminal Appeal. My experience in criminal law

is extensive, having previously worked in the Commonwealth prosecution system. Positions I have been employed in since 1975 include:

* Solicitor to the Stewart Royal Commission of Inquiry into Drug Trafficking (Mr Asia Syndicate);

* Principal Legal Officer of Special Prosecutions Section, Australian Government Solicitor's Office Sydney;

* Senior Assistant Director of Public Prosecutions, Sydney (CTH);

* Senior Legal Adviser to the Sydney Office of the National Crime Authority;

* General Counsel to the Independent Commission Against Corruption concerning the Inquiry into Police Corruption (Operation Milloo) (seconded from Crown 1992-1993);

* I have also had experience in extraditing criminals from overseas and from Australia.

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In recent years I have made a close study of the law and practices in Australia and overseas concerning medical treatment, treatment of the terminally ill, palliative care and euthanasia.

I have prepared lengthy submissions on these subjects and published several articles. I have made numerous television and radio appearances on these topics.

I should be pleased to be invited to give oral evidence to the Select Committee, subject to my trial commitments. I may be contacted on (02) 427 2538 (H) or (02) 285 8823 (W). I would also be speaking on behalf of the Australian Federation of Right to Life Associations.

Please let me know whether you wish to hear from me further.

Yours sincerely,

Greg Smith LL.B

SUBMISSION 094(2) 1

LEGAL ASPECTS OF

THE RIGHTS OF THE TERMINALLY ILL BILL 1995 (NT)

Background

Northern Territory Criminal Code

The criminal law of the Northern Territory was codified by the enactment of the Criminal Code Act 1983 (the Code). Previously the South Australian Criminal Law Consolidation Act and other South Australian Acts applied in the Northern Territory. The Code repealed the application of these laws.

In the context of the Rights of the Terminally Ill Bill (the NT Euthanasia Bill) the following provisions of Part VI of the Code are relevant:

Section 149: Duty of Person in Charge of Child or Others: "It is the duty of every person having charge of a child under the age of 16 years or having charge of any person who is unable to withdraw himself from such charge by reason of age, sickness, unsoundness of mind, detention or other cause and who is unable to provide himself with the necessaries of life -

(a) to provide the necessaries of life for that child or other person; and

(b) to use reasonable care and take reasonable precautions to avoid or prevent danger to the life, safety or health of the child or other person and to take all reasonable action to rescue such child or other person from such danger.

Section 150: Duty of Person Engaging in Dangerous Conduct: "It is the duty of every person who, except in the case of necessity, undertakes to administer medical treatment to another or to engage in any other conduct that is or may be dangerous to health and that requires special knowledge, skill, attention or caution to have the requisite knowledge or skill and to employ such knowledge, skill, attention and caution as is reasonable in the circumstances."

Section 151: Duty of Person in Charge of Things Applied to a Dangerous Purpose: "It is the duty of every person who manages, uses or has in his possession anything that when so managed, used or had in possession may, in the absence of reasonable care and reasonable precautions, endanger the life, safety or health of another to use reasonable care and take reasonable precautions to avoid such danger."

Section 154: Dangerous Acts or Omissions: "(1) Any person who does or makes any act or omission that causes serious danger, actual or potential, to the lives, health or safety of the public or to any person (whether or not a member of the public) in circumstances where an ordinary person similarly circumstanced would have clearly foreseen such danger and not have done or made that act or omission is guilty of a crime and is liable to imprisonment for 5 years.

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(2) If he thereby causes grievous harm to any person he is liable to imprisonment for 7 years.

(3) If he thereby causes death to any person he is liable to imprisonment for 10 years."

Section 155: Failure to Rescue, Provide Help, etc: "Any person who, being able to provide rescue, resuscitation, medical treatment, first aid or succour of any kind to a person urgently in need of it and whose life may be endangered if it is not provided, callously fails to do so is guilty of a crime and is liable to imprisonment for 7 years."

Section 157: Killing which provides: "Any person who causes the death of another directly or indirectly by any means is deemed to have killed that other person."

Section 161: Unlawful Homicide: "Any person who unlawfully kills another is guilty of a crime that is called murder or manslaughter according to the circumstances of the case."

Section 162: Murder: "(1) Except as hereinafter set forth, a person who unlawfully kills another under any of the following circumstances, that is to say:

(a) if the offender intends to cause the death of the person killed or of some other person or if the offender intends to do to the person killed or to some other person grievous harm;

(b) (not relevant;)

(c) (not relevant;)

(d) (not relevant;)

is guilty of murder.

(3) In the circumstances referred to in subsection (1) (a) it is immaterial that the offender did not intend to hurt the particular person who is killed."

Section 163: Manslaughter: "A person who unlawfully kills another under such circumstances as not to constitute

murder is guilty of manslaughter."

Section 164: Punishment of Murder: "Any person who commits the crime of murder is liable to imprisonment for life which cannot be mitigated or varied under Section 390."

Section 165: Attempt to Murder: "Any person who:

(a) attempts, unlawfully to kill another; or

(b) with intent unlawfully to kill another, does any act, or omits to do any act that it is his duty to do, such act or omission being of such a nature as to be likely to endanger human life;

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is guilty of a crime and is liable to imprisonment for life."

Section 167: Punishment of Manslaughter: "Any person who commits the crime of manslaughter is liable to imprisonment for life."

Section 168: Aiding Suicide: "Any person who:

(a) procures another to kill himself;

(b) counsels another to kill himself and thereby induces him to do so; or

(c) aids another in killing himself;

is guilty of a crime and is liable to imprisonment for life."

Section 169: Attempting to Commit Suicide: "Any person who attempts to kill himself is guilty of a crime and is liable to imprisonment for one year."

Note that all other Australian States and Territories have abrogated attempted suicide as an offence.

There are other provisions of the Code which are relevant to this discussion:

Section 27(e) permits a person to seek to prevent the commission of an offence by means of necessary force that is not likely to cause death or grievous bodily harm.

Section 26(3) provides: "A person cannot authorise or permit another to kill him or, except in the case of medical treatment, to cause him grievous harm."

Natural Death Act 1988 (NT)

This Act provides for and gives legal effect to directions against artificial prolongation of the dying process. The Bill is based on and almost identical to the South Australian Natural Death Act 1983.

Section 4, the principal section, provides that: "A person of sound mind who has attained the age of 18 years, and who desires not to be subjected to extraordinary measures in the event of his or her suffering from a terminal illness, may make a direction in the prescribed form."

The prescribed form contains a direction that if the signatory suffers from a terminal illness he or she is not to be subjected to extraordinary measures.

"Terminal illness" is defined as meaning "such an illness, injury or degeneration of mental or physical facilities -

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(a) 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."

"Extraordinary measures" means "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."

"Recovery" in relation to a terminal illness, "includes a remission of symptoms or effects of the illness."

The direction must be witnessed by two adult persons other than the treating doctor (S4(2)).

The Act imposes a duty on doctors to act in accordance with a direction unless there is reasonable ground to believe that the person (a) has revoked or intended to revoke the direction or (b) was not at the time of making the direction, capable of understanding the nature and consequences of the direction (S4(3)).

Section 4 does not derogate from any duty of a medical practitioner to inform a patient who is conscious and capable of exercising a rational judgment of all the various forms of treatment that may be available to the patient's particular case so that the patient may make an informed judgment as to whether a particular form of treatment should, or should not, be undertaken (S4(4)).

The Act does not effect any legal consequences of taking or refraining from taking therapeutic measures (not being extraordinary measures) on a terminally ill patient, whether or not the patient has made a direction under the Act nor any such consequences in respect of extraordinary measures in the case of a patient who has not made a direction under the Act (S5(2)).

Protections are afforded to doctors who act in a non-negligent way (S5(3) and S6).

Section 7(2) contrasts with the Bill under discussion by providing: "Nothing in this Act authorises an act that causes or accelerates death as distinct from an act that permits the dying process to take its natural course.

This Act's South Australian equivalent has been criticised as containing living will provisions which "are potentially suitable launching pads for attempts (perhaps by successive, small amendments over a long period if necessary) gradually to put into our law one or more intentional killing euthanasia provisions": "The South Australian Natural Death Act 1983 & The Common Good", KT O'Loughlin BA LL.B., published in "To the Unborn With Love", Lutheran Publishing House, Adelaide 1990.

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In my earlier paper "Killing the Willing and Others: Legal Aspects of Euthanasia and Related Topics" published in "Euthanasia, Palliative and Hospice Care and the Terminally Ill", ed Jeremy Stuparich ACT Right to Life Association 1992 at p. 93, I stated: "A weakness in this legislation is that the direction can be made at a time many years before the patient suffers from a terminal illness. People change their minds. The Act makes no provision for this. It also makes no provisions to review a direction suspected of being forged, fraudulently obtained, made under duress, or mistakenly given.

Further, although South Australia and the Northern Territory law entitle persons to use reasonable force to prevent suicide, such actions are discouraged if the patient has signed a direction. For example, a person with early stages of low grade but incurable cancer who may also have a year or two to live may take an overdose of sleeping tablets and be taken to hospital for treatment.

If it was known that the patient had signed a direction under the Act, medical staff may fear disciplinary action once he has been revived since (1) he has an incurable cancer from which recovery cannot occur; (2) death is

imminent from the overdose."

Notwithstanding these and other criticisms, there appears to be no evidence that the Natural Death Acts have been abused. In South Australia at least, the Act appeared to be only used occasionally.

South Australian Proposals

A South Australian Parliamentary Committee which inquired, inter alia, into the effectiveness of their Natural Death Act and the Consent to Medical and Dental Procedures Act 1984, found weaknesses in those Acts and in the proposed "Consent to Medical Treatment and Palliative Care Bill 1992" allowed for their repeal. This Bill was introduced into the House of Assembly on 6 May 1992 and tabled for discussion. After considerable discussion between interested parties, a similarly named but substantially amended Bill was introduced into the House of Assembly on 16 February 1993, but lapsed when Parliament rose for a general election.

The objects of that Bill were stated in Clause 3 as:

(a) to make certain reforms to the law relating to consent to medical treatment to allow persons over the age of 16 years to decide freely for themselves on an informed basis whether or not to undergo medical treatment and to provide for the administration of emergency medical treatment, in certain circumstances, without consent; and

(b) to provide for medical powers of attorney under which those who desire to do so may appoint agents to make decisions about their medical treatment when they are unable to make such decisions for themselves; and

(c) to allow for the provision of palliative care, in accordance with proper standards, to the dying and to protect the dying from medical treatment that is intrusive, burdensome and futile."

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The Committee inquiring into the NT Euthanasia Bill may wish to consider the South Australian Bill.

ACT Considerations

In 1993 Mr Michael Moore, an Independent member of the ACT Legislative Assembly introduced into the Assembly a Bill entitled Voluntary and Natural Death Bill 1993, which was described as "an Act to make provisions with respect to the withholding or withdrawing of medical treatment from, and the administration or provision of drugs to induce the death of, persons who are terminally ill." In other words, in part at least, a Euthanasia Bill.

Thereafter the Assembly appointed a Select Committee on Euthanasia, on 16 June 1993, to inquire into the Voluntary and Natural Death Bill, and to report by 17 March 1994. Mr Moore was appointed Chairman.

On 14 March 1994 the Committee reported and made the following recommendations:

(1) That a suitably qualified pain management specialist be appointed to the public hospital services of the Territory;

(2) That:

(a) the Voluntary and Natural Death Bill 1993 not be proceeded with; and

(b) the order of the day for the resumption of the debate on the question that 'the Bill be agreed to in principle' be discharged from the Notice Paper;

(3) That the Chair of the Select Committee on Euthanasia be given leave to bring in a Bill for an Act to make provisions with respect to the withholding or withdrawing of medical treatment and for related purposes, in the form set out in appendix D to this report."

In summary, the Committee recommended against decriminalising euthanasia in the ACT but recommended a Bill which was similar to the Victorian Medical Treatment Act 1988.

Mr Moore took the unusual step of including a preface and epilogue setting out his personal disappointment at the outcome and his determination to continue seeking the legalisation of euthanasia.

In an extraordinary development, on 14 April 1994 the Assembly resolved that additional comments by the ALP member of the Select Committee, Mr David Lamont MLA, be added to the report of the Select Committee and the additional comments be authorised for publication.

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These comments were largely critical of Mr Moore for hijacking "the Committee process for his political purposes". Inter alia, Mr Lamont, after discussing ALP policy in the ACT which supported euthanasia, made the following comments which in my view are appropriate to be carefully considered by Northern Territory legislators:

"My feeling from the public hearings was that a great deal of genuine concern and fear exists in the community about active euthanasia and that, in accord with ALP policy, much work needs to be done before we could responsibly introduce such a policy.

Of course, Mr Moore just dismissed these concerns and fears as the irrational dogma of a small minority. With such Olympian objectivity, it is little wonder that Mr Moore seems unconcerned that a referendum on this issue even if it did answer the question in the affirmative could not be undertaken at this time without doing great harm to the very people who so readily expressed their views to the Committee. I had always supposed that a part of governing responsibility included protecting the interests of minorities but apparently Mr Moore is not strong on this view.

There is every reason to proceed with due caution in this debate - the consequences in the event of failure are simply too great both in terms of the effects on the community as a social entity and the grave dangers to actual life which could result from application of an ill considered law." (emphasis added).

The NT Euthanasia Bill

The Preamble commences: "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 life in a humane manner".

This claim to be confirming a "right" is erroneous. Nowhere in the law of the Northern Territory is such a "right" recognised. Nor in Commonwealth legislation, nor under any human rights instruments, to which Australia is a signatory.

If one has a right to choose suicide, why then is it an offence to attempt suicide (S169 Code), or to procure, counsel or aid suicide (S168 Code)?

Clearly, such a purpose is contrary to the duties created under Sections 149, 150 and 151 of the Code. To permit a doctor to kill a patient breaches Section 154 of the Code and as the doctor intends to cause the death of his patient this would constitute murder under Section 162(1)(a) of the Code. To assist a patient to commit suicide breaches Section 168 of the Code and the patient himself in his attempt to kill himself breaches Section 169 of the Code.

These very serious offences are ignored to achieve autonomy for terminally ill people with a death wish.

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The Bill if enacted will undermine centuries of legal tradition prohibiting the deliberate killing of human beings, a tradition which has served society well. It is the hallmark of a civilised nation.

The enactment of this Bill would cause repercussions throughout Australia and elsewhere.

The most basic right of all humans is the right to life which is enshrined in the Bible, the Common Law, International Covenants and statute law in every civilised country.

By allowing exceptions to these basic protections of life in the case of terminally ill people who wish assistance to accelerate their death, other aged, sick persons are threatened and ultimately, all are threatened.

The arguments put forward to justify this fundamental change in society are flimsy compared to the importance of maintaining the sanctity of human life.

Section 2, Interpretation does not contain a definition of terminal illness. This would allow a variety of interpretations, making consistent interpretation difficult to achieve.

There is no rule of statutory construction which requires that the definition of terminal illness in the Natural Death Act applies.

Where meanings are unclear, a Court will sometimes look at the second reading speech for assistance.

There is no definition or discussion of the meaning of "terminally ill" in Mr Perron's second reading speech. So a Court would examine the ordinary meaning of the term. The Oxford Concise Dictionary defines "terminal" as "forming or undergoing last stage of fatal disease"; "disease" is defined as "unhealthy condition of body, mind, plant, or some part thereof, illness, sickness; particular kind of this with special symptoms or location".

Whilst the words "terminal illness" would obviously catch persons whose bodies are rapidly deteriorating because of cancer, there are other conditions which can be controlled by medication or other therapeutic means which may or may not satisfy the meaning of "terminal".

For example, diabetics who require regular insulin; persons suffering kidney disease who require regular dialysis; persons with heart conditions who require regular medication. There are many others. If treatment or medication was withdrawn, some at least of these patients may die quickly. Suppose a person with such a condition decided he or she wanted assistance to commit suicide and as a first step, refused medication. Two doctors who embraced the legislation may decide that the patient has a terminal illness and be satisfied that the conditions set out in Clause 6 can be satisfied, including Clause 6(f), which states:

"There is no medical treatment reasonably available and acceptable to the patient that will relieve the patient's severe pain or suffering or distress." (emphasis added)

The patient by rejecting any treatment has indicated that there is no medical treatment "acceptable" to him or her. In such situations, the doctors may be protected by the legislation if they assist suicide.

Another example is the patient who goes on a hunger strike. There have been recent examples, of prisoners and Asian boat people seeking refugee status who have done this. While legislation was available in these cases to permit forced feeding, there is no such legislation covering ordinary citizens. Would the weakening of the body caused by a hunger strike qualify as a terminal illness? Would malnutrition satisfy the meaning of a fatal disease? On one view yes, even though self induced.

Persons suffering from AIDS may also qualify under the dictionary meaning, if they refuse treatment.

The consequence of the lack of a definition of terminal illness means that two doctors, perhaps in partnership, can determine who is terminally ill. In view of the abuses of anti-abortion laws which have developed in Australia and elsewhere, where the doctor's opinion is paramount on whether continued pregnancy poses a serious risk to the life

or physical or mental health of a woman, the lack of a precise definition opens the floodgates for abuse. Attempts in New Zealand and the United Kingdom to go behind certificates by doctors authorising abortions in highly suspicious circumstances have failed.

The definition of "health care provider" contained in the draft bill has been greatly widened in the Bill.

The draft Bill stated: "health care provider, in relation to a patient, includes a hospital, nursing home or other institution in which the patient is located for care or attention and any nurse or other person whose duties include the care of the patient."

The Bill adds after "institution" the words "(including those responsible for its management)". It also adds after "duties include" the words "or directly or indirectly relate".

These amendments have the effect of exonerating anyone who could in any way be liable under the criminal, civil or disciplinary laws for the deliberate or negligent abuse of the patient (see Clauses 13 and 17).

Whilst this widening may clarify the intent of Mr Perron's Bill, it also encourages anybody working in a hospital, nursing home or institution to ignore abuses. In my view medical and nursing culture already puts considerable pressure on staff not to report suspected abuses, for fear of ostracism, non-advancement or even merely, embarrassment. The Chelmsford Royal Commission into so-called deep sleep therapy was a recent example of this.

The protection given by the Bill would compound this culture, increasing the pressure on staff to remain silent about abuses.

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For example, Clause 8 provides that a patient may rescind a request for assistance under the Bill at any time and in any manner. If a patient changed his or her mind after poison was administered, hospital staff should go into emergency footing.

In reality, with the safety net of immunity available, would staff be as conscientious where an enquiry may be activated if the patient's life is saved, but suffers further trauma, such as brain damage? Different staff may behave in different ways because of confusion caused by this legislation. Their current duties are clear. Under this legislation, the position is confused, particularly if the doctor who had been authorised under the Act chooses to disregard the patient's change of heart. In my view this type of dilemma emphasises the inherent contradiction of medical treatment and care created by the legislation.

Clause 4 allows medical practitioners who have been so requested by a patient, if satisfied that Clause 6 conditions have been met, to assist the patient to terminate his or her life in accordance with the Act or, for any reason, refuse to give that assistance.

The Bill omits Clause 4(2) of the draft Bill which required medical practitioners refusing to assist to terminate the life of the patient to "advise the patient that other medical practitioners may be willing to give the assistance sought".

This provision would be galling to doctors with conscientious objection to euthanasia who would wish to have no part in encouraging patients to kill themselves. Its removal was sensible.

Clause 5 provides that it shall be an offence to seek to influence medical practitioners by payment of moneys or threats to assist or refuse to assist in the termination of a patient's life under the Bill. The penalty is a fine of $10,000 which appears most inadequate when one considers the matters covered by the Bill.

But if the medical practitioner readily assists in the termination of a patient's life there is in my view no offence

committed under this Clause if he is thereafter disadvantaged or rewarded, if such action was neither threatened nor promised beforehand. This can hardly be the intention of the Bill's sponsor. It may well be that the words "assisting or" were inadvertently omitted after "for" first appearing on the fourth line of the Clause and before the words "refusing to assist".

Clause 6 which sets out conditions under which a medical practitioner may assist euthanasia is based on the 1992 Dutch euthanasia guidelines which are believed by reputable commentators to be honoured more in the breach. In some respects these conditions are worse, a matter I will discuss hereafter.

Clause 6(b) requires the medical practitioner to be satisfied, on reasonable grounds, that the patient is suffering from a terminal illness and is likely to die within 12 months as a result of the illness. This raises a number of problems of interpretation:

* What are reasonable grounds?

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* What is a terminal illness?

* How is likelihood that the patient will die within 12 months as a result of the illness assessed?

The expression "reasonable grounds" normally is construed as an objective test, which a jury would be called upon to determine. I have dealt with "terminal illness" earlier.

The likelihood of death within 12 months is such an arbitrary test that as with the meaning of terminal illness, it is largely left up to the medical practitioner so that issues of criminal conduct which are currently determined by prosecution, trial and verdict by a jury will, if this Bill is enacted, be determined by two medical practitioners. The declaration of the patient if regularly witnessed will, by force of this bill if enacted, extend immunity for acts which are currently serious offences.

One of the claimed safeguards, the requirement that a second medical practitioner agrees with the opinion of the first medical practitioner (Clause 6(c)) is in my view easily open to abuse. Unlike the Dutch guidelines, there is no restriction on who the second practitioner is - he or she could be a spouse, sibling or business partner to the first, or someone who shares the first practitioner's support for euthanasia. The Dutch guidelines require the first medical practitioner to consult with an independent physician colleague who has experience in this field.

Clause 6(d) states as a condition that "the illness is causing the patient severe pain or suffering or distress". Proper palliative care should alleviate these symptoms in the vast majority of cases, yet there is no qualification that palliative methods must have been shown to have failed.

Although 6(e) imposes a condition that "the medical practitioner" has informed the patient of the nature of the illness and its likely cause, and the medical treatment, including palliative care, that might be available. However, there is no requirement that any such treatment need to have been tried and found inadequate. One would expect that before one could validly activate a request under the Bill, he or she would need to have exhausted available treatments. The next Clause 6(f) underlines the absolute autonomy given to the patient in requiring that: "there is no medical treatment reasonably available and acceptable to the patient that will relieve the patient's severe pain, suffering or distress."

Note that the qualification that the treatment be "acceptable to the patient" puts the patient in a commanding position, whatever the medical practitioner's views as to the best treatment for his patient. This Clause is even more permissive than any in the Dutch guidelines which require, inter alia, that the patient must be experiencing intolerable suffering, with no prospect of improvement, and that euthanasia must be a last resort; other alternatives must have been considered and found wanting.

Clause 6(h) requires the medical practitioner to be "satisfied on reasonable grounds, that the patient is competent and that the patient's decision to end his or her life has been made freely, voluntarily and after due consideration". But most suicidal patients are depressed. Depression can generally be successfully treated. It would be prudent to require such treatment for a period before this Clause operates.

Clause 6(1) requires the second medical practitioner to discuss the case with the first practitioner and the patient and be satisfied that the other conditions have been complied with. Although this appears a sensible safeguard there is no requirement to try and talk the patient out of his or her request, to offer palliative care or other treatment. It is submitted that it is in society's interest that the patient not be euthanised, yet this Bill seeks to tilt the balance towards euthanasia as a greater priority.

Clause 6(m) requires that "at the time of assisting the patient to end his or her life the medical practitioner has no reasonable grounds for doubting that it continues to be the patient's wish to end his or her life."

But there is no requirement to even enquire of the patient. The patient's initial wishes are paramount, the principle of the sanctity of life is ignored. In NSW, there is a mandatory "cooling off" period covering real property sales. Why no "cooling off" period when dealing with a decision to prematurely end life?

There is insufficient sanction in the Bill against a person who signs the certificate for improper motives. Clause 9 would not catch every such person.

Clause 8 which allows the patient to rescind a request for assistance under the Act raises the question of what happens if the patient rescinds the request during or after the administration of a poison. There is no provision thereafter requiring the doctor and others involved to do all things possible to save the patient's life. There are no provisions for video-taping, filming, or sound recording the procedure to detect changes of heart. There is no provision requiring independent witnesses to be present at the death. In harsher times, independent witnesses were required at executions. Surely privacy doesn't override the need to closely scrutinise the intentional end of life.

This provision highlights the lack of any other provisions allowing for an independent person to act as an advocate to try to persuade the patient to use conventional or extraordinary treatment or palliative care. There is not even a Clause requiring the doctor to ask the patient before commencing the procedure to terminate the patient's life whether or not the patient wishes to continue with the request. Whilst one would expect a doctor to do so, there is no such compulsion.

There are no safeguards where the patient has become comatose or incompetent after making the request.

Part 3 - Records and Reporting of Death

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Clause 10 is inadequate because there is no requirement that more objective records, such as video tape, film or audio tape be made of the significant steps in the process. In the absence of such records, there is little to prevent collusion between doctors and relatives or other potential beneficiaries.

Part 4: Miscellaneous

Clause 13, whilst immunising the doctor and health provider acting on his or her instructions against criminal prosecution for the actions taken, and deeming the actions to be medical treatment, makes no allowance for the case where the patient changes his or her mind during the procedure. There are no emergency provisions or provisions for resolution of disputes if some doubt arises.

Clause 16 dealing with insurance or annuity policies is harsh on insurers particularly in view of the lack of

definition of terminal illness, and cases such as those involving younger persons with kidney problems or diabetes who choose not to maintain treatment. As life insurance is primarily a Commonwealth matter as primarily is health insurance, the constitutional validity of this provision may be questionable.

Clause 17(4) requires a health care provider who is unable or unwilling to carry out a direction by a doctor under this Bill, "to transfer a copy of the patient's relevant medical records to the new health care provider".

Under the definition of health care provider this would require a nurse or other staff of a doctor to do things the doctor is not required to do. This ignores conscientious objections and should be amended to respect such objections.

Conclusion

This Bill goes against the long standing tradition of the law, medical ethics and practice and mainstream religions supporting the sanctity of human life. As experience has shown in Holland, and with abortion in this country and elsewhere, once the prohibition against killing is weakened and voluntary euthanasia is sanctioned, involuntary euthanasia & other abuses follow.

As there is no residency requirement, the Northern Territory likely to attract persons from other States and Territories and even overseas to use the Bill.

In my view the legislation is ill considered and the work of fanatics. It will inevitably have a damaging outcome on Australian society.

The Northern Territory has inadequate palliative care facilities. Its citizens deserve much better facilities. If the Dutch experience is a guide, this Bill if enacted will reduce demands for palliative care and inevitably further reduce society's respect for human life, which to paraphrase the House of Lords Committee 1994 Report on this topic is the cornerstone of law and social relationships.

14

Greg Smith LL. B

Barrister at Law

President, Right to Life Association (NSW) Inc.,

SUBMISSION 095 1

TO COMMITTEE ON RIGHTS OF THE TERMINALLY ILL BILL 1995

I would like to make a submission on the "Rights of the Terminally Ill Bill 1995".

I have been working in Darwin for approximately 18 years and in this time I have spent a lot of time with the sick, elderly and bereaved. I have visited the sick in the Old Darwin Hospital, the Royal Darwin Hospital, the Leper Hospital at East Arm when it was open. Various nursing homes, The Salvation Army Home, Tracey Lodge, Chan Park and of course in their own homes. As you can see I am no stranger to the suffering of the people.

I spent several years working full time in the hospital.

I was very surprised in hearing of Marshall Perrons bill "The Rights of the Terminally Ill 1995". It would appear to me that this Bill would cause the weakest members of our society, namely the dying, even more suffering.

What message does this legislation send to the sick and dying? With this talk of Euthanasia, I have noticed how the elderly have been discouraged. It is saying to the handicapped, elderly and dying people that their life is not worth

while and the best thing they can do is die.

To make Euthanasia legal is a very serious step to take indeed. Does any government have the right to make it legal for one human being to take the life of another? In considering the issue of Euthanasia many people have seen life as something we own in the same way we might own a car and than therefore dispose of it as we wish. Who have ever purchased their own life? Did anyone ask our permission to be born? Surely life has to be seen in a different light to the things that we possess.

Human life is always relational. We would not exist without our parents. We live in relation to our families, the people we live near and the whole of society. Life is not something that effects only ourselves but the rest of the society.

In my work I have often had dealings with the families and friends of people who have committed suicide. This always causes great trauma and suffering to these families and other people known to them. After all euthanasia is nothing but assisted suicide. It is interesting the Act Section 6 h, speaking of the patients decision being made freely, voluntarily and after due consideration. Most psychologist would agree that people who commit suicide are not free when they make their decision but are suffering many types of compulsion. According to me no government has the right to make Euthanasia legal.

In the "Rights of the Terminally Ill Act 1995" Section 6.e. is very interesting. What palliative care is available in the Northern Territory. In my experience the doctors and nurses battle heroically to provide medical treatment with very limited resources.

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In Section 6.c., What doctor can give a prediction on how long a patient with terminal illness will live. In my experience very few doctors are game to predict and when they do, are wrong more often than not. Mis-diagnosis is not all that uncommon as well. Many of

the doctors working in the NT do not have much experience who has the right to place this burden on them of predicting the length of an illness and who has the right to ask them to assist at suicide.

Matters of life and death are not matters of opinion but of fact. Abortion is an issue related very closely to Euthanasia. I have seen women sobbing their hearts out after having an abortion. I have seen doctors not knowing why they have had such a harrowing day after performing abortions all day.

I have noticed that many people do not understand what exactly Euthanasia is. I am enclosing the official policy on Euthanasia of an important medical association in Europe that makes the distinction very clear.

There is a big difference between letting someone die by not using modern technology aggressively to prolong dying or treating a patient for pain if this shortens life and actually killing a person. Many people do not know the distinction. I have seen the poll being done by some politicians which is deliberately misleading. I will enclose The section on "Fact of Morality" Legislation that covers this was already passed last year.

I hope this committee will advise against this Bill as it is an area that no government has the right to legalise. How dangerous it is when governments make it legal for one human being to kill another and then have the gall to call it medical treatment. Look at the experience of countries where governments take this step. I am also enclosing the Canadian Bishops Conference position paper on Euthanasia. Even though it is written for Canada, it has many relevant details.

Yours Sincerely

Fr. Tom English

Enclosed with submission:

'Canadian Bishops oppose euthanasia', Complete text of Conference's position paper: 'To Live and Die in a Compassionate Community', Weekly Edition of L'Osservatore Romano, N.7 15 February 1995, pp 6 - 8.

Ethic: 'Regarding euthanasia, David J. Roy, CharlesHenry Rapin and the Board of Directors of the European Association for Palliative Care define the Association's stance euthanasia', European Journal of Palliative Care, Volume 1 Number 1.

Copy of political poll 'Relief of Suffering of the Terminally Ill'

SUBMISSION 096 1

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c/ Rural Services,

Block 4,

17/3/94 Royal Darwin Hospital,

Casuarina, 0810

To the Chairperson,

NT Select Committee on Euthanasia,

GPO Box 3721,

DARWIN NT 0810

Dear Sir,

This submission contains the major part of a response I wrote in February to Mr Perron following his appeal to all NT doctors last year. My experience in this field is limited, but I have nevertheless worked in Intensive Care Units in the NT, South Australia and in the UK, and in General Practice and have an interest in the area.

At the risk of oversimplification, I think that the patients to whom euthanasia legislation applies fall into three groups, which are not necessarily mutually exclusive. Firstly, there is the group of patients in and around Intensive Care Units, where decisions are made as to the amount of intervention that is appropriate for their outlook. Secondly, there are patients who are in the community and who have the means and wherewithal to bring about there own demise without the aid of others. Lastly, there is a group of patients who might either be in a hospice (or hospice situation) or in the community who want to die but can't, because of physical disability or lack of means.

With the first group, those patients in ICUs, the situation at the moment is that "end of life" decisions are made taking into account a myriad of variables. These decisions will nearly always involve specialists from several fields, relatives, nursing staff, other doctors and allied health professionals. They may also involve ministers of religion, hospital ethics committees, the hospital administrator and anyone else who is seen as appropriate. The decision will depend not only on the patient's condition but also on their cultural background, the resources of the hospital, the experience of the staff, the distance to the nearest referral centre and countless other unpredictable parameters. Professor Fisher's1 paper is an eloquent summary of what happens and I would think most ICU directors would concur with his view and only be envious that they couldn't put it as succinctly themselves.

Now I believe that to legislate in this area is just not possible. There are simply too many variables to adjust for. If Professor Fisher1 is suspicious of his hospital's Ethics Committee because it is not medically or ethically competent, where does that place lawyers, academics and politicians? These decisions are extremely difficult, and therefore the people who make them should be the ones who are the best informed. That boils down to the relatives

and the carers. The Professor summed this up in the first paragraph on page 7, and the succinct quote was the first line;

"Brendan said to me when I got here 'do you want the law changed', I said 'I don't give a damn. We'll practice ethical and good medicine irrespective of what the law says.'"1

2

If the opposite of your legislation happened and a hypothetical dictator legislated "you must never turn off a ventilator" I doubt whether ICU practice would change very much. They would just use other ways to maintain their "best practice". On the other hand, the idea that the law should protect doctors making these decisions begs the question: protect from whom? It also negates the reality that it's not the doctors alone who make the decisions.

The second group of patients warrant little discussion; they are people who have the means to end their lives and so there is no need to ask anyone for assistance. The law makers need not be troubled.

It is the third group which provides the ethical dilemma; namely those patients who are suffering and want to end their lives but don't have the means or wherewithal to do it. It is important to add at this stage that such patients may not be terminal; they might be severely and permanently disabled.

One could argue that if a certain percentage of doctors are practising this form of assisted suicide now, and that the courts and prisons are not littered with such doctors, that legislation is hardly required. I would like to take this view, but I accept also the counter argument that it is a bad law which is broken often. However, I do not believe it is broken as often as the proponents of euthanasia believe, and it is worth pointing out that they are the ones who do the research.

Here I must comment on the much publicised study of Baume and O'Malley2, which appeared in the MJA last year. Firstly, several media reports gave the impression that 28% of doctors had complied with requests to perform euthanasia. The actual figure is 12.3% (roughly 28% of 47%) and the question was "have you ever taken steps to bring about death?". This could be interpreted in a non-specific way. Although the authors suggest that these responses "were from practitioners who had done more than cease or withhold potentially curative treatment", they didn't present the evidence to support this assumption.

Secondly, with regard to the 12.3%, the all important "confidence interval", which represents the range in which we would expect the true value to be, was not given, but my calculation would make it about 2.5%. That is, the "true" figure may be as low as 10%. Professor Maddocks3, arguing on the grounds that this percentage figure hardly estimates the true level of need because the denominator should be "deaths" and not "doctors". He suggested that the actual percentage of deaths is likely to be 0.21%-0.53% and therefore hardly illustrating a substantial level of need.

Finally, the authors suggested that the estimate is likely to be low given that some refused to answer that particular question on the grounds of incrimination. However, it could also be argued that someone who has performed euthanasia is less likely to throw the questionnaire in the bin (as 24% did) and therefore it might be an overestimate. Hence my conclusion is that I don't believe many doctors are breaking the law.

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Because I have had no direct involvement with patients requesting assisted suicide, I do not have the experience to comment on how many patients are involved and how much suffering goes on in the NT community. Nevertheless, I have been involved in the terminal care of about a dozen patients in the community and many more while working in the ICU at RDH and have never found myself wishing there was a euthanasia law in the NT (I have however, thought there was a need for a hospice, a specialist in palliative care and improvement in the services for the aged and disabled).

Therefore, I just do not believe David Kelly4 ("Dying People and the Law", page 5) when he states that the current law "condemns a significant number of dying patients to intolerable. pain and distress". There are always or nearly always non-death solutions to problems in terminal patients. Euthanasia is perhaps the doctors and patients surrender to these problems, saying "this is too hard".

The argument that public opinion is in favour of this legislation only stands up in the face of evidence that the public is well-informed. I am very suspicious that the NT public is not fully aware of what is meant by voluntary euthanasia. It is certainly clear that some journalists and many correspondents of the NT News are not (Letters to the Editor, Frank Alcorta, NT News 7/2/95)5. I'm sure most Territorians believe that euthanasia involves switching off ventilators, withdrawing treatment or giving increasing amounts of morphine to people with intractable pain (that is, patients in the first group I mentioned), not the **deliberate killing** of those in the third group. The Morgan Gallop Poll mentioned in Dr Kuhse's paper is typical of polls which support euthanasia. The question asked is so leading as to make the result almost meaningless (Page 3 of her paper)6.

I think the strongest argument against the NT forming any euthanasia legislation relates to the size and experience of its legislature. Ethical questions surrounding the right to die and end of life decisions are extremely difficult, and governments around the world have agonised about them for decades. Therefore it seems to me inappropriate that a legislature as small as the NT government, representing so few people, should rush into a philosophical, moral and ethical minefield where so many others before it have feared to tread. As far as I am aware there is no bioethicist working in the NT, no specialist in palliative care and no-one with experience treating the severely handicapped or brain-injured. How can we draw up legislation without their advice?

In summary, I would argue strongly against any change to the existing laws for the following reasons.

1. In reality, I think that there are very few people who are suffering needlessly in the NT, and those that are would be helped by an adequate hospice service and improved care for the aged and disabled.

2. I do not agree that there is a significant number of doctors breaking the law.

3. Finally and most importantly, I think neither we the NT public nor you the legislators have the knowledge, expertise and experience to dabble in such a fundamentally complex philosophical and ethical debate.

4

Yours sincerely,

Dr Peter Markey,

BMBS, DA, DTM&H, DRCOG,

District Medical Officer,

Rural Services, Block 4,

Royal Darwin Hospital.

5

References;

1. Malcolm Fisher's paper to the AMA One Day National Forum on the dying patient. Attached.

2. Baume P, O'Malley E. Euthanasia: attitudes and practices of medical practitioners. Medical Journal of Australia 1994; 161:137-144

3. Maddocks I. Euthanasia: attitudes and practices of medical practitioners. Medical Journal of Australia 1994; 161:571 (letter) Attached

4. Kelly D. Dying People and the Law. Paper presented to the AMA One Day National Forum on the dying patient. Distributed by Mr Perron last November.

5. NT News. 7/2/95 Attached.

6. Kuhse H. Morality, Public Policy and Medically Assisted Dying for Now-Competent Patients. Paper presented to the AMA One Day National Forum on the dying patient. Distributed by Mr Perron last November.

Enclosed with submission references marked Attached above.

SUBMISSION 097 1

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31 Annabel Avenue

LAKE MUNMORAH

N.S.W. 2259

Phone is (043) 522208

17th March 1995

Dear Members of Committee on Euthanasia,

My name is Lily Climpson aged 74 yrs of the above addressed. I am in favour of legalised voluntary Euthanasia having seen my mother suffer much longer than she should have with no way legally available to end it. Mum had to endure a no hope situation.

Also my 84 year old Aunt a beautiful lady had terminal cancer operation impossible it was in the back of her nose somewhere. No legal way Dr could help her out a bit earlier. He wouldn't. So Aunt in hospice for the dying. I visited her for the three months it took for her to die. I visited every day nearly. She prayed to die. During this last three months of her life she went blind and totally deaf. All prayed every day to God to take her It was pity full and other cases around that I saw were so sad too. The last 3 months of her life were really dreadful.

I joined Voluntary Euthanasia Society after seeing this way of life?

I believe it is long overdue for a change so that very ill individuals if they so wish have the right to Control over their death as they do over their lives.

It is my opinion that since suicide is not a crim providing someone with the means to commit suiciding at their request, should not be a crime?

I find it unjust that people have to find a Doctor who is willing to break the law to get assistance in dying.

I trust that Euthanasia (voluntary) will come to Australia as it has to Holland; Allowing those terminally ill patients wishing to die to do so with dignity.

Yours faithfully

Lily Climpson J.P. in N.S.W.

SUBMISSION 098 1

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22 Lavoni Street,

Mosman, 2088, NSW/

17th March 1995.

Select Committee on Euthanasia,

Parliament of the Northern Territory,

Darwin, 0801, NT.

Dear All,

I am writing as a very strong supporter of Voluntary Euthanasia to encourage you all to consider what it is like to see someone live an unnecessary long time dying of cancer or any other painful or degrading disease.

I was with my twin brother when he died from cancer of the bowel and I visit my mother in a nursing home every other day. She was a wonderful woman but at 87 her brain no longer works and she can't move by herself and there is no point in living.

I myself have been diagnosed with Multiple Sclerosis and I have had a wonderful life (and still do), wonderful husband and children but I DO NOT WANT TO live when I can no longer enjoy it and be independent.

Visit nursing homes and you will have more understanding of how important it is for a person to be able to choose Voluntary Euthanasia while they can and not end up a vegetable.

The cost is going to be horrendous in the future years with our ageing population - U.S.A. say they will have 1.5 million people over 100 years old by the year 2020.

Please be compassionate.

Yours Faithfully,

(Mrs) Mary Jones.

SUBMISSION 099 1

Select Committee of Euthanasia

Parliament of the Northern Territory

Darwin NT 0801

Dear Sirs

I support Voluntary Euthanasia because I think it will relieve much of the fear and suffering of the terminally ill. It should be their right to decide what they can endure.

Aging people would live with less fear.

(Mrs) Georgina Gregory

39 Milray Avenue

Wollstonecraft 2065

SUBMISSION 100 1

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35 Rosalind St.,

Crows Nest NSW

2065

16.3.95

Dear Sir,

I am writing to say I agree with Voluntary Euthanasia with all my heart. A close friend of mine died a painful death from cancer of the pancreas and so often during her lingering last months she wished to die, but no-one would assist.

I do hope you achieve legal Voluntary Euthanasia in the N.T. and I shall observe with great interest, your progress in this direction.

Yours sincerely,

Benita Boger.

SUBMISSION 101 1

I Samek

3/2 Martins Ave

Bondi N.S.W. 2026

17 March 1995

To the

Select Committee on Euthanasia

Parliament of the Northern Territory

Darwin

Dear Sir

I am a member of the Voluntary Euthanasia Society in N.S.W.

I would like to ask your Committee to support the legislation of the Voluntary Euthanasia.

My reason of the support of the legal Euthanasia is that I have many relatives in my family who are unnecessarily suffering because their doctor is not helping them to die decently. What quality of life is to be in a nursing home and be alive like a vegetable.

Please would you support of the legislation of the Voluntary Euthanasia.

Yours faithfully

Ilona Samek

SUBMISSION 102 1

17th March 525/290 Jersey Road

1995 Woollahra

NSW 2025

To the

Select Committee on Euthanasia

Parliament of the Northern Territory

PO Box 3721

Darwin N.T. 0801

Dear Sirs

I am 85 years old.

My family all live in Queensland. I have been a member of the Voluntary Euthanasia Society of N.S.W. for 20 years.

I feel I have the right to die when and how I want to.

I live in a Retirement Village which is convenient but there is nothing I want to live for anymore.

Sincerely

(Mrs) Netta Mackenzie

SUBMISSION 103 1

1A/2 Cook Road

Paddington 2021 NSW

16/3/95

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

DARWIN N.T. 0801

Dear Members

I am a member of the Voluntary Euthanasia Society in this State and believe voluntary euthanasia should be legalised when a person wishes to do so instead of being kept alive by modern medicine unnecessarily.

I witnessed a close friend in a hospice who had palliative care and I have no wish to experience what she did.

One is told that palliative care holds no suffering for a person but that is no so.

I trust this Bill is made legal in the N.T.

Yours faithfully

J.M. FROLICH (Mrs.)

SUBMISSION 104 1

ALBERT SCHEINBERG BUSINESS:

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PO Box A115

TEL. (02) 3324499

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TELEX 170525 MOCO

17th March, 1995

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

DARWIN. N.T. 0801

Dear Sir/Madam,

At my age (83) every few months I have to witness to the dying of a friend - relative.

Some are lucky and the dying is over in short while, others suffer with unbearable pain. So as a result of my experience I fully support the bill to introduce euthanasia.

If you need any detailed description of the cases mentioned, please contact me and I will supply it.

Yours faithfully,

Albert Scheinberg

SUBMISSION 105 1

DR. T. COYLE **T.F. COYLE MEDICAL PTY LTD**

M.B., B.S., D.R.C.O.G. 185 MULGRAVE ROAD

CAIRNS, 4870

TELEPHONE: (070) 515409

17 3 05

Dear Sir,

The answer to your problem, whether to legalise deliberate killing of humans for "mercy" purposes lies in providing simply good palliative care. In this situation euthanasia is unnecessary. We must provide a good palliative care service and hospices.

If killing is legalised in this way, control of medical practitioners will be very difficult. In the future it may be necessary to prove that one should not be killed.

Euthanasia in Holland is supposed to be "regulated". There are many reports of patients being killed who have not specifically requested this. The decision is made by relatives or others. The reasons for cynical requests for euthanasia of relatives are obvious.

Compassion means caring for people. As a doctor I do not see killing patients as an act of compassion, more one motivated by pity which is an emotion more associated with sick animals, not humans. As compassionate people we provide hospices, and palliative care for the sick and dying, not death clinics. We care for the handicapped; we do not kill them.

It will not be possible to regulate euthanasia or assisted suicide; THIS IS A PANDORA'S BOX WHICH SHOULD NOT BE OPENED.

Hospices and palliative care are the answer, not killing or "assisted: suicide.

Yours sincerely,

DR Tim Coyle.

SUBMISSION 106 1

28/190 Spit Rd

Mosman 2088

16.3.95

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

DARWIN NT 0801

Dear Sirs,

I wish to support legislation to legalize euthanasia in the northern Territory and Australia generally.

There are many LEGAL medical procedures which are not supported by all members of the community or the medical profession i.e. contraception, abortion etc.

Why should not euthanasia be a legal medical option for the community to be used in accordance with the law for those who wish and need it. There is no compulsion or compromise for those it offends, and much comfort and help for all who do.

Yours sincerely

(E. MAERTIN)

SUBMISSION 107 1

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31 Camille Street

Sans Souci

N.S.W. 2219

Telephone (02) 529-5185

16.3.95

The Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

DARWIN N.T. 0801

Committee Members,

We wish to express our support for the legalisation of voluntary euthanasia.

Our congratulations go to Marshall Perron for recognising the importance of this issue, and for having the courage to act on his convictions.

Should this Bill be successful, the Parliament of the Northern Territory will be making history and setting a brave example for the rest of the States to follow.

We offer the following points in explanation of our stand:-

l. Individuals should have the right of control over their deaths, as they do over their lives.

2. Since suicide is not a crime, providing someone with the means to commit suicide, at their request, should not be a crime.

3. We find it unjust that it is necessary to find a doctor who is willing to break the law to get assistance in dying.

4. The present situation, in which many doctors defy the law to end the lives of the suffering and terminally ill patients, is much more objectionable than a legally controlled situation.

Yours faithfully.

JOHN & IRENE CHISHOLM

LIFE MEMBERS

VOLUNTARY EUTHANASIA SOCIETY OF N.S.W.

SUBMISSION 108 1

5/4 Marathon Rd.,

Darling Point,

N.S.W. 2027

March 17, 1995

The Select Committee on Euthanasia,

Parliament of the Northern Territory,

P.O. Box 3721

Darwin, N.T. 0801

I wish to submit to the Committee an urgent appeal based on the experience of two people very close to me who have died in the past 10 years.

In both cases, death was preceded by long and agonising illness. The first patient was a woman of immense dignity and self-control, who, in the last months of her life, suffered a total personality change in addition to unremitting pain. Even her voice became shrill and unrecognisable, although there were short periods when she was herself again, knew that she had been behaving in an extraordinary way and tried to apologise to us.

In the second case, the patient was himself a doctor, and was being treated at a major teaching hospital by the most senior physicians in Sydney's medical profession. For a long time he faced a choice between constant pain and constant nausea, and nothing that the doctors could do made any difference. This makes nonsense of the claim that there is no need for anyone to suffer terrible deaths, because "all they need is good palliative care".

In the end, both these people suffered degrading and dehumanising deaths, and ever since, I have wondered whether I should perhaps end my own life while I still can, to make sure that such a fate does not happen to me too. I understand the problems involved, and the need for strict safeguards, but it has been demonstrated, in Holland and elsewhere, that this is by no means too difficulty to achieve. I urge the Committee to give people the right to die with dignity, and to protect doctors from criminal prosecution if they are asked for help in achieving that.

We know that the majority of Australians support voluntary Euthanasia. If the Northern Territory leads the way, the rest of the country will slowly but surely follow, and millions of people will be indebted to you.

(Rhonda Ovedoff)

SUBMISSION 109 1

2/705 Pacific Highway

Gordon 2072

16.3.95

The Secretary

Select Committee on Euthanasia

Darwin

Dear Sir

I have been a member of the Society for some time for the following reasons.

1. I have seen the distress and terror of friends who were unable to swallow and scarcely breathe.

2. I have seen friends destroyed by prolonged care of relatives who don't even know them, are scarcely alive.

3. Given without life threatening illness life can become almost intolerable from frustration and/or indignities.

4. I strongly object to the "Right-to-Lifers" who are usually in good health and sometimes religiously obsessed inflicting their attitude on the defenceless.

5. Thoughtful elderly persons are very reluctant to be a burden to younger people already struggling with current pressures.

Yours truly, (Mrs) M. Gilmour (84)

SUBMISSION 110 1

5/30 Foam St

Harbord 2096

17/3/95

To

Select Committee on Euthanasia

Dear Sirs

I am writing in favour of Voluntary Euthanasia.

I believe it is fair and decent.

Yours

Philip R. Lane.

SUBMISSION 111 1

B. Melman

6/40 Musgrave Street

Mosman 2088

16-3-95

Dear Sirs,

I'm writing to express my wish to see voluntary euthanasia legalised.

I support it on the grounds that it is kind and humane to end suffering. Why should people have to endure prolonged suffering when they clearly express their wish to die with dignity? (When they are incurably ill?)

We call ourselves a civilised society. We are kind and considerate to animals who are suffering. We consider it merciful to put them out of their misery.

Let's do the same for people.

Yours faithfully,

(Mrs) Barbara Melman

SUBMISSION 112 1

1/18 Woolcott Street,

WAVERTON ...N.S.W. 2060

16th March, 1995

The Secretary,

The Select Committee on Euthanasia,

Parliament of the Northern Territory,

P.O. Box 3721

DARWIN. . . N.T. 0801.

Dear Sir,

As a long-standing member of the Voluntary Euthanasia Society of N.S.W., the aim of which is to have euthanasia legalised in N.S.W., I am writing to add my support in an effort to convince the Northern Territory Parliamentary Committee that public support is real.

While I have not had the experience of witnessing either relatives or friends die without dignity [as yet] I may be faced with the situation myself and am working hard at doing everything possible to avoid this dilemma. Fortunately we do not have a crystal ball to enable us to foresee the future but to be prepared would be wise.

However, I would appreciate if my representations could be placed before the Committee on the grounds that I:

1. Support VE because I believe individuals should have control over their death as applies to their life.

2. Believe that, as suicide is not a crime, it should not be regarded as a crime for someone to be provided with the means to commit suicide on request.

3. Consider it unjust that, at present, concerned persons need to find a doctor who is willing to break the existing law to assist a person to die with dignity.

4. Would like to see commonsense prevail in this very important subject and the attitude adopted that it is better to have a legally controlled situation as in Holland rather than having a medico defy the law to end the life of a suffering and terminally ill person.

Yours faithfully,

[Mrs.] F. Best

SUBMISSION 113 1

---

1 Montorey Court

Warrnambool 3280

N.T. Select Committee on the

Rights of the Terminally Ill Bill

Dear Sirs,

I write to express my opposition to patient killing.

This euthanasia is very scarey for me. I saw my own 80yr. old father, recover from or nasty stroke. There was my neighbour, given a few days to live from a lung disease. His previous doctor had treated him for years with the wrong medication. On new medication he lived at home for another 12mths, bought himself a new car and drove it around.

If this Bill is brought in where I live, I will be scared to go to hospital, knowing, though my body is weak, my mind will know all.

Please think clearly.

Yours Faithfully

Lenore M. Jones.

SUBMISSION 114 1

P.O. Box 34

GILGANDRA

NSW 2827

17 March 1995

The Secretary

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

DARWIN NT 0801

Dear Sir/Madam,

I wish to express my support for legislation to legalise Voluntary Euthanasia.

My wife died recently and in peace after doctors noted her request - and mine and the children's' - for voluntary euthanasia rather than a lingering half-life dependent on drugs and machinery.

She was a member of the Voluntary Euthanasia Society of NSW (as I am) and one doctor said, "We aren't God. We can't cure her but we can ensure she dies peacefully."

They did that.

Her mother had been kept alive against her will for four years before dying from cancer. She often expressed her desire to be allowed to die but nobody listened. Her lingering death caused to us to think and soon after, we joined the Voluntary Euthanasia Society.

It seems quite ridiculous that suicide is not a crime but assisting suicide is treated akin to murder.

Yours Sincerely

Doug Mulhollland

17 03 95

SUBMISSION 115 1

---

15 Rhyand Court

Dupto 2830

N.S.W.

Parliament of N.T.

RE Voluntary Euthanasia

I believe and belong to V.E.S, having witnessed my own mother reduced from a beautiful intelligent human being to a "non-person" - no dignity left - and the cause of heartbreak to family because of this sad condition. If I had a wish it would be that she could have died 5 years before she did - as she would have wished too. It is not fair or human to keep people going in these awful conditions when we would not allow our pets to suffer.

B. Soane.

SUBMISSION 116 1

---

26 Parsons St

Mordialloc

Vic 3195

17/3/95

Members of The Committee

Being deeply concerned with most probably effects of the most heinous proposal ever put before humanity, I plead with you to totally reject this monstrous proposal. Blind Freddy would know that potential for legal murder would be put in place, and used for personal gain. Once the flood gates are opened, there will be no way of stopping the flood waters from smothering our beautiful Australia and it's people.

It is my prayer and hope that you will all stand up and be counted and reject Marshall Perron's Bill.

With deepest concern

Michael Rodriquez

SUBMISSION 117 1

LYNDA M. PYLE

4 Glen View,

NORTH NOWRA

N.S.W. 2541

Phone: (044) 230 607

Select Committee on Euthanasia

Parliament of the Northern Territory

Dear Sirs

I write to urge you to give full weight to the arguements in favour of Voluntary Euthanasia to anyone who requests it if they would otherwise suffer a protracted, painful, and undignified death.

I helped to nurse my father during his final, agonising, and truly undignified six weeks which preceeded his death. He was so conditioned to drugs that they no longer stopped the pain of the cancers which were throughout his torso. During one of my midnight vigils with him, "I wish someone would just cut my throat and let me go!" were

words I had to hear.

Had his doctor been a Veterinarian, he could surely have been prosecuted had he allowed an animal such suffering when it could have been stopped so easily.

My father was dearly loved by all his family, yet several weeks before his end we were praying for him to die so his suffering would cease.

That is my reason for writing to you.

THINK ABOUT IT !!

Sincerely

Lynda M. Pyle.

SUBMISSION 118 1

SUBMISSION TO SELECT COMMITTEE ON EUTHANASIA

from John. Bens. (State Registered Nurse N.T. since 1979)

I fully support the RIGHTS OF THE TERMINALLY ILL BILL as proposed, however I respectfully submit the following for your consideration.

There is much need both interstate and world-wide for the availability of the kind of assistance that this legislation allows for.

I think that the best position that the Northern Territory can take in pressuring other interstate jurisdictions to adopt similar legislation is to restrict the availability of voluntary euthanasia within the N.T. to Territorians and the families of Territorians.

Perhaps the definition of "patient" under the Act could be restricted to "Patients born in the N.T. and patients who have resided in the N.T. at least 12 months in their lifetime, and close relatives of permanent residents of the Northern Territory."

I also think that the above restriction should prevent the potential inflow of terminally ill people from outside the N.T. Any inflow of terminally ill people will utilise resources intended for local people or could lead to the growth of entrepreneurial type "clinics".

Finally and much less importantly I would like to suggest the utilisation of video-recording be promoted as an adjunct to merely written documentation in PART 3 Section 10(a) of the Bill. Using modern technology to document both the request for assistance and the actual ending of the patient's life is desirable but should not be mandatory if the patient objects (in my opinion). Many people die with important things to say and with valuable insights from their experiences of suffering that justifies the great worthiness of the proposed legislation.

I very much hope that the Bill remains free of unnecessary complexities and bureaucratic requirements burdening the patient and the doctor.

Thank you for the opportunity to contribute to your considerations.

Yours sincerely,

John.Jowet..Bens. c/o P.O. Box 3811.

Alice Springs.

SUBMISSION 119 1

O. ZEVEL

113 MILL HILL RD

BONDI JUNCT NSW 2022 16/3/95

SELECT COMMITTEE ON EUTHANASIA

PARLIAMENT OF THE NORTHERN TERRITORY

SIR,

HOW MANY ILL PEOPLE WITH 10 OR MORE PIPES AND TUBES IN THEIR BODIES WOULD GLADLY REMOVE THEM IF THEY COULD.

HOW MUCH TIME AND PEOPLE ARE EMPLOYED TO LOOK AFTER THESE PEOPLE WHO IN MOST CASES DIE ANYHOW. THESE PEOPLE COULD BE EMPLOYED TO LOOK AFTER MORE HOPEFUL PATIENTS.

MY MOTHER DIED 40 YEARS AGO AFTER SUFFERING ALMOST 5 YEARS WITH CANCER. IN THE END THE DOCTOR GAVE HER DRUGS WHICH HASTENED THE END.

PEOPLE WHO FOR WHATEVER REASON ARE AGAINST EUTHANASIA NEVER SEEN ANYONE SUFFER WHO IS VERY VERY CLOSE TO THEM.

FAITHFULLY

O Zevel

SUBMISSION 120 1

B & D Mills

81/57 Liverpool St.

Sydney N.S.W. 2000

16th March, 1995.

Parliament of the Northern Territory,

P.O. Box 3721

Darwin N.T. 0801

Dear Sir/Madam,

We believe that you are currently looking at a bill on Voluntary Euthanasia and have invited submissions from the public and having watched a loved one die an undignified death wanted to voice our opinion that we believe the option should be legally available to those in an intolerable position; to at least know that it is legally available would have bought my dying sister some peace of mind - it may not have been required but often a person in this position is terrified of the undignified way they'll die and at least feel better knowing they can choose another way if they and their doctors so decide.

We whole heartily support this legalization going ahead.

Good luck

Sincerely

Brad and Delia Mills.

SUBMISSION 121 1

6/1416 Pacific Highway

Turramurra

N.S.W. 2074

17/3/95

To

The Select Committee on Euthanasia

Parliament of the Northern Territory

I am writing to say how thankful I am that at least one state has had the courage to present a bill in favour of Euthanasia.

Many of my friends (some of whom belong to the Euthanasia Society, as I do) have discussed this matter over and over again and we are all strongly in favour of such legislation. We hope it will give to us the right to die peacefully and with total dignity.

Sincerely

Marjorie Palmer (Mrs)

Aged 87 years.

SUBMISSION 122 1

G.B., & P.J. BENNETT

5/381 Bobbin Head Rd.

Turramurra 2074

16th March 1995

Select Committee on Euthanasia,

Parliament of the Northern Territory.

P.O. Box 3721

Darwin N.T. 0801

Dear Sir,

We feel it is inhuman to let elderly people suffer and not allow them to leave the world with dignity. We have known too many to suffer and I, G.B., can never forget visiting my Uncle (and God Father) over many months while he was suffering 68 years ago. I will never forget the pain.

Please help those of us left.

Thank you, Yours truly,

G.B. Bennett, P.J. Bennet

SUBMISSION 123 1

Select Committee on Euthanasia R.J. Maxey

Parliament of the Northern Territory Unit 129

P.O. Box 3721 Wirreanda Village

Darwin N.T. 0801 33 Highs Rd

West Pennant Hills

N.S.W. 2124

Dear Sirs,

I am 78 years of age with two infarcts and a quintuple bypass heart surgery behind me. I face further vascular deterioration and have lodged an advance directive with my doctor, and the executive of my retirement Village that I wish to die with dignity.

I trust I will be painlessly put down when the expected problem occurs. Please legalise this action in the N.T. whereupon similar action will occur in N.S.W.

Thanking you

Yours faithfully

R. J. Maxey

SUBMISSION 124 1

Room 262

Garrison Hostel

13 Spit Rd. Mosman

2088

Committee Euthanasia

Parliament of NT. Darwin

Dear Sirs,

I am 85. Recovering from a stroke Dec 3 years ago. Not living. Not Dying - just existing. We all sit in "God's Waiting Room" !!! Waiting.

Please get organised - I've signed all ?? Documents.

Memory failure also.

Alice Milthorpe.

Please

SUBMISSION 125 1

Fairlight 16/3 '85.

Select Committee on Euthanasia

Parliament of the Northern Territory

Dear Committee,

As a concerned bystander, who has experienced the death of two brothers and my husband, all three, after much suffering, not having any hope of getting well again, of having any quality to their life.

Their only wish was to sleep and not wake up.

I am very much in favour of voluntary euthanasia and hope that the law will be changed very soon.

Yours faithfully

M. Wynhausen

M. WYNHAUSEN

23/4 HILLTOP CRESCENT

FAIRLIGHT 2094

N.S.W.

SUBMISSION 126 1

Dr. BRIAN D. COTTON 186 WOODLAND ST.,

M.B., B.S., F.R.A.C.P., BALGOWLAH 2093

TELEPHONE: 948 1978

17/3/95

The Select Committee on Euthanasia

Parliament of the NT

PO Box 3721

DARWIN NT 0801

Dear Members

I am writing to support strongly the bill to legalise voluntary euthanasia in certain tightly controlled circumstances.

I consider that Dr Brendan Nelson is markedly underestimating the number of doctors who have a very strong commitment to abiding by the law, when he is advocating the status quo. On a number of occasions over many years I have been confronted by the dilemma of a patient who has requested this help in the terminal phase of a distressing illness. In retrospect there is regret that I remained within the law and failed to help them.

How much more humane it would have been if they could have been helped within the legal confines.

I am now suffering from cancer and there is real comforting in knowing that, at the time of increasing distress approaches, I have the ability to terminate this myself if the situation requires it.

It would be of greater comfort to know that I could rely on someone else for help at the appropriate time. This would remove the need to take action which may well be premature, to avoid the possibility of no longer having the physical ability to accomplish what was required.

Could I urge members to support this bill.

Yours Faithfully

B D Cotton

SUBMISSION 127 1

Paula H.A. Van Holland.

11/63 Crown Road,

Queenscliff, NSW 2096

Select Committee on Euthanasia.

Parliament of the Northern Territory.

P.O. Box 3721,

Darwin, N.T. 0801

Dear Members of the Committee, 17 March, 1995.

On Boxing Day 1989 my mother came to visit us.

Not that special, you may think.

But she was 97 at that time. A half year earlier she had lost her husband after a marriage of 70 years; she had broken her hip only one month before; and still she came, on her own from Holland, to spend some months with us.

Unfortunately she developed problems with swallowing her food and when the doctor wanted her to go hospital for further examinations she preferred to have that done in Holland. She declined any offer to accompany her and she flew back, again on her own.

After a few weeks the news from Amsterdam became worse and I decided to go to Holland to look after her. When I arrived she was in hospital where I was given a bed in her room so that I could be near her.

I have been with her during the last weeks of her life. I have seen her struggle with the cancer which destroyed her esophagus. I have heard her screaming from the pain that all the palliative care could not alleviate. I have seen how that terrible illness changed my strong and energetic mother into a helpless, weeping woman, who wished the suffering to be stopped, asking me again and again why this meanless suffering should be continued.

I was then glad I was in Holland, where the doctor after obtaining a second and third opinion from other specialists, and after talking with my mother and myself, helped her to end the suffering.

Yours sincerely,

Paula Van Holland.

SUBMISSION 128 1

3, Lockley Parade,

East Roseville, N.S.W. 2969

16th Match, 1995.

The Secretary,

Select Committee on Euthanasia,

Parliament of the Northern Territory,

P.O.Box 3721,

DARWIN N.T. 0801.

Dear Sir or Madam,

Although I live in N.S.W., not in the Northern Territory, I am writing in support of Michael Moore's Euthanasia Bill because I believe that favourable results would follow in other States if the Euthanasia Bill became law in the Northern Territory. (Obviously, I believe that a successful passage of the legislation would be beneficial to the people who do actually live in the Territory.)

In this matter, I have a concern for all Australians as well of course for myself. I recognise that there will always be a few cases - and I or you might be one of them - where palliative care can not any longer provide a continuing tolerable life. I strongly think that there should be such legislation in force which would provide for the termination of such a life with dignity and the end to useless and intolerable suffering.

I do very much hope that the Voluntary Euthanasia Bill passes into law in the Northern Territory and that other States are thereby encouraged to enact similar legislation.

Yours faithfully,

(Peter Alan Smith) **SUBMISSION 129** 1

15.3.95

LIV LAURIE

10/135 Wycombe Road

Neutral Bay

N.S.W. 2089

Dear Sir/Madam

I am a member of the V.E.S. of N.S.W. Last August my husband died from bowel cancer. I think we must demand that legal voluntary euthanasia be accepted by all states and the Northern Territory.

I do know several doctors who are for this and at least two who have helped a patient to die.

Please include my name in the "for" list.

Sincerely

Liv Laurie

SUBMISSION 130 1

20A Cobbittee St

Mosman NSW 2088

16.3.95

The Chairman,

Select C'ttee on Euthanasia,

N.T. Parliament

PO Box 3721

Darwin, N.T. 0801.

Dear Sir,

I was delighted to learn that you are considering a bill to make voluntary euthanasia legal in the Northern Territory, and I trust it will be passed.

While I believe that there should be uniformity throughout Australia over such an important issue, yet if it can be achieved in one state, that should make it easier to achieve all over.

I would very much like voluntary euthanasia to be an option open to me. I am 86, and although at present very well and active, I dread the thought of ending my life as a dear friend of mine did - she suffered a severe stoke, from which she was resuscitated, to be kept alive for five more years as a helpless senile infant, and this, although she had been an ardent advocate of voluntary euthanasia.

Yours sincerely,

M.J. Holmes. (Mrs.)

SUBMISSION 131 1

N. WALLER

9/5 TELOREH ST

WOLLSTONECRAFT

2065

Select Comm. of Euthanasia

Darwin 17th March '95

Please allow us to be in charge of our own lives as to how we should die.

I nursed my mother who died of cancer in great distress, she had always maintained she would take her own life rather than suffer a painful death, but suffer she did as we couldn't find a doctor prepared to take the risk of giving her an oversdose or whatever needed.

Please change the law to enable so many of us to have the peaceful death we would wish for if we are in pain and incurable.

Yours faithfully

Nancy Waller

SUBMISSION 132 1

The Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

Darwin

N.T. 0801

Dear Sirs & Madams,

I am writing in support of the legalising of voluntary euthanasia in your territory.

I am a sufferer of a disease which will in future years be (a) very painful and a (b) very very drawn out process (years in fact) whilst dying.

As I am a solo/single person with no family I cannot look forward to the dying process with much hope.

I have been a member of the Voluntary Euthanasia Society for the past twelve years.

Yours faithfully

JAMES STEELE

P.O. BOX 401

WILLOUGHBY

NSW 2068

SUBMISSION 133 1

17th March, 1995

38A. Cascade St.

KATOOMBA 2780

TO THE SELECT COMMITTEE ON EUTHANASIA

I am 74 years old and in good health, but I may not always be.

If, in the future, I wish to end my life, and would like someone to help me to do so, I would like to think I could call upon someone without putting them in danger from the law.

Suicide is not a crime, but it's lonely. How much better to have a friend or relative there to help if necessary.

Please think closely before you reject the bill.

When you get old you will be able to appreciate the point of view of many of us old people. Knowing that one has the ability to end one's life doesn't necessarily mean that one takes that opportunity, but it would make a lot of us easier in our minds.

Yours sincerely,

Joan Trevleaven,

SUBMISSION 134 1

Select Committee on Euthanasia

Parliament of Northern Territory

P.O. Box 3721

Darwin NT

Dear Member of the Committee,

I work with people who are frail aged and house bound. Every day I am having discussions with people about life and its value.

Some tenaciously want to hang onto life and are content with a much reduced quality of life; content with memories, T.V, working at the garden or at people passing by.

Others, find their inability to do the things they love or the things they want to do absolutely mortifying and are horrified at their loss of privacy and hate being a burden on others. Often added to this is increasing pain and not knowing where or how it will end.

These people dread each new day. But they are forced to continue this torturous manner because there is no choice.

It is essential we allow people the choice with forward thinking such as is offered by the V.E. Bill.

Please do not let these people suffer needlessly. Please do not deny from their rightful choice.

Yours sincerely

A HOLMES

21/1 Endeavour Street

West Ryde 2114

SUBMISSION 135 1

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27 Addeson Ave

Roseville 2069

N.S.W.

17.3.95

EUTHANASIA

V.ES.

Best wishes for your success in request for Voluntary Euthanasia.

I certainly do approve of V.E.S. especially with Terminal Illness suffering great pain with no possibility of recovery. We all await your result.

Yours F.fully

Mary A.Scanlan.

SUBMISSION 136 1

15.3.95

Select Committee on

Euthanasia Parliament

of the Northern Territory

P.O. Box 3721 Darwin NT 0801

Why should Voluntary Euthanasia be legalised.

In my opinion, it is the right of the individuals to have control over their deaths.

Individuals suffer, there is a long way to go till the natural end comes, these people want to die in dignity without the totally unnecessary suffering. Please legalise Voluntary Euthanasia.

Edith Seidler

P.O. Box 39

Wahroonga 2076

SUBMISSION 137 1

J.A. & J. Doyle

17 John Street

Forresters Beach 2260

17.3.95

To Select Committee on Euthanasia

Parliament of the Northern Territory,

Dear Committee Members,

As stated in the enclosed Maitland Mercury newspaper article "I believe the law should allow us the right to choose" Voluntary Euthanasia.

It is my wish to be counted as supporting you Bill aimed at legalising Voluntary Euthanasia under certain conditions.

Yours Sincerely

John Doyle

Enclosed with submission article:

Health and Lifestyle, The Mercury Tuesday, February 28, 1995, p.15.

SUBMISSION 138 1

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304 Brentwood Village

Kincumber

N.S.W. 2251

17th March 1995

Dear Sirs

We are writing in support of the Bill in favour of voluntary euthanasia.

This is supposed to be a free country and we should therefore be entitled to expect medical assistance when life no longer holds any hope of any sort, and only the certainty of pain and of being a burden and grief to our loved ones, and a burden on the community. Let medical resources wasted on keeping tortured people alive be devoted instead to helping those to whom they can be of benefit.

People who wish to pass on peacefully should be entitled to assistance in this aim, rather than having to fret and worry themselves as to how to achieve their own passing without suffering too much in the process, and without causing those who find them a terrible shock which may traumatise them for the rest of their lives.

We would all hope to have the compassion to have a suffering and much-loved pet released from further pain - surely our loved ones should be able to expect similar merciful release. What is so special about physical life, anyway?- we all dispense with our physical bodies when we pass on to a far brighter and happier state.

Yours faithfully

Mrs. O. M. Sharp

Mr. L. G. Sharp.

The Select Committee on Euthanasia

Parliament of the Northern Territory

PO Box 3721

DARWIN N.T. 0801

SUBMISSION 139 1

17.3.95 Marine Kennedy

8/27 Masons Pde

EAST GOSFORD. NSW

To whom it may concern,

I am writing this letter in support of legalising voluntary Euthanasia.

My Fathers main wish was not to be "hooked up to machines", unfortunately this is exactly what happened. My family and myself expressed my father's wishes to the Doctors in the I.C.U. at Manly hospital to no avail.

As a result of "Medical Ethics" my father suffered pain and indignity for a further 3½ mths. The Kidney Specialist informed us after 3½ mths of being in Hospital, that there was nothing more to be done for my Dad, but still they kept forcing damn pills, etc down my fathers throat, which incidentally he could hardly swallow - WHY?

Its hard enough to know that your Dear Father is dying without being subjected to seeing him almost choking, and his mouth caked and thick with yellow remains of useless tablets.

I could go into great detail of other "medical atrocities" my father had to endure but I will stick to the point, which is that all the pain, humiliation and suffering my father endured was unnecessary, and he should of been able to leave his family and this earth in "PEACE".

Thank you

M. Kennedy.

SUBMISSION 140 1

From: Mr H.H. Straw, RSL Leisure Living,

Unit 23 Yallambee Ave., West Gosford, NSW 2250

17th March 1995

Dear Sir,

I am a member of the Voluntary Euthanasia Society. I hope the bill will become law allowing voluntary euthanasia.

Many years ago in England I worked in a small home for those dying of multiple sclerosis. They could not feed themselves or control body movements.

A friend of mine in t he last stages of cancer was asking his brother to help him commit suicide. His brother would have been committing a crime if he had assisted his brother's suicide.

Until about one hundred years ago infant mortality was about 50 percent. The average expectation of life was about fifty years for most people. It could be argued that medical science and civil engineering interfered with God's Will. Most of us over the age of sixty are alive today because of medical science. Perhaps God does not mind if we depart later than planned by Him and maybe he does not mind if we depart peacefully?

In Brompton Hospital, London (where I was a patient in 1948 they were interfering with God's plan for me, thank goodness), they have what is called the Brompton Cocktail. Quoting from the Concise Medical Dictionary (Oxford University Press): "A mixture of alcohol, morphine, and cocaine sometimes given to control severe pain in terminally ill people, especially those dying of cancer." Requesting such a cocktail does not seem irreligious but it might shorten life by a few weeks.

Above all, should any religious theology be imposed on those who do not share its belief?

Yours faithfully,

H.H. Straw

SUBMISSION 141 1

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6 Marlin Place

Terrigal NSW 2260

15 - 3 - 95

Select Committee of Euthanasia

Parliament of the Northern Territory

PO Box 3721

DARWIN NT 08001

Dear Sir/Ms,

I am a life member of the voluntary Euthanasia Society we are thrilled to hear of the progress you people have made so far in the NT.

Why should we keep people alive to the bitter end, in terrible pain and suffering why. I keep telling people, we treat our animal better, I have seen a Vet put down a cat and dog of mine, in 3 seconds it's all over.

I have two close friends, who with the consent of all parties, the Drs put their wives to sleep.

I also had a dear friend with bowel cancer, her Mother was in a nursing home a "vegetable", my friend died, the Mother lived another 4 years, how sad, sad.

Have written letter to Dr Carmen Lawrence MP, and Mr John Howard MP, on this important subject.

The very best for your battle for Voluntary Euthanasia

Regards,

(Mrs) Nita Longley.

SUBMISSION 142 1

Mrs J. EVANS

14 Cityview Rd

NTH BALWYN 3104

16 March 1995

Secretary

NT Select Committee into the Rights of the Terminally Ill

GPO Box 3721

Darwin 0801

Dear Sir/Madam,

I wish to express my alarm at the proposed euthanasia legislation for the N.T. which will also affect all Australians. 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 that this Bill be opposed.

Yours sincerely

J. Evans

SUBMISSION 143 1

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3 Blundell Pde

Corrimal 2518

N.S.W.

17.3.95.

Select Committee on Euthanasia

Parl. of the Northern Territory

P.O. Box 3721

Darwin 0801

N.T.

Dear Sir,

I support V.E. on the basis of the right of individuals to have control over their deaths, as they do over their lives.

After watching 2 family members die of cancer without the dignity of dying I fully support the bill sponsored by the leader of N.T. government.

I wish you every success with it. My membership with V.E. society is a long one and something I feel strongly about.

Yours faithfully,

Mrs Kathleen Christiansen

SUBMISSION 144 1

Mr R.W. Clay

73 Addison Avenue

Lake Illawarra

N.S.W. 2528

Friday 17th March, 1995.

Phone 042-966423

To the Select Committee on Euthanasia

Parliament of the Northern Territory.

I would like to express a hope that you will vote in favour of a bill introducing voluntary euthanasia. I am 73 years

old, fortunately enjoying good health at present. I am an exserviceman and served in the Middle East, New Guinea and Borneo with the Ninth Division. On quite a few occasions I was scared stiff. However none of those occasions matches the fear I have that my wife and I, as we get older, may experience a stroke or terminal illness such as cancer. To lie in a bed unable to move or use one's natural body functions, and to suffer the agony of an illness that is terminal, knowing you have to suffer till the end comes. The prospect of this scares me witless. At present a doctor puts his livelihood and good reputation on the line if he helps end the suffering of such a patient. How much better and easier for both doctor and patient if this were to be made legal, subject to all necessary safeguards.

So gentlemen I hope you do have the courage to bring the Euthanasia Bill in. It will eventually be introduced somewhere in Australia, but you have the opportunity to be the leaders. I wish you all the best in your deliberations and all the best in the future to each and every one of you.

I remain,

Yours Sincerely,

R.W. Clay

SUBMISSION 145 1

Ms Pat Hancock 88 Beauchamp St

Secretary of Select Committee Kyneton 3444

Into Rights of Terminal Ill Bill Victoria

GPO Box 3721 16.3.95

Darwin 0801

Dear Ms Hancock,

I wish to express my concern against the possibility of euthanasia being legalised.

I believe euthanasia is an action that would be disastrous for our society.

I appeal to you to please oppose any move toward a proposed legislation of euthanasia.

Yours Sincerely,

L.J. Pascall

SUBMISSION 146 1

Ms Rose CHAUNAVEL

6/9 Oaks Ave

17-3-95. Neutral Bay

N.S.W. 2089

Dear Sir,

Please, please pass the Bill for VE this year.

I have had a radical mastectomy, and am awaiting results of tests re further cancer. Also, since 1980, due to a back

operation which should never have been done, I am suffering from very advanced degenerative disease of the spine. I haven't been able to sit down for the past nine years, can barely walk, have morphine every 4 hrs, but am in continual pain. The only time I don't have pain is when I knock myself out at night to be able to sleep, with sleeping tables, serapax + 12 mls Morph. I was 70 on the 1st Feb. this year, but my life was over 9 years ago. I feel I have the right to say when I have had enough pain.

R. Chaunavel

SUBMISSION 147 1

"Anston House"

Tongarra Road,

Albion Park

N.S.W. 2527

17/3/95

The Secretary,

Select Committee on Euthanasia,

Parliament of the Northern Territory,

P.O. Box 3721,

Darwin, N.T. 0801.

Submission regarding Voluntary Euthanasia.

Dear Sir/Madam,

For many years since cancer deaths of 2 family members, plus having been secretary of a Nursing Home & there seeing the sad deterioration of once vital persons I hold the very definite views that Voluntary Euthanasia should be a standard in our society.

Certainly there will need to be overriding controls, but to continue 'terminal' life at all costs appears to me quite abhorrent.

To achieve V.E. may I suggest that any individual:

a. may indicate that at specific future health time/condition euthanasia can be provided and this may not be overridden by family members or others -- this I understand can be called a living will, &

b. where @ has not been/preplanned, provided 2 or more medical representatives are empanelled under extreme medical health i.e. terminal, say 1 year prospect &/or inability of control of pain; then V.E. should be allowed at the behest of patient or family.

I trust my views will help your Committee to give serious consideration to this most controversial issue.

Best wishes in your deliberations.

Yours sincerely,

Roy Banks.

SUBMISSION 148 1

36 Farmer St.,

Kiama. N.S.W.

17.3.95.

To -

The Select Committee on Euthanasia,

P.O. Box 3721,

Darwin. N.T. 0801.

I write to say that I applaud and approve the move by the leader of your government to privately sponsor a bill to legalise voluntary euthanasia.

Briefly, my position: I am 79 years old and a life member of the Voluntary Euthanasia Society of N.S.W. Last year (late October) I had a cardiac arrest followed by a (single) bypass operation. As a result of the firstmentioned I know of a method of dying one moment fully alert, enjoying life and in full possession of all one's faculties, and, the next moment, blackout. The transition was absolutely painless and instantaneous which brings me to life ending in another fashion.

I speak of close relatives and friends who have either died or are close to dying from the ravages of a terminal disease. In each and every case there comes a time when the patient has had enough. He/she wants to be released from his/her misery, to die, to be helped to die in comfort and peace. From my personal knowledge of each individual I know that the lifestyle too which he/she has been reduced is anathema. And in most cases the palliative care techniques are inadequate and the patient's pain is only assuaged, never obliterated. The patient is denied his/her last wish and forced to end this life in distress and discomfort. I think this is wrong. No human being, having lived a reasonable life span and facing a painful ending should be forced to live on against his/her wish.

Death must come to us all but the manner of our going is the issue here. We should have the right to die in comfort and peace when we have decided that there is no longer quality in our living.

Yours sincerely,

C. Skivington.

P.S. I lost some of my marbles as the result of my episode. I hope you can get the sincerity and conviction of my message.

C.S.

SUBMISSION 149 1

17.3.95.

Select Committee on Euthanasia,

Parliament of N. Territory.

Members,

I am 88 years old and except for arthritis in perfectly good health. Having lived a long and interesting life, done everything I've wanted to do (except pilot an aircraft!) I have left instructions to Doctor and family that in the event of paralysis, terminal illness, I do not want to continue living. I have also made up my mind when life gets too tedious to end it myself. Pass the legislation.

Stanley A. Johnson

D 22 Greenway

Milsons Pt. N.S.W. 2061.

SUBMISSION 150 1

Dulcie Woods,

Unit 801,

33 Birkley Road,

Manly, N.S.W. 2095

Select Committee on Euthanasia

Parliament of N.T.

Darwin.

Dear Sir/Madam,

I am writing to congratulate you and wish you success in all you do to achieve voluntary euthanasia.

I am 80 years old, in a Retirement Home at present enjoying a healthy busy life . Attached to this Self Care Block of Units is a Hostel and Nursing Home.

All inmates are well cared for, but so many have been lying like skeletons not even knowing who they are for years and years.

I have given my family written wishes that they will try not to have me revived or given any Respiratory Help in the event if I have a stroke or accident But I do feel when we cannot have a full life we should be able with a Dr's help to end our life.

With best wishes

Sincerely,

D. Woods.

SUBMISSION 151 1

5/23 Ramsay Street

COLLAROY BEACH NSW 2097

16 March, 1995

Select Committee on Euthanasia

Parliament of the Northern Territory

PO Box 3721

DARWIN NT 0801

As a member of the Voluntary Euthanasia Society of NSW I would like to strongly voice my support for the legal voluntary euthanasia bill in your state.

I have personally suffered great anguish at the bedside of my dying father from lung cancer and just that once was enough to form my strong view on the subject now. My wish is to have control over my own life and my own death. It has nothing to do with suicide, just a wish to be let go when there is no hope of any future.

I would be quite happy to have this arrangement with my own Doctor but if we need legislation to protect him from any backlash then so be it!

Hoping my letter will be considered by your committee.

Yours sincerely,

Ms Joy Halling JP

SUBMISSION 152 1

1/237 Blaxland Rd.,

RYDE NSW 2112

16 March 1995.

Ladies and gentlemen,

I have the following points to make in respect of your deliberations:

1. I have the greatest objection to any man or woman (even if he or she has a Bachelor's degree in a field other than my own) assuming the right to tell me whether I may die or must continue to live.
1. Particularly since this "right" to force "life" on someone else takes no account of killing while in fancydress and because someone else tells them to: the "sacredness of life" then is ignored; this hypocrisy revolts me.
1. I believe that the only person one is entitled to kill is one's self.
1. But I believe that one has this right. No other person has the right to determine when, or whether, one should live or die.
1. Much is said today of medical miracles and breaksthrough. Yet most of the treatment meted out to persons too ill to be able to defend themselves is expensive, painful, humiliating and of very limited benefit both in terms of the extension of time and of the quality of the additional living achieved.
1. Let noone prate of "taking a life", giving a licence to kill others" etc. The proposal is for **VOLUNTARY** euthanasia: taking the only life we have a right to decide about: our own.

I urge the committee to act logically and compassionately, and assist the passing of this sensible measure.

Ms S.M. HURST B.A., J.P., C.M.C.

Life Member, Voluntary Euthanasia Society of N.S.W.

SUBMISSION 153 1

Dr. Alan Bell M.B., B.S., D.I.H., F.A.C.O.M., Alexander Court

M.F.O.M., F.S.I.A. (Hon.) 25/102 Spit Road

Mosman, N.S.W. 2088

Consultant Sydney, Australia

Occupational and Environmental Health Fax/Tel. (02) 969 6196

18/3/5

Select Committee on Euthanasia

Parliament of Northern Territory

PO Box 3721 Darwin.

I wish to advise that, after my mother's painful prolonged death and after studying the "pro's and con's" about euthanasia, I strongly favour legislation on euthanasia.

Yours Sincerely

Alan Bell.

I am a member of NSW's Voluntary Euthanasia Society.

SUBMISSION 154 1

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31 Anthony Cres.,

Killcare

NSW 2257

15/3/95

Select Committee on Euthanasia,

Parliament of the NT

Darwin

Dear Sirs,

I am delighted that the parliament of the Northern Territory is leading Australia in exploring the possibilities of legalising Voluntary euthanasia.

I wish you ever success and heartily support the move.

Yours sincerely

(Mrs) Eleanor Scott Findlay

SUBMISSION 155 1

16.3.95

Dear select Committee -

Please consider us old but still independent people who live with one constant worry what is going to happen to us

when like a number of our friends, we too become unable to care for ourselves or to reach decisions. When we have to endure an unenviable, undeserved existence. Drugged but still suffering pain living in a perpetual nightmare, without any hope of ever becoming a human being again, Please help us and permit our doctor to let us go peacefully to sleep not having us kept artificially alive with Antibiotics or other medication which can no longer help please don't prolong our agony!

Thanking you

Minni Streber

SUBMISSION 156 1

LESLIE SHANK

32/24 RANGERS RD.

CREMORNE, N.S.W. 2090

Select Committee on Euthanasia,

Parliament of the Northern Territory,

P.O. Box 3721,

Darwin N.T. 0801

Dear Sirs,

I am 85 years of age and suffer from high blood pressure, vascular problems, rheumatic heart disease and angina.

As my life span nears to its end I am not afraid of death but I am terrified, as all my contemporaries, of a protracted terminal illness with suffering and humiliation without any assistance. How could I expect a doctor to help me when this involves him to do an illegal act?

Why should nurses and doctors waste their time and skills on hopeless cases when so many young people need their help, and many valuable hospital beds be occupied by incurable patients.

We always talk about "free enterprise" in business matters, but we are not free to have control over our death.

Please enact the law of legal voluntary euthanasia and show the way to go to the rest of Australia.

Yours faithfully,

L. Shank.

SUBMISSION 157 1

Taylor Village,

41/156 Ocean St.

Narrabeen 2101

17/3/95

To the Parliament of N. Territory,

Darwin.

Having seen at first hand a close relative dying a terrible death from cancer which drugs could not relieve, including palliative care, I am firmly convinced that voluntary euthanasia should be made legal.

It is a totally wrong and a terrible thing to put compassionate doctors in the position of defying the law in such cases.

I was very impressed by the TV programme shown recently in which the doctor helped a couple in Holland.

We would not let an animal suffer like this so why a human,

Sincerely,

E.M. Todd.

SUBMISSION 158 1

34/15 Spit Rd.,

MOSMAN NSW 2088

17 March, 1995.

The Chairman,

Select Committee on Euthanasia,

Parliament of the Northern Territory,

P.O. Box 3721,

DARWIN. NT. 0801.

Dear Sir,

VOLUNTARY EUTHANASIA should be legalised.

My mother, father and sister died lingering deaths - there was no hope of recovery.

In the last few days before she died, my sister told me "I WANT TO DIE" and I felt frustrated that - much as I loved her - I could not grant this, her last wish.

Sitting beside my sister in the ward, I heard several women crying out, many times "Doctor, let me die - I don't want to live" but, under the present law, these women lived on for weeks - much to their and their relatives' distress.

LEGALISE VOLUNTARY EUTHANASIA

and so save many from unnecessary pain - both physical and mental.

Wishing your Committee SUCCESS,

Yours faithfully,

C.E. Browne.

SUBMISSION 159 1

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56 Woonona Ave.,

Wahroonga NSW 2076

17th March, 1995

Select Committee on Euthanasia,

Parliament of the Northern Territory,

P.O. Box 3721,

DARWIN N.T. 0801

Dear Committee,

I am a Life Member of the Voluntary Euthanasia Society and wish to give my support for legalising voluntary euthanasia.

Community support is everywhere and people would show it if they only knew who to write to.

Dying with dignity is the most humane thing I can think of and everyone in this world will appreciate it if they ever need it themselves. I vote YES.

Kindest Regards,

Miss A. Lee

SUBMISSION 160 1

Liane Silberman

3/15 Warringah Road

MOSMAN NSW 2088

17 March 1995

The Secretary

Select Committee on Euthanasia

Parliament of the Northern Territory

P O Box 3721

DARWIN NT 0821

This just a brief note to express my delight that at last some positive action has been proposed in this matter so important to so many of us who are suffering or witnessing victims of horrific terminal disease.

In my own case I have now been witnessing a 10 year tragedy of a dear aunt whose sole relative I am.

Almost to date, on 15 March 1985, that's 10 years ago, my aunt received multiple injuries in a car accident at the age of 83 years. She has never regained the ability to walk has now been in a nursing home for almost all of those 10 years.

Desperate protests were futile for a person living alone and my own home unit could not possible be adapted to accommodate the old lady.

Her daily cries in the nursing home was "Get me out of this prison" which as her health deteriorated became the cry "Dont torture me, just let me die!'.

My aunt has now been incapable to talk or to communicate in any possible way. Yet, without any of the qualities of life, she lingers on devoid of any enjoyment, of any knowledge of her surroundings or her state of being just because her pleas all those years ago could not be accepted legally.

My answer to the proposed legislation to legalise euthanasia is an empathic Yes! Yes! Yes!-

Please let the Northern Territory be forerunner of this most humane legislation and thereby show a lead to all the other states of Australia.

Yours faithfully

L. Silberman

SUBMISSION 161 1

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3 Pineview Avenue,

Manly Vale,

NSW 2093

ph 02 9486180

17 March 1995

TO The Select Committee on Euthanasia,

Parliament of the Northern Territory,

PO Box 3721

Darwin,

N.T. 0801

I wish to express my strong support for the bill to legalise voluntary euthanasia which is before the Northern Territory Parliament. The Parliament is to be warmly congratulated for pioneering such a bill in Australia - a bill which I believe has the overwhelming support of the people of Australia, and which I hope will eventually form the basis of similar legislation for the rest of the country.

I believe that voluntary euthanasia should be available to anyone who is suffering from a terminal illness or an irreversible condition that seriously degrades quality of life, as long as they are judged mentally capable of making such a decision or, if their current mental capacity is impaired, have previously expressed such a wish through an advance directive or similar means.

I support it for the following reasons:

(1) I believe I should have the right to make decisions on my death in the same way that I have a right to make decision on my life. I totally reject the notion that those who object to voluntary euthanasia on religious grounds should be able to impose their beliefs on my life and death.

(2) I view with abhorrence the possibility that I might one day become permanently incapable of looking after my own basic bodily needs and become entirely dependent on others. This would deprive me of the human dignity which is essential for my continued existence. I do not wish to live unless I have both a reasonably functional mind

and a reasonably functional body - and it should be up to me to define what is reasonable for my own situation. I have often visited nursing homes for the elderly - I am now in the 60s myself - and I cannot bear the thought that the final part of my own life should be spent in such an environment to the distress of both myself and my relatives.

(3) I reject the suggestion that pain control in terminal illness can now be adequately achieved. There are obviously many cases where this is not so.

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(4) If voluntary euthanasia is available it is likely that many lives will in fact be prolonged. At present, many people are forced by their deteriorating condition to try and end their own lives, under great stress and perhaps in painful and obnoxious ways, in the knowledge that if they do not do so they may later become incapable of taking such a step. The availability of voluntary euthanasia would enable them to choose the time of their death, so giving them and their loved ones peace of mind.

(5) Finally, it is highly objectionable that doctors and loved ones should be put under great pressure to break the law and risk prosecution by the pleading of someone who wishes to end what is clearly a wretched and unwanted life.

I urge the Committee to support the bill under consideration.

Philip John Morton Sale

SUBMISSION 162 1

20/21 Harrison Street

Neutral Bay NSW 2089

17th march 1995

The Secretary

Select Committee on Euthanasia

Parliament of the Northern Territory

PO Box 3721

Darwin NT 0801

Dear Sir,

Would Members of your Committee condemn an incurably sick old dog to linger on in a state of misery when its life could be ended painlessly? We should be entitled to a quick release from an unbearable illness too if we want it.

Legal voluntary euthanasia would save untold suffering for patients from their own ills and the sadness of watching family members waste their lives caring for them. It would release doctors from the terrible decisions they make occasionally to end a patient's suffering illegally. It would free nursing staff and hospital facilities to rehabilitate patients with a good life before them, and save the country the expense of useless health care.

I urge your Committee to advise the Parliament of the Northern Territory to approve a bill to make Voluntary Euthanasia legal, provided the maximum provisions against misuse are set out in it.

Yours sincerely,

MISS BARBARA JOHNSTON, B.Sc.

SUBMISSION 163 1

'Greenway'

24 Wentworth Road

Vaucluse, NSW

2030

16 March 1995

The Select Committee on Euthanasia,

Parliament of the Northern Territory,

Darwin.

Dear Sirs,

I am delighted and greatly encouraged to read that the Northern Territory Parliament is considering the legalisation of voluntary euthanasia.

This is a great step forward and shows tremendous enlightenment and a caring attitude towards those suffering from terminal illnesses. Anyone who has seen a loved one dying slowly and painfully from such an illness can only applaud the steps you are taking. I earnestly hope that Parliament will pass the proposed legislation.

I also hope that the initiative of the Northern Territory will be followed by other States in Australia.

Yours faithfully

((J. G. SHELLEY)

SUBMISSION 164 1

P.O. Box 1131

East Doncaster 3109

15-3-95

The Senate Select Committee on

the Rights of the Terminally Ill, Bill,

G.P.O. Box 3721

DARWIN NT 0801

I am writing to express my opposition to legalised patient-killing as proposed in the Bill regarding "the Rights of the Terminally Ill".

My mother-in-law was operated on for stomach cancer in a very advanced stage and sent home with six months to live. Twelve years later she was killed in a car accident caused by the other driver. The autopsy revealed no signs

of the cancer recurring.

I would suggest people who are fit and well stop trying to end the lives of those who are not so well and look instead to making the time left to the terminally ill more comfortable. But then of course one would have to give of oneself and not just wave a piece of paper!!

Yours faithfully

Mrs C O'Connor

SUBMISSION 165 1

Dr Tony Brownjohn

General Practitioner

GPO Box 4096

Darwin N.T. 0801

Phone 814233

Fax 814752

15th of March, 1995

The Chairman

Select Committee on Euthanasia

GPO Box 3721

Darwin N.T. 0801

Dear Sir,

Re: The Rights of the Terminally Ill Bill

I have read the media release by Marshal Perron of 1-2-95 and I support the proposed bill. The emotional burden of being involved is not something that anyone looks forward to however I believe that it should be the right of a person to choose this option for themselves. I take this opportunity to comment on some public statements made in recent week.

I have great respect for Dr Brendan Nelson, president of the AMA, and I'm sure his admission to assisting two of his patients to die struck a chord with the majority of doctors. I was somewhat bemused that he then rejected the concept of legalised euthanasia but said that doctors should be willing to stand up in courts and justify their actions. "Illegal euthanasia" occurs frequently but I feel that, in a humanitarian society, it is time that the law sanctioned the ultimate right of the individual to choose this option.

There have been statements by medical and non-medical people claiming that there is a lack of support for euthanasia amongst doctors, nurses and the population in general. This is not borne out by a number of surveys I have seen which consistently show approximately 80% support from the population as a whole, a similar level of support amongst the nursing profession and more than 50% support from medical practitioners. Having talked to doctors, nurses and patients on the subject over the past fifteen years, but especially in the last three

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weeks, my impression is that, in the Northern Territory, support is most likely to be higher within all these groups.

It has been stated that euthanasia is not needed as there are adequate means of controlling pain. I agree that techniques now exist whereby the vast majority of pain can be well controlled. Despite this technology, however, pain control is frequently not adequate but I feel that the area of palliative care is largely a separate issue also in need of attention.

With more expertise and resources in the palliative care field uncontrolled pain should not be a frequent cause of someone seeking euthanasia. Unfortunately adequate pain relief my not relieve the indignity of incontinence and paralysis or the isolation associated with failing intellect and inability to communicate. The Netherlands experience indicates that, to the terminally ill, having the option of euthanasia can be a great comfort not used by the majority but a welcome relief for some.

Thank you for you consideration.

Yours sincerely,

Dr Tony Brownjohn.

SUBMISSION 166 1

Mrs J SULLIVAN

4/70 CLIFF ROAD

WOLLONGONG NSW 2500

16 March 1995

The Chairman

Select Committee on Euthanasia

P.O. Box 3721

Darwin NT 0801

Dear Sir,

Re: Bill to legalise voluntary euthanasia

I wish to support the above Bill. It affects me because at some future time I may travel to the Northern Territory to take advantage of such a Law being in existence there, as well as the fact the other Sates may follow the Northern Territory's lead in this matter.

Yesterday I saw Dr Brendan Nelson on television, speaking at a Press Club luncheon. He said that it is better for doctors to fear legal repercussions if they assist patients to die, than to legalise this activity. He says we can trust doctors to do the right thing. Nonsense. People die i agony every day after months of agony for themselves and their families, doctors do not do the compassionate thing.

I am 70 years old and in good health, worried sick that I may any day face a long, difficult death. I want the right to die many months before palliative care has been tried and tried and tried. Please get this Bill passed into Law for all our sakes.

Yours faithfully

J Sullivan

SUBMISSION 167 1

Chairman

Select Committee on Euthanasia

GPO Box 3721 DARWIN NT 0801

Dear Sir/Madam

Please accept this letter of support for the introduction of voluntary euthanasia legislation.

We have no doubt that any legislation introduced will have all the necessary safeguards to ensure that abuse is extremely unlikely, if not impossible.

In our view, opposition to the legislation by the "right to lifers" disallows the proposition that a person should have a choice of either living in the face of an unbearable quality of life or ending their pain and anguish in a caring and dignified manner.

A choice to end one's own suffering does not affect the rights of others. To deny someone the right make that choice is unacceptable.

Yours sincerely,

Richard and Fiona Jackson

20 Fleming St.

The Narrows NT 0820

SUBMISSION 168 1

Submission to Select Committee on Euthanasia

Sue Dengate

PO Box 85

Parap NT 0820

14th March 1995

The Chairman

Select Committee on Euthanasia

GPO Box 3721

Darwin NT 0801

Fax: (089) 816.158

Dear Sir

I am in favour of the Euthanasia Bill.

My opinions have been influenced by the death of my uncle. Despite his heart being in "the worst condition" the surgeon had ever seen, this man survived, immobilised, for many years. Eventually his problems led to poor

circulation and gangrene.

When he was admitted to hospital for amputation of both legs, the operation was cancelled because he was too ill to undergo an operation. Thus he was doomed to die of gangrene, a slow and agonising death.

As I recall, the hunter in Hemmingway's *Snows of Kilimanjaro,* also suffering from gangrene, shot himself. My uncle did not have this option.

The medical staff, to shorten his suffering, chose to deny him food and water. It took him five long days, lying immobilised with his legs exposed and rotting putridly, sedated with not-enough morphine, to die of thirst.

This story illustrates two important points.

1) Many times, medical intervention prevented my uncle from dying a relatively quick and painless death from a heart attack.

2) Hospital staff, choosing to be kind, presumably thought it was more "ethical" to kill a person by dehydration than an overdose of morphine.

In my opinion, what medical intervention giveth, let medical intervention taketh away, if that is what the patient wants. Hospital staff are obviously already practising their own brand of euthanasia. If it is legalised it may be more humane.

Yours sincerely

Sue Dengate.

SUBMISSION 169 1

Mr & Mrs T Fuller

P.O. BOX 209

HOWARD SPRINGS NT

0835

Chairman,

Select Committee on Euthanasia,

GPO Box 3721

DARWIN. N.T. 0801

Dear Sir,

We write to say we agree with the Voluntary Euthanasia legislation. We believe people themselves should decide if they can go on living with great pain or not, and not have only the doctors saying how they manage your last days.

We think also people who become incapable from stokes should be considered. Why can't there be ordinary forms available to fill in for this when you are well, similar to those filled in when you donate body parts after death?

We hope the legislation is passed.

Yours faithfully,

Ted & Aileen Fuller,

16th March 1995

SUBMISSION 170 1

Mr & Mrs S. Alberty

P.O. BOX 259

HOWARD SPRINGS NT

Chairman,

Select Committee on Euthanasia,

GPO Box 3721

DARWIN N.T. 0801

Dear Sir,

We definitely believe in Voluntary Euthanasia and agree with the Chief Minister's legislation. We want to manage our own lives and bodies and not have doctors and ministers telling us how long we should live, when we are in the greatest pain and suffering.

We hope the legislation is successful.

Yours sincerely,

Rhonda & Serafino Alberty,

16th March 1995

A. Cleeman

Box 770

Howard Springs.

SUBMISSION 171 1

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8 St James Ave.

Berkeley Vale 261

16/3/95/

Dear Sir,

I am writing to say I fully agree with Voluntary Euthanasia Having watched my beloved sister die in agony from cancer.

I think it is only right for people to end their lives.

Nobody would ask for help if they were in reasonable well being.

I do hope your Bill is passed.

Thanking you

Yours Sincerely

Meg Sainsbury.

SUBMISSION 172 1

45, Hastings Rd.,

Terrigal.

NSW. 2260.

16th March 1995.

Select Committee on Euthanasia

Parliament of the Northern Territory

P O Box 3721

Darwin N.T. 0801.

Dear Sirs, Mms.

Regarding the Bill for Voluntary Euthanasia. I am very pleased that you have the courage to put it forward and I wish to give my support to the said Bill.

My basis for support is that I think individuals who are in extreme pain and/or suffering with a terminal illness should have the right to end their lives with dignity at their own discretion. Providing someone with the means to commit suicide under these circumstances at their own earnest request should not be a crime.

I feel very strongly about this and wish the Bill a successful passage.

Yours faithfully,

Douglas C. Harvey.

SUBMISSION 173 1

---

47 Lucinda Av

Killarney Vale

N.S.W. 2261

Dear Sirs,

I wish to give my support to Euthanasia as I am 87 years of age and refuse to be put in a nursing home.

I do not wish to be a burden on my family or also a severe drain on the taxpayer. To spend years as many do just waiting to die is a very inhumane way to end ones days.

Hoping that this may help a little

Yours sincerely,

Thelma Gould.

SUBMISSION 174 1

45 Hastings Road,

Terrigal N.S.W. 2260

Telephone (043) 84 4057

16 - March 1995

Select Committee on Euthanasia

Parliament of the Northern Territory

PO Box 3721

DARWIN. N.T. 0801.

Dear Sirs, Mms,

I am writing in support of the Voluntary Euthanasia Bill.

My friend who died in hospital last year was pitiful to see and whenever we visited her she would plead for someone to please help her end her life.

I am now in my seventies and my wish is that I will not be in a similar situation where I am condemned to a useless life of suffering.

I think the "Right to Life" people should not be allowed to interfere with the lives of people who do not share their sentiments. No one is going to force them into going against their own wishes.

A painful lingering death would not be allowed to happen to any animal of the lower orders. Why should an intelligent human being be forced to suffer so? Their friends and relatives going through mental torture being unable to assist.

I wish the Bill a successful passage, you are in the vanguard of humanity.

Yours faithfully

Joyce A. Harvey.

SUBMISSION 175 1

2/19 Douglas Av.

Forster 2428

N.S.W.

16/3/95.

Chairman,

Select Cttee on Euthanasia

Northern Territory Assembly

G.P.O. Box 3721

DARWIN. Nthern Territory 0801.

Dear Sir/Madam,

I write to support the proposal to legalise Voluntary Euthanasia in the Northern Territory.

My support for this humane proposal, which could be a milestone for all Australians, arises from my own bitter and harsh experience over the period of the last 4 years.

In 1991 my wife suffered a terrible stroke compounded by heart attacks. She appealed to her doctors to "Let me Die Help me to die". Doctors confirmed to me that her condition was irreversible and would steadily deteriorate. Over the ensuing period she was in Wingham Court Hostel, and in 1993 her condition had declined meantime I'd suffered serious heart attacks and we were both consigned to "Hillcrest" Nursing Home in Gloucester.

Gwladys did not suffer physical pain but all her faculties (sight, hearing, memory, balance etc were insufferable, while a keen brain suffered awareness of her deprivation of quality of life.

I was in a bad way, and having nothing to live for, Gwlad and I discussed a suicide pact and late in 1993 we attempted joint suicide with "over the counter" sleeping pills and plastic bags over our heads, but failed. Early in 1994 a good friend gave me strong analgesics and we made a second attempt. In Feb 1994 we said our 'goodbyes' leaving a note signed by both of us, tied plastic bags over our heads, and by 5pm on Feb 23rd were asleep. Inexplicably, I regained consciousness about midday on the 24th to find Gwladys released from her 'hell on earth' and myself very unsteady and groggy. I was horrified, and proceeded to slash my wrist with a small blunt pocket knife, but the artery would not bleed (the doctor later explained that sometimes shock has this effect).

After my failure, I notified the Motel owner and called for doctor and police. I was charged with "assisting a suicide" and released on bail. A month or so later the State Prosecutor added a second charge of "murder".

In August 1994 the Murder charge was defeated in Gloucester Court. In November I pleaded 'Guilty' to the charge of "Assisting a Suicide". A conviction was recorded against me, and I was sentenced to the 'Rising of the Court" exactly 3 minutes!

The Bill before your Assembly would, if endorsed, prevent the inhuman mental torture endured for 3 years by my wife and myself. We'd had a full and happy life together, and were prepared for a peaceful and dignified death. Humane laws would have permitted medicos with a conscience to have provided the means for a satisfactory ending for Gwladys and I, and thousands of others.

Please endorse the Bill before your Assembly and make Australia a better place to both live and die in.

Sincerely,

Vic Bird.

SUBMISSION 176 1

Josephine Shank

32/24 Rangers Rd.

Cremorne, NS.W. 2090

Select Committee on Euthanasia,

Parliament of the Northern Territory,

P.O. Box 3721,

Darwin N.T. 0801

Dear Sirs,

I must congratulate the Northern Territory government to consider legalising voluntary euthanasia. I beg you to enact that law in the interest of all the people of this country and help them eliminate the prospect of a protracted fatal illness with no hope of recover, but filled with suffering and humiliation.

My mother died in 1968, suffering for months from the early stages of alzheimer disease, aware of what to expect as the illness progresses. At the same time she was suffering of high blood pressure, kidney failure and finally from pneumonia and other complaints resulting in the deterioration of her whole body. It was heartbreaking to watch her suffer without any help or relief.

Ever since I was fervently hoping that a legislation similar to that what you are proposing would be implemented in this country, saving myself and countless other people of similar suffering and humiliation.

Thanking you in anticipation to legislate this matter.

Yours faithfully,

J. Shank.

SUBMISSION 177 1

12a Carabella St,

Kirribilli 2061 NSW

17th March, 1995.

Select Committee on Euthanasia,

Parliament of the Northern Territory

PO Box 3721

Darwin N.T. 0801

Dear Sir,

I support your stance. I have seen people e.g. Claudia Wright, Reg Grace, Winifred Churches, Dr Robert Davisete CRUELLY smitten with Alzheimer's Disease. It is CRUEL to keep them alive. It costs $25,000,000,000 AT LEAST every year in the U.S. ALONE to keep AD sufferers alive in great pain. I can't understand religious people's objection to Euthanasia. It's true you can preach the gospel, to a BLIND, MAIMED, CRIPPLED or mentally retarded person, but how can you preach to someone WITHOUT A BRAIN? I'm sure the vast amounts of money spent to keep AD sufferers alive could be put to a far better use e.g. housing, roads, railways, defence, hospitals, education, relieving poverty etc.

AD is getting people very frightened indeed. AD sufferers look so SICK, UNHEALTHY and UNALERT. They have so little energy. They are very prone to arthritis, cancer and heart disease. Excruciating pain is also associated with it. I'm TERRIBLY afraid of AD. I just had an operation on BOTH EYES for cataract. I want to die with dignity, and so should everyone else. Demented people are also so MISERABLE. An AD sufferer can do NOTHING for himself.

So please pass the law. I LOVE euthanasia.

Sincerely yours,

John D. Mansfield.

SUBMISSION 178 1

PO Box 79

Vaucluse 2030.

Select Committee on Euthanasia

Parliament of the Northern Territory

PO Box 3721

Darwin 0801.

16 March 1995

Dear Committee Members,

As a member of the Voluntary Euthanasia Society of New South Wales I was delighted to learn that a bill on this subject has been referred to you for consideration.

It is my fervent hope that you will see fit to approve the passage of the bill and thus encourage the other states to follow suit. Every individual in Australia must be given control over the manner of their death, just as they have over the manner of their life. Suicide is no longer a crime; why should responding to someone's request to help end a futile existence be a crime?

Do please demonstrate your own maturity and support this important legislation.

Yours faithfully,

L J R Buxton (Miss)

SUBMISSION 179 1

T H E U N I V E R S I T Y O F N E W S O U T H W A L E S

P.O. BOX 1 KENSINGTON NEW SOUTH WALES AUSTRALIA 2033

TELEX AA26054 TELEGRAPH: UNITECH, SYDNEY TELEPHONE 697 2517

FAX (02) 313 6185

SCHOOL OF COMMUNITY MEDICINE

Select Committee on Euthanasia

May I urge you to please pass and recommend legal voluntary Euthanasia.

This humane and essential legal provision is overdue and with due precautions will be to the credit of the Northern Territory.

Please do not be swayed by the fanatics of the extreme religiosity with no understanding.

Dr J.H. HIRSHMAN A.M.

212 Old South Head Road

Vaucluse 2030 Tel: 337 5839

SUBMISSION 180 1

T.C.Lovegrove,

PO Box 557,

Howard Springs N.T. 0835

20th March, 1995.

The Chairman,

Select Committee on Euthanasia,

GPO Box 3721,

DARWIN NT 0821.

Dear Sir,

Attached is a submission I have done on "A Bill that aims to recognise the Rights of the Terminally Ill." I would appreciate it if you would accept it.

I note that "The Committee" may, "... send for and examine persons, papers and records etc. etc."

Bearing this in mind I respectfully inform you that I will be leaving Darwin for Alice Springs on 1st April, 1995 arriving in Alice Springs on the 2nd and departing there for Southern climes on 5th April. Whilst in "The Alice" I will be staying at Lassetter's Casino where I hope to enrich myself. I will be returning to Darwin about mid May.

Yours sincerely,

Creed Lovegrove

Home phone no. 831441.

2

SUBMISSION TO THE SELECT COMMITTEE

Enquiring into

a Bill that aims to recognise

THE RIGHTS OF THE TERMINALLY ILL.

Preamble.

My name is Thomas Creed Lovegrove. I live at 18 Ganley Court, Howard Springs, N.T. and my postal address is P.O.Box 557, Howard Springs N.T. 0835. I am retired.

I am private citizen who has no affiliation with any particular political party. Neither am I part of any ideological pressure group although I have only recently resumed attending church after an absence as a practicing Christian

(if that means merely going to church) of about 45 years.

I have not had strong feelings one way or the other about euthanasia. I have thought that perhaps there are circumstances in which mercy killing is justified. I have read about people who have experienced the unmercifully strong arm of the law when they have helped a close relative or friend to die when they have no longer been able to witness their pain and suffering. In those cases I have had great compassion for the person prosecuted. I have felt there must be a flaw in our society in considering such apparent judicial heartlessness. On the other hand I have had a niggling worry that there may be circumstances in which such killings, disguised in a mantle of mercy, have in fact been killings of convenience.

In recent weeks I have tried to apply a personal measuring stick to the concept of mercy killing and have posed the question, "Would I ever elect to have my life ended in such circumstances." I have always come up with the answer,

"I don't know."

I am sure I will never know unless I am put in a position where I have to face the option of it being an attractive escape from the reality of pain, suffering, hopelessness and indignity which I am, told often accompanies a terminal illness.

The position I have reached however, is that I would be relieved to know that legislation has been enacted which allows me to make such a choice in those circumstances without anyone else getting into trouble with the secular law, in the process. As far as the spiritual law is concerned, that is something beyond the authority of your legislature. It would be a matter between me and my maker and I would prefer it if others refrained from getting their tummies in a knot over it on my account.

The outcome of all this philosophising is that I am in favour of what I believe to be the intentions of the private members Bill for an Act to recognise the rights of the terminally ill to make a personal choice about the premature termination of his or her life in the specified circumstances.

3

A submission - Why bother?

As I casually watched the public debate unfold it suddenly dawned on me that there are several groups of rabid ideologists (For my definition see appendix 1) who are so incensed at the proposed private members Bill that they plan to grab the agenda and attempt to knock it on the head despite any feelings that ordinary Territorians may have about it. They have given me the impression that whatever tactics they use, the "End" will justify the means.

The President of the AMA appeared on T.V. and said that despite the fact that he had practiced euthanasia on two occasions, he and the AMA were against the rights of the terminally ill to have a say in such matters. The local chapter of that august body said there was dishonesty involved and the proponent was going to rush it through the parliament. The Chief Minister had clearly pointed out that it was not only a private members Bill and subject to a conscience vote, but that it was unlikely to be finally debated for at least five months. It wouldn't have taken much nous to work out that, as a private members Bill, subject to a conscience vote, a majority of parliamentarians would hardly be likely to give it "Urgency." Despite this, a very senior clergyman sent a letter out to the parish church I was attending together with a petition which we were urged to sign. The letter dishonestly again claimed that the Bill was going to be rushed through. The petition urged the setting up of a Select Committee of the Assembly to give Territorians a chance to have a say.

There was a certain amount of name calling about the Chief Minister and other people who had a different view to the ideologists. For instance one local Doctor who was prepared to make a public statement in favour of the concept was described as being,

"A nice enough bloke but you know, a bit ratty."

The Drs. reform group which apparently disagreed with the A.M.A. were said to be socialists with a questionable and even sinister charter.

These were the classic tactics of rabid ideologists who seem to think that the beliefs of anyone but themselves must be flawed and that the public; the great unwashed; would have nothing worthwhile to contribute. Their petition for a "Select Parliamentary Committee" was not motivated by a desire to see a democratic process put into place. It was put forward in the belief that such Committees are easily targetted by pressure groups with the funds and resources to put forward clever and compelling submissions in support of their beliefs. They are confident that while ordinary Mr. and Mrs Northern Territory may have strong views and wise advice to give to such a Committee, few of them have the confidence or resources to come before it to put their point of view. Their views would be included in any submission by ideologists only if they coincided with those of the pressure group.

I express my concern, not at the right of certain ideologists to have their say, but at the misrepresentations some are making to people over whom they have an emotional hold. Where this group happens to be Aboriginal, I believe some of the frightening lies they are told about the subject are a psychological and emotional exploitation of them, as blatant as any that has ever occurred in the Territory. I have been seeing it happen on other matters in the Territory for a long time. e.g. The uranium debate, land rights, mining, green issues, self government, statehood.

4

By way of example in this case, I happened to be recently with a group of mature and influential Aboriginals of my own generation who came from eight different communities in the Territory. They were all tribal people. We were discussing a range of important matters. During morning tea one of the ladies informally raised the matter of euthanasia and said ,

"We have been talking about that law which Marshall Perron is making next week. We are all really frightened."

Another said,

"Yes. We heard about it too. They reckon the government is going to round up all the real sick people and those with V.D and things like that and finish them off. That's not the Aboriginal way. People are frightened to go to hospital now."

I was shocked at their interpretation of the things they had heard. I told them that they were lies and that the proposed law on, "The Rights of the Terminally Ill." did not mean what they thought it meant. I said that the law was intended to enable terminally ill people (they understood that expression) who were suffering greatly, to make a decision about the ending of their own life. I said that no one else could make that decision for them nor could they make such a decision for somebody else. They seemed relieved but the person who introduced the subject said that despite my explanation, being a Catholic, she could still not agree to the proposed law. I told her that my only interest was that they should know the real truth but the attitude they took after that, was their own business.

The other thing I found irritating was the statement that this legislation would be crossing the line between the rights of man and the authority of God. It contended that it was not the right of terminally ill people, regardless of the pain and hopelessness they may be experiencing, to make such a decision about themselves. I had the temerity to say that I believed Christian nations had long ago crossed that line and cited the napalming of women and children by at least one Christian nation as evidence of this. I could have drawn attention to the Spanish inquisition, the crusades, and many other examples including the very attitudes of some Christians towards brutality and murder in South Africa in recent times. It was suggested that we should not dwell upon the sins of the past but should be striving to go back across that line. Being cynical I thought,

"Yes. Until the next stoush."

I am not a pacifist for I believe that "Turning the other cheek" generally results in a kick in the back side. Nor have I any more emotional feelings about Dresden or Hiroshima than the people from those places (Christians included) had, at that time, about the London blitz, Coventry, the decimation of China or the bombing of my beloved Darwin. I guess I feel that "Those who live by the sword are likely to die by the sword" and there is no point (nor an ability I suppose) in whingeing about it afterwards. However I was incensed at the hypocrisy of the rabid ideologists who, at the time, could close their eyes to these things and then become coy about desperately and terminally ill people making life and death decisions about themselves.

5

So to answer the question I posed at the start of this section "A submission - Why Bother?" I reached the conclusion that there was no value in me whingeing about pressure groups down at the local pub, decrying the peril of government by a minority and crying into my beer (light of course). What I needed to do was get off my tail and give you the benefit of my thoughts.

Some other thoughts.

I am a little intrigued by the strong stand taken by the A.M.A. against this Bill to recognise the rights of the terminally ill. I understand the general thrust of the Hippocratic oath which requires them to dedicate themselves to curing illness and I recognise that this may be at odds with that oath. Mind you, medical technology has come a long way since Hippocrates was around and many people are now being kept alive who would have succumbed to the ravages of age induced and other mortal illnesses in those days. This in itself raises problems relevant to this Bill, which were not so evident in earlier times. Despite this ethical dilemma which medicos face, recent publicity indicates that a significant proportion of them say that they have assisted people to die. In my layman's understanding of the law as it stands at present, this is tantamount to an admission of involvement in the ultimate crime in our society, premeditated murder. I believe there are circumstances in which such action should not wear this tag. This Bill aims to recognise those circumstances.

A group of church goers including myself, were told by a doctor opposing the Bill that when palliative care no longer palliates and the pain of dying becomes unbearable, doctors commonly just keep increasing the drug doses until the patient eventually goes into a deep sleep; permanently. One would have to be pedantic in the extreme to deny that there must be a very thin, probably invisible, line between that procedure and euthanasia.

I cannot escape the feeling that the medical profession jealously guards their exclusive power to make decisions about life and death in these cases. Surely it would be fairer for them and safer for us if the circumstances under which such a procedure is permissible, is clearly spelled out.

I heard a local doctor on television ask the question,

"Why should we (Drs.) be asked to do it."

In my opinion the answer to that question is fairly obvious. The medical profession, over a considerable time, has cobbled around itself, sets of laws which gives it exclusive powers in the province of medicine; rights to carry out certain medical procedures and to prescribe and administer certain drugs. This is a right denied to the untrained for good reasons. Having achieved this exclusivity, that profession is the only one that can be asked by a terminally ill person to assist him or her to end their life in a humane way. The alternative to having a doctor end a life in this way is so messy and inhumane as to not bear thinking about. Despite this it must be recognised that any doctor may refuse to be involved in this type of thing so their right to an ideological position on this matter is preserved.

6

Some churches are also taking an ideological stand against this Bill. I respect their right to have an opposing view on religious grounds. I don't respect them when they try to impose their ideology on other people, especially those

who would qualify for use of this law and who choose to use it. It seems to me that it is mainly the well, the fit, the strong who take such a pious attitude against the rights of the terminally ill. I suggest to this Committee that the most important people in this equation are,

The terminally ill

The Right to Life people should not be taken so seriously as to jeopardize this Bill against the wishes of the many people who do not belong in their ranks. The recognition of the rights of the terminally ill cannot be equated in any way with the abortion debate. It would be a sad day if they had an undue influence upon our legislature.

It has been suggested that there are legal reasons why this Bill should not be passed. I don't accept that. Of course the Legislature must be meticulous in ensuring that the Act does what it is intended to do, when it gets to the Committee stages. Of course it may be complicated, most legislation is. But the Assembly is there to, amongst other things, enact laws for the benefit of the N.T. I believe this is such a law. I am confident that its enactment is not beyond the wit of the people we have put in the Assembly to look after our interests.

I am sure, all the gobbledegook about Nazi Germany and the holocaust promulgated by rabid ideologists will be seen for what it is by members of the Assembly; scare tactics. It certainly will be by most Territorians. The likelihood of the N.T. society plummeting to those depths because a member of the N.T. Legislative Assembly has introduced a Bill to recognise the rights of the terminally is paranoid fantasy.

This is not a Bill about the N.T. becoming another Nazi Germany, it is not about six million people nor even one person being exterminated. It is about recognising that their are occasions when people are so ill that they are not expected to live beyond another year. It is about those people suffering such pain, hopelessness and indignity that they would choose to end their life despite the availability of palliative care. It is about protecting doctors who would give such help when requested.

It is about putting humaneness, kindness, recognition of human rights, above ideology.

(T.C. Lovegrove)

7

Appendix 1

There may be some questioning of my use of the word, "ideology" in the context of this submission.

My "Concise Oxford Dictionary" says of the word,

"Science of ideas; visionary speculation; manner of thinking characteristic of a class or individual, ideas at the basis of some economic or political theory or system."

I have taken the view that pure Christianity is religion but when Christianity is thrown into the political arena it becomes an ideology and must take its place with all the other ideologies.

(T.C. Lovegrove)

SUBMISSION 181 1

"Majella"

45 Mont Victa Rd

Kew 3101

Chief Minister of North. Territory

The Hon. Marshall Perron

c/- Parliament House

State Square Darwin N.T. 0800

Dear Minister Perron

I write to appeal to you oppose the bill in favour of euthanasia. Life comes to us from God and it is not ours to take.

Medical Science can certainly alleviate suffering far more now than ever before.

This bill could leave the door open for people who have ulterior motives.

Life is truly precious and too many mistakes could be made.

Yours sincerely

Denise O'Halloran

SUBMISSION 182 1

F.R. & V.I. Hulscher

17 Campbell Street

GYMEA - NSW 2227

The Secretary

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

DARWIN N.T. 0801

I am writing to express our strong support for the proposed legislation allowing voluntary euthanasia for any mature person who is suffering from a terminal illness. That is, we are concerned about maintaining the *quality of life* and the *inherent right* of the sufferer to make up his/her own mind about the time and method of death.

Let me stress that it is ***voluntary*** euthanasia we are talking about: legislation should safeguard the rights of those who do **not** wish their life to be shortened in cases of terminal illness. In this regard the wishes of the majority of the people in favour of voluntary euthanasia should not conflict with the tenets of the Right to Life movement, which concerns the unborn who cannot express their wish. Nor should it interfere with the feelings of those who, because of religious or moral convictions, do not themselves wish to be assisted to die in these circumstances. There must be no coercion, whether by those in favour of VE on those opposed to it, or by those opposed to VE on others who desire to indulge in the practice.

From our personal experience the proposed legislation should assist terminally ill people, predominantly (but not exclusively) of advanced age, who are no longer able to commit unassisted suicide, and whose death is being delayed against their will by the 'miracles of modern medicine'. Both my father and my father-in-law were in this category. Both in their seventies, they were subjected to enforced medical treatment which eventually reduced

them to months of degrading existence as virtual vegetables, unable to feed themselves or to control their bodily functions. This period of needless and unwanted suffering is like medical torture which totally ignores the dignity and right to self-determination of the dying patient, and reduces relatives and friends to helpless, frustrated witnesses.

My father, I am sure, would have asked for his life to be terminated months before he reached his 'vegetable state', had he been given the option. The picture of his emaciated body and drugbefuddled state, surrounded by sophisticated life-support equipment in the months before his death, shall remain in our minds for ever. His death was a merciful release from unnecessary suffering, and none of us would personally want to end our life in this manner.

2

We would, therefore, urge the Committee to make this bold and enlightened step to recommend in favour of voluntary euthanasia, recognising always that those opposed to it have the equal right to die naturally or have their death deferred as long as possible by medical intervention. No one, to our knowledge, opposes the action of the RSPCA to end the needless suffering of any animal why should it be different for *homo sapiens,* all God's creatures.

We can supply more details of the abovementioned deaths of my father and my fatherinlaw, if this would assist the Committee.

Frank R. Hulscher

1995-03-15

SUBMISSION 183 1

Mr & Mrs M.B. Tragarz

3 Talbot Crt

NOBLE PARK Vic 3174

Tel. 7983006

Dear Ms Pat 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,

Barbara Tragarz. Mariusz Tragarz.

PALLIATIVE CARE IS MOST APPROPRIATE FOR THOSE AT OR NEAR THE END OF LIFE.

SUBMISSION 184 1

---

(02) 356 3959 404/12 Ithaca Road

Elizabeth Bay NSW 2011

18 March 95

Select Committee on Euthanasia

Parliament of the Northern Territory

P O Box 3721

DARWIN N T 0801.

Dear Sirs,

I wish to support the proposal to introduce legal voluntary euthanasia.

Aged sixty-eight, and in good heath, I enjoy living. However if I should happen to suffer a drastic deterioration in my health then I would prefer death to living out the rest of my life in a half-alive-half-dead condition.

Pseudo-religious people often accuse proponents of euthanasia of "playing God", but it should be clear that if anyone is "playing God" it is those who oppose it: for these are the sort of people who want to prolong life (often by the most unnatural and bizarre means!) long after a body had passed its natural use-by date. These are the sort of people who get a perverted sense of pleasure in claiming that they are 'saving the lives' of people who are little more than human vegetables.

My life is my own, and I strongly resent the arrogance - indeed the impertinence - of people who want to control not merely their own lives, but the lives of others as well.

Yours faithfully,

R A Ramsay

SUBMISSION 185 1

Select Committee on Euthanasia, 29/14 Kidman St.,

Parliament of the Northern Territory. COOGEE, NSW 2034

P.O. Box 3721,

DARWIN,

N.T. 0801

Dear Select Committee,

As a life member of the Voluntary Euthanasia Society of NSW, I would like to share my views on the subject, now that your Government has the courage to put the matter before a Committee for consideration.

I wholeheartedly respect the views of those people who view euthanasia as a sin, and as far as I know no country now would propose euthanasia as such. However voluntary euthanasia with all that it implies is an entirely different matter.

As a person who had to cope with the suicide of a beloved husband under the most horrific circumstances I wholeheartedly support a person's right to decide when they want to die. If voluntary euthanasia was available, I am sure some people would face terminal illness with the confidence of knowing that when life became impossible they would be able to exit with dignity, instead of which now people like my husband feel compelled to take their

lives when they are still totally in control.

Please consider this matter bearing in mind the human suffering at present endured by patients and loved ones. No human should have to endure months or years of pain and indignity. To keep an animal alive under these circumstances would invoke the R.S.P.C.A. to intervene, surely a human being deserves at least the same consideration.

Yours sincerely,

(Avis M. Jeffares) Mrs

SUBMISSION 186 1

2/2 Crick Ave

Potts Point 2011

16 March 1995

Secretary

Select Committee on Euthanasia

Parliament of the Northern Territory

PO Box 3721

Darwin NT 0801

Dear Sir/Madam

As a member of VES in New South Wales, I write to support moves to achieve legal voluntary euthanasia in the Northern Territory.

I support it on the basis of the right of individuals to have control over their deaths, as they do over their lives.

It is my opinion that, since suicide is not a crime, providing someone with the means to commit suicide, at their request, should not be a crime.

I find it unjust that people have to find a doctor who is willing to break the law to get assistance in dying.

I utterly condone people being helped to die with dignity.

My sister, Aileen Rogers, who was an artist was awarded the Pertier Geach two days after she suffered a massive stroke in September 1993. She was completely paralysed down the right side and could not speak coherently, other than the occasional brief sentence. She lived in hell in a nursing home for nine months. My other sisters and I also lived in hell visiting her.

Finally, she did the only thing she could do: she stopped eating. We then approached a wonderful doctor who helped her and she died on 5 May 94.

I often look back in regret and pain on her final months and believe everybody should join the VES and have advance directives ready in any emergency.

Hoping the VE Bill is passed with flying colours.

Yours sincerely

Holly Littlejohn

(E.H. Littlejohn)

SUBMISSION 187 1

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17 March 1995

To - Select Committee on Euthanasia

Parliament of the Northern Territory

I am writing in support of the Voluntary Euthanasia bill presently before the parliament of the Northern Territory.

I think it is appropriate that in this age when it is possible medically to prolong life that has become unbearable a person suffering terminal illness should be able to choose to be assisted to die.

The government of the Northern Territory is to be congratulated for bringing forward this bill.

Yours sincerely

Helen Brewster

Mrs Helen BREWSTER

677 Scenic Road

MacMasters Beach

New South Wales 2251

SUBMISSION 188 1

167a Carlingford Rd

EPPING 2121

Dear Select Committee:

Thank you for being the first state to demonstrate your essence of humanity and understanding of the dying.

It is ironic we would never allow an animal to continue existing in unconscionable suffering, but humans are allowed to suffer - even expected, to endure hell on Earth.

As thinking, feeling human beings, with freewill to decide what our future will endure, and whether we can stand that life - we should have the peace and reassurance that we'll have assistance and mercy from a medical professional when we make the freewill choice to die.

The Chief Minister, Marshall Perron, is an outstanding character, positive, and (dare I say it) extremely handsome and refined.

Thank you and bless you all. You are marvellous.

Elizabeth Baggen.

SUBMISSION 189 1

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60 Murray Farm Road

Beecroft 2119.

20 March 1995.

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

Darwin 0801

Greetings -

I'm delighted that your Committee has been convened to consider passage of a Bill on Voluntary Euthanasia.

As you will know the majority of Australians strongly support voluntary euthanasia within the guidelines being considered by your Committee. I urge you not to be swayed or intimidated by the very vocal minority against this proposed legislation.

I have undergone radical surgery for very advanced breast cancer. I'm sure your Committee is fully aware of the likely outcome, and the prolonged and painful suffering that leads finally to death from this disease.

Having been fortunate to have been born in Australia, where our democratic form of government has allowed me freedom of choice in my lifestyle it's very worrying, on an almost hourbyhour basis, to realise I have no choice regarding termination of my life and release from probably unbearable suffering.

I'm aware that many doctors defy our present law to end the suffering of terminally ill patients. It is time we shared the load of responsibility and allowed our doctors the legal right to assist in voluntary euthanasia under the conditions you are at present considering.

Congratulations to the Northern Territory Parliament for this initiative.

Yours sincerely

Elaine Walker.

SUBMISSION 190 1

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32 Menzies Road,

Eastwood, N.S.W. 2122

March 18, 1995.

The Chairman,

Select Committee on Euthanasia,

Parliament of the Northern Territory,

P.O. Box 3721

DARWIN N.T. 0801

Dear Sir,

I am a registered nurse and have worked for ten years on an oncology ward at a large private hospital. During that

time I accompanied many patients through several admissions from the time of first being diagnosed, through various treatments, and through to their final stay for palliative care.

The hospital that I worked at is renowned for its dedicated doctors, nurses and support staff, as well as for its pleasant physical surroundings. So it was a "best" situation. In spite of this, there were many times when I felt inadequate and was greatly saddened because of this. I have been trained to be aware of my patients' needs, to anticipate them, and to respond to them. Yet there were numerous times when a repeated plea for a peaceful and pain free release had to be denied.

Let me tell you about Beryl who was admitted to my ward for palliative care some years back. Beryl and I knew one another well by this final admission because she had been in and out of hospital for chemotherapy, treatment of infections, and for blood transfusions over a period of two and one half years. Eric, her husband, was fairly supportive. The family appeared to have no financial worries as Eric had a successful business. Their children, Helen 12 years of age and Peter 10, were well looked after in the family home by Beryl's parents who had come from interstate for this purpose.

Beryl was a fighter who had won many earlier battles in coping with her illness. But by this final admission her fighting spirit was gone. She was simply too sick and too weak to fight any more. Fortunately her pain control was quite good, and she was very grateful for that. However she said that this was not enough. At 42 years of age she wanted more out of life than to lie slowly dying in a hospital bed, almost too weak to open her eyes when her kids visited her after school. She could sense that things were not going well at home. Eric became noticeably more distressed and tense as time went by. Helen and Peter walked past the nurses' station with a stiff gait and mask-like faces. Waiting for the inevitable was a tremendous burden for all.

2

Beryl asked many times to be helped to die with dignity while her mind was still functioning. But of course her wish could not be granted. She was encouraged to count her blessings in that she had adequate pain control, her family was well cared for (at least physically), and she had no financial worries. Beryl turned her head away in silent anger.

Eventually she slipped into unconsciousness. Beryl's children stopped coming. Eric visited every evening after work. We sensed that he was avoiding to go home. He sat in the corner of the room as far away from Beryl as possible and worked. We encouraged him to sit with Beryl, hold her hand and to talk to her as it was very likely that she was aware of his presence. He was unable to do so. This final stage lasted for six weeks before Beryl finally got her wish.

Beryl stood out among many others as a very special person who was a tenacious fighter. She so much wanted to live. The final battle that she did not win lasted for two month. To those who would oppose the proposed euthanasia bill I say this. Do you think that the final two months of Beryl's life was a good thing for her, for her husband, and for her children and parents ? Would you wish for this to happen to you or your loved one? If you are happy with such a situation that is O.K.; I'll accept it and not judge you for it. But please extend the same courtesy to me. Please let me choose. Please legalise voluntary euthanasia

Yours sincerely,

Ruth Lusk.

(Registered Nurse)

SUBMISSION 191 1

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32 Menzies Road,

Eastwood, N.S.W. 2122.

March 17, 1995.

The Chairman,

Select Committee on Euthanasia,

Parliament of the Northern Territory,

P.O. Box 3721

DARWIN N.T. 0801

Dear Sir,

I greatly appreciate your Parliament's enlightened decision to canvass public opinion on this very important question.

My mother was a nursing sister with more than 50 years experience, working mainly as a matron in country hospitals of N.S.W. She passed away 5 years ago at the age of 89, fortunately quite quickly due to a massive heart attack.

I remember my mother becoming increasingly concerned in her final years that she might have a serious stroke and be left paralysed, incontinent and completely dependent on others. Having seen many stroke victims, she considered this affliction to be among the most distressing for victims and families alike. In her later years she also frequently expressed the view that her body was worn out, and that she wished to have the legal means of exiting with dignity. My wife and I doubt that she would have taken this course of action, even if legally available, but we certainly agree that the law should have allowed her this choice.

I am presently in my mid-fifties and hope to have two or three decades of good health ahead of me. However if I should succumb to a life-threatening illness or debilitating affliction, I would like to have the legal right to choose how and when I exit. Furthermore, I believe that members of the medical profession should, on the basis of personal conscience, also have the legal right to render or refuse assistance to patients who seek their help.

A successful passage of this bill will offer genuine flexibility of choice for citizens of all persuasions. For example, the "right to life" proponents would retain the right to life option for themselves, whereas those who wish to exist with dignity at the time of their own choosing will have this legal entitlement. No group can reasonably claim to hold the moral "high ground" on this issue, nor should any group dictate conditions of exiting for those with opposing views.

Yours sincerely,

John Lusk (M.Sc.,Ph.D.)

SUBMISSION 192 1

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142 Midson Road

Epping NSW 2121

18.3.95

The Select Committee on Euthanasia

Darwin N.T.

This letter is to support action in the Northern Territory towards legalisation of voluntary euthanasia.

The NT Government has the opportunity to lead the rest of Australia in this humane and praiseworthy action which would relieve suffering and distress.

We in Australia value freedom and tolerance - indeed these are among the very few values that the community can agree on. If we prize freedom in life, this should extend to freedom to end our own lives if they become intolerable to us. The rest of the community have a duty to assist us, not to prevent us from exercising the ultimate right of a human being.

Please press on and lead in this matter.

Yours faithfully

Peter Whiteman

SUBMISSION 193 1

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13 Broughton Av.

Castle Hill 2154.

March 18th 1995.

The Secretary,

Select Com. on Euthanasia.

Dear Sir,

As a trained nurse I have seen the effect on families, who see their loved ones force fed to keep them alive when there is no hope of them regaining a life with any quality.

My husband and I have seen parents die in circumstances in which they could not have foreseen, upsetting to us.

We have both signed living wills, expressing our wishes that we be allowed to die with dignity.

We would like to think that our family will remember us as living people and not as vegetables.

We fully support any legislation for providing for Voluntary Euthanasia.

Sincerely

(Mrs) P.E. Street.

SUBMISSION 194 1

14B Western Road

Castle Hill 2154

Tel. 634-7815

Australia 19.3.95

Select Committee on Euthanasia

DARWIN

Dear Sirs,

I strongly support the Territory's move toward legislation of Euthanasia.

Mr Fahey in NSW must be blind and deaf not to be aware of the efforts of NSW, supported by most doctors, to introduce Euthanasia legislation.

It is unfair to doctors to have to break the law and face possible prosecution if they (and they frequently do) help terminally ill patients to die.

They should be able to do so legally under strict safeguards, such as

a second doctor agrees,

the patient's illness is incurable,

his life expectancy is low,

he is in insufferable pain and

he has expressed his documented will to be end his life.

Let the Northern Territory lead the country!

Yours faithfully,

H.G. Goldstein, BE, Bsc Sc Soc (88)

SUBMISSION 195 1

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23 Mulgray Ave

Baulkhan Hills

NSW 2135

17.3.95.

Dear Sir,

My case for 'Voluntary Euthanasia".

I broke my back in a car accident 8 years ago. I now have 2 rods and 12 screws in my spine.

I also have Multiple Sclerosis. My sight comes and goes and eventually will go altogether. My quality of life at the moment is fair and will eventually become worse.

The prognosis: A blind vegetable (my cognitive brain is going too). Someone will have to look after me full time.

I have already decided to end my life when there is no quality left. Unfortunately I will have to do it while I'm able. If Vol. Euthanasia was legal and I could rely on help when the time comes I would not do it so soon. I know what lies ahead for me and the fear of a terrible death is worse than the fear of life.

PLEASE MAKE IT LEGAL!

Yours faithfully,

June Burns.

SUBMISSION 196 1

11 Willow Drive,

Baulkham Hills 2153

N.S.W.

March 17. 1995.

The Select Committee on Euthanasia,

Parliament of The Northern Territory,

P.O. Box 3721,

Darwin N.T. 0801.

I wish to give support to the proposed legislation which is to be considered shortly by The Northern Territory Government.

Some years ago, my wife's father suffered a long and painful illness with advanced cancer. Pain-killing drugs were no longer effective, and this resulted in long and excruciating torture for both the patient and his loving family. I know that he wished to die, but no help was available.

A friend of mine is in a nursing home suffering from Parkinson's Disease, and is in a deplorable state. He has no hope of improvement or cure, is as thin as a rake, requires others to wash him and lift him in and out of bed. He is fed liquid food through a tube in his nose to prolong his pitiful existence. His faithful and loyal wife visits him every day. During one of my visits some months ago, he told me quite lucidly that he wished he could die, and I fully understand and sympathise with him. He still lingers on, but even with an Advance Directive under the present law, his own doctor would be in great danger of prosecution if he was humane enough to help.

It is time that, with proper safeguards, the law was changed.

Yours Sincerely,

(John Gamble)

SUBMISSION 197 1

14 Willcock Place

CURTIN ACT 2605

(06)281-3319

Select Parliamentary Committee on Euthanasia

PO Box 3721

DARWIN NT 0801

18 March 1995

Dear Sirs,

We commend your efforts in examining the subject of euthanasia, and welcome the opportunity to submit our

opinions to the Committee.

During the 1980s two members of our family and several close friends died of cancer. The details varied: some underwent prolonged and humiliating efforts to delay their deaths; others were given routine chemotherapy which caused them some distress and seemed unwarranted in light of their diagnoses.

The hospital treatment these people received was probably as good as could have been expected; the medical advice lacked realism and honesty, in our opinions. The upshot was the same: the sufferers were confused and bewildered. They felt like helpless pawns in somebody else's game.

Your Committee will no doubt receive many letters recommending virtues of specialised hospice treatment. The sufferers we mention above could possibly have benefited from such treatment if it had been available, but for us personally, if we ever become cancer patients, hospice treatment would be no substitute for some kind of euthanasia. For us, "dying with dignity" in circumstances like the above would be impossible without the option of ending our lives if we chose.

For us, euthanasia is like an insurance policy: you probably won't need it, but if you do, the need can be overwhelming. We think everyone has the right to decide the time and method of ending their lives. Others may reject that option on religious grounds, but we repudiate their right to decide our cases for us. Opponents of euthanasia talk of people being "forced to commit suicide". That is canting hypocrisy: nobody is forced to end their life, but nearly everyone would like to know that the option is there if they ever want it. The mere knowledge that the option exists would bring untold peace of mind to many who would never take it up.

Lastly, euthanasia could permit huge medical and hospital resources to be diverted from the hopeless, unwanted treatment of terminal patients to those who need treatment to improve their quality of life. Another point to be considered is that people will increasingly choose suicide, perhaps too early or even unnecessarily, rather than risk the trauma of dying helplessly in hospital. This places an appalling burden on police and medical services.

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We urge you to seize the opportunity to be the first government in Australia to legalise euthanasia as desired by a large majority of Australians.

Yours faithfully,

Mr & Mrs W.H. Oldham

SUBMISSION 198 1

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(02) 363-1096 Home to 9.30 am most mornings. (Mr) L.R.F. Crane

P.O. Box 109

EDGECLIFF NSW 2027

A u s t r a l i a

March 20th 1995

Select Committee On Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

DARWIN N.T. 0810

Dear Sirs:

Re:- SUBMISSION ON VOLUNTARY EUTHANASIA

I write to support the concept of voluntary euthanasia, this being the process of active termination of the life of individuals, at their request, in circumstances where their quality of life has become burdensome, and where their only relief from suffering is in death.

The conditions under which this service should be available, the safeguards, and all other aspects of the matter, have been extensively covered in the literature, both here and overseas. Furthermore, as you are no doubt aware, euthanasia is widely practised in Holland without any public backlash. Additionally, as shown in the public opinion polls, well over three quarters of the populations in all developed western economies, including Australia, are in favour of the idea.

My purpose in writing this letter is to stand up and be counted in the debate, and to offset to some extent the flood of letters you will receive from the small, very noisy, and fanatical minority of individuals who are manipulated into letter writing campaigns against this concept, whose time has definitely come. The fact that some individuals insist that they want to die "naturally", with all its possible attendant problems, should not prevent those who want assistance to achieve a dignified and comfortable death from also getting what they want.

I therefore actively support the concept of active voluntary euthanasia, and wish you every success in bringing down recommendations to that effect so that the appropriate legislation can be passed, and hopefully be a forerunner of similar legislation in the rest of Australia.

Yours sincerely,

Lyell R F Crane

B.E., B.Ec., ASIA

SUBMISSION 199 1

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34 Campbell Ave

Paddington 2021

N.S.W.

20/3/95.

Select Committee on Euthanasia

Parliament of t he Northern Territory

Darwin N.T.

Dear Sirs,

It has long been my belief that legalised voluntary euthanasia is long overdue.

When the quality of life, for whatever reason has gone, it is the right of each and every one of us to end it.

To stand by and watch someone endure unnecessary pain during a terminal illness, or suffer it oneself is beyond belief.

Legalise it now.

Yours faithfully

Alice Gelfillan

SUBMISSION 200 1

J. Fabian.

Select Committee, 6A/56 Military Rd,

on Euthanasia, Dover Heights, N.S.W.

Darwin. 2030.

17.3.95.

I support VE should be legalised on the basis of the right of individuals to have control over their deaths, as they do over their lives.

I am in my 70s, living alone, in good health, but I do not agree with the present situation, in which myself or any doctors might defy the law to end my suffering if or when I would need help to die with dignity.

Yours sincerely

Jeanne Fabian.

SUBMISSION 201 1

'The Astor'

125 Macquarie St.,

Sydney - 2000

17 March 1995

Select Committee on Euthanasia,

Dear Sir/Madam,

I write to support you in your efforts to achieve legal voluntary euthanasia.

A few years ago, in a country hospital, I went through the harrowing experience of watching my mother in law die of stomach cancer. We were told some months before that she was terminally ill and yet she was refused proper pain relief. She was literally screaming in agony and died a long drawn out terrible death. At one stage I was afraid my husband would assault the doctor, such was his despair at seeing his mother in this distress. She was a strong Methodist lady who begged the Dr. to let her go. I remember her crying, "Please Doctor give me something so I can die in peace". She had strong faith and was quite lucid.

A person surely ought to have the right to die as they want to when the distress becomes too much or they are terminally ill. We treat our pets much more kindly than we do ourselves as long as voluntary euthanasia is not legal.

As a trained nurse and retired magistrate I have seen much of human affairs and pray that you are successful.

Sincerely yours,

Lillian Austen.

SUBMISSION 202 1

PSALM FOR TODAY

Medical science is my shepherd;

I shall not want.

It maketh me to lie down in hospital beds;

It leadeth me beside the marvels of technology.

It restoreth my brain waves;

It maintains me in a persistent vegetative state for its name's sake.

Yea, though I walk through the valley of the shadow of death,

I will find no end to life;

Thy respirator and heart machine they sustain me

In the presence of irreversible disability;

Thou anointest my head with oil'

My cup runneth on and on and on and on.

Surely coma and unconsciousness shall follow me all the days of my continued breathing;

And I will dwell in the intensive care unit forever.

These lines were written by a Unitarian minister and originally published in the newsletter

of The Hemlock Society of Maryland. They were not intended to be sacrilegious,

but to express the common fear of losing control over your own care.

I support your Assisted Suicide Bill. I should have control of my own death and I don't want my doctor to have to break the law.

Fiona Donnell

1/22 Roslyn Gardens,

Sydney 2011

P.S. I am 27 years old.

SUBMISSION 203 1

523/290 Jersey Rd.

Woollahra 2025

19.3.95

Dear Sirs,

I believe in the quality of life - not quantity, particularly when there is discomfort and pain involved, and hope your efforts for Euthanasia will be successful.

Good luck!

(Mrs) A.J. Devitt.

SUBMISSION 204 1

The Chairperson. 9/30 Broughton Street

Select Committee on Euthanasia. Campbelltown. 2560.

18.3. 1995.

Dear Chairperson,

My husband has had prostate cancer since 1992. Since he has known that he will have control over the time of his death, there has been an incredible psychological change in him. He now has a positive attitude towards life, and is happy and content. He looks healthier than he has for many years, and has no fear of the future. As a 'physical' person, it is so important to him that he die with dignity.

I cannot understand why caring doctors who have empathy with their patients, knowing their needs, can only fulfil them at the risk of being subjected to prosecution and persecution. They desperately need guidelines to support them in the best treatment for their patients; and the 'ethics committees' of today, drawn as they are from each of the relevant professions, surely are competent for this task. People who do not approve, do not have to participate, and I feel that they have no right to control the wishes of others.

PLEASE, when my husband's time comes, let it be without a criminal stigma, for the sake of our children, our grandchildren, and our friends. Furthermore and most importantly, let it not be a risk to the carer who humanely supported us with our decision.

As the committee will be aware, their decision could have ramifications that would affect not only the Northern Territory, but many countries throughout the world, where people are waiting for legislation that is humane, common sensical, and has no interference from biased sources.

Yours sincerely,

Mrs. Evelyn Martin.

SUBMISSION 205 1

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105 Ryland Rd

RAPID CREEK

N.T.

20.3.95

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

I am writing to express my intense opposition to the proposed Euthanasia Bill.

I believe that we humans do NOT have the right to choose when we enter or leave this life. Terminally ill patients

should not be placed under pressure to end their lives because they perceive that they are a 'burden' to their families or society.

It is far more life giving and a better example to our children that we develop Palliative care and provide love and respect to our terminally ill. I would not have wanted (nor would my grandma) have wanted to die any other way than naturally, in the loving arms of her family.

Please save our society from this evil, devastating Bill,

Deanne Coburn.

SUBMISSION 206 1

Unit 6. 19/23 English Street

Kogarah. N.S.W. 2217

17th March 1995.

Committee of Euthanasia.

To Whom it may concern.

I have been listening to comments through the Media re the prospect of Euthanasia becoming legal in the Northern Territory, I hope and pray that this is so; my reasons are -

I nursed my late husband Ernie, who was afflicted with Parkinson Disease for some years until I could no longer cope, one must sleep sometime; he was then transferred to hospital, he was not living, just existing - why should anyone have to go through this; a man who would not harm anyone, he was a very dignified, courteous lovable man, he did not deserve such conditions and I could no longer help, everyone was capable and kindly but knowing my man it was not what he would have wished for himself or anyone else.

People who object to this legislation of Euthanasia do not know or realize that we should be able to choose for ourselves when it is time to "Pass Over" with dignity. I do not consider it is suicide, it is only ignorance on the part of any objector, there must be millions of people who think the same as I do.

I wish you the best of luck, then maybe N.S.W. will follow.

God Bless

(Mrs) Gwen Hardwick.

SUBMISSION 207 1

19/2 Eastbourne Rd

Darling Point 2027.

16-3-95.

Select Committee on Euthanasia.

Dear Sirs,

I am a member of the V.E.S. of N.S.W. and I wish it known that I fully support your Bill.

I particularly object to people being kept alive artificially - I think, as well as causing misery to the patient and

hardship to the family, it is a waste of public money that could be used for those who can be helped to live a better life.

Yours faithfully,

Janice Griffiths.

SUBMISSION 208 1

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59 Gravesend St

Colac

3250 Victoria

13-3-95

To Northern Territory Select Committee of the Terminally Ill Bill,

Dear Committee,

I am very worried about this bill please vote that it doesn't get through.

We don't want our older people, like the Dutch frightened to go to hospital, in case they never come out again. I think it is so very wrong.

Yours sincerely

(Mrs) Mary E. Robarts.

SUBMISSION 209 1

Morgan Hengoed

7 Tournay St,

Peakhurst, 2210.

N.S.W.

Ph 5332224

Dear Sirs,

I am writing to support your bill on V.E.S.

My younger brother an exservice man in Australian Army in Singapore and a P.O.W. for three half years in Changi Prison Camp. He was operated for stomach cancer in Sutherland Hospital after surgery he developed agonizing pain, I went to see his doctor who told me my brother was receiving the highest dose of morphine he was allowed to prescribe.

My brother could no longer handle the agonizing pain, so he took his car out and hooked a rubber pipe to the exhaust of his car and gassed himself. That was no a dignified death.

Sincere best wishes to you in your deliberations.

I am a life member of V.E.S. in N.S.W.

Morgan Hengoed.

SUBMISSION 210 1

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205 "Trade Winds"

Boorima Place

CRONULLA, N.S.W.

18 March, 1995

Secretary,

Select Committee on Euthanasia,

Parliament of Northern Territory

DARWIN

Dear Sir,

At 92, still working, playing bowls and driving, I hope to die while still enjoying these activities. Thoughts of existing - not "living" - in bed or wheel-chair fills me with horror. Talking with fellow clubmen, I find this attitude both widely and strongly held. The regular polls, showing some 80 percent of both sexes in favour are certainly true: religious fundamentalists are welcome to follow their own beliefs, but have no right to prevent others from following theirs.

The attached excerpt from "The Sydney Morning Herald", early last year, puts my feelings more strongly.

As a matter of interest, the church spokesman made no reply.

Yours sincerely,

H.V. Mathews.

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Enclosed with submission, a newspaper cutting:

The quality of life

SIR: In the course of a discussion on euthanasia and the right of a person to end what has become an unendurable and undignified existence, Father Brian Lucas, spokesman for his church, makes the extraordinary, almost unbelievable statement: "There is no such thing as quality of life. It is a meaningless term" (Agenda, February 12).

My thoughts immediately went to a dear old lady, now well into her 90s. Until about five years ago she composed reams of delightful verse, lines that both rhymed and scanned and finally led to an amusing or effective climax. She solved the *Herald* cryptic every day in less than an hour, and presided lovingly over a huge brood of grand and great-grand youngsters. With a host of friends, life for her was full to the brim.

For some years now that same lady has been confined permanently to bed in a nursing home, unable to use her arms and hands, unable to speak. With brain still active, she answers yes-no questions: that is all.

Without any reference whatever to euthanasia, will Father Lucas admit that there has been a change in that old lady's life? And if that change has not been in quality, what else?

H.V. Mathews,

February 12 **Cronulla.**

SUBMISSION 211 1

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238 Addison Rd,

Marrickville, 2204

17/3/95

Dear Sirs,

I am writing in support of the Bill legalising Voluntary Euthanasia.

I have been a life member of the V.E. Society of N.S.W. for many years.

The wishes of the person concerned should be of paramount importance, not to be countermanded by another.

However, I realise that in certain cases of coma or brain death close relatives would become involved.

Yours faithfully

J. E. DAVIES

SUBMISSION 212 1

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32 Lombard Street,

GLEBE. NSW 2037

17 March 1995.

Select Committee on Euthanasia

Parliament of the Northern Territory

Box 3721, Post Office,

DARWIN. N.T. 0801

Dear Sirs,

I write to support the legalisation of voluntary euthanasia.

Many people fear the degeneration and indignity which often accompanies the death of the terminally ill and those of advanced age and argue, as I do, for the choice of *voluntary* euthanasia, and for the necessary medical assistance to achieve it. Death is normal, and the inevitable end of life.

I feel strongly that terminally ill people have a right to decide for themselves when the time has come to let go and die. Their family and friends should respect that decision - and this would be fostered by humane laws regarding the ending of life. The NSW Cancer Council in a recently published booklet Your Rights as a Person Living with Cancer emphasises that patients should have the right to choose when to die. The fear of a long, painful and debilitating illness is at the root of the society's fear of cancer.

I commend the leader of the Northern Territory Government for bringing this vital matter to the attention of his government, and the Australian people, and I urge the Committee to support the legislation.

Yours sincerely,

Roberta Burke.

SUBMISSION 213 1

2/5 Preddys Rd

Bexley NSW 2207

18/3/95

Select Committee on Euthanasia,

Parliament of the Northern Territory

P.O. Box 3721

Darwin NT 0801

Dear Sirs/Madams,

Having recently become aware of public submissions regarding voluntary euthanasia being accepted before March 24th, I hasten to add my name to the list of those who support assisted termination of life as a right of every person facing a painful and lingering death.

Having witnessed the long suffering and agony of both my late mother and. more recently, my late husband during their last stages of cancer, I myself - medical assistance being illegal - live in fear of a similar experience. So, if and when a painful and undignified end becomes a certainly, I will probably have to resort to other means to terminate my life - with, unfortunately, no guaranteed results and probably and unnecessarily, the worsening of the situation.

It should be my right and the right of any individual who is sound of mind and requests - preferably by an advance written directive - to ask for assistance in his or her death when prospects for improved health and dignified life have faded.

I am 74 years old and, from conversations all around, I gather that most people of my generation would gain peace of mind if, with of course all necessary safeguards in place, assisted euthanasia by the medical profession became legalised. All we want is that we can ask and that the doctor be protected.

In this hope,

yours faithfully.

(Mrs. S. Osmond)

SUBMISSION 214 1

From Professor John Wren-Lewis 1/22 Cliffbrook Parade

Clovelly

Phone (02) 665 7565

The Select Committee on Euthanasia March 18th 1995

Parliament of the Northern Territory

P.O. Box 3721

DARWIN, N.T. 0801

Dear Friends,

I am writing to urge the strongest possible support for the bill you are currently considering, to remove the legal barriers against voluntary euthanasia.

As a writer, lecturer and frequent broadcaster on religious matters, I come into contact with great numbers of Australians from all parts of the Continent, and my contacts leave me in on doubt that opinion polls are correct in estimating that the decriminalisation of V.E. is supported by a substantial majority of the population.

I also know, however, that most of those people are no match, when it comes to giving articulate expression to their views, for the opponents of decriminalisation, a substantial proportion of whom have a drive which goes with fanatical religious belief of some kind. For this very reason I have received many highly vocal communications from the latter, and from studying these over many years, I have learned that their ability to marshal public-safety arguments (eg. to the effect that legal V.E. provides a "murderers" charter") almost always turns out, on discussion, to be simply a cover for a paranoid conviction that they represent some divine claim which overrides the individual's right to decide to end his/her own life. My own scholarship and religious conscience convinces me that any such claim, even when made by a high religious authority, represents a total, not to say wicked, distortion of the spirit of all major religions.

The removal of laws against attempted suicide in Australia and most civilised countries represents the recognition by governments and public opinion that such religious totalitarianism is misguided and intolerable. Against that background, continued legislation against those who provide the means of suicide to those who seek it is an illogical hangover of outdated totalitarianism, which in practice adds great mental distress to many who wish to end their lives because they are already in great physical pain. Your Chief Minister is to be congratulated on his courage in putting up his bill against what is certain to be a much fanatical prejudice, and if it is passed, your Parliament will earn the gratitude of a majority of Australians, as well as going down in history for its pioneering stand for simple justice.

Yours faithfully,

John Wren-Lewis

SUBMISSION 215 1

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phone: (089) 48 0717 (ah) 155 Old McMillans Road

(089) 46 6369 (bh) MILLNER NT 0810

fax: (089) 46 6201

email: jacobr@darwin.ntu.edu.au

Select Committee on Euthanasia

GPO Box 3721

DARWIN

NT 0801

Dear Madam/Sir

I would like to support the intention to make euthanasia legal but have some reservations over the safeguards that should apply and some suggestions as to further extending the applicability of the proposed law.

I think the approach that is used in the Netherlands, as illustrated in the recent TV documentary, provides a valid model in relation to safeguarding the professional interests of the medical practitioners involved.

As is the case with abortion, every doctor and nurse should have the right to refuse to assist, since there will be many who, mainly on religious grounds, would find assisting a person to his/her death would be morally wrong. That right must be upheld in law, particularly given the context of the Hippocratic oath which binds the medical profession.

Since we live in an increasingly secular society, where quality of life is of considerable importance, I think any individual should have the right to determine the point when that quality is at risk because of disease or the ravages of time. My personal concern is that conditions such as Alzheimer's disease represent at least as great a problem for friends and relatives as does caring for a parent, grandparent or other relative or close friend with a terminal disease which is causing unbearable pain.

In the event that, some time in the future, I might be afflicted with Alzheimer's disease. I would like the following to apply. Before I reached the point of being unaware of my behaviour and its effects on those around me, I would like to be able to record in some legal format the request that my relatives and any other then current caters should have the right, in consultation with the medical authorities, to determine that my condition was such as to deny me any conscious awareness of the misery I was inflicting on others and medical knowledge made it unlikely that this condition could ever be rectified. I would happily cede to them the right to decide on my behalf that enough was enough and the continuation of my life served no useful purpose for me and actively disadvantaged all others around me. If I have failed to arouse sustained affection in those around me so that they wish to hasten my death for their private benefit, then maybe I deserve to go!

I hasten to add that I am nearly 60 years old and my genetic history is such that I anticipate continuing in good health until I am at least 90 years old. I would only wish to continue to such an age, however, if I were mentally and physically independent. The thought of losing mobility of mind and body is abhorrent.

2

The paramount need in the context of quality of life is surely being able to die with dignity before alienating those with whom an affectionate relationship has existed. The one certainty when we are born is that we must die and I would much rather it be at a time when my friends and relatives can mourn my departure without feeling intense relief that I have finally taken an intolerable burden off their shoulders. Those whose religious views lead them to believe that suffering ennobles are welcome to their view. I do not share it and I do not wish the timing of my death to be controlled by such an outlook.

Yours sincerely

(Mrs) Rosemary Jacob

SUBMISSION 216 1

Sydney, 17.03.95

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

Darwin N.T. 0801

Dear Sir,

It is my great hope that at last we will achieve voluntary euthanasia, that legislation legalising it will pass.

I hope that if something happens to me and my life will be reduced to state of vegetating with pain and misery - I will be able to say "that is enough" and make my "exit" a little bit earlier than nature, or more likely advances of modern medicine planed. It would be exit with dignity, reducing pain for me and prolonged emotional suffering of my children. And I would have peace of mind now, that my doctor will not change his mind at the last moment, scared of breaking the law and possible legal battles.

It makes me so angry when other people take it upon themselves to decide what I should or shouldn't do when it is not their business, and they are motivated by their strong religious beliefs, which I don't have to share.

I am not even trying to argue with so called right-to-lifers ideas. They can believe in what they want and follow their beliefs as long as it concerns their own lifes. That is their right and their choice.

But what right do they have to dictate me what to do?

What right do they have to deny me as individual freedom of choice?

I sully support voluntary euthanasia and I think we should concentrate on not whether make it legal or not, but after legalising put all our efforts to make sure it works for patients and doctors, and to draw rules very clear so they can not be misinterpreted and twisted.

I think that in free society individuals should have a right to control their own lifes and when the time comes (at different moment for every individual) - they should have a right to say, "I want to leave now" and do it with dignity.

As we all know at that stage it is not a question of to live or to die. It is a matter of dying sooner - or suffering and dying later.

So please make it possible for me to have a choice in the future and peace of mind now.

Yours sincerely

G Hoffman

Mrs Grace Hoffman

3 McIver Pl

Maroubra 2035

PS. I apologise for misspelling - english is my second language.

SUBMISSION 217 1

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3 WARCOO AVENUE

GYMEA BAY 2227

18th MARCH, 1995

SELECT COMMITTEE ON EUTHANASIA,

PARLIAMENT OF THE NORTHERN TERRITORY

P.O. BOX 3721

DARWIN NT 0801

DEAR SIR/OR MADAM,

SINCE 1989 I HAVE WITNESSED 4 OF MY CLOSE RELATIVES AND 3 CLOSE FRIENDS SUFFER AND DIE FROM TERMINAL ILLNESSES.

MOTHER IN LAW - DEMENTIA - UNDIGNIFIED DEATH

MOTHER - CANCER - PAINFUL AND UNDIGNIFIED DEATH

STEPFATHER - CANCER AND LEG AMPUTATION EVEN WHEN ONLY WEEKS TO LIVE AND 3 CLOSE FRIENDS WITH CANCER.

HUSBAND - BRIAN TUMOUR. LOSS OF ALL MOTOR FUNCTIONS VERY UNDIGNIFIED DEATH AND ALTHOUGH IN A PALLIATIVE CARE HOSPICE I MAINTAIN HE DIED OF THIRST BECAUSE HE COULDN'T SWALLOW WITHOUT CHOKING WE FOUGHT HARD TOGETHER DURING THE 15 MONTHS OF HIS ILLNESS BUT HE SHOULD NOT HAVE HAD TO BE SUBJECTED TO LIVING THROUGH THE LAST FEW WEEKS, STRIPPED OF ALL QUALITY OF LIFE IN AN UNDIGNIFIED MANNER. MY HUSBAND WISHED TO END IT ALL MANY TIMES BUT OTHER METHODS WERE BIZARRE AND WISHED TO DIE IN A DIGNIFIED CONTROLLED MANNER AND BEGGED FOR MY HELP MANY TIMES. I SUFFER WITH GUILT THAT I DID NOT HAVE THE TOOLS AND KNOWLEDGE TO HELP MY MATE OF 32 YEARS.

ON BEHALF OF MY LATE HUSBAND, RELATIVES FRIENDS AND MYSELF I DO HOPE THIS BILL WILL BE PASSED SO THAT THE RIGHT OF US AS INDIVIDUALS HAVE CONTROL OVER OUR DEATHS AS WE DO OVER OUR LIVES.

YOURS FAITHFULLY

L. A. Coward.

SUBMISSION 218 1

1A FRASER AVE

HILLSDALE NSW 2036

18.3.95

Select Committee On Euthanasia,

Parliament of the Northern Territory,

I was very interested to hear Mr. Michael Moore speak at the V.E.S. Annual meeting on Feb 26, 1995. I believe Voluntary Euthanasia should be legalized and I hope that the N. Territory Bill is the first of several steps towards reality.

I truly believe that individuals should have control over their deaths/dying, when all their lives they've had that right and control over their living. When people have tried to live their lives with dignity, it seems terribly wrong to me, that that condition of dignity, should disappear at the end of life.

If suicide is not a crime, then why should it be a crime for say, a Doctor to help you to exit this world gracefully as life becomes intolerable, as it does for so many.

I think V.E. should become law, legal, and remove any burden from a Doctor who wishes to help a patient.

An interesting point too, could be, that if its made truly legal, with necessary guidelines, then I believe the situation itself could change in the patient's mind. Once you have an option, a choice, it's surprising how much easier this could make you feel regarding things. If you have an "out", many would probably fail to exercise it, saying "Oh I'll see how I feel to-morrow, next week" etc. It's when you can't get any help, no one listens, everything then becomes twice as bad.

Those doctors who for whatever reasons, don't want to participate, needn't have to change their mode of behaviour or ethics, but those who agree with V.E., should be able to legally help; people, and we shouldn't have to go from one doctor to another, when very ill, trying to find someone who'll assist, but not get into trouble.

Yours sincerely

Mrs C Roberts

SUBMISSION 219 1

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69 Caexin St.

Riverwood

2210

Select Committee on Euthanasia

Parliament of the Northern Territory 17.3.95

P.O. Box 3721

Darwin N.T. 0801

Dear Parliamentarians,

I am a great supporter VE. My husband died 2½ yrs ago of lung cancer and it was indeed a cruel and lingering death in spite of so-called Palliative Care.

I devoted my life to him for his last eight months as he was nursed at home and it was very distressing not only for him but our family to watch him suffer so. On several occasions he would cry out and say "I don't know how much more of this I can stand".

Yes, an animal can be put down humanely - it just isnt fair that humans have to suffer so.

My next door neighbour died only 4 weeks ago of bowel and liver cancer and his last weeks were unbearable for him and his family - night and day. Several times he asked of the Dr "What are you going to do about it?" But his hands were tied?

So please, all you people who can change this law to a humanitarian degree - please do all you can to help all future sufferers who feel that have had enough.

Yours faithfully

Elsie Bearns

SUBMISSION 220 1

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80 Lockhead Rd.,

Katherine NT 0850

20th March, 1995

Dear Ms Hancock MLA

I am writing to you, to express my alarm and deep concern at the Chief Minister Marshall Perron's euthanasia bill.

Marshall Perron should not be giving doctors a license to kill - but he, with our elected representatives should be providing medical services e.g. palliative care specialists, hospices radio therapy services etc.

Does not our society make its laws to protect the weak and the most vulnerable? Life is a precious gift to be lived to the end. We do not need euthanasia - we will not legislate - It must not happen.

Yours sincerely,

N. DAVIS

SUBMISSION 221 1

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46 Graham St.,

Doonside

N.S.W.

2767

Select Committee on Euthanasia

Darwin Box 3721

N.T. 0801

Ladies/Gentleman/Persons,

Regarding the VE bill please note the following:'

As a youngster I remember my grandmother (in her 80s) on a chair, paralised, unable to feed herself, clean herself, and with severely impaired speech.

She repeatedly asked to be "put down", but living in a religeous village the family were afraid to do it for her.

I remember the vicar using the old phrase "God moves in mysterious ways" to which my mother answered "You've got it all wrong - you religeous people do not understand God at all - no God would deliberately make a wonderful old lady suffer like this". For six years that poor woman lead that dreadful existence.

I am now in my 80s, and if I should have a stroke making me a "cabbage" - I would want to die with dignity - by my own hand if I am able; otherwise with the help of my family, my doctor, or a friend.

Any God objecting to this should be put on trial for causing "grievous suffering" the same as any other criminal.

Yours faithfully

H.H. Allen (MR.)

SUBMISSION 222 1

17 Halls Place

Blackett NSW

2790

Select Committee on Euthanasia

Parliament of the Northern Territory

PO Box 3721

Darwin, N.T. 0801

Dear Sir,

My congratulations on your considering a Bill on Voluntary Euthanasia, which I hope will be passed, and be an example to other States of Australia.

At the age of 83 years, I am a strong supporter of voluntary euthanasia. I would not want to linger on in extreme pain from a terminable disease, or in a vegetable state, against my wishes, which I have made known to my family and my doctor. A copy of my wish has been placed in my medical files. My daughter whom I trust implicitly to do what is best for me, has been given power by me to make a decision if I am not in a state to do so myself. A long drawn out and agonising death would be painful for my family, as well as myself, and is sometimes bankrupting financially for the family.

Money that could be used to keep me alive against my wishes, would be better used to perhaps save the life of a child.

Please keep these issues in mind when you make your decision.

Best wishes

Yours sincerely

(Mrs) Maisie Drysdale.

SUBMISSION 223 1

UNIT 15

DAISY STREET LODGE

NAROOMA, N.S.W, 2546

17/3/95

SELECT COMMITTEE ON EUTHANASIA

PARLIAMENT OF THE NORTHERN TERRITORY

DEAR SIRS,

AM WRITING TO SAY I STRONGLY SUPPORT YOUR BILL ON LEGALLISING EUTHANASIA.

I AM A MEMBER OF VOLUNTARY EUTHANASIA SOC. OF N.S.W., AND ALWAYS CARRY A LETTER WITH ME STATING THAT IN THE EVENT OF AN ACCIDENT, STROKE, HEART ATTACK ETC., I DO

NOT WANT TO BE RESUSSITATED AS I WISH TO BE ALLOWED TO DIE WITH DIGNITY.

HOPING THAT YOUR BILL WILL BE LEGALISED.

YOURS FAITHFULLY

(MRS J. A. MANCHEE)

SUBMISSION 224 1

Unit 10 - Lot 101

To Select Committee of South West Highway

Euthanasia Armadale 6112

Parliament of the Northern WA

Territory 18-3-95

Perron Bill - Voluntary

Euthanasia

Dear Sir

This letter comes to you with very strong regards for Voluntary Euthanasia.

Every person has a right to decide on the fulfilment of their lives.

I carry my 'living will' with me all the time and if and when the time comes I would want my desires to be carried out.

Every Doctor should have the strength and right to carry out the individuals wish.

I have worked in a "Home" and seen such unhappiness and misery and I certainly didn't want to undergo that. My family all understand - a gentle release at home for me.

The sooner the 'Bill' gets through the better for so many people who wish to end their lives the way they want.

I therefore support Mr Perron strongly.

My wishes B.J. Adderley

(I am 76 - my husband has already passed on)

SUBMISSION 225 1

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1 Burnside St.,

Nth. Parramatta 2151

18th March, 1995

To whom it may concern,

We support the Euthanasia Bill.

Anyone who has worked in the medical field must know that not all pain can be alleviated, that not all suffering

can be eased.

We hold human life to be sacred: human life, not mere existence. Hanging on to every last heart beat is idolatory of existence: it has nothing to do with human life.

Do politicians hold human life to be sacred when they order the deaths of millions in war?

Why should a human be kept alive, against his will, when he lived in intolerable conditions? To keep any other animal alive in such conditions would bring down the wrath of the law.

We want the right to die under certain intolerable circumstances. We do not wish to force our views on anyone else. Voluntary euthanasia is our aim.

Murder is killing with malice. Euthanasia is killing with mercy.

The bill should be expanded. It is not only the last six or twelve months that can be intolerable. The severe stroke victim, semi-comatose, unable to recognise or communicate with family or friends, incontinent of mind and faces, and without a glimmer of hope, may be kept alive by skilful nursing for a number of years. Why should these people be denied mercy?

We demand a new birth of freedom.

Yours Sincerely

J.E. BARNES

J.F. BARNES

SUBMISSION 226 1

Else M. Brandman

44 Donovan Ave.

Maroubra, n.s.w 2035

THE SELECT COMMITTEE ON EUTHANASIA

PARLIAMENT OF THE NORTHERN TERRITORY

P.O. BOX 3721

DARWIN, N.T. 0801

SYDNEY, 18.3.95

MEMBERS OF THE SELECT COMMITTEE,

I wish to congratulate you on your efforts to legalise VOLUNTARY EUTHANASIA.

The emphasis must be on VOLUNTARY . . . . . It should be the right of every human being to chose the final hour and the means by which to achieve this. Doctors should not have to feel 'guilty' to execute the wishes of a terminally ill patient.

I have personally witnessed the distress of my mother, who wished for VOLUNTARY EUTHANASIA and the agony in finding a sympathetic and brave doctor. My mother was 94 years of age and had always been in favour of death with dignity, but alas! the law made her suffer unnecessarily for what seemed to be a very long and totally distressing period.

My best wishes go to your committee and I hope, your decision will be a humane and wise one, so that legality can prevail.

Yours faithfully

Else M. Brandman.

SUBMISSION 227 1

The Chairman, 86 Hilton St

Select Committee into the Rights of Mt Waverley 3149

the Terminally Ill Bill, Victoria

17/3/95

Dear Sir,

I am writing to express my grave misgivings over the proposed euthanasia legislation for the Northern Territory.

In discussion on this issue there is a moral principle which needs substantiation and reinforcement - every human life is sacrosanct and precious. No medical procedures should be allowed which threaten human life, or take advantage of the weakened or incompetent state of a patient to terminate his/her life, even out of some so-called justification such as "a right to die".

I also find abhorrent the suggestion that any bill legalising euthanasia would protect Doctors and other Healthcare workers who may be involved in assisting a patient to terminate life. On the contrary I strongly maintain that the role of these professionals is to save human life, not be a part to its termination.

I am given to understand that the legislation would allow terminally ill people resident in other States to travel to the N.T. to advantage themselves of the proposed law - in other words, the passage of such a bill would affect ALL Australians. Human life would be further devalued, and those whose lives are seen to be a burden on society e g the elderly, the mentally ill, and the intellectually handicapped, could well be placed under scrutiny.

A final proposition I would put to the members of the Select Committee. Do the members feel that the responsibility for the passage of legislation of such gravity and which would impinge on all Australian States should rest with a mere 25 members of a legislature? In the closest voting scenario (13 votes to 12) the one decisive vote in favour would have an awesome impact on our society. Northern Territory politicians should not be placed in such a situation.

Yours sincerely

John A Gill

Addendum: As alluded to earlier, this legislation has been called a "right to die" bill. Obviously before one can die, one must have earlier been born. I would suggest that logically the Parliament should have put before it for debate a "right to be born" bill. I await such a development with interest.

SUBMISSION 228 1

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11 JOHN ST;

ERSKINEVILLE

N.S.W. 2043

20.3.95

PLEASE ACCEPT THIS LETTER AS A VERY DEFINITE "YES" FOR LEGALISED EUTHANASIA (UNDER STRICT CONTROL), AS A CONSIDERED, COMPASSIONATE SENSIBLE MEANS OF EXIT FROM "HERE".

WE TREAT LIFE VERY BADLY ON THIS EARTH - WE URGE AND INVITE IT INTO DISEASED BODIES AND BRAINS, WE WASTE, PERVERT IT, AND FINALLY SOMEHOW DO OUR BEST TO FORCE IT TO STAY IN USELESS, AGONISED ROTTING HUMAN SEPULCHRES.

IT IS TIME WE RESPECTED LIFE, HONOURED IT, AND TREATED IT IN LIKE MANNER.

SINCERELY,

(MISS) LUCELLE AGNEW

SUBMISSION 229 1

SELECT COMMITTEE 18TH MARCH 1995

ON EUTHANASIA MRS SUE M. HARGROVE

PARLIAMENT OF THE 352 ALISON ROAD

NORTHERN TERRITORY COOGEE NSW 2034

TO WHOM IT MAY CONCERN.

BEING A MEMBER OF THE VOLUNTARY EUTHANASIA SOCIETY, I READ WITH MUCH INTEREST THAT THE NORTHERN TERRITORY IS SPONSORING A BILL TO LEGALISE VOLUNTARY EUTHANASIA.

I HOPE THAT THIS BILL GETS PASSED AND THAT THE REST OF AUSTRALIA FOLLOWS SUIT

I ONLY WISH THAT SUCH A LAW HAD BEEN IN EFFECT A FEW YEARS AGO, WHEN A VERY CLOSE FRIEND OF MINE SUFFERED A SEVERE STROKE.

IN SPITE OF DEDICATED CARE HIS CONDITION DETERIORATED STEADILY OVER ALMOST FIVE YEARS. HE SUFFERED PARALYSIS, LOSS OF SPEECH, INCONTINENCE AND ALTZHEIMER'S DISEASE.

BEING A BLIND PERSON AS WELL MADE HIS CONDITION COMPLETELY HOPELESS. THERE WAS ABSOLUTELY NO HOPE OF IMPROVEMENT LEAVE ALONE RECOVERY.

HE DIED A LINGERING DEATH.

HOW HUMAN AND COMPASSIONATE IT WOULD HAVE BEEN, IF HE (AND HIS CARER) COULD HAVE BEEN SPARED THIS TRAUMA.

WE ALLOW OUR PETS (AND ANIMALS IN GENERAL) TO BE RELIEVED OF UNNECESSARY SUFFERING, BUT WE CANNOT HELP A HUMAN BEING.

I AM 78 YEARS OF AGE. I HOPE THE VOLUNTARY EUTHANASIA LAW WILL HAVE BEEN PASSED WHEN MY TIME COMES, OR ELSE I HOPE I WILL DIE PEACEFULLY UNAIDED.

WISHING YOU SUCCESS

FOR ALL OUR SAKES

YOURS FAITHFULLY

S. M. HARGROVE

P.S: I HOPE ALL OPPONENTS OF THIS BILL WILL GO THROUGH A

SIMILAR EXPERIENCE TO MY FRIEND'S, WHEN THEIR TIME

COMES.

S M H

SUBMISSION 230 1

Ph: (02) 368 1630

19 March 1995

Dear Members,

re: Legal Voluntary Euthanasia

Please accept my total support for your proposed Bill on the above.

My old friend and neighbour, the philosopher/author Arthur Koestler, took his own life at age 77 when it became clear that his Parkinsons Disease had stated to attack his brain. The wonderfully lucid and creative mind which had produced over thirty books in his lifetime was dissolving into an hallucinating horror which threatened to deprive him of all dignity in living. He and his healthy 55 year old wife, Cynthia, had hoarded the necessary drugs for that inevitable day when she would help him die. I don't believe he knew that she would choose to go with him, rather than face possible criminal prosecution and world-wide hate-mail.

Had there been such a Bill as you are proposing Cynthia might still be alive today.

Of course, Arthur himself was the major proponent of Voluntary Euthanasia and assisted suicide in England at the time, and had been so for many years. His own death was his last gesture against outmoded belief systems of both church and state.

My partner (70) and I (62) will both break the law and become criminals by helping each other die if necessary. We would much prefer to do it legally in the Northern Territory.

Please, please vote sensibly on this. No doubt you will be inundated by Catholic protesters, but the polls show that around 75% of us out here are supporting you.

Yours faithfully,

Ann Faraday

SUBMISSION 231 1

The Chairman

The Select Committee on Euthanasia 17.3.95

Parliament of the Northern Territory

P.O. Box 3721

Darwin N.T. 0801

Dear Sir,

I have been a member of the Voluntary Euthanasia Society in N.S.W. for eight years and I totally support all its aims and objects.

I am the one who should have the support of the law if I wish to end my suffering and die with dignity.

It is high time the law should enable me to make my own decisions without interference from God bothering bigots and "right to lifers".

I wish you every success with the Bill.

Yours Sincerely

D. H. Craig.

SUBMISSION 232 1

Phone (02) 44 3718 70 Catalpa Crescent

TURRAMURRA N.S.W. 2074

19 March 1995

The Secretary,

Select Committee on Euthanasia

Parliament of the Northern Territory,

G.P.O.Box 3721

DARWIN N.T. 0801.

Dear Sir/Madam

We are very pleased that a bill to legalise voluntary euthanasia has been introduced into your Parliament and is now being considered by your committee

One of us (Robert Langley) is a retired medical practitioner, Sheila is his wife. Robert writes from his Professional experience. Sheila is a concerned member of society. Both are members of the Voluntary Euthanasia Society of New South Wales.

We desire to support the bill you are considering for the following reasons-

1. We believe the medical profession to be responsible and compassionate but to be restrained in its approach to requests for euthanasia due to restrictive laws. Doctors should not be restrained in their compassion by laws which are out of touch with modern thinking.

2. Many doctors admit that they have practised euthanasia in special circumstances, but it is unjust to them that they may be breaking the law in doing

3. It is also unjust that people should have to search for a doctor who is willing respect their wishes and to assist in this way.

4. A very important point is that if voluntary euthanasia was legal it would be possible for two or more doctors to consult openly and assist each other in these decisions thus preventing abuse of the law.

We hope the committee will recommend that the bill be passed, and your Parliament will set an example to the rest of Australia.

Yours sincerely

Robert Langley

Sheila Langley

SUBMISSION 233 1

8/20 Birkley Rd

Manly 2095 NSW

19-3-95

Select Committee on Euthanasia

Dear Sirs,

I write in support of the bill for voluntary euthanasia being passed successfully by the Northern Territory parliament.

I have been witness to three horrific deaths, two friends, and one an elderly aunt, from alzheimers disease, the other two friends from cancer - all crying out for help to die, all being denied.

I strongly believe all humans have the right to die in a humane, dignified manner - not like animals.

Strongly and sincerely in support.

Yours faithfully,

(Mrs) Daphne Sephton

SUBMISSION 234 1

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13 Wilson Street,

Harbord. N.S.W. 2096

17th March, 1995.

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

DARWIN N.T. 0801

Dear Sirs,

I congratulate the leader of the N.T. Government in putting forward a Bill which will, hopefully achieve Voluntary Euthanasia..

I have been a member of the Voluntary Euthanasia Society of N.S.W. since 1981 and I fully endorse the aims of the Society. I am now 75 years old and my husband passed away

after 15 years suffering with Dementia. He was incontinent for the last 4 years of his life and I cannot imagine a more dignified way to die.

My fear of degeneration and indignity is much greater than it ever was and I would like to feel that I had the right to have control over my own death for lots of reasons but mostly because I do not want my 2 daughters to have to see me go the way their Father did.

I, therefore, would like to say that I fully endorse what the N.T. Government is proposing re Voluntary Euthanasia.

Yours faithfully,

(Mrs.) N.E. Crowe

SUBMISSION 235 1

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18 Crowther Ave

GREENWICH

NSW 2065

19 March, 1995

The Chairman

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

DARWIN

N.T.

Dear Sir,

I am 81 years old and in reasonable health. Many of my contemporaries are dead or dying slowly and painfully and the loss of quality of my life is a prospect I do not like. If l could be reasonably certain that if it all became too much 1 would be helped to die peacefully and with dignity, and, above all, legally, my anxieties would be laid to rest. 1 do not wish my doctor to risk his or her career by carrying out an illegal act. Therefore, I have joined the Voluntary Euthanasia Society in New South Wales, hoping that there will be a politician as courageous as Marshall Perron.

Yours sincerely,

Dorothy Simons

SUBMISSION 236 1

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1 Noridah Ave

MT. COLAH. 2079

17th March, 1995

TO:

Select Committee on Euthanasia

Parliament of Northern Territory

Darwin

TO WHOM IS IN CHARGE OF ABOVE COMMITTEE

I am in support of Voluntary Euthanasia, where the person concerned is Brain Dead, and/or liable to become a useless burden on family and society in the Government's Exchequer. I am also in support of V.E. where Palliative Drugs are no longer effective - pain has become intolerable, probably caused by too many medical and surgical interventions (not always in the patient's best interests). I feel that medical and Surgical practice is now, at times, too advanced and people thus are being made to live longer than God intended.

I am a Christian so cannot agree with suicide, but find it unjust that a Doctor can be charged with murder, when probably all he has done is to turn off some life-support system which is man-made not God made.

Yours sincerely

(Mrs. Shirley Denniss).

SUBMISSION 237 1

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17 March 1995

The Secretary

Select Committee on Euthanasia

Parliament of the Northern Territory

PO Box 3 7 21

DARWIN NT 0801

Dear Secretary

I would like you to regard this as a submission to the Select Committee which is considering the matter of an act relating to euthanasia.

At the outset may I identify the reasons why I seek to make an input. First, I have a special connection with the Territory in that I am a director of a company which has large operations in the Territory and I am a fairly frequent visitor. Perhaps more cogently, I watched my step mother die some years ago slowly wasting away in very painful circumstances as a result of her suffering from an incurable cancer affliction.

It was evident many months before the lady died that there was no medical treatment which could be employed to improve her condition. She would gladly have sought to have the benefits and relief of the procedures being proposed in the Territory Assembly had they been available in Victoria where she was living but, alas, they were not available.

I applaud the initiative of the leader of the Government in seeking to have an act which would enable hopelessly ill

people to end their lives calmly and with dignity in the circumstances envisaged by him. The proposal has my fullest support and endorsement and I hope it will be implemented even though it is unlikely that, living in Sydney as I do, I personally would have access to it in the event of dire circumstances.

Yours faithfully

Rupert Myers

SUBMISSION 238 1

19/3/95

Select Committee on Euthanasia

I am a member of the V.E. of N S Wales, and a very, very strong supporter.

I witnessed my mother dying of cancer pleadive to put out of her misery and decided then to strongly support Voluntary Euthanasia.

I hope to die with dignity and do not want to be a burden on my family. They understand my feelings and I do hope that V.E. will be legalized.

Sincerely

Mary Goddard

SUBMISSION 239 1

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51 Fairlawn Ave.

Turramurra

N.S.W. 2074

17th Mar. 1995

Select Committee on Euthanasia

Parliament of the Northern territory

P.O. Box 3721

Darwin 0801

I am strongly in favour of voluntary euthanasia. Why should doctors be charged with a crime for assisting with something that is not illegal, namely suicide.

Fortunately there are many doctors brave enough to risk the consequences when they act to end the suffering of a terminally ill patient. They shouldn't be put in this position.

We allow animals to be put down, to end their misery, but not human beings.

Patricia Haydon

SUBMISSION 240 1

Mrs M Osmotherly

6/33 Karalta Rd

Select Comm. on Voluntary Erina N.S.W. 2250

Euthanasia 15.3.95

Northern Territory Parliament

To whom it may concern.

I've been reading in the papers and saw on T.V. the controversy about Voluntary Euthanasia. I also saw the program on Ch 9 recently re this how it was done in Holland. It's about time that this comes in the light here in Australia and I fully support to have made it legal in Australia.

We have rights to choose, if we are in full use of our marbles, to see an end to life if it's unbearable in any way to go on, and to have this without being forced not to see to it, either by one's doctor or family's help.

Yours faithfully,

M Osmotherly

SUBMISSION 241 1

6/26 Grove St.

Birchgrove

N.S.W. 2047

17.3.95

To the Select Committee

on Voluntary Euthanasia

I wish to add my support for your committee - as a member of the Voluntary Euthanasia of New South Wales I firmly believe in the aims of this society.

Yours faithfully

F. Hope Wilkinson

SUBMISSION 242 1

5/15 Birnja Rd

Bellvue Hill 2023

17.3.95

Dear Sir

It is high time that dying with dignity should be allowed and Doctors wouldn't be so frightened to help a suffering victim to pass peacefully... .

Yours sincerely

Mrs A Beer

SUBMISSION 243 1

10/17 Wallis Pde. Nth. Bondi 2026

17. March 1995.

The Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

DARWIN N.T. 0801

Dear Sirs,

On what grounds do the campaigners for the "right to live" base their slogan? Do they regularly visit hospices for Alzheimer victims, Aids victims, dying cancer patients? Or have they ever attended a victim of stroke, who ceased to look after his/her basic needs and has absolutely no quality of life, on the contrary he/she has to rely on either family members or nursing staff. Legislation should be made mandatory to everybody to make a "Living Will" while it is not too late to order ones demise.

Yours faithfully

Edith Peer

SUBMISSION 244 1

30 1628 Vera Zuckerman

90 Simpson Street

Bondi 2026

Select Committee on Euthanasia

I have recently seen my 78 year old brother-in-law have his life prolonged for three painful weeks because one distraught family member demanded he be revived, against the wishes of wife and others. I know many suffer on for years.

Modern medicine offers life-sustaining drugs to millions but legally it is unable to offer easeful respite to awful suffering by a kindly and timely death.

Congratulations to the Northern Territory Members on efforts to change the archaic state of affairs.

Sincerely

Vera Zukerman

SUBMISSION 245 1

JUNE WARREN

58 GRANDVIEW ST.,

SHELLY BEACH 2261

N.S.W. AUSTRALIA

16.3.1995

The Select Committee on Euthanasia

Darwin N.T.

Dear Committee Members 21/3/95

I am hereby registering my consent for Voluntary Euthanasia. Having experienced the need for same to be forthcoming when my husband begged to be put out of hismisery, suffering Cancer.

Also my opinion is that if we are born with a free will, we surely still have the choice of our demise.

More so today, with an ageing population, greatly concerned about all aspects of life,& not wanting to be a burden on relatives and Society through ill health particularly when past the Three Score Years & Ten.

Sincerely

Mrs June Warren (71 yrs)

SUBMISSION 246 1

IN CAMERA

CONFIDENTIAL

SUBMISSION 247 1

1/59 Ridge St

Ettalong, 2257

N.S.W. 18-3-95

To Euthanasia Committee

I am very much in favour of V.E. because I have had experience, by having relations and friends, in Nursing Homes and of having visited frequently.

Actually I am a Life Governor of the F.B.I. of NSW and so can speak with experience, of visitations.

My sister in law, was actually kept alive for two years, when she had no control over her body, did not know anyone and ended up being a real vegetable, alive but actually dead.

This is a shame, not only for the person, but their relations and friends, plus it costs a hell of a lot of money from the Government to keep them alive.

The people in Nursing Home are actually well cared for, so I have no complaints that way, but really think they should be let die with dignity instead of being kept alive or a vegetable.

We have now a representative body on the Central Coast in favour of V.E. and we do hope the law can be changed, so that person's can sign a Statutory Declaration, to their Power of Attorney and be allowed to go in a peaceful way.

Yours Fraternally

E. Constantine J.P.

SUBMISSION 248 1

MARY AND NEVILLE BROWN

7 Regent Street Berala 2141

Tel (02) 649 1589

16th March, 1995

I wish to support the bill that is currently being debated in the Parliament of the Northern Territory re Voluntary Euthanasia.

I have witness a loved one who died of cancer and begged to be allowed to die in dignity, but was denied this.

I support Voluntary Euthanasia on the right of individuals to have control over their deaths, as they do over their lives.

Doctors in Holland have recognised the humane need for persons to die in dignity, and so it should be applied in Australia.

You have my strong support that Voluntary Euthanasia should not be denied to terminally ill patients, or in fact anyone that feels that life is not tolerable because of mental and physical disabilities.

Yours sincerely,

Mrs. Mary Brown.

SUBMISSION 249 1

J. H. Delgorge

22/11 Sutherland Crescent

Darling Point, 2027.

Darling Point, 17th March 1995

Dear Committee Members,

I have read that a bill has been introduced in the Parliament of the Northern Territory to legalise Voluntary Euthanasia.

I wish to express my support for the legalisation of Voluntary Euthanasia because I feel that a person should have the right to terminate his or her life in a dignified way without suffering intolerable pain and without becoming completely dependent on others.

I have seen relatives suffering immensely and have seen their bodies wasting away where Voluntary Euthanasia could have meant a dignified end to their lives.

I also feel that a doctor who is wiling to assist a patient in dying should be able to do so without breaking the law.

Yours sincerely.

J.H. Delgorge.

SUBMISSION 250 1

17.3.95

I Bolen

5/Roden Cutler Lodge

Ang.Ret. Village

Edward St. GORDON 2972

SELECT COMMITTEE ON EUTHANASIA

P.O.B. 3721

DARWIN N.T. 0801

I am happy to see that things are moving. I am 85, I have angina, and emphysema. My stomach is playing up, life is not amusing. Soon it will become a burden to me and my friends and family. Therefore I would be very happy to know, when things go worse, that my doctor will be able to legally help me to the thereafter. I certainly would not ask him to do it illegally.

The "right to lifers" dont know what they are talking about. Let them reach the age and suffering and they will see. Unless they are masochists? Then they may relish in pain and in hurting their family.

If you are afraid euthanasia might be abused, then have a signed declaration by the patient verified by some special legal body. And should it be abused a little bit - no tourble dying after eighty. Another old creature gone to green pastures. The money I need for my upkeep could be so much better used by some young person for educaiton, or by some sick young person for quicker healing. Once at a euthanasia meeting, I think it was Philip Adams who said that we might one day have somewhere a little hospital especially set up for voluntary euthanasia. Would that not be lovely???? I am here among many old people, many of them dont even know who they are. They seem to be happy because they dont know any more. But most of the others say "we are living too long" They are good christians and they say "we have to accept". I even read in a 100 years old letter which I translated, that a mother said to her son that he was to accept suffering because Christ also suffered!!! What rubbish.

So please make me happy and legalise euthanasia!

Yours faithfully

Irene Bolen

Excuse overtyping my hands are not so sure as they used to be.

Any spelling mistakes forgive, I am a B.reffo.

SUBMISSION 251 1

To the

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O.Box 3721

DARWIN N. T. 0801

May I add my voice to those who welcome and admire the decision of the leader of your government to introduce a bill for the legalisation of voluntary euthanasia.

I assume each member of your Committee has already well considered the question of the right of the individual to control one's own life including the - in our society - legal right to terminate it, albeit restricted by the prohibition to obtain assistance in the exercise of this right.

I also assume that you will receive a number of submissions pleading the sanctity of life and the reprehensibleness of playing God; in some instances even the claim that legal euthanasia is on a par with the Nazi atrocities.

The latter claim deserves a sharp retort. I lived through the horrors of the Nazi Reich and witnessed how Jewish workers at my workplace were driven with rifle butts onto trucks, never to return. None of these and none of the millions of others who were victims of the Nazi fury ever asked for the deliberate termination of their lives.

I further wish to make the point that mere passive euthanasia is only half an answer. In my youth I met returned soldiers who had survived the trench warfare of the first world war and reported cases where a soldier had to take an excruciatingly painful decision when a comrade-in-arms was caught in a barbed-wire entanglement, screaming in agony while his viscera were torn from his body. Only a well aimed bullet could deliver the comrade from his unbearable suffering.

It appears that even the military command, not known for its special regard for the sanctity of healthy young lives, found no cause to query the morality of this act. Indeed, the soldier, far from presuming the right of divinity, had humbly assumed the duty of humanity.

W.G.Schmidt 18.3.1995
8/23 Arkland Street
CAMMERAY N.S.W. 2062

SUBMISSION 252 1

Miss Helen Taus

18/49 Barons Cresc.

Hunters Hill 2110 NSW

16/3/1995

To the

SELECT COMMITTEE ON EUTHANASIA,

PARLIAMENT of the NORTHERN TERRITORY

P.O. Box 3721

DARWIN N.T. 0801

I, the undersigned, a long-standing member of V.E.S. of N.S.W., support voluntary euthanasia on the basis of the right to have control over my death in case of terminal illness, be it advanced malignant or degenerative disease, as indicated in my advanced directives and appointment of an advocate.

Helen Taus

P.S.

Age - nearing 90 years.

SUBMISSION 253 1

13/29 Carabella Street,

Kirribilli, 2061, N S W.

March 18th,1995.

Select Committee on Euthanasia,

Parliament of the Northern Territory,

PO BOX 3721,

Darwin, N T, 0801

Honourable Members,

Firstly, congratulations to those compassionate people responsible for the introduction of the bill purporting to legalize voluntary euthenasia, and to those who have progressed it to the present stage.

As one who has witnessed the protacted suffering of friends and acquaintances who have been condemned to long periods of helpless indignity while waiting for a legal death from natural release, I want to advise you that the one cloud that blots out the supposed serenity of old age for me, and for many others with whom it has been discussed, is the absolute terror that grips one upon the realisation that such could be my fate.

I am convinced that otherwise inexplicable suicides are often motivated by a readiness for an earlier death rather than face such a prospect, which means that those who make the sacredness of life the basis of their opposition are in fact likely to be self defeating in denying humans the freedom of choice to die with dignity.

This is just as important a freedom as all those other freedoms that we hold so dear, as you will no doubt conclude.

Yours faithfully,

D B Pybus

SUBMISSION 254 1

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33 Elliott Place

Campbell, ACT 2601

18 March 1995

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

Darwin, N.T. 0801

Dear Sir/Madam,

I am writing to urge your support for legislation voluntary euthanasia.

I recall with anguish and anger the long drawn out death of my mother two years ago. Help to die was refused her when she wanted it. I find it unjust that people in terminal pain and distress have to search around to find a doctor who is willing to break the law to provide assistance in dying.

We surely should have the right to control our own deaths and die in peace and calm.

Your support is earnestly requested.

Yours sincerely,

Dr. M. Ruth Pfanner

SUBMISSION 255 1

SUBMISSION TO THE SELECT COMMITTEE ON EUTHANASIA..DARWlN.

There are many reasons why I support strictly regulated voluntary euthanasia, reasons that are hard to put into words for a committee, as they are to do with my strong reluctance to be totally dependent on others.

However, here I would like to address the medical costs incurred by the community in keeping hopeless cases alive. There is a limit to the money available for hospital accommodation and medical procedures I believe the greatest portion of a lifetime's medical expenses are incurred in the last 12 months of life. There are some older people, myself included, who feel we do not have a Great deal more to offer to the community and in certain cases would Father have the available resources used to treat younger, more productive members, than to try to prolong the last, often unwelcome, months of life.

Of course this should be strictly by the choice of the person concerned at the time, or if this is no longer possible, by previous written request, witnessed by an independant government official.

Naturally this is not my main reason for supporting voluntary euthanasia, however I thought it may expand the debate to take in a new direction.

(Mrs) MARIETTA RUSSEL

43 Bonython St

Downer ACT 2602

('phone 06 249 7267)

SUBMISSION 256 1

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15 McGowan Street

DICKSON, A.C.T. 2602

17 March 1995

Dear Chairman.

I write to urge you and your fellow committee members to recommend the legalisation of voluntary euthanasia.

I believe, like most other Australians, that it should be the right of each of us as responsible citizens to choose the time and the means of our own death.

The exercise of this right would infringe no right of any other citizen. I find it intolerable that the opinions of some people who deny me this right should be given precedence to my conviction that I should be able legally to die

when I believe my life is over.

I was appalled the other day 10 read of South Australian bishops asserting that in the Netherlands the laws on euthanasia are being abused. I suspect they may not have read some of the latest evidence on the Dutch experience. If they have not read it, they are derelict in their duty as spokesmen on a moral matter of this importance. If they have read it then they are clearly putting about mischievous misinformation. Have you and your committee members read Peter Singer's recent book *Rethinking Life and Death* (Melbourne, the Text Publishing Company, 1994)? I do think that, if you are not acquainted with this work, you should read it very soon, specially pages 150 156 which demonstrate the untruth of this notion that the right to euthanasia is abused in Holland. Singer also gives full references to further reading on this subject, specially the paper by Helga Kuhse 'Voluntary Euthanasia & Public Policy: Some Important Distinctions and What We Can Learn from the Netherlands Experience' read at the Centre for Human Bioethics, Monash University, in November 1993. Singer's whole book seems to me to be essential reading for anyone engaged in thinking nowadays about proper legislation on matters of morality. It is a lucid, humane and invigorating examination of some of the most pregnant thoughts that our time has given birth to on the subjects of life and death and on the ways open to us to give more dignity to both of these.

I urge you and the members of your Select Committee to disregard the views of those enemies of freedom and responsibility who, because they would never want to avail themselves of the right to die with dignity at a moment of their own choosing, wish to subject the rest of us to their punitive obscurantism. That they should hold that opinion is their right; that they should impose it on others who do not share it is an infringement of one of our dearest rights as sentient beings.

Yours sincerely,

James Grieve

The Chairman

Select Committee on Euthanasia

Parliament of the Northern Territory

PO Box 3721

DARWIN

NORTHERN TERRITORY 0801

SUBMISSION 257 1

3/18 Angas Street,

Ainslie, A.C.T.

2602

17.3.95.

Select Committee on Euthanasia,

parliament of the Northern Territory,

P.O. Box 3721

Darwin.

Dear Committee,

A friend of mine recently died from cancer. He was in great pain, and towards the end of his life his body functions deteriorated to such an extent that he had to die without dignity. Voluntary euthanasia would have saved him from these dreadful last weeks but it was not available.

I sincerely hope that you will pass legislation that will enable terminally ill patients to choose voluntary euthanasia if this is what they want.

Yours faithfully,

Anne Bonyhady.

SUBMISSION 258 1

18.3.95

Dear Ladies & Gentlemen

As a member of the V.E.S. I like to tell you why I support voluntary euthanasia.

After witnessed so many friends and inlaws seen dying, sometimes after three or even more suffering for years. I think those people should have been helped to die with dignity.

I wouldn't even leet an animal suffer, let alone people.

By the way, I am 80 years of age and I only hope when my time comes that we here in Australia the same legally controlled situation have as there is in Holland.

Thanking you,

Mrs Lena van Galen

2 Aubreen St

Collaroy Plateau

NSW 2097

SUBMISSION 259 1

JL & JG Pring

2 Lentara Road

Bayview 2104

Phone: 979 9659

17/3/95

The Chairman

Select Comm on Voluntary Euthanasia

Darwin

Dear Sir,

I am 83 yrs of age and in good health at this stage but I am nearing the end of a good life and should the time come

when I am incapacitated to the extent I cannot look after my own bodily functions I want the right to be able to end my life. I do not want to be a burden on family or Society and feel I should have the satisfaction of knowing I can decide on my own death.

We have a friend who had a severe stroke 3 yrs ago and has been bed ridden ever since unable to move or talk which I think is bordering on the criminal.

I wholeheartedly support Euthanasia.

Yours faithfully

John Pring

SUBMISSION 260 1

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20 Turramurra Court

2-4 King Street

The Select Committee on Turramurra - 2074 N.S.W.

Euthanasia. N. Territory. 17 March 95.

It is my strong wish to promote the cause of Voluntary Euthanasia as I do most strongly believe in the right of individuals to have control over their deaths, as they do over their lives.

I have personally been a Member of V.E.S. for over 14 years continuously and even as a schoolgirl believed it totally wrong to keep alive anyone with a Terminal illness who wished to die - After all if anyone allowed any other creature such as a horse or dog, to die slowly in pain they would I believe be subject to prosecution for so doing.

Why should we the thinking minority be governed by the will of people who believe in known myths and prejudices regarding the Sacredness of human life and human life only - I find their position cruel and unjust and wish to express my hope that the Current Proposed Legislation to Legalise Voluntary Euthanasia be carried by Act of Your Parliament -

Yours faithfully

Jessie D. Parry

P.S. After all no one is suggesting that Euthanasia should be carried out for anyone not requesting it - only those who disagree with the Law as it stands, regarding the right of those who do request it (and most of those do leave written requests, stating their wishes) to those I can see no good ground for the prevention of their wishes, which I most certainly do. Please excuse my writing. Age has made somewhat shaky - I am very close to 86 yrs of age. But my mind is clear and my opinion as you can see is of long duration.

SUBMISSION 261 1

18/3/95 AFTIM ZABANEH

83 PHYLLIS AV. KANWAL NSW

2259

To the Select Committee on Euthanasia

Parliament of the Northern Territory

To whom it concern

I would like to voice my opinion in regard to V.E.

I am a member of the V.E. Society in Sydney branch N.S.W.

I feel strongly for the right to have a say in what should be the laws of the Parliament and would very much like to see this law made legal, so every one that needs and believes in V.E. should have the right to be able to end life where it has become a nightmare of pain and suffering with no hope of a cure.

I have seen a friend die of incurable disease and he wished V.E. was the law to end his suffering and the pain so I do hope this will be the law in the near future as it could affect me later on.

Yours Sincerely

A Zabaneh

SUBMISSION 262 1

ANGUS KYLE HODGE

2 Armidale Street,

The Entrance, N.S.W.

2261 17-3-95

Dear Sir/Madam,

I'm all for Voluntary Euthanasia, because I have Emphysema, Asthma, I'm also having Vit. B.12 injections for loss of memory. I'm 78 yrs.

For the past 24 years I've lived by myself, doing my own cooking, shopping, washing and ironing and it has made me very independent, when I can't look after myself I want out.

Cancer can kill be with absolutely no mercy horribly and painfully, a mercy injection or similar, I'm all for it. Three of my family have died with it. For the past 2 yrs if I was sure of V.E. I wouldn't have been living a life of depression caused by the fact of Cancer. It is making my life a misery; to say the least.

Thanking you,

Regards,

A. Hodge.

SUBMISSION 263 1

4/28 Taylor St

Alice Springs NT 0870

The Chairman

Select Committee on Euthanasia

GPO Box 3721

Darwin NT 0801

Dear Sir

I commend the Honourable Marshall Perron for introducing the Rights of the Terminally Ill Bill into the Legislative Assembly. It is a necessary step to giving Territorians greater control over their own bodies. It follows on logically from allowing contraception and abortion.

The Honourable Member for Fannie Bays' Second Reading Speech clearly enumerates the reasons for the necessity for voluntary euthanasia.

The Bill provides appropriate measures to ensure that - within the limits of human frailty - involuntary euthanasia is not practised. In fact the introduction of voluntary euthanasia will reduce the incidence of illegal medical practices.

I have loved ones die following lengthy periods of ageing or dementia. I have long believed that I should have the right to ask, now, for voluntary euthanasia should I at some future time either be suffering from an extremely painful terminal illness, or through dementia become totally unaware of my loved ones and surroundings. I accept that it would be almost impossible to state definitely when such a state of dementia existed and that I should be mentally capable of making the decision about the timing of voluntary euthanasia.

I urge all Honourable Members to put aside personal beliefs and feelings and to vote for this Bill which has the support of the overwhelming majority of their constituents.

Yours faithfully,

Ron Kirkman

17 March, 1995.

SUBMISSION 264 1

16/3/95

Dear Sir

My sister died Oct 1994. She was fast going blind, she could not face life in a Nursing Home - My sister took an overdose of an unknown drug. It took her 3 days to die. She was a great believer in VE and hopes that V.E. would be legalised. She was a Member of Voluntary Euthanasia till a couple of years ago.

I am a member of V.A. and would not like to see anyone die slowly like my Sister.

I wish you every success and hope this letter will be of some use.

A. M. Smith.

SUBMISSION 265 1

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4 Magree Cres.

Chipping Norton 2170

N.S.W. 17/3/95

To The Select Committee on Euthanasia,

Dear Sir, Madam,

I am writing in support of the Euthanasia Bill. I am a woman of 70 yrs of age in reasonable health considering my years.

My fear is that I will suffer a stroke or some other crippling illness.

What a great relief and weight off my mind it would be if voluntary Euthanasia was legal and I could be sure of a peaceful end to my life.

I could enjoy what is left of my life with the knowledge that I would not have to endure an ignoble death or old age.

This is a point I have not seen put forward before and I know many people in my age group and younger who feel the same way.

I have control over my life now, so it seems to me to be reasonable to have control over my death. I have control over if and when I visit my doctor, and what medication I will take. I have control over if I will enter hospital for treatment, or have any operation. I had control over the number of children I had, my means of the contraception pill.

I feel very strongly that it is only logical to have control over the number of children I had, my means of the contraception pill.

I feel very strongly that it is only logical to have control over the final stage of my life. What wonderful peace of mind that would bring.

I do hope you will take these points into consideration.

Yours Sincerely

Mrs J Brooks.

SUBMISSION 266 1

9/30 Broughton Street,

Campbelltown, N.S.W.

2560

19 March 1995

The Manager

Select Committee on Euthanasia.

Dear Sir,

I sincerely hope that voluntary euthanasia will soon be legalised in the N.T. and spread throughout the whole country.

I have had prostrate cancer since 1992, and was informed that should it go "wild", it would kill me within three months. To get things organised, I read the book "The final exit", and was surprised to find so many ways to "exit stage left", that were not messy.

Having chosen my poison, it was then necessary to find someone that could give me the required substance, and I

was surprised how quickly I found a helping hand.

Since then, I have told the family who are in full agreement, that if the quality of my life drops, I shall end it at my convenience.

When you see the number of "vegetables" in hospitals and nursing homes that are barely holding on to life, voluntary euthanasia should be legalised immediately and to Hell with the selfish and myopic views of the Church.

Yours faithfully,

(D.R. Martin)

P.S. When I informed the family, I was invited to the best wake I have ever attended -- my own.

SUBMISSION 267 1

OTTO SCHAUT 262 Hector St SEFTON 2162

19th march, 1995

Select Committee on Euthanasia

Parliament of the Northern Territory

D A R W I N N.T.

I am pleased that at least one politician has the courage to openly advocate VOLUNTARY Euthanasia. He deserves all encouragement and support.

Therefore I implore the Committee to show the same courage and commonsense. Not to support the bill means that many people will continue to suffer pain and indignities in the last days of their life, all because opponents of the bill want to force on to the human sufferers what they would not deny animals under the same circumstances.

Please do not forget that doctors, by unnecessarily prolonging the life of patients who do not wish to suffer any longer and want to die, are contravening the natural processes to life.

If God or Nature has destined someone to die at a certain time, the medical profession should not stop that process unless specifically requested to do so. Doctors should assist those who wish to tend their life in a humane manner, without being subject to legal punishment, if they are willing help.

Yours faithfully,

O. Schaut.

SUBMISSION 268 1

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23 Chermside St.,

Deakin,

Canberra, 2600

19th March, 1995

Select Committee on Euthanasia,

I was interested and pleased to read you are considering a Bill on Euthanasia. As I am 83 years old, this is a subject

on which I have an obvious interest. In addition, some older members of my family also reached a similar age, and I have been able to consider their varying experiences in dying. I am in good health, possibly because I chose my parents wisely, and have continued to exercise my body and mind. However, my short term memory is deteriorating, and I am aware that Alzheimers lurks in wait for all of us. As the psalm says, 'The days of our years are three score years and ten; and if by reason of strength they be four score years, yet is there strength, labour and sorrow, for it is soon cut off and we fly away".

My mother lived all her life in a small mining town, and the doctor mistook her stomach cancer for an ulcer (an inexcusable mistake now) and her last two months were agonising. Similarly with a sister, whose stomach cancer was not diagnosed until she entered hospital with a broken hip. She was treated tenderly at St Vincent's Hospital Sydney, but pain relief was not well understood, and she suffered severely. My brother in Queensland, who was a clergyman, asked to be sent home to die after an operation revealed his stomach cancer had spread. I am grateful to the doctor, who gave my sister-in-law an ample supply of morphine, and told her to see he did not suffer - which she was able to do. My remaining sister is 90 and suffering from Alzheimers. She is looked after in her own flat in Sydney, has an untreatable stomach ulcer, and looks at the walls for most of the day. In previous years she frequently hoped she would not wake from sleep, but left it until she could not ask for help. I can only hope it will be legal to help me.

Yours sincerely,

L. White

SUBMISSION 269 1

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19 DEVON ST

EPPING N.S.W. 2121

19th MARCH 1995

SELECT COMMITTEE ON EUTHANASIA

PARLIAMENT OF THE NORTHERN TERRITORY

P.O. BOX 3721

DARWIN N.T. 0801

DEAR SIR,

I AM IN FAVOUR OF VOLUNTARY EUTHANASIA FOR THE FOLLOWING REASONS.

WHEN LIFE HAS DETERIORATED BOTH MENTALLY AND PHYSICALLY TO SUCH A STATE THAT THERE IS NO LONGER JOY OR DIGNITY IN LIVING ONE SHOULD BE ABLE TO END LIFE WITH THE LEAST PAIN.

A PERSON MAKING A WISH WHEN IN SOUND MIND (I.E. AN ADVANCE DIRECTIVE) NOT TO KEPT ALIVE ON LIFE SUPPORT SYSTEMS OR TO EXIST WITH DEMENTIA, DOCTORS SHOULD BE ALLOWED TO HELP THAT PERSON DIE. IT MUST BE CONTROLLED OF COURSE WITH THE MEDICAL OPINION OF MORE THAN ONE DOCTOR HOWEVER THE PATIENTS WISH SHOULD BE PARAMOUNT.

WE WATCHED MY FATHER AND FATHER-IN-LAW DIE SLOW AND PAINFUL DEATHS. WE FELT SAD AND USELESS, NOT ONLY IS IT WRETCHED FOR THE PATIENT, IT IS DEVASTATING FOR THE FAMILY.

HEALTH SHOULD NEVER BE JUDGED IN MONETARY TERMS, AS AN OLD PERSON I THINK THE HEALTH DOLLAR SHOULD BE SPENT ON THE YOUNG AND NOT KEEPING OLD SICK PEOPLE ALIVE WHO WISH TO DIE.

YOURS FAITHFULLY

(MRS) JOAN PATERSON

SUBMISSION 270 1

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21 Tristan Avenue

WOONONA

NSW 2517

18 March '95

Select Committee on Euthanasia

Parliament of the Northern Territory

PO Box 3721

DARWIN N.T. 0801

Dear Sirs,

You have an awesome responsibility. Every newspaper/media poll suggests that about 80% of the world population demands the right to a free, voluntary painless, dignified death - at a time chosen by the person concerned.

Devising such a fool proof, crime proof system may need many hours of deliberation and amendments; please please, do not shrink from the task, after such a courageous lead from your premier.

Doctor assisted suicide should be the right of everyone not the rich and the privileged!

Yours Sincerely

Dan Barnham, Aged 67, in excellent health and expecting to live to 90!

SUBMISSION 271 1

Home Phone 306 8563 (03) 20/3/95

Work Phone 387 1433 (03) 58 South St

Glenroy

3046 Vic.

Members of the Select Committee (Euthanasia)

Dear Sirs/Madam

My dear father died from the terminal disease called Motor Neuron Disease. Though it was difficult at times for himself and for us we loved and cared for him in every way. Never at any time did he or ourselves (his family and friends) entertain the idea of euthanasia. He died a peaceful death with his loving family around him. I believe only

God has the right to take life and that we should love and care for our sick - not kill them.

Yours sincerely

Brian Harris

SUBMISSION 272 1

Mr & Mrs R & B Struik

4 Thadalee Place

ULLADULLA 2539

17.3.95

Select Com. on Euthanasia

Parliament of the

Northern Territory

PO Box 3721

Darwin NT 0801

Dear Ms./Sir,

Through this letter I feel there in my humble opinion about euthanasia we can be of little help for this good cause.

Having seen many people suffering a terminal sickness in our life, working in a hospital, we feel that a lot of people who did like to die, were not given the opportunity to do so.

While a vet helped our dog suffering from incurable caner to die, it seems very reasonable that a doctor should be allowed to do the same for a patient in the same circumstances if asked for by the sufferer.

Yours

R & B STRUIK

SUBMISSION 273 1

To The Select Committee: The Rights Of The Terminally Ill Bill

As a Registered Nurse it has been my experience that many people with terminal illness who are dying suffering untreatable pain and debility have requested and even begged for death so as to be free of intolerable crippling pain. There sometimes appears to be a mistaken belief that modern palliative care can effectively alleviate pain and suffering. While this is so in some cases, regardless of how good the palliative care received there will always be situations, which is disturbing, whereby pain relief cannot adequately help a person and therefore that person will be subjected to almost barbaric suffering despite living in modern times. It is for this group of people close to the end of their natural life that euthanasia offers compassion and individual choices to our fellow man.

This cruel facade of keeping people alive against their wishes has not yet been properly addressed and confronted by people democratically, except perhaps by a few countries in the world. In a era of Charters of Rights for all groups of people and acknowledgment of individual rights, the dying must also have the right to choose when to die if pain and suffering prevents them living a peaceful and tolerable existence. It is now time living in the enlightened Nineties to deeply ponder why we allow our fellow human beings to suffer so much without a reason

or for a positive outcome and to stop being complacent and accepting for the end of our lives being contemplated with fear and trepidation in some instances. We must be allowed to take control of our deaths and stop believing it is inevitable to suffer so much, our fear intertwined with loss of dignity and independence of our bodies.

To those who use a religious argument I strongly believe that God does not wish to suffer so terribly. Euthanasia is not an act God would condemn I feel sure of. Humans have unintentionally allowed their fellow man to suffer more by providing good Medical/Nursing care enabling people to keep living without acquiring complications of illness but continuing to sometimes live in agony or misery, being able to produce analgesia without adverse side effects that completely eradicates pain or brings pain to within acceptable limits. To give example to my conviction that we are forced to anticipate death in some situations, with dread and somewhat horror, which needs to be remedied I experienced twelve years ago the helplessness of having a young friend facing death from cancer. Her fear was not of death itself but of the pain she was anticipating as her pain became more pronounced as illness progressed. She looked and leaned to me for "help" knowing I was a Nurse. I could not help her in the manner she wanted and my somewhat weak reassurances that she wouldn't be in a lot of pain and analgesia could greatly help her did not give her the support she was looking for and left me feeling almost wicked that I could be deceiving her. I knew her pain would be great and ineffectively relieved with painkillers. I knew that when she felt the time was almost at an end of her she wanted a quick ending to her suffering and not have to endure a intolerable undignified death. I have seen too many people have to undergo prolonged suffering and often wondered why this has to be so. At the end stage of terminal illness after having suffered their own personal agonies along the course of their illness I have witnessed, alongside my Nursing Colleagues repeated instances of usually inexperienced Doctors unwilling and refusing to give adequate analgesic coverage for an illogical fear of doing something wrong. It is usually the younger inexperienced Doctors that are first in line to being "called in" after hours also. I

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don't think I can aptly describe the frustration and injustice this has invoked to see people suffering so needlessly and against their wishes.

While I respect other people's personal viewpoints and beliefs I believe it is the dying person's choice of when they wish to die that must be acknowledged and permitted.

I feel the average person with the exception of those who have closely experienced somebody dying with much suffering, realise how dreadful the process can be. Their arguments I am convinced are clouded with ignorance. I can't help feel again that this isn't the suffering that we have to undertake as part of life and isn't God's intention towards humility. This is an argument of distortion of life and a tool used by some religious factions and people in our society. It is now time to finally act with compassion, respect, love for fellow man and give the dying the rights they deserve and need and be allowed to die with peace and dignity.

It has been argued that the dying person would be influenced by relatives and loved ones not wishing to burden them with their sickness. I have tried many times to imagine this scenario but I can't and feel an inherent choice to die when the time is right and fitting for those concerned would rather occur. In addressing the person's wish to die a Medical/Allied health Team would identify the true reason for wanting death and now allow such reasons to prevail and at the same time ensure a person's family and those concerned have good support resources.

The practice of Euthanasia will continue regardless of being legislated or not. It is unfair to the medical Profession to operate stealthily and behind closed doors. It is unjust and cruel to the concerned person to put themselves at risk of not achieving their aim of successful death and even exacerbating their misery. (by unsuccessful suicide).

As an individual in our community I urge the Select Committee to act with progression reflective of today's society and needs with compassion. I feel compelled and duty bound to the people I have known who have suffered needlessly against their wishes. I feel I have had the experience to declare that the present situation for some of the dying is not right and needs rectifying and we have to now give complete compassion to those people within our

civilized caring society. To those Politicians who have their own strong personal beliefs and will not act on behalf of the majority of their electorate I can only say you are not acting as true Politicians in the democratic sense and perhaps it will be to their own detriment at a later time. I have found overwhelmingly people are in support of voluntary euthanasia and an individuals rights opposed as opposed to others beliefs. But to truly gauge the feeling of the public and to operate democratically I think something along the lines of a referendum would be much fairer for our community.

L. D. Manners

Linley Manners,

P.O. Box 330,

Humpty Doo, N.T., 0836

Telephone 881951

I will be away on holidays from 27/3 - 26/4/95 if further correspondence is required. L.D. Manners.

SUBMISSION 274 1

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23 Duke St,

Stuart Pk,

Darwin NT 0821

19/3/95

Dear Ms Hancock,

My Wife and I are very concerned about Mr Marshall Perron's Proposed Bill to introduce and legalize Voluntary Euthanasia into the law of the Northern Territory and subsequently Australia.

We request that you vote against the bill for the following reasons.

1. The proposed Bill is very dangerous as it will eventually lead to Involuntary Euthanasia at some stage in the not to distant future.

2. The Bill allows the killing of human beings and this is against Gods law. God is the one who gives us the first breath and is the only one who can legally take it.

3. In Holland where Euthanasia is practised even though there is a law* against it, more people die from Euthanasia without their consent than with their consent in that country.

4. Good palliative care is an absolute essential in the care of those who are terminally ill or dying not permission to put them down! God forbid!

5. The Australian person needs to be able to have faith in his/her doctors that they will do their utmost to ensure that they will be looked after until they are well or until they pass away.

6. By giving permission re the Bill for Euthanasia makes the Australian doctors no different to Nazi Germany in 1930 when they began to view certain people as having lives not worthy of living, people who could be removed easily such as the Jews, Poles, gypsies and even the Dutch!

This law is a Monster! and must not be allowed to pass!

The Northern Territory and Australia does not need Euthanasia!!

7. We do need a good palliative care service for our terminally ill friends and loved ones.

The Proposed euthanasia Bill is very dangerous and will have dire consequences for all Australians if it is passed.

Please vote against the proposed Euthanasia Bill.

Yours sincerely

Mr & Mrs C J Bunett

* Article 293

CJ & LJ Bunett

23 Duke St,

Stuart Park

Darwin NT 0821

SUBMISSION 275 1

2/1 Selwyn Street

Wollstonecraft 2065

PO Box 359

Select Committee on Euthanasia

Parliament of the Northern Territory

Darwin NT 0801

Dear Sirs,

I am writing to express my hope that you will decide to legalise Euthanasia with safeguards and rules similar to those applying in the Netherlands, in the Northern Territory, and thus set a much needed precedent for the whole of Australia.

Such a move will be welcomed by many old people like me. I am 79 years of age and still enjoy my life, but am haunted by the fear that I will not be able to ask my doctor to help me die in a painless and dignified way if and when the quality of life has gone.

With all good wishes for a good outcome and correct decision.

Sincerely

T. Florin

SUBMISSION 276 1

4/258 Pacific Highway

LINDFIELD NSW

2070

17.3.95

Dear Sir,

My poor husband died of cancer in agony. His doctor refused to help him die and it dragged on for weeks. The nurses at the hospital couldn't help, so at last in depression one night after the nurse had done her rounds, he took all the tubes out. When Sister saw what he had done, she tried to put them back, but he begged her to let him die. She did nothing and I was very grateful to her. I do hope my doctor will take pity on me one day.

Gertrud Lea

SUBMISSION 277 1

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8 Manning Rd

Gladesvile 2111

817 2701

To Select Committee on Euthanasia

Parliament of N. Territory.

Dear Members,

This is a plea for you to support the Bill on Voluntary Euthanasia.

My personal experience of suffering and loss of dignity concerns my Mother - Cancer at age 51 - my Husband at age 75 with the same illness.

Both died a long and painful death with loss of dignity. It is too painful for me to write in detail of their suffering but as I am approaching my late seventies and am alone - in poor health it concerns me greatly that I would possibly have to face a similar situation - I have always taken pride in being responsible for my actions and as the final "Last Act" is fast approaching I would find some comfort in knowing I would have some degree of control over that part of my life too.

If suicide is not illegal it is only one short step to make assisted V.E. legal also.

The wealthy like Richard Nixon Jackie Onnasis and I believe a member of our Royal Family have had the comfort of such help.

Please consider this Plea - Help us to Die - "Permit it". Quality of Life is Important. Surely we are Greater than an Animal and the Laws of the Land would not permit an Animal to suffer as some of our loved ones do.

Yours sincerely

Gretel Beaumont.

SUBMISSION 278 1

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59 Darbey Rd

Manly 2095

18-3-95

The Select Cte on Euthanasia,

Parliament of the N.T.

P.O. Box 3721

Darwin NT. 0801

Dear Sirs,

I write to support the introduction of Voluntary Euthanasia.

I experienced the quite horrific and drawn out death of an Aunt - who pleaded to be helped to die. I approached her Doctor in the hope he could offer some assistance. This was not forthcoming in any form. I had to watch a much loved one being force fed -and eventually die in the most undignified manner. As one whose origins are on the land, I can only say we treated our sick animals with more compassion.

My support is unqualified.

Good luck,

Yours faithfully

Shirley Donelan

SUBMISSION 279 1

Tel: 418 7303 144 Parkview Terrace

25 Best Street

Lane Cove 2066

16/3/95

Select Committee on Euthanasia

Parliament of the Northern Territory

Darwin

In regard to the proposed bill to legalise voluntary euthanasia, I would like to express my sincere conviction that, with adequate safeguards, voluntary euthanasia will be a blessing.

Patients who are terminally ill have a right to die if they so desire. Compassionate doctors should not have to break the law to help their patients.

Yours sincerely

Mrs H. B. Waterman

SUBMISSION 280 1

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59 Ridge St

Ettalong 2257

18-3-95

To Secretary

Euthanasia Association.

I have joined the Association, after visiting my sister in a nursing home for many years. She is well cared for, but does not know me or any of her family, can do nothing for herself. When I can get to see her it breaks my heart to see so many people in same position. Just a lot of bodies. I don't class it a killing to just let them go to a peaceful sleep. Its only modern science keeping them there.

Respectfully yours,

Dalmar O'Brien

SUBMISSION 281 1

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247 Balwyn Road

Nth Balwyn 3104

19th March 1995

The Select Committee into Rights

of the Terminally Ill Bill,

C/- Ms Pat Hancock

Legislative Assembly

G.P.O. Box 3721

Darwin NT 0801

Dear Ms Hancock

Would you please convey to the Select Committee my fear at the proposed euthanasia legislation for the Northern Territory and ask them to oppose the Bill. I feel that no-one should have the right to end the life of another person.

Yours sincerely

(Mrs) K. E. Ryan

SUBMISSION 282 1

"KALORAMA"

5/4 ASTON GARDENS,

BELLEVUE HILL,

SYDNEY. N.S.W. 2023

TELEPHONE:

(02) 326 1104

March 16th, 1995

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

Darwin NT 0801

Dear Sirs,

I should like to support very strongly, the motion to introduce legal voluntary euthanasia.

Having seen many family members and friends affected with such conditions as dementia, alzheimers disease, loss of control over all bodily functions and many other illnesses, I have been made aware of how they suffer and how they long for release. I also know how their family and friends suffer for them. My own mother suffered from cerebral spasms, and, probably unfortunately, had moments of near normality, during which she became well aware of her mental state at most times.

I think it is essential that people be allowed to make their own choice as to whether life should be prolonged in misery, or that they may arrange a dignified release. This should be organised before they become unable to make a decision, due to their mental state.

I trust that enough submissions will be received to enable the passing of this important bill.

Yours faithfully,

(Mrs) Valerie Osborne

SUBMISSION 283 1

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46 Ramsgate Rd.,

KOGARAH 2217

18 - 3 - 95.

Select Committee on Euthanasia

Parliament of Northern Territory.

I would like to give my approval to the Bill to legalise Voluntary Euthanasia.

My mother had an incurable complaint and towards the end of her life was moved back and forwards between home and hospital. During her final lengthy stay in hospital, she frequently requested relief but this was not legal and we could only listen to her requests to die until the final relief came.

This voluntary option should be available to those with no hope of recovery, but with the prospect of months, or years, of degrading and painful existence.

We a re not trying to force our view on the Anti - V. E. but they want to force their views on those who want Voluntary Euthanasia.

To me this seems very undemocratic.

Yours,

A. D. Duncan.

SUBMISSION 284 1

5/39 Green St

Kogarah 2217

N.S.W.

17th march 1995

Select Committee on Euthanasia

Parliament of the Northern Territory

Darwin

Dear Members,

As a southern Territorian I am writing to you re Marshall Perron's proposed bill. Vote YES.

I have examined this proposal to the best of available information here and as I see it he has covered the subject excellently.

My mother committed suicide after years of intolerable suffering and I have always been grateful to Neville Wran for removing suicide from the criminal statutes of N.S.W.

How much better if our family could have said Good Bye to a very brave lady.

Yours faithfully,

(Mrs) R. Wilson

SUBMISSION 285 1

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66 Monaro Ave

Kingsgrove 2208

New South Wales

11th march '95

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

Darwin N.T.

Sirs,

I fully agree what Marshall Perron is attempting to achieve and you ladies and gentlemen support him.

My father died of bowel cancer Sept '59.

My eldest brother died of throat cancer Feb '70.

My other brother died August last year from lung cancer, he was in and out of hospital (mainly in) from February. I visited him in hospital regularly and to see him over the past month or so was pitiful to watch.

My niece, pretty as a picture, in her mid 40's also died of lung cancer March '87. For the family to see this poor girl struggle over the last few months was very sad.

My cousin was diagnosed with cancer 3/4 years ago he also died of lunch cancer Oct. last year. Over the past 2 years he had a terrible time. A drip was inserted in his chest leading to his abdomen. I think this was a new procedure to replace chemotherapy, anyhow the poor guy had major surgery on the Sat and died on the Wednesday.

I might add all these cases were non-smokers.

Now me, I have had a double block direction (removal of glands under both arms) with extensive skin graft on my back through a melanoma. I wouldn't want to go through that extensive surgery again.

If those do gooders, and they are only a certain type in the community wish to see their loved ones suffer and maybe themselves great that is their prerogative, and I want to determine if I want to live or die.

I hope the Northern Territory Parliament passes this Bill allowing euthanasia - it's going to happen sooner or later and I hope you are the forerunner in this exercise.

Yours faithfully

D. Martin

SUBMISSION 286 1

Miss Dorothea Storm Willadsen

17/25 The Glen Rd Arncliffe

NSW 2205

18.3.1995

SELECT COMMITTEE ON EUTHANASIA

I do support the right of individuals to have control over their deaths as they do over their lives, and it should not be a crime to request this if one is terminally ill and no hope of recovery.

Also, for one in constant chronic pain and the time comes when it can't be borne any longer, lifestyle is changed and one's mental facilities are effected by this pain.

I expect in another ten years I will be in the position of the latter. At this moment I think I have the strength of character to carry on despite the terrible pain I suffer. I am 72 years of age as at this moment. One doctor need not take the responsibility for ending one's life, a panel of three specialists could decide the issue.

Yours faithfully,

Dorothea Willadsen

SUBMISSION 287 1

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30 Phoenix St.,

Lane Cove N.S.W. 2066

18th March, 1995

Select Committee on Euthanasia,

Parliament of the Northern Territory,

P.O. Box 3721

DARWIN. N.T. 0801

Dear Sirs,

I was very pleased (as were my close relatives) to read that a Bill was to be introduced in the Northern Territory to legalise Voluntary Euthanasia. To us it seemed such a worthwhile forward step, long overdue in Australia, and we hope that success in the N.T. will hasten similar laws in N.S.W. and elsewhere.

I became interested in Voluntary Euthanasia when a very good friend of mine suffered from cancer. He "fought" the complaint at home for months in great distress, with great distress to his wife and daughters. I visited him but could not help thinking that there must be a better way to die, for the patient's sake and for his family's sake. I did not know of any organisation supporting my thoughts, but I looked in the telephone book and found the "Voluntary Euthanasia Society of N.S.W.", which I contacted and joined.

Four of my Aunts and one Uncle suffered greatly before dieing, which now seems to me to have been so unnecessary. Aunt Amy, for example, was in a private hospital for months and months with a horrible open cancer on the top of her head. She knew she couldn't survive, for the original cancer had been removed years before and a plate inserted to protect her brain, and she knew that the cancer might come again, which it did. I visited here often and she told me that she asked the nurses and the doctors to help her die, and that she prayed each night go God to take her during the night, and she was always so sad when she awoke in the morning to suffer again all day.

Personally, I can't see why a person can't decide when its time to die. There is no law against it, and a person should not be forced to remain alive against his or her will. We shoot our dogs and horses to save them suffering, why should persons be made to suffer unnecessarily?

I do hope your special Committee will allow this Bill to go forward (with proper safeguards of course) for the passing of such a law in the Northern Territory will be a great step forward for the people of Australia, and a good example for the rest of mankind.

Yours very sincerely,

Alan F. Hodge

Aged 83. Retired Bank Manager

Past President of Lane Cove Club Ltd

Past President of Lance Cove West

Bowling Club

(Phone 02 427 3496

SUBMISSION 288 1

3/23 Cambridge St

Penshurst 2222

Select Committee on Euthanasia,

Parliament of the Northern Territory

P.O. Box 3721

Darwin NT 0801

Dear Sirs

Yes, we approve of Voluntary Euthanasia providing it is controlled by very strict but reasonable safeguards.

Keep up the good work.

Ethel & Arthur Neale

SUBMISSION 289 1

Submission taken in Camera.

Confidential.

SUBMISSION 290 1

Submission taken in Camera.

Confidential.

SUBMISSION 291 1

191/7 Kurringal Pk

Dick Ward Drive

Fannie Bay

N.T. 0820

19-3-95

I wish to state that I approve of Euthanasia. I am fit and healthy though I am 82 tomorrow

20-3-95. I intend to tell my son of my opinion and will make a necessary declaration.

Yours Truly

I.H. Houlison

SUBMISSION 292 1

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10 Wolfram Court

SANDERSON NT 0812

19 March 1995

The Chairman

Select Committee on Euthanasia

GPO Box 3721

DARWIN NT 0801

Dear Sir/Madam

I am wiring with regard to my support for the proposed "Rights of the Terminally Ill Act 1995".

Euthanasia has been a subject of interest to me for many years although I have not been directly involved in a situation where I felt it could be used. My hope is that I never will be. However, life is before me and I have always felt that there should be an alternative to "nothing" with regard to the legal aspect of the rights of the terminally ill person. My opinion is that a person in this situation should be able to request assistance from a medically qualified person to voluntarily terminate his or her life.

There is no doubt in my mind that this legislation would do what I had "hoped for" with regard to giving people who have less than twelve months to live a choice they "may or may not" make use of with regard to ending his/her life in a humane and dignified manner.

I have read various documentation both for and against the proposed Northern Territory Euthanasia Legislation and I personally agree with the proposed legislation.

However, it does puzzle me why Marshall Perron's proposed euthanasia legislation has not been presented to the people of the Northern Territory in a referendum where each citizen can vote according to his/her conscience. The consciences of the 25 MLA's to vote on this issue with regard to his/her constituents for this very personal decision making legislation is not getting a true picture from within the Northern Territory community. It puzzles me how a media survey or figures bandied around can be as true and accurate as a referendum vote.

Yours sincerely

Pam Mckeen

SUBMISSION 293 1

14/6 BULLER ROAD

ARTARMON NSW 2064

MARCH 17, 95

SELECT COMMITTEE ON EUTHANASIA

PARLIAMENT OF THE NO. TERRITORY

P.O. BOX 3721

DARWIN, N.T. 0801

I AM WRITING THIS IN SUPPORT OF YOUR PLAN TO LEGALIZE EUTHANASIA.

HAVING HAD AN OPERATION FOR BREAST CANCER 18 MONTHS AGO, I WOULD LIKE TO HAVE THE CHOICE OF ENDING MY LIFE IN THE EVENT I FIND MYSELF IN PAIN AND DISTRESS THE WAY MY HUSBAND WAS PRIOR TO HIS DEATH WITH PROSTATE CANCER. HIS SUFFERING WAS UNBEARABLE TO HIM AND TO ME.

IT IS TIME SOMEONE IN AUTHORITY TOOK A STAND AND I MUST APPLAUD YOU PEOPLE FOR TAKING THE INITIATIVE.

I WILL BE FOLLOWING THE OUTCOME WITH MUCH INTEREST.

I MIGHT ADD THAT SINCE I HAD NO CONTROL OVER MY BIRTH, I RESENT LAW MAKERS TELLING ME THAT I MUST DIE THEIR WAY.

SINCERELY,

(MRS) JOAN ROBINSON

SUBMISSION 294 1

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43 Daly Street,

AVALON

N.S.W. 2107.

18. 3. 95

The Select Committee on Euthanasia,

Parliament of the Northern Territory,

P.O. Box 3721

DARWIN N.T. 0801.

Dear Committee Members,

We have, only last month, experienced our third terminally caused death in my wife's family.

The suffering has been as saddening as the Wartime years. Unlike them it would have been preventable with the legalising of Voluntary Euthanasia.

We are legally permitted to euthanase our pet dog so that no undue suffering occurs -- why, indeed, not for the highest form of life, a human being?

Legalisation would probably need to entail Doctors being precluded form being beneficiaries under the Will the same as apply to Executors.

Yours sincerely,

(K.D.Stirling)

SUBMISSION 295 1

H & P Neilsen

7 Berrell St

Bondi Junction 2022

To Whom It May Concern,

My husband and I are solid, confirmed supporters of Voluntary Euthanasia. We made our decision 5 years ago after many deep and thoughtful talks, firstly between each other, then family, friends and our doctor. We are and have been productive, sensitive citizens and see no need for suffering which can occur when struck by a terminal illness. Also the horror of Alzheimers disease, the illness of two deaths, first the mind, then much later the body,

we have addressed and feel should be dealt and discussed with before it occurs. Having witnessed our close Aunt and Uncle, wed for over 50 years sitting side by side in a nursing home oblivious of each other or themselves, has left a lasting and sad impression.

Not lightly we have made our decisions in these areas to take certain steps, if ever afflicted, to try and minimise distress and pain for ourselves and family. The fact is some one in authority will some day, have to make the entire country aware and think about their individual choice further on in their lives.

Right to lifers, have their right to their life, NOT OURS, they have not shared one moment of our lives on this earth, happy or sad, then have the effrontery to impose their opinions on us, when we have made a long standing decision to depart.

Hoping your crucial and valuable piece of legislation is mete with approval and consideration, for all of us forward thinking people.

P. Nielsen

H Nielsen

SUBMISSION 296 1

18-3-95

Select Committee on Euthanasia

Parliament of the Northern Territory

Darwin N T 0801

I am writing in support of voluntary euthanasia.

I support V.E. on the basis of the rights of individuals to have control over their deaths as they do have over their lives.

I find our present law inhuman to mankind and humiliating.

I fail to understand that when people are suffering from an incurrable illness and are unable to help themselves, are made to suffer even more because of lack of support from doctors who are afraid to help because of our present laws.

Yours sincerely

M Burkhart

Sender

M. Burkhart 208/87 Yarranabbe Rd.

Darling Point 2027

NSW

SUBMISSION 297 1

The Chairman

Select Committee on Euthanasia

GPO Box 3721

DARWIN NT 0801

TO WHOM IT MAY CONCERN

RE: The Rights of the Terminally Ill Bill

I am writing on behalf of my husband and myself, to give TOTAL support to this bill.

We both believe that we, as consenting adults of sound mind and body DO have the right to say enough to pain and agony, not only for the patient but for the family.

We have a strong love of life but we do want to die, with the rights, the freedom of joice and DIGNITY, and I no not believe that a politician or minister of any religion has the right to have an opinion or say in what we as human beings decide to do with our lives.

Each person has the right to think vote and decide to do with their life, so please respect the rights of the individual, their ideas, feelings, beliefs may not be what you or the people believe, but it does not mean that they are wrong it just means that they believe in something different, and that does make it right to them. So please respect their rights and pass the bill for those who want to make the choice of dying with dignity and love.

We understand that it is a very difficult bill to decide on but please understand that it is also difficult for those that love a terminally ill person, to watch them die in agony. Politician and ministers of religion have to stop playing GOD and let us decide what is right for us.

I thank you for your time, we are available for further comment at any time.

Yours faithfully

Diane Lovell

For Robert George Lovell

and Diane Lovell

P.O. Box 42632

Casuarina. N.T. 0811

SUBMISSION 298 1

RODNEY R.A. SYME

FRCS., FRACS.,

Providers No. 2480661

10-12 WARRANDYTE TOAD 165 Victoria Parade

RINGWOOD VIC., FITZROY VIC, 3065

20th March, 1995

The Chairman

Select Committee on Euthanasia.

Dear Sir,

Please find enclosed a written submission on medical aspects of the euthanasia debate relative to the Rights of the Terminally Ill Bill, 1995. I respectfully seek permission to appear personally before your Committee on 10th April, 1995, to elaborate on this issue and respond to questions.

I have had extensive experience as a medical graduate of 35 years, with a special involvement in spinal injury and cancer patients. I have written and spoken frequently on this subject since 1986, and have extensive experience in counselling terminally ill patients regarding voluntary euthanasia over 20 years.

I would welcome an opportunity to address the Committee on issues put forward by some members of the medical profession in opposition to voluntary euthanasia.

Yours faithfully,

RODNEY R.A. SYME.

2

Dr. Brendan Nelson, President of the A.M.A. has stated recently on a number of occasions, that he had assisted several terminally ill patients to die, and that it was their, and his, intention that they should die. This remarkably honest and courageous admission, is in start contrast to the policy of the A.M.A, which is implacably opposed to voluntary euthanasia. Dr Nelson rationalises this inconsistency with this recent considered statement:

"The fact is that it is far better that as doctors we go to work on a day-to-day basis, believing and knowing that it is wrong to end the life of another human being and exceptionally coming up against a circumstance where that might be the right thing to do".

Let us analyse this extraordinary statement.

First it is not a fact.

Secondly it is contradictory.

The first phrase is absolute as is the law (and the A.M.A's position), the second recognises legitimate exceptions (the Law does not).

Thirdly in other statements, Dr. Nelson argues that the Law should remain, and the doctor be allowed to determine those exceptions.

Fourthly, it is an acceptance of a need for voluntary euthanasia, and that, in some circumstances, it is the right thing to do.

Fifth, by advocating that the Law remains as it is, he argues that doctors should be allowed to operate above the Law, that the doctor should determine when and if the Law should be broken.

I wonder what Dr. Nelson's reaction would have been if he had been charged with murder for doing what he thought was personally, ethically, medically correct.

The A.M.A.'s view is no longer a consensus view, and is probably a minority view amongst doctors. The A.M.A. refuses to find out what its Members think on the issue. The Doctors' Reform Society favours legal change to allow V.E. Polls of doctors (Kuhse & Singer, Baume & O'malley) show 50% have practised; 60% favour legal change.

Let us look at the consequences of Brendan Nelson's position.

1. A large number of doctors have deliberately broken the Law. Broad principle V.E., passive euthanasia, and

involuntary euthanasia occur every day in medical practice. The authorities ignore this, and ignore V.E. like the plague only taking action against some nurses and relatives when forced to, and then courts inflict token or no penalties. The Law is honoured in the breach, and brought into disrepute.

2. Despite the fact that many doctors ignore the Law, they nevertheless do so at great risk to their personal reputations and freedom. Some clearly wish to help their patients but feel constrained by the Law.

3

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3. Those doctors who do break the Law, do so under circumstances of which society has no knowledge - the practice is occult and performed according to the conscience and perceptions of a single doctor, without any indication of the patient's wishes.

4. There are certain situations where, because of their public nature (hospitals, hospices, nursing homes), doctors find it extraordinarily difficult to assist patients who are thereby trapped by circumstances (not by lack of desire on their part or their doctor) to suffer what may only be described as torture for them (definition: to cause extreme agony to, of body or mind).

5. Further, if a patient in torture is being treated by a doctor whose moral and religious perspective is opposed to V.E., the patient will be denied any assistance even if the circumstances are those exceptional ones which Dr. Nelson concedes are right.

6. There is no doubt that exceptional circumstances occur. Despite the claims made for palliative care, it does not have the answer (and whilst it shuns V.E., never will have) to all terminal suffering and pain.

(a) It is widely acknowledged by pain and palliative care experts, that 510% of pain cannot be adequately relieved (unless one accepts as valid the deliberate maintenance of drug-induced coma, death by pharmacological oblivion continuous anaesthesia). (Quill, Hunt, Doyle Redpath.)

(b) Virtually all palliative care physician (e.g. Redpath, Zaloberg) accept that they only provide 'substantial relief for a vast majority of cancer patients'.

This assertion is that of the doctor, not the patient, and includes two important and currently not verified assumptions (substantial, vast majority). Dr. Redpath when asked what further palliative care was provided when symptoms occurred which could not be treated, replied "We do not abandon the patient", and further asked were there not some occasions when she wished V.E. might be available, answered with commendable honesty "yes".

Why should we discard some members of society to be tortured when they die?

Four aspects of palliative care need careful consideration:

(1) Whether the very best palliative care is available or not, it cannot relieve all pain and suffering.

(2) Many patients do not desire palliative care. To accept palliative care is to take a path to prolong suffering, perhaps totally, perhaps substantially, perhaps minimally, or perhaps not all, with loss of independence to a greater or lesser degree.

Put another way, some see it as a state of dependence on others, however caring, that is totally foreign to their spirit - they may be prepared to do it on a temporary basis when curably ill, but not as the end of life, particularly when there is no ability to say enough.

4

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(3) Palliative Care (PC) denies absolutely the need for V.E. Seeing these options as either/or; in fact, in the best

P.C., care and V.E. should be complementary with the patient saying how much care he will have and when and if he has had enough and wishes to move to

V.E.

The current system is patronising and patriarchal, paternalistic.

Who should decide what treatment?

Who should decide if suffering is enough?

The Victorian Legislation (Medical Treatment Act, 1988) states patients can refuse all treatment but not palliative care! on provision of reasonable food and fluid!

This is nonsense.

It is designed to prevent (?) patients starving themselves to death in order to obtain release - is the Geneva convention to be broken and force feeding of dying patients to be pursued? It is designed to prevent (?) the indignity of patients screaming in unrelieved pain because they wish to die.

(4) Faced with the dilemma of unrelieved suffering (total pain syndrome), PC adopts the option, with patient consent, of continuous sedation, with the intent it is stated to relieve suffering. This intention is stated, despite the acknowledged fact that this course will lead directly to death, by this development of pulmonary collapse, pneumonia due to retained secretions - "The Death Rattle" - or from dehydration and renal and circulatory failure, if the former does not occur first. Of course, fluid may continue to be provided as if to suggest every effort is being made to sustain life. Death is because of treatment, not necessarily the disease, it is foreseen and accepted but no, it is not intended.

If I were assisting death by suicide or direct V.E., I could say my intention was only to relieve suffering. I could not be so blatantly hypocritical. Of course my primary intent is to relieve the patient's suffering, but I also realise and accept that this, in some circumstances, can only come through death, and if that is the patient's wish, then I also accept that I indend the death (however reluctantly).

No sophistry.

No playing with words.

No mind games.

Just telling it as it is.

The application of continuous sedation is slow euthanasia but not accepted as such by P.C. It is, to my mind, a particularly sinister and degrading form of "acceptable medical treatment". Better than allowing the patient to continue to suffer!

5

It is sinister because the action is riddled with hypocrisy and religious-based denial of reality - carried out to the patient and her family's detriment in order to preserve the facade and non-intent - to save the conscience of the doctor and the authority of the Church.

It is degrading because it quite deliberately commits the dying patient to a slow death process, with loss of all cognitive ability - state of coma, of non-person, for however many days it takes for death to occur.

Do the family say goodbye to their loved one before this process begins, because we know they will not be conscious again' or are the family denied the right to say goodbye. If they may say goodbye, why must they and

the patient wait some days after for death. Just imagine sitting by your mother's bed for days, as she lies unconscious, unable to communicate, knowing she is being slowly dispatched, waiting for the "death rattle" when every breath is accompanied by degrading noise, and hoping each breath will be the last. Don't tell me that at this point, at least, the doctor does not wish death would occur quickly, if not sooner. He would not be human if he did not, and yet he may swear his intent is not to cause death.

If an action is right, as Dr. Nelson, a majority of doctors including some P.C. physicians, some of the Churches, the vast majority of the community, then its occurrence should be protected, not suppressed or punished.

The principal argument against are based on three premises:

(1) It is medically unsound.

I hope I have demolished this argument. Why should doctors of good faith take the risks inherent in breaking the Law to assist patients - it brings them no profit, only gross anxiety - because their compassion and conscience compel them. Thank God, some are prepared to do so.

Conscience and compassion , I suggest, are two fundamental qualities of a good doctor - they should not be suppressed or punished.

(2) It is morally wrong.

This is the belief of some Churches, particularly the Roman Catholic. Let those who adhere to those beliefs follow them, but let them not impose them on others. It is not the place of the law to support the moral position of one section of the community. The Commonwealth Government has recently specifically passed legislation with a human rights and dignity philosophy to protect homosexuals in Tasmania for repression and punishment. Did the churches oppose this legislation as they oppose V.E.? Yes, it swept away legislation with which they agree in a moral sense. Was it because Tasmania was the only State in Australia to deny such human rights?

(3) It is dangerous to allow V.E. - the slippery sloper argument.

If something is right, it should be allowed; the task of legislators is to provide a legal framework to make it safe from abuse (in so far as that is ever possible).

6

Passage of this Bill does not enhance the possibility of non - or involuntary euthanasia any more than they are possible now. In fact, it specifically excludes them and they remain prescribed and punishable.

There already occur significant areas of non-voluntary medical decisions in dying which are accepted as good medical practice.

It is not a question of whether V.E. should be legislated for, but principally what safeguards are necessary to protect the community and the new Law from abuse.

SUBMISSION 299 1

TO: Select Committee on Voluntary Euthanasia

Parliament of Northern Territory,

Darwin Australia.

Please record my support of the provision of voluntary euthanasia.

As individuals we have rights of control over our lives - so we should over our dying. It is not right that though it is

not unlawful to suicide, yet if at my request someone helps me to end my life when I wish to that person might be acting against the law.

I believe that quality of life is very important, not life at all costs, and the greatest fear of life is and has been that I should become too sick to want life and too sick to end my life, and be forced to linger on and on as a burden to everybody as well as to myself.

Mrs. Gay Graham Hayden

1 Mahon Place, Hughes ACT 2605

21 March 1995

Fax No: 201 5065 (Faculty of Education, University of Canberra)

SUBMISSION 300 1

VOLUNTARY EUTHANASIA SOCIETY

OF NEW SOUTH WALES (INCORPORATED)

ACN 002 545 245

5th Floor, 55 Mountain Street P.O. Box 25

Ultimo NSW 2007 Telephone: (02) 212 4782 Broadway 2007

Patron:

Professor Peter Eaurne AO

29 March 1995

The Chairman

Select Committee on Euthanasia

Parliament of the Northern Territory

PO Box 3721

DARWIN N.T. 0801

Dear Chairman

Submission for consideration by the Committee

The Voluntary Euthanasia Society of New South Wales is a member of the World Federation of Right to Die Societies, and exchanges views and information with Voluntary Euthanasia Societies in all States of Australia.

A survey undertaken during 1994 indicated that 81% of Australians were in favour of legislation being enacted to permit Voluntary Euthanasia in the case of a person dying with great suffering and without dignity an increase over the previous survey when there were 63% in favour. It is pleasing to note the marked increase in our membership and in enquiries made on a daily basis since the Chief Minister of the Northern Territory introduced legislation "Rights of the Terminally Ill", coming soon after ABC T.V. coverage of the subject and our own Annual General Meeting.

We applaud Marshall Perron's initiative in tabling his proposed legislation and we commend it to you with its

safeguards in place to ensure that there can be no abuse of the legislation.

It is widely believed that many doctors already practice euthanasia - being illegal to do so - and indeed the President of the Australian Medical Association Dr Brendan Nelson has publicly admitted twice taking this step, once at the request of a dying patient and once without such request.

The State of Victoria already recognises Advance Directives, and South Australia presently has a similar Bill "Consent to Medical Treatment" before its Parliament; but this is not enough.

2

Select Committee on Euthanasia

The Northern Territory Parliament has a unique opportunity to lead the way in Australia by enacting the Private Member's Bill tabled by Marshall Perron and in doing so, perhaps the remaining State and Territory Governments will realise that this is something the majority of people desire, and not let the strident minority dictate their policies. We believe that people in great suffering should be given the legal "Right to Choose" the when and how of the ending of their lives.

Yours faithfully

TONY WRIGHT

PRESIDENT

SUBMISSION 301 1

Petition reading:

I believe that each individual should have the right to decide their own destiny, and if the quality of life is such that pain and suffering caused by terminal illness dominates this factor then Euthanasia should be a legal option and therefore I support Marshall Perrons private members bill entitled THE RIGHTS OF THE TERMINALLY ILL.

received; signed by 59 residents of Tennant Creek.

SUBMISSION 302 1

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74 HARGRAVE STREET

PADDINGTON NSW 2021

SYDNEY AUSTRALIA

PHONE (02) 380 5169

20.3.95

To Whom It May Concern

Re: Voluntary Euthanasia

From a personal point of view I have been in favour of Voluntary Euthanasia for many years, and I would like to congratulate Mr Marshall Perron on his private bill.

Recently I experienced the death of my father, a slow and depressing departure and one I did not believe he deserved (he had battled for so much in his life). Could his wish to depart in a prescribed swift peace have been

granted, it is my belief that a severe eliminate would have prevailed.

I believe that those who wish to fight valiantly until their end should have that right, with every care and kindness given.

Those who are fair and sensible and choose the alternative as well as those who have chosen to prepare papers in advance of a condition neither-to not foreseen the "right" to ease their burden (very few of us put up with what we don't want in life - mostly we find and organize an alternative) and in doing so, show consideration for others in nothing but a hopeless situation.

The Laws' must be changed to permit sacrifice and express compassion.

Yours faithfully

(Miss) Peta B. Phillips.

SUBMISSION 303 1

7/34 Pioneer Drive

BLACKBUTT

2529 N.S.W.

18.3.95

Dear Sir,

After our family watched the agonizing death of my father from lung cancer over a nine month period in 1978-79, I wish to express our support for the legalization of V.E.

Only people who have seen the suffering of a loved one can imagine the terrible trauma the patient goes through and the stress on the family as a whole.

Surely when a dying person begs relief from the suffering with a wish to die in dignity this should not be denied.

Yours faithfully

Bob Meharg

SUBMISSION 304 1

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604 Simpsons Village,

P.O. Box 56,

Narrabeen 2101

19th March, 1995

Select Committee on Euthanasia

Darwin N.T. 0801

Dear Sirs,

From personal experience I believe strongly in Voluntary Euthanasia.

Some years ago my Mother was allowed to die slowly over some months, suffering from altzeimer's disease.

I would not like the same thing to happen to me, and I know of some doctors who would not allow it to happen.

Why not make it legal, under supervision? It seems to work in Holland.

Yours faithfully

(Mrs) S.E. Baker *Last updated:*
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