

NT Parliamentary Committee on VAD

Dear Committee members.

Thank you for the opportunity to put in my thoughts on the proposed legislation

I would like to raise the following matters in relation to your inquiry.

I do not support euthanasia or voluntary assisted suicide, the more accurate name for VAD. I believe well-funded palliative care is the answer as has been used by most countries in the world and in the NT. Palliative care was practically non-existent when euthanasia was first introduced in the NT but since then we have first class palliative care in Darwin and Alice Springs. Our palliative care facility is a facility built by people who were mindful of the need for a purpose-built facility that catered for all cultures and needs within a loving and caring environment. It had nothing to do with euthanasia and **if VAD is introduced our hospice should never be used for VAD.**

Whilst the idea of VAD might seem popular in places like Darwin it is something that many Aboriginal people reject either for traditional reasons or religious beliefs. An example of this rejection may be seen in Canada

where 97% of Canadians who used VAD were white and Asians 1.8%. **Any VAD law must recognise that many people don't support VAD and it should clearly not be something that is promoted as if everybody supports it.** The danger of VAD becoming the alternative way of dying is that the alternative will become something promoted by health department people because it will be then Government policy. From that, pressure will come especially on Aboriginal people and vulnerable people to accept this alternative view. This could mean they take up the idea of VAD because they think this is what they must do because that's what the health people have told them.

They instead may then not want to go to hospital, which for them has always been a safe place that protects, cares for and saves lives. When the Euthanasia Bill was passed in Darwin years ago, my wife who is Aboriginal had a urinary tract infection and was therefore required to stay overnight in RDH. She didn't want to because she feared the new law and what that could mean if she went to hospital. **If VAD becomes lawful then it should not be used in RDH, which is as I said before a place designed for caring for the sick with the purpose of protecting, caring for and saving lives. Palliative care must be promoted as the first option, otherwise Aboriginal people will be particularly vulnerable.**

It's important to remember that VAD is suicide, voluntary or otherwise, and is something that many people are concerned about. One only has to look at the many organisations who are doing the best to reduce the terrible number of suicides in Australia each year. We have 13YARN, STAYING ON TRACK, Anglicare, Australian Men's Health Forum, batyr, BEHIND THE SEEN, Beyond Blue, Black Dog Institute, Butterfly Foundation, Central Australia Life Promotion Network, and many many more down to Zero Suicide Institute of Australasia. All these groups are about helping people who are thinking about suicide or have attempted suicide. They are about promoting life. So, we need to be looking for solutions that are compassionate and supportive of life even at these most difficult times. **We need to find solutions which look at preventing suicides because if VAD is passed it will send out a different message about suicide (that we should be able to end our life at our choosing), while many others in our society are working to change that view. What are the alternatives to VAD? Have we spent time searching for alternatives?**

The other important issue that needs to be considered is the snowball effect of VAD. Abortion is the classic example of snowball legislation. It has gone from saving the mother's life to abortion on demand right up to cases

where the aborted baby is still alive. Sadly because of weak politicians this is permitted.

So, we have already seen how this type of legislation has snowballed in other countries. Canada is now considering using VAD for mentally ill patients. **There has already been discussion about VAD for dementia patients which should be strongly opposed.** My wife has dementia. Mentally ill and dementia patients must be cared for, not become disposable because they are difficult. We must really love our neighbour.

How much pressure will be put on our politicians to change the original intention of VAD as the years go by?

If VAD is to go ahead, I would like to suggest that before a patient makes a final decision that the patient must complete at least 3 or 4 weeks of palliative care. Only after that, should a decision be made in accordance with all other requirements. This would give a patient a chance to consider his/her options in a loving and caring palliative care environment.

I know that politicians come under great pressure from sections of our community pushing a particular agenda. I know from personal experience. But popularity is not a valid reason for supporting something especially issues that cross over into ethics. Just because something is popular doesn't make it good or right. Politicians have

consciences and that must come above popularity. They must always lead as well as listen. I hope that members will consider the dangers of this proposed legislation, the alternatives and a belief we only have one life to live, and we should have a compassionate and loving well-funded palliative care that is the best alternative to VAD. The future lies in continuing improvements in palliative care especially mental and physical pain relief.

Note:

If the VAD goes ahead, I hope the following is included in the Act to protect those medical practitioners who do not support euthanasia. This is from the Victorian legislation.

The law protects medical practitioners and other health practitioners, such as nurses and pharmacists, who do not want to participate in voluntary assisted dying because they have a conscientious objection. This means they cannot be forced to:

- *provide information or support about voluntary assisted dying*
- *assess a person for voluntary assisted dying*
- *supply or give the substance used for voluntary assisted dying.*

The other matter that perhaps should be looked at is the reintroduction of the Natural Death Act as a new Act or added to the Advanced Personal Planning Act. This Act when introduced into Parliament caused the Natural

Death Act to be repealed. The Natural Death was to some extent an alternative to euthanasia in that a person did not have to extend their life if their life was being artificially prolonged.

Key aspects of the Natural Death Act 1988 (NT):

- **Applies to the terminally ill:**

The Act primarily caters to individuals with a terminal illness.

- **Advance Directives:**

It allows a competent adult to make a written direction refusing extraordinary measures to prolong the dying process.

- **"Extraordinary Measures":**

This refers to medical interventions aimed at artificially prolonging life, not necessarily palliative care.

- **Duty of Medical Practitioners:**

If a medical practitioner is aware of such a direction, they are legally obligated to act in accordance with it, unless there is reasonable belief the direction has been revoked.

- **Not a Medical Power of Attorney:**

It does not include provisions for appointing someone to make healthcare decisions on their behalf if they become incompetent.

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In the end, I believe euthanasia maybe popular if you watch the media, but popularity doesn't mean good laws. We don't have to follow the crowd or the other

states, after all we are the Territory. Before we go down this path, which if passed will just snowball as time goes on, lets look for compassionate alternatives by leading the way in world class palliative care.

Life be in it.

Gerry Wood

