

LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY

REPORT OF THE INQUIRY BY THE SELECT COMMITTEE ON EUTHANASIA

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638	Toseland, D.	943
639	Lawrence, R.	944
640	Morgan, D.J. and A.L.	945
641	Lawrence, W.B.	946
642	Chasney, B.	947
643	La'Porte, A.	948
644	McCallum, M.	949
645	Livermore, M.H	950
646	Wesleyan Methodist Church	953
647	Dalziel, E.R	954
648	Gordon, B.F.	955
649	Heath, A.G.	956
650	Goiny-Grabowski, G.	957
651	Matthews, J.	958
652	Tento, W. and S.	959
653	Handman, M.	960
654	Dick, M. B.	961
655	Hart, J. and G.	962

656	Adam, M.	963
657	Gear, S.	964
658	Simpson, P.P.T.	981
659	Padgham-Purich, N.	982
660	Ramming, A. Mr and Mrs	984
661	Wood, G.	985
662	Styant, D.	993
663	Kvasnicka, M.K.	997
664	Freeman, Sue	1000
665	Watson, Charlotte	1001
666	Fritzpatrick, Y. and L. <i>and 3 signatures</i>	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. <i>and</i> Shanahan, M. <i>and</i> 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. (<i>Confidential</i>)	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	Beaumont, 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	Newbould, 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. (<i>Confidential</i>)	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. (<i>Confidential</i>)	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	<i>Name withheld by request</i>	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. <i>and</i> Hop, J.	1594
1008	Baker, C.	1595
1009	Shannon, Y.	1596
1010	Loneragan, J. <i>and</i> O.	1597
1011	Smith, S.	1598
1012	Frankland, C. <i>and</i> 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. <i>and</i> 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. <i>and</i> 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 305 1

23, Central Rd

Unanderra 2526

Select Comm. on Euthanasia

Parliament of the

Northern Territory

To Whom it May concern.

2

I am a Life member of V.E.S. of N.S.W. and proudly so. I ardently support the rights of individuals to have control over their deaths, as they do over their lives.

No one should have to beg anyone to end their terrible suffering. Talk to anyone and they all say I want to Die with Dignity. I am a Volunteer with C.S.N. and Palliative Care, so I see so much that distresses me greatly, despite all the loving care they get.

Please may you achieve Voluntary Euthanasia very soon.

Yours sincerely

Joan Stephens (MRS)

SUBMISSION 306 1

248 Bobbin Head Road

Turrumurra 2074

19.3.95

Select Committee on Euthanasia

N.T. Parliament

P.O. Box 3721

DARWIN N.T. 0801

Dear Sir/Madam,

I have been a member of the Voluntary Euthanasia societies in Victoria and NSW for 20 years (I am now 57 years old). I now work as a social worker in a hospital, so I see at first hand how some people have to die (basically when water and food is withdrawn so that death takes several days). I have also seen how others, often in their late seventies and crippled by arthritis or in great pain from cancer, have chosen to take their own lives at home and have had to do so quite alone.

For the first time, with the Bill now before your parliament, I see the chance that in one Australian State people with an illness from which there is no hope of recovery, may request and obtain a merciful release. Perhaps the Northern Territory people are still close to real life, where it is considered right to destroy a mortally wounded or ill member of the animal species, and so they can see that a member of the human species deserves the same merciful consideration.

Whatever the reason, I congratulate your members for considering the issue, and wish to strongly urge that the Bill be passed.

Yours faithfully,

Mary E. Young (Mrs)

SUBMISSION 307 1

1/4 Green St.

Cremorne NSW 2090

March 18 1995

Dear Sirs

I would like to express my total support for the legalisation of Voluntary Euthanasia. I firmly believe that we as individuals should have the right to decide what course of action should be taken regarding this most important matter. After all, we are constantly urged to take responsibility for our lives - so why not our deaths?

If I reach a state where I am merely surviving as a 'vegetable' or am in dreadful pain with a terminal illness (in spite of all the good intentioned palliative care) then I would want my wishes to be known - I ask for a peaceful and dignified death!

As it is generally known many doctors already do the merciful thing and help their suffering patients achieve this end.

But, in doing so, the doctor places his own position in jeopardy.

Is this a fair situation?

I genuinely believe not!

Yours Sincerely

Pat Thomson (Mrs)

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

Darwin N.T. 0801

SUBMISSION 308 1

25/25 BEST STREET, LANE COVE. N.S.W. 2066

Phone (02) 428 4972

20/3/1995

The Secretary,

Select Committee on Euthanasia,

Parliament of the Northern Territory,

P.O. Box 3721,

Darwin N.T. 0801

Dear Sir/Madam,

I am 81 years old and I have cancer. So far, I am able to do most things that I want to do, but I do realise that my days are numbered. I am not afraid of death but I do not want to die in a painful and undignified way.

My G.P. who is not only a good doctor but a concerned person, has assured me that he will not let me suffer at the end. I would like to believe his assurance. At the same time I know that if he should take any action to end my life he could be putting his family and career at great risk. I therefore feel that he and the many doctors who deeply care for their patients' welfare **MUST** be protected by law. Please do your part to change this by changing the law relating to voluntary euthanasia.

Yours faithfully,

(F.H. Stevens)

SUBMISSION 309 1

To the Select Committee for Euthanasia

To whom it may concern

The following is my reason for wholeheartedly supporting Voluntary Euthanasia:

My husband died from cancer of the stomach which spread to his liver by being diagnosed too late.

The doctor who eventually operated and found my husband's condition beyond help could, after 3 months of pain do not more than administer morphine.

It is important to legalise Voluntary Euthanasia so that the doctor who is willing to help and avoid unnecessary suffering for the patients and their loved ones would not be breaking the law and thereby himself suffer anxiety or even prosecution.

Sydney, 17.3.95 Yours faithfully,

M. Lukas.

SUBMISSION 310 1

E Lowndes

9B Cumberland Ave

NSW 18.3.05

Select Committee on Euthanasia,

Parliament of Northern Territory

P.O. Box 3721

Darwin NT 0801

Dear Members

I wish to record my approval of voluntary euthanasia being made legal.

When people are undergoing great pain and distress, to keep them living against their will is an act of inhumanity. I had a relative waiting to die when all dignity was removed and the doctor was unable to deliver her from her pain as it was against the law.

To live as a vegetable or in a state when all voluntary acts are impossible and one has asked previously to be allowed with dignity to die, is a denial of democratic freedom.

I approve of an act being passed to allow doctors to assist in such cases and that only in such cases when persons have expressed their own wish to so be relieved of their suffering.

Yours sincerely

E. Lowndes

SUBMISSION 311 1

Peppercorn

70 Cataling Rd.,

San Remo

N.S.W. 2262

20.3.95

Select Committee

Dear Sirs

I wish to add my voice to those who wish to see Voluntary Euthanasia become legal. As an individual I would like to have as much control over my death as is possible, without involving my doctor in a criminal act. As suicide is not illegal I cannot see why assisting a dying person in pain to end their misery, should be a crime.

Yours faithfully

MRS M GARVEY

SUBMISSION 312 1

35/307 Forest Way

Belrose 2085

19.3.95

Dear Sirs,

As a member of Voluntary Euthanasia Society I feel strongly that Voluntary Euthanasia should be legalised throughout Australia, so that people may have the right in circumstances of suffering that is unbearable to request their lives be ended, and that doctors who perform this act of mercy should be protected by law in so doing.

I applaud Mr Perron's courage and foresightedness in sponsoring this bill and wish him every success.

Yours faithfully

(Mrs) P. N. Shea

SUBMISSION 313 1

Select Committee on Euthanasia,

Parliament of the Northern Territory,

DARWIN.

Esteemed Members of the Committee,

I strongly advocate legalization of the voluntary euthanasia for one reason among many others: it will confer peace of mind on a terminally ill person in so far that he/she will not feel threatened by the possibility that his/her doctor(s) will not assist the desired exit for fear of a possible conflict with the law of the land.

Yours faithfully,

Vladimir Vlach,

30 Avian Crescent,

Lane Cove, N.S.W.

SUBMISSION 314 1

1/1 Prior Ave.,

Cremorne Pt. 2090

19-3-95

The Secretary

Select Committee on Euthanasia

Parliament of the Northern Territory

Darwin

Dear Sir,

I feel very strongly that human beings should have the same compassion afforded to them when in a suffering,

beyond all hope situation that we apply to hopelessly ill family pets. We do not like to see a loved animal suffer needlessly and so allow a peaceful end.

When a person has a painful, terminal illness, diagnosed by two doctors, and requests a painless release I feel such treatment should be available.

I would wish that such mercy would be shown to me if I were unfortunate enough to be in need of it.

Sincerely,

Daphne Esplin

SUBMISSION 315 1

21 March '95

I must congratulate Northern Territory's decision to introduce Voluntary Euthanasia.

I know what it means dying in unbelievable pain. My husband died from lung cancer and his last two agonising months for him and for me would have been avoided if his wish for quick death would have been granted.

Hope you succeed in passing the bill.

A. Segner

15/32 Lassia Str

Dee Why 2099

N.S.W.

SUBMISSION 316 1

R Faulkner-Camden

19 Ivy Street

Wollstonecraft

N.S.W. 2065

19 March 95

Committee on Euthanasia

Darwin N. Territory,

On behalf of myself and P. Reynolds (of above address) we implore all will be done to pass the Bill on speeding up the inevitable end to suffering of people slowly approaching the final stages of a fatal and final conclusion to death.

Why are the "good doers" kind in realising their sick and dying animals in pain, why are they regarded as more worthy of help than those we love in pain.

I have done some years of geriatric nursing. In World War II I drove ambulance in G Division Maroubra and constantly visited the homes and hospitals for the dying. My most heroic father a gold medal award Journalist kept a record of his downward progress to his end suffering from Cancer of the Pancreas. He willed his remains for

research to the Medical School of Sydney University as I too have done.

If I can be of help in your campaign although I'm very old 83, I would wish to help through my members of a Syd Euthanasia Society.

Yours faithfully

(Mrs) R. M. Faulkner-Camden

SUBMISSION 317

20 Palm Tree Crescent

Bangalow 2479

20-3-1995

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

Darwin N.T. 0801

Dear Sirs/Mesdames,

It was wonderful to learn about the proposed bill in favour of legal voluntary euthanasia in the northern Territory.

Voluntary Euthanasia should be a legal right for all human beings.

Life is given us initially, and we do the best we can to achieve quality in that life. But when life becomes a painful burden, there is no quality. It should then be for us to decide when it is time to die.

I personally nursed my mother through years of failing health. She asked so many times to be allowed to die. In the end she became an old baby - incontinent, senile, remembering nothing. (How she would have hated to see herself that way). I watched her miserable death.

It could have been made easier for her if there had been a legal way to help.

I wholeheartedly support this long overdue move toward compassion and sanity.

Yours sincerely,

Edith Franks.

SUBMISSION 318

Possum Creek

via Bangalow,

N.S.W. 2479

19-3-95

Select Committee on Euthanasia

Parliament of the Northern Territory

Dear Sirs and Madams,

I am writing to support the proposed Euthanasia bill in the Northern Territory. I would hope that this bill might set a precedent which all other Australian States would follow.

I watched my father kept alive on drugs and machines when he should have been allowed to die and, while he couldn't speak, he moved our hands towards the drip, clearly asking us to disconnect him. The staff of the hospital knew he was dying (and told me so), yet, among other indignities, he was given an injection into his stomach - for what I don't know and I had to request more pain killers for him; they first tried to reject my request on the grounds that they might interfere with his breathing, and this while they acknowledged he was dying!

I believe people have the right to die with dignity and should be protected from unnecessary pain, i.e. pain associated with terminal illness. In the same way that, for all those years, abortion was illegal and women forced either to give birth to unwanted babies or go to "backyard" abortionists, often with horrific results, now the laws against euthanasia force people either to suffer horribly or break the law, and many doctors are forced into the latter situation.

In a democracy, the people should have their will expressed through law, not be dictated to by laws they don't respect. No law is ever perfect but to argue against a law which would benefit the majority because a few might abuse it is no reason not to bring it in. Providing there are sufficient safeguards very few should be able to misuse it and it has potential benefit for everyone.

I ask your Committee to consider the proposal favourably and let the Northern Territory become a Leader in this all-important area of social reform.

Yours sincerely,

Jennifer Coman

(Mrs J.A. Coman)

SUBMISSION 319

P.O. Box 4

Wooli 2462

March 20th 1995

Select Committee on Euthanasia

Parliament of the Northern Territory

Dear Sirs,

I believe that voluntary euthanasia should be legalised everywhere, and am pleased that your government is giving the matter consideration. It is strange that at present a civilized community should condemn thousands of people to years of suffering and hopelessness, if they want to end their lives. Why not let their doctors give them the means of suicide, as suicide is not illegal?

Yours faithfully

Josephine Masters

(M.A. Psych Syd. Uni)

SUBMISSION 320 1

69 Bannister Head Road,

MOLLYMOOK. N.S.W. 2539.

18th, March, 1995.

The Select Committee on Euthanasia,
Parliament of the Northern Territory,
Post Office Box 3721,

DARWIN. NORTHERN TERRITORY. 0801.

Dear Sirs,

Re: Your Bill to legalise Voluntary Euthanasia:

Congratulations to your Chief Administrator and your Government and your fight for legal voluntary euthanasia!!

Having, in past years, watched several cancer sufferers endure SHEER HELL over those last few weeks when they could have just closed their eyes with dignity, I consider my membership of the Voluntary Euthanasia Society one of the most important things in my life. I have NO desire to subject my family members to unnecessary anguish should I suffer a severe stroke, dementia or a terminal disease.

More relevant to my writing this letter was the death a fortnight ago of my husband's grand-nephew from AIDS - a twenty-year-old infected just after his tenth birthday from a blood transfusion following teeth extractions. A history of severe bleeding throughout the family probably prompted the Dentist to suggest a pint of blood.

His immediate family, grandparents and other relatives have lived with this appalling fact for TEN YEARS. The last two months was a period no-one close to Andrew will ever forget - his younger brother possibly most affected - feeling guilt over the last couple of years because of his good health.

When we realise that NEVER would an animal be permitted to suffer unnecessarily - one wonders HOW Christians can prevent their fellows from a similar HUMANE help.

Voluntary Euthanasia WILL come!!! May it come SOON!!! A speaker at an association to which I belong only last Wednesday stated that it IS practised every day by considerate doctors.

My best wishes for the passing of this bill - which I wholeheartedly support.

Yours sincerely,

Leone Jauncey

Enclosed with submission article entitled Euthanasia: A 400 Year History, publish in local newspaper a couple of weeks ago.

SUBMISSION 321 1

17.3.95

49, Noble Parade

Dalmeny

N.S.W. 2546

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

Darwin N.T.

Dear Sirs,

My belief in euthanasia was heightened when my husband suffered and died of cancer last year.

To see a strong man reduced to a shadow and wishing for release from a life bereft of meaning and dignity is inhumane.

Everyone should have the right to decide that their life should not be prolonged in a state of mental or physical hopelessness.

I urge you to press for the legislation of Voluntary Euthanasia.

Yours faithfully

M.D. Deadman

SUBMISSION 322 1

8 Westacott Street

Hamilton, 3300

Victoria

18-3-95

Dears Ms Pat Hancock,

I am shocked to learn of the proposed euthanasia legislation for the Northern Territory because it seriously devalues human life and if it becomes law, it is obvious that elderly and sick Australians will die as a result of availing themselves of this deadly service which will most likely spread to all Australian states.

Another great danger is what happened in Holland, where the Dutch government sponsored, "Rommelink Report" shows that more than half the euthanasia deaths there, were executed by doctors who did NOT have the patients' consent.

Confirming this, a Reuters report of 18th-19th February shows the Dutch Minister of Justice MS Winnie Sorgdrager stating, "Doctors could en the lives of patients who were NOT already dying".

I beg you to oppose the Bill.

I am,

Yours Sincerely,

(Mr) P. E. Weissenfeld.

SUBMISSION 323 1

35 Shepherd Road

Glen Waverley

Victoria 3150

17 - 3 - 1995

The Select Committee into the Rights of the Terminally Ill Bill

Legislative Assembly

Parliament House

Darwin N.T. 0800

Dear Members,

We are concerned and alarmed by the proposed euthanasia legislation for the Northern Territory. This legislation not only affects Northern Territory people but all Australians. Vulnerable, sick or elderly Australians will be able to travel to the Northern Territory to avail themselves of this heinous and deadly service. Acceptance of this form of patient killing will furl. her devalue human life and is another step toward the removal of those seen as being a burden to society.

We ask you to oppose the Bill.

Yours Faithfully,

John F Magetti Margaret P Magetti

SUBMISSION 324 1

25 'Burns Dale',

25 Best Street,

Lane Cove, N.S.W. 2066

Telephone: 428 4972

20/3/1995

The Secretary,

Select Committee on Euthanasia,

Parliament of the N.T.,

P.O. Box 3721,

Darwin N.T. 0801

Dear Madam/Sir,

As a former resident of the ACT for 18 years, I am delighted at the introduction of a Bill to allow assisted suicide for terminally -ill people, or anyone else whose life has become a burden to them.

Opinion polls around the Western World show that more than 75% of the people polled favour some changes to the law. They believe that people have a right to decide whether they want to live or die (and get help to die if it is

necessary) provided the decision is rational and well-informed.

Yours faithfully,

(Mrs) B.M. Mummery

SUBMISSION 325 1

D Redman

81 Naughton Ave

Birmingham Gardens

2287

18-3-95

Select Committee on Euthanasia

Parliament of the NT

PO Box 3721

Darwin

Dear Sir,

I do sincerely hope that the Bill for legislation of Voluntary Euthanasia will be passed in the Northern Territory; After maybe the other states will come to their senses and do likewise.

It has always been my opinion that if a person has a terminal illness and is living with unbearable pain or loss of all dignity then that person should have the right to cry ENOUGH and have help if necessary to terminate their life. We don't let our beloved pets suffer but have them put down in a painless way. Our sense of loss is still terrible but we come to the conclusion that they are no longer in pain and that we have done the kindest thing.

Are not human lives as precious as animals and should we not show the sufferers the same compassion. I pray that this bill will be passed.

Yours sincerely

Dulcie Redman.

SUBMISSION 326 1

H E R B A L I S T

Peter de Ruyter

EUROA CENTRE (ACN 062411938)

236 Darling St.,

BALMAIN. 2041

02-810 6100

19.3.95

Select Committee on Euthanasia,

Parliament of Northern Territory,

P.O. Box 3721

Darwin. 0801

Dear Sir/Madam.

I am writing in regard to the voluntary euthanasia bill presently before parliament.

Over the last decade I have known a large number of people with HIV/AIDS. Quite a number of these have died rather painful and horrible deaths. Some have tried to take their own lives when things got too bad. However, because there was no education or official help available to allow for a dignified and gentle departure, they ended up sometimes worse off when their attempt failed.

To me there is a huge difference between someone suiciding simply because their life is in a mess, versus someone deciding to retain some semblance of dignity and control over their situation, when they have a terminal disease and are close to the final stage of their Journey.

In today's social climate, people *will* terminate themselves anyway, if they feel their life quality in a lethal disease situation has become unbearable. There are doctors who *will* - despite the present law status - also help patients in such situations. But as the laws stand presently, it creates for these people, nothing else but a most unhealthy state of perhaps guilt as well as make them criminals.

As with abortions, never mind what the laws were, people *did* abort if they felt they needed to. The difference of course since it has been legalised is that now this procedure can be done in a far more humane and safe way, with all sorts of support services available.

If you have not had the experience in your life of watching someone die slowly and very painfully, then please go to a hospital before you vote on this bill and spend some time with someone who is going through this process. *Witnessing* their agony and distress is quite a different experience to simply having intellectual discussions about it.

I urge you to give people the right to have their life terminated in a safe, gentle and humane way, when there is nothing else that can be done for them in their illness, and the dying process is severe enough to rob such people of any semblance of *quality* of life.

Yours Sincerely,

Peter de Ruyter

SUBMISSION 327 1

4 Isis St.

Wyoming, 2250,

Gosford,

N.S.W.

18/3/95

Dear Sir

For a few years, my wife and I have discussed the pointless way of keeping people alive, when they have an incurable disease, with the intense pain that goes with it and when a loving couple no longer recognise one another and a danger to themselves at home. Because we are living longer, the expense in drugs, beds, staff and doctors is getting high. The money could be in actually saving other people. My wife and I are old but active and useful persons. We do not wish to live the rest of our lives as vegetables if we are placed in such a position.

Yours Sincerely

M & L Long.

SUBMISSION 328 1

Mrs P Bamford Unit 53

3-42 Cabbage Tree Rd

Bayview Gdns

Bayview NSW 2104

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

Darwin. N.T. 0801

I write to support the introduction of Voluntary Euthanasia. I think it is most unfair that medical doctors and physicians have the knowledge and means to commit suicide - as also professional nurses but it is denied to the sick, poor and powerless.

One of my patients Mary suffered from severe Parkinson - I visited her two days before she was helped by the Euthanasia Society. She had to crawl and eat her food on the floor. She was only just in time to avoid being kept alive in a Nursing Home. She had one brother to whom she was very close who had died 3 years before - both parents were dead. We all knew of Mary's wishes and were very happy for her release.

My friend and Mentor Hope lived in terror of a Nursing Home. She was quite a public figure - instrumental in setting up Community Aid on the Northern Beachers - (a wizard at extracting grants from the Government!). After a car accident she never recovered her health. She had asked the Euthanasia Society to pay her a visit but luckily she had a severe heart attack during the night and died naturally. We rejoiced for her and after her funeral we had a big party for her - renewed acquaintance with all her colleagues and her numerous nephews and nieces. We all told stories about her. She was a very frugal person - would save every ball of string, computer literate - very bossy - delegated work but in an emergency would drop everything and come to your aid.

In this retirement village one of my MS patients died most unhappily and in pain. She was powerless because her wonderful husband on whom she had always leaned died of leukemia a few months after she entered the Nursing Home.

I realise care is necessary with euthanasia because of unscrupulous relatives. I have encountered several cases where daughters have robbed their mother (and sometimes also their brothers) of their property because quite naturally these women trusted their daughters. They were taken to a solicitor and just signed where they were told to.

I have also come across several cases of patients - official brain dead - in a coma - who have recovered from the

coma and testified that they were aware of everything which was happening but unable to move or blink an eyelid. Two of these I personally visited. I have one son who lives in Melbourne with his family. He thinks I have already lived too long and is only concerned about any money I might still have. I think single old people like me need an advocate they can trust to carry out their wishes.

2

The world is over populated - useless people should not be kept alive against their will - "unlovingly cared for" - treated as idiots and humiliated in those luxurious but very short staffed institutions. I have seen such cruelty. Both my specialist and my GP fully agree with my sentiments - would help me if they could but of course I can not expect them to expose themselves to the risk of possible litigation particularly as I have not known them very long. As my Norwegian nephew writes to me - it is necessary to have no publicity in order to avoid a hue and cry from Catholic and Fundamentalist Protestant Churches.

I enclose a copy of my Advance Directive which I have also given to my G.P. and my specialist.

Yours Sincerely

(Mrs) Peggy P Bamford.

Enclosed with submission copy of Advance Directive.

SUBMISSION 329 1

R.M.B. 1253

Yarramalong Road,

Yarramalong N.S.W. 2259

17th march 1995

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

DARWIN N.T. 0801

Dear Sirs,

My sister was diagnosed with multi myeloma (cancer of the bones) at the age of 56 years. She was a deeply religious lady, financially secure and had many friends, so she asked doctors to do all they could for her.

She died aged 58, and the last three months of her life were most horrific. She was paralyzed from the waist down, incontinent, and had many tubes giving chemotherapy and blood transfusions. The chemotherapy destroyed her organism, one eye wouldn't shut and was continually bleeding and in the end she didn't know me, and "went off her head". One week before her death she cried out with a loud voice "Why doesn't God take me?" so the nurses and doctors removed all the tubes except the heroin and she died.

The trauma to her three children was also horrible and her daughter still has nightmares two years later. The point is that no human-being should have to suffer like that. I am a farmer with horses, cattle and dogs. I do not let my animals suffer when the vet says there is no hope and he euthanised my three horses and my dog. My husband shoots cattle.

Natural death is usually a very slow and painful process and the majority of people over 65 would lead much happier lives in the present if they could be assured that at the end they could request euthanasia.

Yours faithfully,

Elisabeth Rakusan (Mrs)

SUBMISSION 330 1

23 McCREA BLVD.

SAN REMO

N.S.W. 2262

18 March, 1995

Select Committee on Euthanasia

Parliament of Northern Territory

P.O. Box 3721

Darwin, N.T. 0801

Dear members of the Committee,

I am writing in the hope that you may give very serious and humane consideration to the heartfelt cry of the afflicted and carers to voluntary release from pain and often times loss of dignity of the terminally ill.

I have been through very sad times while my mother, a proud and beautiful woman, entered her last phase among the living in very poor and pathetic conditions.

For nearly two years her ability to concentrate and communicate became almost negligible. Recognition of her children became a mixture of identities and sometimes acknowledged only by fixed stares. Control of her bodily functions deteriorated fast and even a nursing home she often sat on an unprepared commode and fouled up the floor of the ward. There was no dignity left. In moments of clarity she often hid her face in her hands, ashamed of the state of dereliction she had reached. During these periods she always asked for a priest. There was no hope of regaining her faculties to read or talk coherently or cope with hygiene. Her doctor advised me that her heart was all but gone but could not understand how she kept going. We were frequently summoned to her bedside only to be told to go back home. I pleaded with her doctor to assist her on her way. I do not know whether he did but he next call was that she passed away in total peace. I cried for all of us - for the loving mother that was no more and for the release of the worn out family whose various vigils were largely unacknowledged.

I sincerely ask that Euthanasia be made legal with the proper safeguards in place for the patient, relatives and the medical profession. I believe that dignity in death is just as important as dignity in life.

Respectfully yours

E. PETER SANDERS

SUBMISSION 331 1

VILLA 34, BRENTWOOD VILLAGE

SCAYSBROOK DRIVE, KINCUMBER 2251

20th Match 1995

Dear Committee Members,

I write in support of the proposed bill for legal voluntary euthanasia which is to be considered by the Northern Territory Government.

My husband died from prostate cancer last year after spending the last 3½ months of his life in a hospital and a hospice. After seeing the dear man suffering for 2½ years I am convinced of the necessity for legislation allowing voluntary euthanasia. Palliative care is not all of the solution in such a situation.

It is not a trite question to ask should humans be allowed to suffer when more consideration is show to animals in extreme pain and are beyond recovery. Also as suicide is not a crime, why should not a person be given the means of release when one is terminally ill and does not want to prolong life.

A more humane approach is needed by, for example, a larger dose of morphine, the names of sympathetic doctors would help greatly. A person who is terminally ill and is at home with their family, has a better chance, aided by a doctor to die quietly and in peace.

Another point I make is that when one is terminally ill and quite rational, the control over their life is taken away from them by laws which prohibit the means of their ultimate release.

Please give these thoughts your consideration.

Yours sincerely

(Mrs Adele Pert)

SUBMISSION 332 1

67 Kalakau Ave

Forresters Beach

N.S.W. 2260

Select Comm. on Euthanasia

Parliament of N.T.

Box 3721, Darwin

March 18th

Dear Sirs,

I feel most strongly that Voluntary Euthanasia should be legalised for the following reasons.

1. All individuals should have the right to terminate their own lives when/if they become intolerable for whatever reason.
2. Since suicide itself is not a crime, it surely should follow that assisting someone by providing the means to do so, at their request should also not be a criminal act.
3. Medical practitioners should not be placed in a position that by assisting a patient's death, when that patient is terminally ill and in agonising pain, they are breaking the law. Legislation, after all, to control such a situation is working well in Holland.

Yours faithfully,

Pamela Griffith (Mrs).

SUBMISSION 333 1

DR. D. CLAY 38 Mary Street,

M.B., B.S., F.F.A.R.A.C.S., F.F.A.R.C.S. Longueville, N.S.W. 2066

Dr. S.A. CRAIG

M.B., B.S., D. (Obst) R.C.O.G.

20.3.95

Select Committee on Euthanasia

Parliament of the N.T.

PO Box 3721

Darwin. NT 0801

Dear Sir/Madam,

I submit my support for Voluntary Euthanasia and my overwhelming encouragement to

Mr. Michael Moore to press on with his VE Bill - in - N.T. Parliament.

My sister, Dee Craig, died of cancer, aged 50 in Dec. 1993 - and three years before -when she was diagnosed she tried to organise a dignified death for when the time felt right for her. Despite extreme efforts on her, and my part, this was not possible and she cruelly suffered.

Please - pass this bill - so that Voluntary Euthanasia can be available to those who choose to control their lives/deaths themselves - and hence alleviate suffering.

Yours faithfully

Sue Craig

SUBMISSION 334 1

18 Berry Avenue

Green Point

N.S.W. 1995

19.3.95

Members of the Select Committee,

We the undersigned support the legalization of Voluntary Euthanasia. We believe most strongly that individuals should have the same control over their deaths as they have over their lives. We find it quite unacceptable that although suicide is not a crime, to assist suicide on request, though only by providing the means, is held to be a criminal act. We feel that it most unjust that people are forced to find a doctor who is prepared to defy the law, thereby risking his career, and more, to give a merciful release to one whose life is no longer worthy of being

called life and who wishes to depart that life with some dignity.

The present situation whereby many doctors, notwithstanding the risk, are willing to break the law in this way to end the suffering of terminally ill patients is infinitely more objectionable than would be the case in a legally controlled situation.

We urge you to support the Bill which has been referred to you by the Government of the Northern Territory.

Yours sincerely

L.A.J. Wright P.M. Wright

Aged 77 Aged 74

SUBMISSION 335 1

Mrs I J Smith

10/4 Echo Point Road

Katoomba NSW 2780

18.3.95

Dear Select Committee on Euthanasia

Parliament of the Northern Territory

At the age of 84 years a widow, I feel strongly that VE should be legalised.

Yours faithfully

I Smith

SUBMISSION 336 1

37 Sedger Rd.,

Kenthurst 2156

17.3.95

The Select Committee on Euthanasia,

Parliament of Northern Territory,

Dear Sir,

The purpose of this letter is to state the fact that I am strongly in favour of the proposed bill on voluntary euthanasia.

I am 70 years of age and have considered the pros and cons of the subject for many years.

I am appalled at the needless suffering some human beings are forced to endure at the end of their lives.

I hope that the law will allow me the right to choose a more civilized demise when the time comes.

C. Southgate

(Colin William Southgate)

SUBMISSION 337 1

10 Barnetts Road

Winston Hills NSW 2153

Select Committee on Euthanasia

Parliament of the Northern Territory

P O Box 3721

DARWIN NT 0801

19 March 1995

Sirs/Mesdames

Your recommendations to the Parliament will be most important to your fellow countypersons. I trust you will use your opportunity wisely.

I am now sixty years old and in excellent health. I was thirty when I first began to think seriously that I want control over the circumstances of my departure from this life. It is probable that I have given more thought to the subject --- not only for myself, but as a general issue for all people than 99% of my contemporaries. There is nothing I have heard or read in the past thirty years that has caused me to think I may be mistaken about that I desire for myself.

If I reserve to myself the decision on how and when my life should end, am I justified in denying the same right to others who rationally state a similar desire?

For me the decision is the easy part. But, if I were to be incapacitated and unable to carry out my wish, I would have to rely on a humane medical system with built-in safeguards to ensure my rights were not ignored because of fear of legal consequences.

This is the dilemma of some who are terminally ill and suffering. Those best able to help must still do so surreptitiously (with all the potential for abuse that secrecy implies) instead of being recognised as benefactors who can act proudly under appropriate collegial scrutiny.

I hope you will recommend for human dignity, for quality of life, for respect for the wishes of the person most affected, for appropriate legal protection of those brave and humane medical people whose skills and knowledge place them at the centre of much suffering, and for a sensible set of criteria under which voluntary euthanasia decisions can be made.

Yours faithfully

Ian Macindoe

19 MARCH 1995

SUBMISSION 338 1

P.O. Box 238

Terrigal 2260

20-3-1995

Select Committee

on Euthanasia

Dear Secretary

V.E. is very necessary for the unfortunate people whose lives hold no hope and mostly would not be here only for medical science and drugs.

My answer to the so called Religious? groups who are against V.E. is "If God has called Them Home who are we to hold them back".

To visit nursing homes for the aged in their mental decline and see the sad so sad expressions on their faces, and it infuriates me to hear their visitors speak in front of them and say they do not understand, and they quickly forget. Can we be sure of this, I think not.

Every citizen in this country should have the right to sign a paper while in their right minds requesting when they want to die. This is very important for brain damage, stroke or mental decline.

Thanking you sincerely

Alma Robins

SUBMISSION 339 1

Select Committee on Euthanasia,

Parliament of Northern Territory,

I wish to make a submission to the committee because of the strong feelings I have after witnessing the horrible death of a man with whom I served during the second world war. He was terminally ill and in great pain and geared up to machines for the mechanical retention of "Life" ...It was pitiful to visit him as he pleaded to die. The hospital resident medicos were sympathetic but as the poor man held the top rate in the medical benefit fund the specialists attending him would not permit any such thing as dignified death as their claim after five weeks to the estate and the fund was astronomical. Their treatment to the dying man was simply a walk by the bed with a very cheery, "How are you, Mr. T?. Your looking a lot better". If you gullible people think that medical mercenaries do not exist then you are living in cloud cuckoo land. A small percentage, agreed, but even with this little ratio it is enough to compound the horrors he suffered throughout the war.

I suppose you could multiply these simple stories but on analysis it means absolute torture to a human being but then, who cares? Certainly not those noisy minorities who justify their cruelty by purporting to be Christians. Please not miss this opportunity to do something kind for humanity. Surely there's already too much of man's inhumanity to man.

Yours sincerely,

Harry Salter,

131 Memorial Ave.

Ettalong Beach, 2257 N.S.W.

H. M. Slater 19/3/95

SUBMISSION 340 1

B. Manning

24 Albion St

Umina 2257

N.S.W.

To The Select Committee,

I lost my dear husband to terminal cancer in 1989. After almost a year of weeks in and out of hospital, I brought him home and with District nurses attending, watched him die a very slow, painful and distressing death! Distressing, also for me and our family, to know there was nothing we could do! He was 71 years old, we had had a good life together, it was wrong to have to see him linger on with no hope of recovery. I firmly believe he should have been allowed to die with some dignity, which is why I now support "Voluntary Euthanasia" and I know my husband would have wanted it that way too!

Sincerely

(Mrs) Beryl Manning

17th March 1995

SUBMISSION 341 1

189th March. 95. 236 Del Monte Place.,

Copacabana 2251

N.S.W. AUST.

Select Committee on Euthanasia,

Parliament of the Northern Territory.

P.O. Box 3721

DARWIN N.T. 0801

Dear Sirs,

Re Legal Voluntary Euthanasia.

I have been associated with the Voluntary Euthanasia Soc'y. since its inception, when I joined. I have watched the progress with a great deal of interest.

My mother had a stroke 30 odd years ago, and thank goodness I had good associates, having been involved with the Natural Health Society, and therefore had friends, in all forms of Holistic treatment, and we were able to help in so many ways. Mother was 70 when all this happened, and was the Australian champion rower of heavy boats back in 1925, so she had a good constitution to work on. At nearly 101 years she passed away. We had the support of the Dr. and the nursing home, as we had made it clear on many occasions that if it came to the time she wanted to pass away or if she had no control of her body, and also no communication with me her only daughter she did not want to live. We wrote a letter to the Dr. to Matron, and she signed her V.E.S. Card.

I am in the throes of doing the same, although I hope I have many years yet.

I am telling friends and all those who raise the question to make it clear to everybody while you are well as to your intentions.

Over 30 years visiting nursing homes, I have seen so much tragedy. Men and Women just lying in bed, and family visiting them not only for days, weeks, months but year after year, and it is tragic.

I see from our recent meeting at A.G.M. Chatswood, and the recent meeting to form Central Coast, that S.A. is also working hard at achieving success. I wish you well with your in achieving Legal Vol. Euthanasia.

Yours sincerely.

Z.E. HAWKINS.

SUBMISSION 342

3 Hunter Crescent,

Terrigal 2260

20.3.95

To Whom it may Concern,

I wish to register my approval of the introduction of a bill to legalise voluntary euthanasia in the Northern Territory. I offer my congratulations on your forward thinking and sincerely hope that the bill will be passed, thus setting an example to the other states. I am 83 years old and still enjoying an active life, but I would like to know that, if, or when, life becomes a burden, I'd have the right to ask for help in ending it. There are far too many helpless people existing (it could not be called "living") for years beyond any purpose or desire to do so.

Sincerely

Jean Gray

SUBMISSION 343 1

70 Araluen Drive,

KILLCARE NSW 2257

18 March, 1995.

SELECT COMMITTEE on EUTHANASIA

PARLIAMENT of the NORTHERN TERRITORY

PO BOX 3721

DARWIN NT 0801

Ladies, Gentlemen,

I am 60 years old, am a nurse, have had cancer, and have looked after an ill and dying parent.

I write to support a bill which will give an individual the legal right to choose the time and manner of his own death.

(Mrs) Marilyn Cartmill

SUBMISSION 344 1

Jennifer Megson

RMB 355 Valley Rd

Kangy Angy 2258

Select Committee on Euthanasia

Parliament of the Northern Territory

PO Box 3721

Darwin NT 0801

Dear Sir,

I felt a need to write - but where to? I stumbled on this address and so put pen to paper.

To me the idea of rights is given too much attention - with not enough given to what we should work for. Surely one of the few rights we should have is to end our life with dignity when all is lost.

I worked in a nursing home for some time, and met a lot of people disappointed to see each new day, and not all elderly. The human body can play some cruel and disgusting tricks on us as our time draws near. Pain, often unbearable and relentless - even with drugs, physical debilitation that leaves us so people cast their eyes down, rather than look at us, and worse - good people (just people) who are no longer the person they were through an odious turn of the mind.

I commend your foresight and strength to face this important, emotive issue - and make others look too. Already, with wonderful technology, we can sustain life indefinitely, albeit irreversibly vegetative. At what cost - to families, both emotionally and financially, and our medical systems? More importantly - **IS THIS WHAT THE PATIENT WOULD WANT?** Living wills would expediate these cumulative situations.

If it is not illegal to take your own life "with violence", with suicide, it shouldn't be illegal to euthenase - or for prudent people to aid this departure.

Surely its our decision - our right - our life is the only thing we ever truly own.

Kind Regards, Yours faithfully

Jenni Megson

SUBMISSION 345 1

GORDON CHATER

4/278 Marine Parade,

LABRADOR

AUSTRALIA 4215

FAX & PHONE: (075) 912 - 443.

March 20th. 1995.

Select Committee on Euthanasia,
Parliament of the Northern Territory,
P.O.Box 3721
DARWIN. N.T. 0801

Dear Committee,

My Aunt, Lady Dodson, wife of the erstwhile Recorder of London, Sir Gerald Dodson, suffered a paralysing stroke and lived, a vegetable, being nursed round the clock, for five years. The only comatose signs she made were of appalling distress. The emotional and economic effect of her prolonged vegetable existence were disastrous emotionally and economically and make any law upholding such a state, risible.

Suicide is not a crime. Why should providing someone with the means of suicide be a crime?

It is wrong that we have to find doctors willing to break the law to get help with dying, but I - we all - know a majority of sensitive doctors do defy the law to assist the demise of those whose quality of life is no longer tolerable. Surely this is more objectionable than a legally controlled situation.

And there is no doubt that correct legislation would obliterate the possibilities of abuse - which are greater now without the legislation.

Let us die in dignity and peace.

Sincerely, Gordon Chater

I am 73. I have had a wonderful life and have no fear of death. But if my quality of life is to be reduced to dependancy through catastrophic stroke or terminal disease on others I make it very clear (and have done elsewhere) that I expect to have life support withdrawn.

I remember expressing this feeling to one young Australian doctor and have remembered his reaction. I'm glad you've told me all that. *So many of my elderly patients havent discussed this possibility with me. I would be much happier knowing their feelings and treating them accordingly.*

SUBMISSION 346 1

6 Montgomery Close

SAFETY BCH. HGTS.

NSW 2456

16-3-1995

To The Select Committee,

I would like to speak in favour of the Bill proposed by the Chief minister, to legalise some form of euthanasia for those terminally ill and in pain and who wish to die.

I have seen four of my family die miserable deaths, my mother died of cancer and cried out for God to take her.

My husbands mother died of liver cancer not long ago in hospital, she did not want to be in hospital with all the equipment plugged into her, and she asked my husband "Son get me out, get me out". She was eighty nine years of age, but they couldn't let her slip away peacefully in a happy sleep perhaps with a tablet. No, she had to suffer to the bitter end with all the so-called life-saving equipment making her life a misery, nobody wants this at 89 they want to go sweetly with dignity.

My husbands brother, also died a lingering death after chemotherapy for lung cancer. He prayed for something to hasten his suffering too but the staff of hospitals seem to prefer to drag out the misery to the last possible moment.

Another dear friend died in Royal Prince Alfred Hospital in Sydney of lung cancer although he was in his seventies, the staff prided themselves on keeping him alive for 30 days after having pancreas and spleen removed and some intestine. He had nothing to eat just water and ice to suck for 30 days, after he fell out of bed one night they had him strapped to the bed hand and foot cuffs, he cried to me that blood samples were taken from his lungs every night, it hurt, and he screamed out "No" "No" once I stopped it but they resumed after I left.

Is this the wonderful palliative care that Dr Brendan Nelson and the AMA want?

No it is torturing people to death who are dying anyway.

Please, please pass your Bill, please.

Yours sincerely

Mrs E Fitzpatrick

SUBMISSION 347 1

17.3.1995 19 Rosedale Dve.,

Urunga N.S.W. 2455

Select Committee on Euthanasia

Parliament of the Northern Territory,

P.O. Box 3721

Darwin N.T.

Dear Sirs,

How can any decent, kind person not wish to see a suffering human, attain peace and relief by dying?

1) My husband's 90 year old Mother suffered several strokes and lapsed in to a coma. She was fed through tubes - wore "nappies" and knew on-one for almost three years - she deserved to die with dignity.

2) My own Mother died in Royal North Shore Hospital of emphysema and other incurable complications. Sadly, she WAS conscious, and struggled for every breath, despite the aid of drips and oxygen. For many months in hospital we watched her deteriorate, praying every day it would be her last and she could have rest and peace - what cruelty to a wonderful lady.

3) We have a very dear friend who has been in a "care hostel" for at least five years, she has become a tiny "vegetable", does not even recognise her own children - has to be fed and bathed and the quality of her life is NIL! What an undignified situation for a previously active, intelligent woman - not to mention the emotional and financial strain on her family!!

Who in this world would knowingly chose to finish their life in any of the above situations?

Please God, not me!

I trust this letter will assist you, and I wish you success.

Yours sincerely,

(Mrs) G. Linden

SUBMISSION 348 1

SUBMISSION BY; Mrs. Clare Drummond,

15 Myrtle Street,

Glen Waverley, _____ Vic. _____ 3150.

REGARDING THE: RIGHTS OF THE TERMINALLY ILL BILL

ADDRESSED TO; The Select Committee on Euthanasia

Rights of the terminally ill should be of the utmost concern to all human beings in general and to their relatives, medical, nursing and care personnel in particular.

Those rights embrace:

- a) Love, understanding and tenderness - expressed in word and deed and conveyed by attitudes (body language.)
- b) Palliative care (physical and mental) professionally tendered, making full use of all the appropriate state of the art resources available with such being updated and upgraded as scientific knowledge progresses.
- c) The knowledge that there is ongoing research into the malady that threatens and/or distresses their existence.
- d) Confidence that the quality and quantity of their care, will not be dependant on their financial situation, nor on the whim of those responsible for their welfare.

The "Rights of the Terminally Ill" **DO NOT INCLUDE**, in my opinion:

- a) The right to take their own lives.

Deliberate self-destruction, deliberately requested self-destruction, is humanity destroying itself. It undermines all that is noble in human nature and runs contrary to all the ideals, the hopes and the aspirations that are enshrined in human dignity. Surely it can not be tolerated. The welfare of the majority must take precedence over the wishes of a few.

If they believe in life after death and a Supreme Being, then I'd rather it be them than me - facing the Author of Life, whose gift they had just destroyed.

- b) The right to implicate any other person/persons in that act.

Decent human beings hold life to be precious. The majority regard it as a sacred gift from God. Thus any person, who in the trauma of the occasion, agreed to administer the lethal medium may well spend the rest of their lives regretting their action. A law that may protect them from prosecution for their action could do nothing at all to ease their conscience.

2

- c) They do not have the right to inflict sadness on those of their family who may be hoping against hope for their recovery, I or hoping and praying for a cure to be found. Because for every faint-hearted, lazy person who wants "out" from caring for the dying there must be, please God, a hundred who regard it as a privilege and an honour.

GENERAL COMMENTS;

This Bill seems to me to be misnamed. It is not concerned with the rights of the terminally ill, but rather seeks to establish rights for those who want to dispose of the terminally ill, either because they find their condition heart-breaking or in other cases because it's too much trouble to look after them.

I fear that this legislation is being promoted to cut costs in:

- i) Research
- ii) Provision of hospital accommodation and care
- iii) Palliative medication and procedures.

It also has unpleasant overtones of seeking a "quick fix" to relieve certain people from the burden of caring.

Signed C Drummond

Date 20/3/95

SUBMISSION 349 1

10/177 Pacific Highway

ROSEVILLE 2069

N.S.W.

19.3.95

To

The Select Committee on Euthanasia,

Darwin, N.T.

Dear Sirs,

I am writing, as a member of the Voluntary Euthanasia Society of N.S.W., to congratulate the Leader of your Government on his action in favour of democracy, which I hope will succeed.

I believe that it should be open to citizens to decide when his or her life should come to an end, if there is no good quality of life present.

This decision should be able to be made while the individual is in full possession of his or her mental faculties, then carried out legally, if it becomes desirable or necessary.

My mother spent years in a nursing home, not knowing anyone, and unable to do anything but lie in bed. I am sure that our merciful God would not have approved, even though Governments seem to.

My father, I and my sisters, her relatives and friends who had known her when she was active, energetic and capable, found it difficult to understand why this situation should be allowed to continue.

With best wishes for the success of the Bill,

Yours sincerely,

(Mrs) Margaret Wyndham.

SUBMISSION 350 1

The Chair

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

DARWIN N.T. 0801

17th March 1995

Dear Sir

I write to support the legislation for Voluntary Euthanasia - under certain circumstances.

The time has arrived for responsible people to be able to nominate when their use by date has expired.

I have known several people who unnecessarily have had to endure long suffering, lingering deaths in uncontrollable pain - for many months. When a simple injection could have ended it peacefully for all concerned - patient, doctors, nurses, relatives, friends, everybody.

My friend - developed breast cancer, had a mastectomy. That wasn't enough. Secondary cancer set in, in her lung and spine. After enduring radio and chemo therapy all that was left was to wait. Wait, until the cancer was satisfied and had consumed enough of her body so that she could die.

About two and a half years after it was first diagnosed and then about twenty months after the secondary and diagnosed fatal, onslaught began.

To have to rely on a doctor to '**do the right thing**' and face criminal charges if discovered - is itself a crime. Patient Advocate and Health Directives must be acknowledged and used.

I want to be able now - while I am healthy and of sound mind, to say what **I want** to happen to me when and if when the time comes that I can't rationally make a decision, or I can't physically help myself.

The Dutch system (recently documented on NSW television) seems to be an excellent way to go - humane, legal, and with everybody's prior knowledge.

We don't allow our pets to suffer - they shoot horses don't they.

We should have a **right to choose.**

Yours sincerely

Narelle Quinn JP

SUBMISSION 351 1

UNIT 202 - HOSTEL

ADELENE COURT

KALAWARRA RD

WYOMING 2250 N.S.W.

20.3.1995

TO SELEC. COMM. ON V.E.S.

PARLIAMENT OF N/T.

PO BOX 3721

DARWIN 0801

DEAR SIR

HAVING SEEN, ONCE PROUD, PRODUCTIVE PEOPLE BECOME ZOMBIES - PEOPLE IN GREAT PAIN - TERMINAL ILLNESS - CRYING OUT "PLEASE GOD LET ME DIE" - YES I AM IN FAVOUR OF EUTHANASIA ALL THE WAY.

WE DO MORE FOR THE ANIMALS.

I AM A LIFE MEMBER OF THE V.E.S. BOX 25 B/WAY.

GOOD LUCK WITH YOUR EFFORT TO HAVE IT MADE LAW.

YOURS FAITHFULLY

(Mrs) O. G. Manella.

SUBMISSION 352 1

The Chair,

Select Committee on Euthanasia,

Parliament of the Northern Territory

17 March 1995

I strongly support the intention of the bill introduced recently into your Parliament to legalise voluntary euthanasia in specified circumstances.

Two people to whom I was very close, one friend and one relative, died after prolonged suffering from advanced cancer. Narcotics can dull the physical pain but no palliatives can reduce the mental anguish of the person and his or her carers. Both of these people would have welcomed sure and painless deaths. No reasonable person would subject an animal to such prolonged and pointless suffering.

No health worker should be forced into the pretence that euthanasia is acceptable only if it is an unintended side effect of morphine or other palliation. There is no logical difference between the present common practice of "unintended" euthanasia and the active voluntary euthanasia addressed in your bill. Doctors in the Netherlands have shown voluntary euthanasia can work and our Australian society is ready to accept it, from all opinion polls. Those people with religious or moral objections may choose to suffer if they wish. Having experienced the suffering twice, I believe that the quality of a life is critical not the length.

Please end the cruelty and enact the bill for limited voluntary euthanasia.

Rod Sloggett:

26 Dillon Road

Wamberal 2260

SUBMISSION 353 1

Submission to:

The Chairman,

Select Committee on Euthanasia

Submitted by

Dr D M PURCELL M.B.B.S. (QLD)

7 TROUBLED RT.,

TOOWOOMBA 4350

I am writing to you in an individual capacity to express my deep concern at the impending legislation which has been introduced to Parliament which would allow doctors or other health care providers to undertake to kill or assist to kill patients with a terminal illness.

I am also writing in the capacity of a practising General Practitioner and although I can't claim to have a lot of experience with terminal illness, the issue affects all doctors fairly closely. I have received and read a copy of the legislation.

Firstly, this bill is plainly about legislating for killing. This is not altered by dressing it up in legal verbiage, being couched in the language of "rights" or justifying it on the basis of cases of medical mismanagement. There has also been a legal and ethical/moral prohibition against murder and manslaughter not only because it is voluntary but because it also involves the taking of human life.

The desire at some time for death is not unusual amongst patients with terminal or non-terminal chronic illness, although certainly not universal. However, to deliver it or supervise it is quite another matter, and it delivers into the hands of doctors or other people a power which is not ours to possess. Giving it a medical aura may be comforting to society's sensibilities but it does not change its reality which is essentially medicalised murder.

DISCUSSION ON PART 2

This act is intended for people with a terminal illness with a life expectancy of a year or less. There are a great number of people who have a burden of illness without a limited life-span who can suffer more than someone with a terminal illness. What is so special about twelve months? This is not really relevant to the amount of suffering an illness might cause even if that was knowable.

Also, except in the very last stages of life, few doctors are willing to predict the time of death with any certainty, as there are many examples where prognosis has been quite wrong. Since there is no minimum time frame between request, a second opinion and the Euthanasia act (Part 2 6(i) & (j)), theoretically there can be an extremely short time in fulfilling all these criteria with no time to rectify mistakes or due consideration of the decision. One thing that palliative care workers see time and again is the effect that pain and depression can have on a patient's outlook on life, and once they are attended to, the patient is psychologically much more at peace.

2

In Part 2 6(d) & (f) it is requested that there be "severe pain or suffering or distress" Several points need to be made:

- (i) all these parameters are subjective, especially suffering and distress;
- (ii) there is a lot of approaches available for treatment of pain and although it may not be removed completely in

difficult cases, it can be alleviated considerably. There are many types of pain - they do not all respond to uniform treatment and different modalities need to be tried. Thus clause (f) is extremely vague and misleading and in all probability false. It is certainly dismissively pessimistic and seems to equate "treatment" with a cure;

(iii) it is inevitable with any dying process that there will be suffering or distress as opposed to pain. The suffering is not restricted to the patient but affects family and friends as well. Suffering is experienced in the mind and there are no pills in the cupboard for this. If it is to be relieved it must be bought out in the open and tackled, not used as an excuse for Euthanasia. Distress is more often psychological than physical - are we to start allowing emotional distress as grounds for legal killing?

Where would it stop? In Part 2, clause 7, it even allows for patients who are emotionally unable to sign their certificate to allow someone to do it for them! How could patients be considered competent to decide in this circumstance?

DISCUSSION ON PART 3

Two sections here which I find particularly disturbing are 11 & 12, dealing with certification of death. Exactly what is going to be recorded as "cause of death" since Euthanasia is neither natural or to be expected. It is significant that in the Dutch experience, although doctors were given legal indemnity for stating the cause of death as Euthanasia, few actually did.

Also, why is the phrase "report as he or she thinks appropriate" placed in 12(2)? Is there a concern that the numbers may become embarrassing and as such won't want to be revealed?

PARALLELS WITH THE DUTCH EXPERIENCE

Both the Northern Territory legislation and the Dutch experiment with Euthanasia began with the narrow definition of it being only for those who voluntarily request it, for it to be well-considered, durable and persistent. However the government-commissioned report, called the Remmelink Report showed that less than half of all Euthanasia cases fitted the criteria with majority fitting into the non-voluntary category. The total number 25,306 constituted almost 20% of all deaths in Holland for the year of investigation (1990). Also it was found that once a request for Euthanasia was made, in many cases it was fulfilled within the day. As I pointed out, theoretically there is nothing in the bill to prevent this happening.

3

PALLIATIVE CARE

The real answer to the problems faced by dying patients, and it is an effective and practical

one, is the establishment of Palliative care centres which are often a specialty section of major hospitals. To my knowledge there are no such centres currently operating in the Northern Territory. Such centres not only treat "the whole patient" but they are able to develop new approaches or better use of existing treatments. It is significant that Holland does not devote any time or energy to the use of these types of centres.

CONCLUSION

In conclusion, I would urge you to consider very clearly what is being suggested by this legislation. There are many similarities in the Northern Territory legislation to the procedures and agreements in Holland but it has been shown that the situation was grossly abused. Terminally ill people are inevitably dependant upon others to some extent and couldn't help but feel that acceptance of Euthanasia means that their dependency signifies that they are not wanted and must wonder if their doctor will become a killer. It can only do damage to the doctor's professional role. It certainly does nothing to build up the fundamental matter of the strength of the relationship between members of the society rounded on respect for the worth and dignity of each.

Signed,

D. Purcell M.B.B.S. (Qld)

SUBMISSION 354 1

CHRISTIAN COMMUNITY CENTRE

ALICE SPRINGS

27 Cypress Crescent, Eastside, PH;526196, Fax 529201

CORRESPONDENCE: PO Box 741, Alice Springs, N.T. 0871

Senior Pastor: Dr Colin D. Crago PH: 53 0228 or (018) 89 7946

Secretary: Mr. Doug R. Warfe PH: 52 3848

The Chairman

Select Committee on Euthanasia,

Legislative Assembly of The Northern Territory,

G.P.O. Box 3721,

DARWIN. 0801.

20th March, 1995.

Dear Sir/Madam,

The accompanying submission to your committee is unanimously endorsed by the Board of Christian Community Centre, Alice Springs and a meeting of 106 members of the church.

With the greatest of respect we would urge you to take our heartfelt convictions into your consideration.

Yours sincerely,

D.R. Warfe. Secretary.

In Fellowship with Assemblies of God Worldwide

2

CHRISTIAN COMMUNITY CENTRE

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27 Cypress Crescent, Eastside, PH;526196, Fax 529201

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The Chairman,

Select Committee on Euthanasia,

Legislative Assembly of The Northern Territory,

G.P.O. Box 3721,

DARWIN. 0801.

SUBMISSION

It is disturbing that there is such a push to change long held community values without reference to why those values came to be originally held. No one should be against positive change: for the future. However, to change things without reference to how they were formed is to fail to learn the lessons that history would teach us and doom us to repeat it's mistakes.

In endeavouring to come to terms with the euthanasia controversy there is a question that should be answered. Why was it that people of yesteryear, without the advantages of modern drugs plus all the suffering of a much lesser standard of health care, chose to maintain a policy of maintenance of life as enshrined in our current law? The amount of pain and suffering of those living in past eras was far higher than it is now. It was against such a backdrop that people insisted on the sanctity of life and were opposed to killing anyone.

The euthanasia debate is obviously only one of many along an extended continuum which began with the abortion question. At that time those proposing such legislation were challenged that this was the proverbial "thin end of the wedge" and euthanasia would be next They were howled clown and told not to be so silly. Now euthanasia is upon us what will be next? Perhaps it will be the extermination of impaired individuals. Once a society becomes judge and jury and begins to kill people there is no telling where it will stop.

Already legalised assisted suicide is being advocated in some circles. The value of an individual fulfilling their unique potential in life is no longer acclaimed; instead we have the dubious worth of "doing one's own thing" regardless of who else it hurts and the coincident wastage of life and potential. The youth suicide rate in Australia is already one of the highest in the world and unless we gain a far higher view of the value of life than we have the future of our society can at best be said to be depressing. Euthanasia and what follows it are only going to increase the gloom because the sanctity of life is once again challenged.

3

Currently there is some not very subtle conditioning going on to get us to accept euthanasia We are being told there is so called "passive euthanasia" and "active euthanasia." Passive euthanasia is the turning off of artificial life support systems and allowing a person to die naturally. Haven't people always died naturally? Why is this suddenly euthanasia? Only to convince people that real euthanasia, where someone is actually killed, is OK

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 we understand it, gives the fight to two concurring 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 rumoured, 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".

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 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 way as the first states to legislate on 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 this bill.

If the extremity should arise where it is decided that terminally ill people are to be given the fight 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.

Yours sincerely,

D.R.Warfe. Secretary.

SUBMISSION 355 1

Submission to the Select Committee on Euthanasia

March 1995

Sue Carter

I have examined the proposed Rights of the Terminally Ill Bill 1995 and strongly encourage you to recommend that it be passed.

I have worked for many years as a nurse in the Northern Territory, and am aware of the distress, degradation and painful way in which some people die.

Nurses spend more time with dying people than any other group, apart from relatives. Nurses see the grimaces of pain, and hear the cries or sobs which escape the dying person when they move them (for cleaning etc.).

Current drug treatments do not overcome this pain.

In addition to pain, the dying person may have to suffer the indignity of bowel and bladder incontinence. Weight loss is often extreme, and can result in the person developing ulcers on their bottom, shoulders and ankles. These are called 'pressure sores.'

Do not take the easy way out and squash this bill. Give the small percentage of people who would ask for euthanasia the right to choose their time of death. One day, I may be one of them.

Yours sincerely

Susan Jill Carter

9/282

Casuarina Drive

Nightcliff

cc The Hon. S. Hatton.

SUBMISSION 356 1

P.O. Box 823

Howard Springs N.T.

20-3-95

The Chairman

Select Committee on Euthanasia

G.P.O. Box 3721

Darwin N.T.

Dear Sir,

I am writing to say that I hope Mr Perron's Bill is passed. If I was suffering and terminally ill, I would like to have the choice, perhaps I wouldn't have the necessary courage but I would like the choice. Last year I watched a friend who had Motor Neuron disease who could not talk or walk and chose not to be fed through the stomach, take 12 days to die without food or water, I am sure that he would have been pleased to have the choice.

Yours Sincerely

(Mrs) Kath Yates

SUBMISSION 357 1

20th March 1995 61 Milligan Lane

Firefly NSW 2429

The Secretary

Select Committee on Euthanasia

Dear Sir/Madam,

I have been a member of the N.S.W. Voluntary Euthanasia Society for 5 years, and as a 75 year old, I strongly support the move made (or in the making) by members of your parliament towards Voluntary Euthanasia. I want the right to decide about my future death. Helping a person to end their life should be legal, thus removing the onus of wrong-doing from doctors.

The idea of the sanctity of human life was put forward by man, and who is the arbiter of that concept? Or who has any right to thus pontificate??

I wish you every success, whereby you might speed our own cause.

Yours sincerely

Dulcie Anstis

SUBMISSION 358 1

41 Susella Cres

Tuncurry 2428

Dear Sir,

I have always believed in the principle of V.E., especially since watching 5 members of my family linger on in pain (while the Drs to give them credit did their best to alleviate) but the mental anguish they suffered knowing their loved ones were devastated at the helplessness they felt.

Surely one should be allowed to die with dignity, there are so many safeguards already that it shouldn't be a crime for Drs to ease them out. We do it for our animals, surely compassion should not be withheld for humans.

Hoping your campaign is successful.

I. J. MARKS

SUBMISSION 359 1

Wamwarra Creek

Bungwahl, NSW

2423

19th March, 1995

Dear Sirs,

I have been a life member of the Voluntary Euthanasia Society of N.S.W. for the past ten years. When I found out the aims of the society and their wishes of legalizing voluntary euthanasia, making living wills or advance directives also legal, to absolve doctors from action if they say wishes, either by the patient or designated family or friends. I felt I had to be part of the action.

At present my father is 91 and fairly active and able to enjoy life as he has for so long. He in is full agreement of the Living Will and we only hope that his wishes can be carried out if the time ever comes.

I sincerely hope that the support for your bill totally outnumbers the "NO" vote.

Yours faithfully,

Barbara Bristowe

SUBMISSION 360 1

Mrs Wendy Priebe

109 Samsonvale Road

STRATHPINE QLD 4500

20th March 1995

The Chairman

Select Committee on Euthanasia

GPO Box 3721

DARWIN NT 0801

Dear Sir,

RE: SUBMISSION ON THE 'RIGHTS OF THE TERMINALLY

ILL' BILL 1995.

I submit the enclosed article by Dr Richard Feningsen for inclusion in the Inquiry on Euthanasia.

I oppose the legalising of euthanasia as set out in the Bill.

Are there any or sufficient Hospices in the Northern Territory able to give care and manage severe pain adequately of the terminally ill? Governments should prioritise this expert care to be readily available and accessible for all who need it.

It the terminally ill are to be terminated what are the realistic terms of your government or any government allocating grants for the continuation of medical research into finding cures for diseases? In the monetary sense it would be cheaper to kill the patients and thereby what fears will be played out in the community?

Yours faithfully

Wendy Priebe

Enclosed with submission article entitled:

A gentle man speaks of fear, Richard Feningsen, M.D., Ph.D., Fidelity - June 1994, Pray and care for our elderly folk, pp.28-32.

SUBMISSION 361 1

27 Quebee Rd

Chatswood

N.S.W.

2067

20/3/95

Select Committee on Euthanasia

Parliament of the Northern Territory

Darwin

Dear Members,

I wish to register my support for the passing of a bill to legalise Voluntary Euthanasia in the Parliament of the Northern Territory.

My own parents lingered for years in a state of very poor health and often expressed their desire to die rather than a long drawn out sickly ending.

This is why I support Voluntary Euthanasia as I too do not wish to suffer when my time has come and given costly life support to keep me going against my wishes.

Yours faithfully,

J. Silverwood.

SUBMISSION 362 1

497 Willarong Road

Caringbah

NSW 2229

20th March 1995

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

Darwin N. T. 0801

Dear Sirs,

I wish to support the introduction of Voluntary Euthanasia.

Having just reached my 70th year, I can conceive of no greater cruelty than to force a person to live against their wishes, and my wife and I have already made sure that our family and doctor are well aware of our views.

One frequently-raised objection to V.E. is that errors may occur and people will be killed by accident. While this is possibly true, many people are killed accidentally in other human activities--on the roads for instance or flying--but this is not put forward as a reason to forbid these activities. If anyone has morbid fears of this type surely they can wear a standardised bracelet or medallion, or even have a discreet tattoo, to ensure that they do not become the victim of some well-meaning doctor's compassion.

Finally, may I say that I object to being told how I may live, (or die) by some officious person with no knowledge of my circumstances. I do not even want to force some doctor or nurse to act against their wishes--a good do-it-yourself kit is all that is necessary.

Yours faithfully

C.P.Gilbert, OAM, MSC, MIEE.

SUBMISSION 363 1

1 Livingstone Ave

Baulkham Hills

NSW 2153

18th March 1995

Select Committee on Euthanasia

Parliament of the Northern Territory

PO Box 3721

Darwin

NT 0801

Dear Committee members,

I am not writing as a member of a special interest group, but as an ordinary member of the Australian public concerned over the outcome of the voluntary euthanasia bill. I have been deeply moved by the courage and personal commitment of Michael Moore MP in supporting the right of individuals to choose a legal death with dignity in the face of incurable and unbearable suffering.

In 1978, I watched my own mother undergo medical maintenance beyond the point of exhaustion and will in her treatment for terminal cancer. As we spent long afternoons in hospital rooms and then at home, she told me that she wasn't afraid of dying, but she did not want to die in an undignified way. She had a lot of time to think about this as she lay there watching our faces come and go. Each day the district nurse came and pummelled her back to help her cough up the phlegm which was slowly choking her. In the end, she died as she hadn't wanted to, gasping in fear and phlegm. My mum was a brave woman; in whose interests did she have to fight a losing battle against her will? As whose conscript? In whose war?

After completing my studies, I have worked in Asia as a development assistance worker for the last five years. I always felt that this is what my mum would have wanted me to do - to assist those living lives of limited choice to expand their (legal) opportunities and to reduce their suffering. I think we would all agree that this is a human right and to deny it would be inhumane. But surely assistance for those terminally ill who wish to die is also a human right and to deny it would also be inhumane?

As the daughter of a mother who died of breast cancer, my chances of dying from the same disease are statistically higher than normal. This does not stop me from leading a happy and useful life. However, if I am ever in my mother's situation, I hope that the law has already empowered my doctor(s) and I to release me from enduring a prolonged and degrading death.

Yours sincerely,

Irene Bain (Ph.D)

SUBMISSION 364 1

Unit 54.

Wirreanda Village

33 Highs Road

West Pennant Hills 2125

19.3.95

Dear Sirs,

I am writing this letter in support of voluntary euthanasia. I will be 79 years in June, but am very active - never even get a cold - therefore keep away from Drs and their drugs - they are keeping the aged people alive - not God's will. Most of the people I speak to these days are really keen not to be lying around and a burden to others. In fact I feel so well, unless anything unforeseen happens, I think, heaven forbid, I might live till 100 - but I feel once the quality of life has gone, I don't want to be here.

I lost a dear sister a couple of years ago - she went to Dr. with a pain in the knee - he put her on Brufen and left her

on it for 7 years, without testing her blood - eventually she had a bleeding ulcer and was rushed in as an emergency and given 3 bags of blood. There was a benign tumour - they diverted her digestive system, by passing the ulcer and tumour. However, after a few years it developed into cancer - one day when I visited she was lying back exhausted and said the nurses had to "dig" faeces out, and she said, "It's hard on them and me too". At this stage she couldn't eat either - I think she hung on a month or so after that But when there's no hope - I think it is cruelty - they won't let animals suffer!! Good Luck.

Yours sincerely

(Mrs) J. Witheford.

SUBMISSION 365 1

18 Plunkett ST

Drummoyne.

N.S.W. 2047

17th March 1995.

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

Darwin N.T. 0801

Dear Committee, **SUPPORT FOR VOLUNTARY EUTHANASIA BILL.**

I write in strong support of the Bill in favour of Voluntary Euthanasia.

I write from the personal standpoint having watched my father die an undignified death in spite of his wishes to the contrary; for myself wanting some say in the manner of my death as I have in the manner of my living: and as a practising social worker who has been witness to varying degrees of distress by people facing intrusive procedures which have prolonged life a short while but which have not improved its quality. Illness renders people powerless very often, hence choices made while the ability to make them still exists ,is most important.

Be courageous Committee, our world and ourselves, require you to be !

Yours sincerely, Nancy Kemp.

SUBMISSION 366 1

Mrs Mary Cash

5/7 Mimosa St

Bexley 2207 NSW

Sydney 17-3-95

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

DARWIN N.T. 0801

I understand submissions regarding assisted voluntary Euthanasia expire 24-3-95.

I hereby wish to voice my own opinion concerning the subject I am all for, (on the understanding all necessary safeguards will be in place) after seeing in my long life numeral cases of unnecessary suffering and lingering during life stages of incurable disease.

I believe it is the right of every individual making a valid request whilst still in possession of his or her mental facilities to have access to the assistance of a doctor to terminate his or her life, if the state of his or her deteriorated health guaranteed such a step.

In the hope that the combined effort of all those in favour of legalising assisted Voluntary Euthanasia will succeed,

Yours faithfully,

Mary Cash

SUBMISSION 367 1

220 Frederick Street,

ROCKDALE NSW 2216

20th March, 1995.

The Select Committee on Euthanasia,

Parliament of the Northern Territory,

P.O Box 3721,

DARWIN NT 0801.

Dear Sir/Madam,

When my husband died some eight years ago he spent the last fourteen weeks of his life in a Hospice and in my daily visits to him I saw a great many dying patients. It was a very sad and sobering experience.

No matter what some doctors say, from this experience I know that when a person is dying their pain cannot always be controlled. Anyway, it is not always pain - there is the constant nausea, the terrible indignity of incontinence, the deep depression this brings.

People who hold religious views on the "sanctity" of life are not asked to agree with the concept of voluntary euthanasia, but neither should they interfere with other people's views and strongly held opinions that people should not have to endure terrible suffering when there is no end to that suffering.

I have had cancer myself and this week will be having more tests. As a widow without family and without support in a illness or hospital situation, it would make an enormous difference to my life if I knew that if and when the need arose I could indicate to **a willing doctor or doctors or ethics panel** that I had thought deeply and calmly and had decided that I wished my life to be ended as the suffering had become too much to bear.

If a living will is made, and is updated regularly, I cannot see why the wishes contained in this document cannot be carried out legally.

Yours sincerely,

Barbara Morgadinho.

SUBMISSION 368 1

20.3.1995

Select Committee on Euthanasia,

Parliament of Northern Territory,

P.O. Box 3721,

DARWIN N.T. 0801

Dear Sirs,

I support Mr. Michael Moore wholeheartedly. I feel it is a very important step forward. Everybody should have the right to choose the time to die with dignity when terminally ill. Doctors should not be in a position to defy the law because of their humanness.

I wish Mr. Moore the best of luck.

Sincerely

Mrs. V. Slezak

142A Bellevue Rd.

Bellevue Hill

Sydney 2023

SUBMISSION 369 1

29 Munni St

Newtown 2042

March 19, 1995

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

Darwin

I write in support of the bill which is to be brought in to legalise voluntary euthanasia. I am an old nurse (72) and I have seen far too many people dying in pain and distress that they should have been spared. Even people who had planned their end and hoped to have some control over it - once they are in hospital there seems no way to help them. It is a myth about palliative care being the answer - in too many cases drugs don't touch them. And in any case when a dying person has expressed the wish to be helped to die surely that bit of control should not be denied them.

I have been truly appalled at the way some dying people have been treated - undue suffering has been inflicted by

pathology tests etc and the relatives left with the bill to pay.

I have heard wild claims that the situation in Holland is out of control but all my information is that it is very carefully controlled indeed. No evidence appears to support this claim.

It is to be hoped that the committee will take note of the opinion polls which show public support.

My best wishes for your deliberations

Joan Carey

SUBMISSION 370 1

H. Roan

4 Ithaca Rd

Elizabeth Bay 2011

20.3.95.

Dear Sirs,

I am 93 y.o. and a member of Voluntary Euthanasia Socy of N.S.W. I do support the bill to legalize voluntary euthanasia.

I firmly believe that I should have the right and possibility to decide when my life is no more worth living.

I hope the government of N.S.W. will follow your example if you achieve the bill's goal.

Yours faithfully

Helen Roan

(Letter dictated by Mrs. R. who is nearly blind)

SUBMISSION 371 1

Richard Watkins

GPO Box 1736

CANBERRA ACT

260. 20.3.95.

To The Select Committee on Euthanasia,

The Chairperson.

I have been a member of the ACT chapter of the V.E. Society for many years and have struggled to have a voluntary euthanasia bill brought into law here, during that time.

To watch and have to care over a loved one who is dying in pain and wishes only to leave this world is a horrific way to spend a day.

We must accept that a majority of such people in nursing homes, wish for a painless and professional way of retiring permanently from the world.

I support in every way, the bill introduced by the leader of your government, and feel sure that most and in due course all other states will follow your lead.

Yours sincerely,

R. Watkins.

SUBMISSION 372 1

7 Stratford Road

Unanderra 2526

19/3/95

Officer in Charge

Select Committee on Euthanasia.

Dear Sir/Madam,

I am writing to express my support in favour of the Voluntary Euthanasia legislation.

I and my friends are now of an age when we accept approaching death with equanimity. However, fear that we will be kept alive and suffering in extreme old age haunts us all.

Why should a willing and sympathetic doctor become a criminal by shortening an inevitable outcome?

Despite the rhetoric of the Right to Life, we in this country are not all Christians in fear of torture beyond the grave.

Pass the legislation! Make Australian history by showing some national logic to the rest of the country!

Yours faithfully

(Mrs) D. SUTTON.

SUBMISSION 373 1

To the Select Committee on Euthanasia

Parliament of the Northern Territory

PLEASE CONSIDER THE FOLLOWING

A PET'S PRAYER

ASK YOURSELVES: SHOULD WE DO LESS FOR A HUMAN LOVED ONE?

If it should be that I grow frail and weak

And pain should keep me from my sleep

Then you must do what must be done

For this last battle can't be won.

You will be sad, I understand,

Don't let your grief then stay your hand,

For this day, more than all the rest,

Your love and friendship stand the test.

We've had so many happy years,

What is to come can hold no fears.

You'd not want me to suffer, so

When the time comes, let me go.

Take me where my needs they'll tend,

Only stay with me to the end,

And hold me firm and speak to me;

Although my tail its last has waived

From pain and suffering I've been saved.

Do not grieve it should be you

Who decides this thing to do

We've been so close, we two, these years,

Don't let your heart hold any tears.

I urge you to consider that HUMANE BEHAVIOUR should be directed towards our fellow humans as much as to animals if their own decision is to die with dignity and as little suffering as possible.

Sincerely

Jann Walsh

'Moongulla' 258 Bong Bong Road,

Berry, N.S.W. 2535

SUBMISSION 374 1

'Moongulla' 258 Bong Bong Road,

Berry, N.S.W. 2535

March 18, 1995

The Select Committee on Euthanasia

Parliament of the Northern Territory.

Dear Sirs,

I write to urge you to recommend to the Parliament of the Northern Territory to pass legislation which allows Voluntary Euthanasia for anyone in extremity, and for it to be aided by properly supervised medical practitioners whose compassion concerning human suffering coincides with their ethical beliefs.

In Australia suicide is not a crime, therefore caring, concerned doctors who are normally dedicated to prolonging life, should surely not be penalised if they aid a patient WHO REQUESTS HELP to avoid a painful, undignified, inevitable death.

I recognise the beliefs of those who subscribe to the Right To Life Movement to make decisions for themselves whatever their circumstances. I negate their right to control the life, or death, of other citizens whose equally valid ethical beliefs may be different from theirs.

Please give consideration to this letter during your deliberations. I believe you are faced with the opportunity to enhance the dignity of human life and death for all Australians, and to set an example for the rest of the world.

Yours truly,

J. Bevis Pyle J.P.

SUBMISSION 375 1

Telephone: (02) 327-7471 52 Balfour Road,

Rose Bay,

N.S.W. 2029

19/3/95

The Chairman

Select Committee on Euthanasia

Dear Sir/Madam,

I watched the television programme made in Holland showing, in a sensitive manner, a doctor assisting a patient to end his misery.

I wished it could have been thus with my own husband who, though treated with great kindness and care in a hospice, had to suffer great indignities along with the pain.

He himself was a doctor and would have felt it impossible to put a fellow doctor in an impossible situation by asking for a quick end. He looked at me almost apologetically one day and said, "I'm nearly dead, but I just can't seem to die".

I write this to add my support to the Bill put forward by the Leader of the Northern Territory government.

Yours sincerely,

Lorraine Vines.

SUBMISSION 376 1

K. Barber

707/93 Brompton Rd.

Raleigh Park

Kensington 2033

Select Committee on Euthanasia.

Dear Sirs,

I am sixty five years old widow, I have seen my father dying and suffering from cancer! He was 85 at the time.

I believe that every individual has the right to decide over her or his life, when suffering from an incurable disease.

I hope that the legislation will help lots of people.

K. Barber

SUBMISSION 377 1

6 Doyle Place,

Merimbula, NSW. 3548.

19/3/1995.

Select Committee on Euthanasia,

Parliament of the Northern Territory,

P.O. Box 3721,

DARWIN, NT. 0801.

Dear Sir,

I am writing to support the Voluntary Euthanasia bill being considered by the Northern Territory Parliament.

I am 75 years of age, a member of the Voluntary Euthanasia Society of NSW, and consider that as well as having a right to live, everyone has an equal right to die.

If circumstances should arise in the future whereby my life became intolerably painful or miserable, I should like to think that I could obtain help to terminate my existence in a humane and dignified manner.

Yours faithfully,

(Miss) Esme Wilson

SUBMISSION 378 1

7, Ernest St,

Nowra 2541

N.S.W.

Sunday 19.3.95.

To The Select Committee

on Euthanasia

Parliament of the Northern Territory.

Dear Sirs,

I have been a member of the NSW Voluntary Euthanasia Society and wish to give you my opinion on the issue. I saw my father-in-law and my husband spend horrific months before cancer claimed them, my husband 24 years ago. I beg that a bill be passed to enable the possibility nay probability of this issue to become legalised.

One wouldn't allow a dog or a horse to suffer so. I fully support Dr Jack Kevorkian, and pray that soon (and in time for me) the Right to Die with Dignity when one wishes it, can be in force.

Yours sincerely,

Ida B. Daly.

SUBMISSION 379 1

150 Woolamia Rd.,

Huskisson 2540

14th March.

The Select Committee

on Euthanasia.

DARWIN.

My husband and I were very pleased to hear the Parliament of the Northern Territory were considering passing a Bill to make Euthanasia legal.

It has always seemed too me quite ridiculous that if I kept my dog when it was incontinent, in great pain and obviously unhappy then the RSPCA could prosecute me but if I kept my mother like that, I would be praised as being a good daughter.

The most awful statement I heard a doctor make was that he couldn't give enough drugs to completely stop a patient's pain as it might shorten his life and the Right to Life are so aggressive that they could sue him.

You must be able to choose for yourself either at the time or in an advance directive and I do hope you make this possible.

Yours faithfully,

Roslyn Patrick.

SUBMISSION 380 1

Feb 1995 9 Jeffery Ave

North Parramatta.

2151

NSW

Dear Sir

I support the voluntary Euthanasia and I would like it to become legal all over Australia it would prove a bit less painful for people on the Earth.

Yours truly,

Millicent Tully

02 630 7119

SUBMISSION 381 1

87 The Glen Crescent

Springwood

N.S.W. 2777

Select Committee on Euthanasia 17 March 1985.

Parliament of the Nthn Territory

PO Box 3721

Darwin N.T. 0801

Dear Committee Members

I write to support the NT Bill on Euthanasia.

My own brotherinlaw died a very painful and prolonged death just a few years ago in Adelaide, S.A.

He had a doctor son, and was under the care of a well known hospital but this did not relieve him in his pain and suffering towards the end, when 'palliative care

came to the end of its resources.

And not just he, but also his wife and family had to watch him die slowly, when it surely would have been possible for him to have drugs administered to enable him to die in a more fitting and dignified way.

We all have to die and we should all be allowed too die painlessly if we are suffering from disease or senility and no foolish attempts should be allowed to prolong our lives and our suffering.

At the age of (almost) 78 I pray you to pass this Bill and give the hope of less pain and suffering to the people of Australia!!

Sincerely Yours

Arthur W. Tomalin.

P.S. Give us "THE RIGHT TO DIE"

SUBMISSION 382 1

17 Bronte Cres

Batehaven

The Secretary N.S.W. 2536.

Select Committee on Euthanasia

Dear Sir,

May I please add my plea for legal voluntary euthanasia. I had to watch my husband become a vegetable in a Nursing Home for seven long years. He had been a prominent man, a leader, and then had to lose all dignity. I am now nearly 80 years old, not afraid to die, but terrified that I will not be allowed to die peacefully.

Thank you for the stand your are making for so many of us oldies.

Yours sincerely,

L.J. Lissan.

SUBMISSION 383 1

David St.,

Batehaven. 2536

19/3/'95.

N.T. Select Committee - Rights of the Terminally Ill.

I write to express my opposition to any form of legalised patientkilling. I support instead, good quality palliative care which can provide substantial relief for the vast majority of patients with advanced cancer.

Many people are fearful and suspicious of going to hospital in case they are killed by the socalled medical care they receive.

Our Governments need to ensure that those least able to help themselves are protected.

Yours faithfully,

Margaret Ryan.

SUBMISSION 384 1

Kelbuen

GOULBURN 2580

March 17, '95.

The Committee on Euthanasia,

Northern Territory.

I thoroughly approve - being fairly elderly I am concerned about being "kept" in a hopeless state because I am considered to be alive and breathing. No doctor should be penalised for doing the right thing - its uncivilised. Good luck.

Sincerely,

Margaret Friend (Miss)

SUBMISSION 385 1

Avalon

Golspie Road

TARALGA NSW 2580

March 19 1995

Select Committee on Euthanasia

Parliament of the Northern Territory

PO Box 3721

DARWIN NT 0801

Dear Chairman and Members

We congratulate the Northern Territory Parliament on its courage and farsightedness in having a bill on legal voluntary euthanasia introduced and in referring this vitally important matter to a Parliamentary select committee.

Public opinion polls throughout Australia show that the majority of Australians believe the terminally ill should have the right to decide whether to live in pain and suffering or to choose death with dignity.

My wife and I (aged respectively 58 and 63) have made a pact that when either one of us reaches the age or stage where life is no longer worth living, we will choose death by our own hand. At present, this will mean either asking a doctor friend to risk his livelihood and worse by assisting us or risking a botched attempt while trying to do perform the task alone.

We respect the attitude of the right-to-lifers in this matter. But it needs to be stressed that the question your Parliamentary Committee is considering is VOLUNTARY euthanasia - no one is talking about a situation where the ill and elderly are "put down" without their consent. Those Australians who are opposed to voluntary euthanasia on moral or religious grounds are, of course, free to practice their beliefs. With respect, we submit that neither they, nor anyone else, should have the right to interfere with the rights of others in making the ultimate decision of their lives.

We very much appreciate the enormity of the decision facing your Committee and Parliament and send our best wishes in your deliberations. But please remember that your decisionmaking in the Northern Territory is being watched by ordinary people all over the country who are looking to you for the kind of leadership which seems to be lacking in the older and more hidebound parliaments of the other States.

Yours faithfully

MICHAEL W BATTEN (MRS) MERRILEE BATTEN

SUBMISSION 386 1

Box 290 P.O.,

YOUNG N.S.W.

2594

19th. March 1995

The Secretary,

Select Committee on Euthanasia,

Parliament of the Northern Territory,

Box 3721 P.O.,

DARWIN N.T. 0801

Dear Sir,

As a member of the Voluntary Euthanasia Society of New South Wales, may I express my support of the Bill proposing legal voluntary euthanasia.

I consider it the right of individuals to have control over their deaths. I do not consider it a crime to provide the means to someone who wishes to end his or her life.

Having watched the Dutch film recently screened on the television, of a terminally ill patient being assisted in a legally controlled manner, to end his life, I could find nothing but dignity and compassion in the doctor and the patient's wife. That should be available to all.

We, who support this Bill, can only hope that it will be passed and so create a precedent for other States to follow.

Yours faithfully,

Mrs. S.R. Oxley

SUBMISSION 387 1

9 Linkside Gardens

Still St

Bundanoon 2578

18/3/95.

The Select Committee on Euthanasia

Northern Territory.

Dear Sirs,

I wholeheartedly support the bill of independent MP Michael Moore on Voluntary Euthanasia.

I think individuals should have control over their deaths, and should not have to face a degrading or extremely painful death, and I favour a legally controlled situation where an individual's own wishes can receive due consideration.

Yours faithfully,

Mrs JOYCE FREMLIN.

SUBMISSION 388 1

Select Committee on Unit 9, Kenilworth Gardens,

Euthanasia. Kangaloon Rd.,

Parliament of the Bowral. N.S.W.

Northern Territory. 2576.

20-3-95.

Dear Members,

I am in favour of legalising voluntary euthanasia.

Yours Sincerely,

BETTY McKELL.

SUBMISSION 389 1

54 Clarence Street

Woodleigh Gardens

NT 0812

20 March 1995

Ms Pat Hancock

Secretary

Select Committee on Euthanasia

Dear Ms Hancock,

Please accept this submission from my defacto and myself regarding the Euthanasia Bill. We have both read the bill and agree that it is an important Bill that must become law. It gives each person full control over their own affairs so if a person is terminally ill they have the opportunity to die with dignity, when they have made all their arrangements, and are ready within themselves to go. This is better than being kept artificially alive using machines and drugs with no hope of an improved situation.

My concern is that the well meaning but unthinking 'Do Gooders' and 'Bleeding Hearts' from interstate will present so many submissions that this law will be stopped by people from interstate who can easily outnumber people from the Territory at any time.

The submissions that are accepted must and should be from people living in the Northern Territory only. Otherwise once again we will have laws that the majority of Territorians want to be passed, stopped by influence from interstate.

Please record TWO very strong 'YES' votes for the Euthanasia Bill becoming law.

John L Gilford Marie E Connor

SUBMISSION 390 1

39 Boomerang St

Haberfield 2045

17th March 95

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

Darwin N.T. 0801

Dear Sirs/Madams,

I strongly support any move to obtain legal standing for voluntary euthanasia.

My wife is suffering from Alzheimer's disease and since August 1989 has been an inmate of the Woodfield Nursing Home Haberfield. During that time her condition is such that she cannot talk, or walk, incontinent and gets very distressed with the necessary nursing procedures. The attention she is getting is very good, but she is unable to comprehend what is happening and becomes very distressed.

She is nearly 80 years old and has little to look forward to in life.

Often patients - possibly 6 - in the home of a complement of 31 are in a similar state. Admittedly there are some over 90 years old who are not distressed and receive good palliative care.

While my wife is not now able to make a decision on voluntary euthanasia I would like to think that I could ensure that I could die with greater dignity than is possible with my wife, in the event that I become similarly afflicted.

Yours sincerely,

E.A. Steane

SUBMISSION 391 1

34 Ferndale Rd

Revesby 2212

18th March 1995

Select Committee on Euthanasia,

Darwin N.T. 0801

Dear Sir or Madam,

I have been a supporter of Voluntary Euthanasia for many years. First, my mother died in 1980 from a very painful type of Cancer; it had invaded every part of her body. Aged 77 yrs.

More recently, my husband died in January 1993, Cancer of the Pleura, I nursed him through to the day he passed away at here, our home since 1952. He begged me not to send him to hospital, continually spoke of committing suicide. He was 6'0 tall, weighed 5½ Stone when he died, (without any dignity at all). No control over his bodily functions, entirely dependent on me.

I refused to apply for "Carer's allowance" (\$52 per fortnight at that time) not even \$5 per day. What an insult!! for all the time I had to devote to him. That is another story.

I know if my husband had a choice, it would have happened much earlier.

Once again, I repeat, I am in favour of Voluntary Euthanasia, the sooner it happens, the better.

Yours faithfully

Mrs VIOLET WADDINGTON

SUBMISSION 392 1

02. 398.8948 17/20 Coogee Bay Rd.

Randwick 2031.

18.3.95.

Dear Sir:-

I received your Special Edition on Voluntary Euthanasia and can't quite understand what I am supposed to write about!!! but I fully enforce what you are trying to succeed and I am very grateful for your efforts: of course V.E. is an absolute must. We are considered cruel if we let our animals suffer even punished if we do so. I am nearly 87 years old very healthy and still able to take care of myself bit I am all in favour of "going" out without having to go through the process of fading into a useless old human being.

All; the very best.

My vote is No 1.

Yours Faithfully,

Mrs Dorina Terry.

SUBMISSION 393 1

49 Ross Crescent

Blaxland. 2774.

20.3.95.

Select Committee on Euthanasia,

Yes! I believe that people who have no quality of life and wish to end it should have the right to do so. Those who are against should also have their rights. What gives anyone the right to force people to live their life against their will.

I am a healthy elderly person and I love my family and they love me but should the time come when I don't want to go on or be kept alive by artificial means they respect my wishes and think along these lines and intend joining the society.

Good luck with getting the bill through.

Yours Sincerely,

(Mrs) Sylvia Macqueen.

SUBMISSION 394 1

39 Mosely Avenue

PENRITH, NSW 2750

19TH March, 1995

Dear Committee Member,

I am writing in support of Legal Voluntary Euthanasia.

My reasons are both personal and professional. I have worked as a nurse for many years and although I no longer practice in the clinical area I have many memories of the unnecessary suffering of some patients who were subjected to aggressive, if well meaning attempts to prolong their life at all cost. With the advance of the sophisticated technology now available in our hospitals it has now become almost impossible to die a peaceful and comfortable death. Choosing passive or active treatment to hasten death is rarely an option. The patient and their family are at the mercy of the personal beliefs of the attendant doctor. I frequently hear of frail 80 or 90 year old patients being maintained on life support systems in the terrifying environment of the Intensive Care Unit, or being subjected to invasive investigations or surgery which could do nothing to improve the quality of their life. While some patients would wish to fight on through incurable illness, many would wish to die at a time of their own choosing.

It is a basic human right to choose the time and manner of our death and not a decision which can be left to individuals who presume to know what is best for everyone.

Yours sincerely,

Rosalind King

SUBMISSION 395 1

Ph: (047) 588 137 Ivor Morton

Lot 28 Forest Glen Rd.

WOODFORD

N.S.W. 2778

17 - 3 - 1995

DEAR OFFICER IN CHARGE,

SELECT COMMITTEE ON EUTHANASIA

PARLIAMENT OF THE NORTHERN TERRITORY.

I AM WRITING TO YOU IN GRATITUDE FOR YOUR BILL TO LEGALISE VOLUNTARY EUTHANASIA IN YOUR TERRITORY.

I WATCHED MY FATHER DIE OVER A PERIOD OF FIFTEEN YEARS FROM ALTZEIMER'S DISEASE. TO WATCH A LOVED ONE DESCEND FROM HUMAN DIGNITY, TO SEE THE HARDSHIP ENDURED BY MY MOTHER WHO NURSED HIM AT HOME FOR MOST OF THIS TIME, TO KNOW THAT THE SUFFERER WOULD ABHOR THE DEGRADATION TO WHICH HE WAS DRIVEN, IT RENDS MY HEART TO THINK OF IT YET.

I COMMEND YOUR BILL FOR ITS COMPASSION AND ITS COURAGE.

MAY IT PASS INTO LAW SOON.

YOURS SINCERELY.

IVOR MORTON.

SUBMISSION 396 1

Radka Smith

12/3 Short St.

Carlton 2218

Select Committee on Euthanasia

Parliament of the Northern Territory

DARWIN N.T. 0801

I am writing in support of the proposed Bill to legalise Voluntary Euthanasia.

I am not a letter writer but VE is something I feel very strongly about. These are few of my arguments.

1. Why can not the Advance Directive be treated in the same way as a Will. A legal document, legally binding.
2. Any able bodied person on deciding to commit a suicide can do so without any problems. Once tied to a bed it is impossible to do so regardless the wish or desire. Would not be a legal death, with medical assistance preferable.
3. If righttolifers can have their right, why not righttodie with dignity right.
4. Why should doctors in hospitals have the right to refuse a treatment, i.e. transplant to a smoker thus signing a death warrant, but not the right to assist a person wishing to die with dignity.

Fourteen years ago my father visited me here after 12 years of not seeing each other because of a political situation in my birth country. My father was very sick (mainly heart and lung problems most of his life) and on return had to visit hospital for a routine check up. He could still function quite normally, after all, he just made this long trip.

I do not know, and never will, if it was his will power or outside help, but he did not come out of the hospital.

I do know, however, that my father did not want to end his life with machines doing the living for him.

And neither do I. If anything should happen to me I want to die with dignity. I want to be able to make the decision.

Yours sincerely

R. Smith

SUBMISSION 397 1

15 Balfour Rd

Kensington 2033

20/3/95

Select Committee on Euthanasia

Parliament of NT

Darwin,

N.T. 0801.

Dear Sir,

I feel strongly that voluntary euthanasia should be legalised. It should not be a crime for doctors to help distressed patients end their suffering. My niece died a long slow painful death from breast cancer and noone could legally help her - she lingered for days in terrible pain.

Everyone of us should feel we have some control over the way we die.

Yours sincerely,

(Mrs) D.J. Lovibond

SUBMISSION 398 1

1/16 Rose St.,

Birchgrove 2041

20th March, 1995

Secretary,

Select Committee on Euthanasia,

Parliament of the Northern Territory.

Dear Sir,

I wish to support the bill on legal voluntary euthanasia at present before your committee.

Individuals have the right to control their deaths when life offers nothing more than pain, anxiety and misery. Last year my husband died after fighting motor neurone disease for three years. He was approaching the stage when he would not have been able to communicate with others as his voice was going and he had little movement in his right hand (none at all in his left). I watched him decline day by day, worrying that soon he would not be able to communicate with others. He did not know that death was likely to come by slow choking, but I did and was even more worried. Fortunately, he succumbed to a chest infection before this final awful stage was reached and he was happy to know that he had reached the end.

He would not have wanted to use euthanasia before he had reached the limit of his physical powers, but he did sign an advance directive to say that no extraordinary measures be taken if he developed pneumonia or heart trouble or something similar. I know that his mind would have been greatly relieved in N.S.W. had had an act such as the N.T. Govt proposes.

Your government will be a guiding light to the rest of Australia if this law is passed.

With best wishes for its success.

Rona Prokhovnik

SUBMISSION 399 1

D. Bristow

27 Ebsworth Rd

ROSE BAY, N.S.W. 2029

The Chairperson

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

DARWIN N.T 0801

I support the right of individuals to have control of their death as they do over their lives.

Modern technology has produced a prolonged new way of dying which can cause loss of dignity to the patient and anguish to loving carers.

I sincerely support the V.E. bill sponsored by the leader of the Government of the Northern Territory in the hope that it may be successful and serve as a model for other Australian states.

Yours sincerely

D.B. Bristow.

(Member of VES of NSW)

SUBMISSION 400 1

111 Adelaide Pde

Woollahra

N.S.W. 2025.

March 20th 1995.

To the Premier -

N.T. Parliament.

It was with great relief that I read of your proposed legislation to make Euthanasia legal.

It outrages me that RighttoLifers should try and stop this process. It is Voluntary Euthanasia. They are not forced to take part in it.

More power to you and my best wishes.

Gratefully

Katharine Walsh (Mrs J.S. Walsh).

SUBMISSION 401 1

7 Robin Place

CARINGBAH

NSW 2229

March 20, 1995

The Secretary,

Select Committee on Euthanasia,

Parliament of the Northern Territory.

Dear Secretary,

I support the move to legalize Voluntary Euthanasia.

I believe individuals should have the right of control over their deaths, and that with proper controls, assisting a person to die should not be a crime.

I sympathize with the dilemma that would confront doctors, but feel that the present system is not satisfactory. The doctors should not have to risk legal proceedings, and patients should not have to go from one doctor to another to get the help they need.

Yours sincerely

B.V. Hamon

SUBMISSION 402 1

21 Park Pde

BONDI NSW 2026

17 March 1995.

Dear Sir,

I wish to add my voice to those supporting the legalisation of voluntary euthanasia.

Recently a close and long term friend of mine died. We had been student nurses together 35 years ago.

She carried a gene that predisposed her to ovarian cancer, had lost her mother and aunt to the disease, and had nursed her cousin through a long, debilitating and painful decline to death.

When my friend developed ovarian cancer, she was conventionally treated, and had 2½ years of remission before she felt that the quality of her life could only decline into what she considered was unacceptable.

Her G.P. declined to assist her, and my friend was unwilling to ask old friends to place themselves in jeopardy in order to assist her. Her attempt at self euthanasia failed, and she ultimately sought assistance which was given with such kindness and generosity of spirit as to be awe inspiring.

My friend died with the dignity, humour, and self determination which had characterised her life, just as she wished to do, but only by breaking the law and putting a human being of superlative magnitude at risk of legal action.

I believe that my friend, given the circumstances, should have had legal access to the medication necessary to end her own life, if that is what she wanted to do, and that the friend who eventually did assist her should have been able to do so without the pall of potential prosecution over him.

My father died recently in a public hospital. He declined surgery which would have allowed him a few extra months of a life of painful decline to inevitable death. I believe he died in unnecessary pain because the staff literally didn't know what to do with him. They were not orientated to, or skilled in palliative care, and did not consult an expert because Dad perceived he had to choose between dignity and comfort.

For many years it has been accepted that childbirth is a social and familiar event, and not necessarily or exclusively

a medical problem. The choice of skilled and legal abortion has been available under limited circumstances for a long, long time.

2

I believe it is time for death also to become a recognised social and familiar event, and that there should be available the choice of skilled and legal assistance to death, under limited circumstances, for those who desire it.

That the processes of dying should be in the control of the medical profession rather than with the individual concerned is anachronistic. The medical profession is dedicated to preserving life and postponing death, except for a compassionate number who understand that dying is as natural and inevitable a process as childbirth, which occasionally needs skilled, compassionate, and legal intervention.

Yours sincerely,

LYNNE HENDERSON R.N.

SUBMISSION 403 1

Peter Harrison

95 Cottenham Ave

KINGSFORD NSW 2032

Select Committee on Euthanasia

Parliament of the Northern Territory

PO Box 3721

DARWIN NT 8001

I am writing in support of the legalisation of voluntary euthanasia.

The Community Support Network of New South Wales (CSN) provides care and support for people living with HIV/AIDS. As a CSN carer I have cared for people in the terminal stages of their affliction. Medication is often unable to relieve their pain and they sincerely wish to suicide. Those with the means to do so are fortunate in that they can terminate their suffering and their lives.

It is on behalf of the other people who are unable to suicide, and cannot be assisted under the present laws, that I write to urge the Committee to find in favour of legalising voluntary euthanasia.

Yours sincerely

Peter Harrison

19/3/95

SUBMISSION 404 1

1 Henry Lawson Dv

Peakhurst 2210

Sun 19 - 3 - 95

Select Committee on

Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

Darwin N.T. 0801

Dear Sir,

I wholeheartedly agree with V. Euthanasia Soc, of which I am a member.

Having a sister who passed away, 21-3-94 just 12 months ago, seeing her and all it involves till death eventually takes away all pain (cancer) only the sisters from Calvary were the wonderful people who helped, not a doctor.

Please let it be made law, one never knows who is next.

Yours Sincerely

(Mrs) Ruth Wootten

SUBMISSION 405 1

To. Select Committee on 404/4Roosevelt Ave.,

Euthanasia. Riverwood 2210

19-3-95.

Dear Sir/Madam,

I wish to express my support of voluntary euthanasia and urge you to support the bill before you.

I believe people should have the same rights about the time and manner of their deaths as they have about their choices in life.

I visit a nursing home where the patients may not be in physical pain, but because of stroke etc, are incapable of even feeding or toileting themselves. The friend I visit has been in this state for 2½ years! I do not want to live like this and would like the right to choose a way out of a life like that or some other severe or terminal illness where I am in severe pain or incapable of looking after myself.

Thank you for reading this.

Yours sincerely,

Mrs Helen Breakspear

SUBMISSION 406 1

Ph.[066] 542771 13 Mullaway Drive

MULLAWAY, N.S.W. 2456

18-03-1995

The Select Committee on Euthanasia,

Parliament of the Northern Territory

P.O. Box 3721

DARWIN N.T. 0801

Dear Sir/Madam,

Please allow me to congratulate your Committee on their courage and advanced thinking in attempting to have a Bill passed permitting Voluntary Euthanasia made law in the N.T.

I am 80 years of age, and am still enjoying good health, but the time is fast approaching when one must be realistic and accept the fact that life does not go on forever.

I do accept this fact, but cannot accept the situation where I am denied the right to make an informed choice on how I am to spend my final few years.

This choice should be made by me now, while I still have all my faculties. There are many doctors who would be prepared, under properly controlled conditions to assist me achieve my desire.

Should I reach a stage where I am unable to care for myself, and/or am in a state of continual pain and misery and the situation is irreversible, I earnestly believe that since it is my life, I should be free to make my own choice on how I should die.

Some. years ago, I witnessed an elderly relative suffer a horrific painful, and undignified death, with no hope of recovery. She sat and lay 24 hours per day, her bodily functions uncontrollable, her mind clear and aware of her ghastly situation, and wishing to die, whilst her life slowly and painfully drained away.

To those people who say this is God's will, and we should not attempt to "play God", I would say it is them who are playing God, by keeping half alive a person who is far past the point where God intended they should die.

You may use this letter in any way you wish, should it assist your cause.

Wishing you every success with your Bill,

Yours sincerely,

Ron Hurst.

SUBMISSION 407 1

Mrs Y.N. Jones

1 Crowley Rd

BEROWRA 2081

19th March 95.

Select Committee on Euthanasia

Dear Committee Members,

Re: Voluntary Euthanasia.

This is a most important bill; freedom of the individual over their own life and death.

I watched my own Mother die - it took 5 years. Her constant question was, why won't they let me die, my life is

really finished.

She had a stroke and from an active, intelligent, independent woman she needed help for all her personal needs, being fed like a baby and the indignity of toilet care. It was the saddest thing to watch and no one could help her.

We wouldn't let a dog suffer but with people we just don't care.

I pray that your bill gets passed and we can all relax knowing that when our turn comes to die all we need to do is to ask and help will be given.

Yours Sincerely,

Yvonne Jones.

SUBMISSION 408 1

70 Como Rd

Oyster Bay,

NSW. 2225.

Select Committee on Euthanasia 20th March '95.

FOR Voluntary Euthanasia.

Gentlemen,

I have been a member of VES for 20 years. As a child I lived in a tenement house and therefore saw several aged tenants suffering mostly from cancer. (My mother used to pour broth and fruit juice down a tube for one tenant suffering from throat cancer). I always felt that I would enjoy my life more if I knew that when I became old and ill I could be helped out as painlessly as possible.

My own life history is that at age 58 I developed a brain tumour and had to have all the workings of my left ear taken out (replaced by a piece of stomach fat). I needed 3 teams of neurosurgeons at St Vincents Hospital and 3 operations which left me feeling as though I had been hit by a bus - and I still do 16 years later. I am now very offbalance and I have no idea where sound is coming from. I have since had to have a mastectomy with radiation therapy so now I feel more as though I have been hit by a bomb.

I do not want to be a burden to my children and feel that money spent on terminally ill patients would be better spent improving life for others who could be cured.

I have read the article by Dr Brendan Nelson but still feel that the case for Voluntary euthanasia gets my vote.

Yours sincerely

(Mrs) Elsie Mathers (age 74)

SUBMISSION 409 1

The Chairperson, 2 Bingara St.,

Select Committee on Euthanasia, W. Pymble.

Parliament of the N.T., N.S.W. 2073

DARWIN, 19/3/95

Dear Sir or Madam,

I am 72 years of age and have witnessed, over the years, the long and terrible suffering of several friends and relatives - primarily from cancer. Almost as bad, has been the suffering of a loving partner or other relative who has had to stand by, helpless, while watching their loved one endure such pain over a long period.

A year ago, I found that I, myself, had leukaemia. I have a husband and three children and I was determined, if possible, that I would not put them through the agony which I and the relatives of my friends had endured.

I have, therefore, already given an Advance Directive to my specialist in the hope that he can make it possible for me to carry out my wishes when the time comes.

I do not want to jump over a cliff or throw myself under a car. I want to die with dignity.

At the same time, I find it an anomaly that, while suicide is no longer a crime in N.S.W., it still remains a crime to provide terminally ill patients with the means to commit suicide - at their request. It follows, therefore, that while many doctors are willing to help such patients, they are, technically, breaking the law to do so.

I fully endorse the stand taken by Mr. Marshall Perron and congratulate him on his humanity. I give the proposed bill my wholehearted support.

With best wishes,

Yours sincerely,

(Ms) P.E. WATSON.

SUBMISSION 410 1

Dr Jennifer Gray, 36 Kunoth St., Alice Springs, NT 0870, Australia

Select Committee on Euthanasia

Legislative Assembly of the NT.

14th March 1995

I wish to make the following submission about the *Rights of the Terminally Ill Bill 1995* to the Select Committee on Euthanasia.

I am strongly in support of the Bill.

I am a general practitioner who from time to time has to manage patients in situations where euthanasia is proposed. I believe that the Bill is a rational solution to two age-old problems: that of a person's right end an untenable existence; and that of the provision of legal immunity to medical practitioners who assist.

I agree with the Chief Minister Marshall Perron that voluntary euthanasia is a matter of human rights. As a member of society, this is my philosophical basis for supporting voluntary euthanasia. Mr Perron and others have spoken eloquently on this subject, so I do not need to add more.

However, as a professional practitioner, I have further reasons for supporting the Bill. I contend that, despite modern medical treatment and methods of pain relief, there are always a small number of terminally-ill people for whom there is no adequate pain relief, and who therefore request euthanasia. Surveys in NSW have shown that up to one in three doctors have assisted or would assist with voluntary euthanasia; thus my assessment is shared by a large number of doctors. I do not believe that state-of-the-art palliative care, even if it were available, could

alleviate the suffering of all of these terminally-distressed people. Thus the issue of palliative care is separate from the issues covered in this Bill.

Although it is popularly believed that a medical practitioner's role is to preserve life, we are actually taught to have a 'duty of care' to our patients, to provide for their best interests with compassion and as far as we can. Occasionally it becomes obvious that this means helping patients end an existence that has become unbearable. I believe that this is fulfilling our 'duty of care' towards them. Patients usually understand the implications of such a professional relationship, particularly one that has run the course of diagnosis and treatment of an illness such as cancer. Patients *expect* their doctors to stand by them and 'do the right thing', whatever that is perceived to be.

There is therefore a large number of people who, if they were to become terminally ill, would not think it unreasonable to make a request of their doctors for assistance with voluntary euthanasia. This raises the issue of legal responsibility. Presumably in most cases the prospect of being charged with suicide does not bother the terminally ill, whose concerns are for themselves and their immediate family. However, doctors who assist in voluntary euthanasia are currently opening themselves to criminal conviction, life imprisonment and disbaring from their profession - for fulfilling their 'duty of care'. I believe that this is an immoral and hypocritical position on the part of the legislature.

2

I understand that some groups have voiced their objection to the Bill on religious grounds. I do not believe that these lobby groups should have the right to impose such views on others - none of their members would be required to undergo voluntary euthanasia if it were against their beliefs. I ask you to uphold the principle that individuals should have the right to make decisions for themselves as long as they do not adversely affect others.

In general I agree with the detailed provisions of the Bill. However, it has been suggested that terminally-ill people from interstate will travel to the Northern Territory to request euthanasia. If this is seen as a problem, I suggest that there should be a clause requiring one year's residency in the Bill. This would also ensure that a doctor has time to develop a valid knowledge of the patient's condition, and develop a relationship where all options can be discussed.

I have not described any specific examples from my own experience in this submission that might have involved euthanasia. Therefore I may not have been able to convey strongly to you that voluntary euthanasia may not only be the sole solution to an intolerable existence, but may also, within the context of patient, family and doctor, represent a compassionate and loving end to a fulfilled and completed life. Sadly, if I was to suggest that this was my experience, I might open myself to criminal investigation.

Dr Jennifer Gray

Medical Practitioner, Alice Springs.

SUBMISSION 411 1

Mr Eric Poole,

Chairman,

Select Committee on Euthanasia,

Parliament House,

DARWIN N.T.

Dear Mr Poole,

Re: Rights of the Terminally Ill Bill 1995

I feel compelled to write on the above issue after having listened to both sides during this ongoing debate. You see, I too have lost 3 very close relatives in recent years who have "suffered" with a terminal illness - my mother, my father and a nephew.

This very emotional issue is also a very personal one for each of us. During my mother's illness my family were very closely united in the caring and loving support which we offered to her and to each other. She was a real "beacon" to us and right to the end she fought to live looking back now, I think that she was preparing us for her death, and allowing us to find our own time to let her go. She knew we would be devastated to lose her, but her courage and love right to the end, prepared our way without her. My mother's suffering was not in vain; she left behind a very beautiful legacy of love for her family and friends.

I do remember my father saying at the time, that if he were to suffer as she did, then he would prefer the option to die. Six months after her death my father was diagnosed with liver cancer he too suffered and the option of 'dying with dignity' was now real and all too close for him, and in conversation he revealed that life was too short and that he preferred not to know his time of death. My father died in the loving surrounds of Mary Potter Hospice in Adelaide. This memory we hold very dear, as there was so much love, caring and support for dad and our family. I can't help but wonder how easy it is for us to challenge and 'help' our terminally ill to die when our strengths should be directed to their 'living out their lives with dignity', and as pain free and comfortable as possible.

My eight year old nephew was sick for four years before he died of leukemia. There were many desperate moments to relieve him from pain and suffering. About 8 hours before he slipped into a coma and died, he consoled his mother about his inevitable death, saying that, "he was happy because he knew that he would be resting in a lovely place after he died." These are words which she cherishes today - had she never the chance to hear them from her son, would have made her life much more difficult for her to cope today. How many times do we hear these stories at the bedside of a loved one about to die? And how many times are people reconciled at the last moment with family or friends?

My mother-in-law resides in Holland, aged 73 years she has reasonably good health but lives with the fear of being aged and frail in health. The Euthanasia Law in Holland claims to allow people to 'die with dignity' but makes many feel very vulnerable and insecure about 'living out the term of their natural life in dignity.' Is it any wonder, when we see in our everyday living, how easy it is for one to interpret laws differently and to 'water them down' to suit different circumstances.

2

Why should this law be secured by those who believe it is their right to choose, hence putting a lot of pressure on those people who choose for religious or whatever reason to live out the term of their natural life. And don't tell me that this won't become a pressure and threat to our sick and frail - I for one could never take on the responsibility of having supported this law to succeed; I don't see that I have the right to do so!

I challenge you all to think very strongly about the consequences of this Bill, should it be passed by your Parliament.

Yours Sincerely,

(Mrs) A.J. Smulders

13 Cliffside Court,

Alice Springs 0870

20th March 1995

SUBMISSION 412 1

Box 9

Alice Springs 0871

20-3-95

The Chairman

Consultative Committee

on Euthanasia

Dear Sir,

I wish to register my opposition to the proposed legislation.

I do so on moral grounds which prohibit direct taking of another's life, even for the best of intentions. Our very humanity is safeguarded and enriched both by our care for the sick and dying and also by what the suffering and dying person can give to those around them.

From both personal and professional involvement with dying people including family I can honestly say I have never heard the question raised even at the end of years of debilitating and distressing illness. I am convinced that good palliative care and personal support is a viable, real and preferable option.

Doctors and nurses tell me they don't want to be compromised by the proposed legislation.

Finally, proponents of Euthanasia have not presented any statistical evidence of an urgent need by any significant group not even people dying of AIDS whom I have nursed for termination of life.

Yours faithfully,

M. Bainbridge

SUBMISSION 413 1

2/27 Main Street,

HALLIDAYS POINT, NSW, 2430

20 March 1995.

Select Committee on Euthanasia,

Parliament of the Northern Territory,

P.O. Box 3721, DARWIN, N.T., 0801.

Dear Committee Members,

As a specialist Obstetrician and Gynaecologist, I would like you to think about the one instance I will quote where I consider a patient should have the right to request Euthanasia or Assisted Suicide without the procedure being considered a criminal offence and trust that you will support the legalisation of such procedures.

Incurable cancer of the female pelvic organs invariably leads to fistula formation with resultant incontinence of urine and faeces. To a woman who has led an active and fulfilling life and is still mentally active this is a most

distressing and undignified occurrence which she must endure until she inevitably wastes away. Not only for her but also her loved ones especially children on whom it can have a devastating effect.

Palliative care certainly gives pain relief and a measure of comfort from dedicated nursing care but how much more humane it would be if at their own request they were allowed to die peacefully and with dignity.

It is my experience that most people do not want to die and regardless of their suffering and disabilities would never request assisted termination of their lives. However, it is my firm belief that people should be given the choice when they have all their faculties and that an Advance Directive should be honoured without criminal charges being laid against the person willing to assist a dignified death.

Maybe there would be abuses of such a law since no law is perfect but surely this would be minimal to the wonderful gift of being allowed to die peacefully and with dignity.

Yours sincerely,

(Dr.) Dorothy G. Greening, FRCOG., FRACOG.

Consultant Emeritus, Manning Base Hospital, Taree.

SUBMISSION 414 1

58 Sabine Rd

Millner, N.T. 0810

20/3/95.

The Secretary,

Ms Pat Hancock,

Legislative Assembly.

Dear Ms Hancock,

I am alarmed by the Chief Minister, Marshall Perron's euthanasia bill. It is fraught with dangers, which I have described at some length in a letter to the MLA for Millner.

The most reliable of scientific laws, the second law of thermodynamics affirms the degenerative potential of any action. Australians are not exempt from human weakness and the capacity to fail with the best of intentions.

If the government is genuinely concerned for the welfare of the terminally ill and suffering and not (to use a very questionable term) "social advancement" it would be giving attention to increasing palliative care services which are presently sorely deficient.

Yours sincerely,

(Mrs) Joy Ezzy.

SUBMISSION 415 1

c/- Post Office

Port Keats NT 0822

March 20, 1995

The Select Committee on Euthanasia

G.P.O. Box 3721

Darwin NT 0801

Dear Members of the Committee,

I write to express my deep concern on the proposed introduction of Mr Marshall Perron's proposed "Bill to legalise voluntary euthanasia" in the N.T.

My reasons against the proposed Bill are as follows:

- 1) The Bill allows for human beings to take or be assisted in taking their own life. This is against the principle of the sanctity of life; a God given gift.
- 2) The Bill is dangerous because it could/will lead to involuntary euthanasia. It could/will lead to a lessening for the respect of the individual and his/her wishes and provide an "opening" for individuals to decide the "fate" of the patient, if the patient is seen to be a "burden". (Little by little the abuse of the Bill will "creep in"). This is the case as reported in Holland.
- 3) The introduction and legislation of such a Bill places an added burden on the members of the Medical Profession. These people have chosen their profession to care for and preserve life not to destroy it.
- 4) The issue of euthanasia is NOT an issue. It is NOT a choice. Good laws/legislation involve good moral principles. The taking of life, voluntarily or involuntarily is NOT a good moral principle.
- 5) This law will be impossible to enforce and/or to police.
- 6) All available resources should be put into preserving life and allowing people to have the dignity of dying in a caring, loving atmosphere. Therefore, good palliative care services within the N.T. are **NECESSARY**.

I trust that you will consider these points during your deliberations.

Yours sincerely,

Elizabeth Little.

SUBMISSION 416 1

Telephone 634 6807 14c Western Road,

Mowll Village

Castle Hill

2154

18th. March 1995.

To/. The select committee on Euthanasia.

Parliament of the Northern Territory.

P.O. Box 3721. Darwin. N.T. 0801.

Dear Sirs or Mesdames,

As members of the Voluntary Euthanasia Society, my wife and I are writing to most strongly urge you to, support the Bill legalising Voluntary Euthanasia.

We do not see why anyone should argue against this Bill, as the "Right to Lifers" do, We are not suggesting compulsory Euthanasia, only voluntary, to us there seems to be no valid argument at all against this Bill.

Yours sincerely,

T.F.and C.M. Bonser.

SUBMISSION 417 1

44, Middle Harbour Rd,

Lindfield 2070

March 20th 1995

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

Darwin NT 0801

Dear Sirs/Mesdames,

My mother had a very bad stroke two years ago. She cannot sit, but can be propped up. She is very deaf. She can follow with her eyes, and we think she can recognise us. She cannot talk. She always said that "If I have a stroke, I hope it kills me!" She is now 93. We can only imagine her suffering.

I, and my family, strongly support your Euthanasia Bill.

Yours sincerely,

Jean Wall.

Jean Wall

44, Middle Harbour Rd

Lindfield 2070 NSW.

SUBMISSION 418 1

60a Dalton Rd

Mosman

20.3.95.

I fully support Michael Moore's bill for legal voluntary euthanasia.

Many years ago I helped nurse my father for 3 years of operations and suffering.

8 years ago my husband died of lung cancer he asked for, and I believe received help at the end.

I am 78 active and in good health, but fear dementia and strokes.

To legally make my wishes known and feel they may be carried out would give me great peace of mind.

Surely quality of life is important we grant this to animals.

Most sincerely,

Peggy Virgo.

SUBMISSION 419 1

BD & JC JAGST

P.O. Box 32

PALMERSTON N.T. 0831

21st March 1995

Dear Ms. Pat Hancock,

I do not find it easy to write letters but the matter at hand is one that I cannot ignore.

The function of the Legislative Assembly is to interpret the will of the people into Laws. Therefore it is with some disquiet that I have become aware of the proposed private members bill put forward by the Chief Minister Marshall Perron.

In accordance with my lawful obligation to keep you informed of my will in this matter, I state that my will in this matter is that any form of euthanasia, whether self administered or assisted by doctors, family or any other persons, should never be allowed under any pretext. The constitution of this country was based on God's Law and God's Law states in the Book of Exodus chapter 20 verse 13 "Thou Shalt Not Kill". These words were echoed by Jesus in Matthew chapter 5 verse 21 "Thou Shalt Not Kill" and whosoever shall kill shall be in danger of Judgement". He also went on to warn in Matthew chapter 10 verse 28, "And fear not them which kill the body, but are not able to kill the soul: but rather fear Him which is able to destroy both soul and body in Hell". While I understand the grief and sorrow that Mr Perron is feeling for the loss of his mother I feel it may have clouded his judgement in this matter. In Holland where euthanasia is tolerated there are about 20,000 cases of intentional killing each year out of a total of 130,000 patient deaths. I quote a Dr Karel Guming who is a leading Dutch physician. "What Holland shows is that once you start making euthanasia possible it becomes completely out of control, and if you start with voluntary euthanasia, then you end up with its being compulsory". Where will it end? What this bill portends frightens me!

And the questions that need to be answered are many. The question of enforcing or policing such an Act or Law? We already have an expensive and overcrowded court system. What expense would go into the infrastructure necessary to cope with the additional problems that would very quickly arise? Where would the wages and salaries for the extra police and investigators required come from? The same for Magistrates, Clerk of Courts etc? And the associated vehicles, buildings and years and years of manhours associated with coping with the Legal dilemma which would unfold? Then the flow on to the corrective services area? Larger prisons and yet more staff and infrastructure? Forget the Ethical question for a moment and think of the economical ramifications and if the taxpayers in this country would support this? I and many others like myself would not.

And what of the doctors following the Hippocratic Oath? I quote, "I will give no deadly medicine to anyone if asked, nor suggest any such counsel". Do we have the right to ask doctors to make judgements on whether a person is "Likely to die within 12 mths"? Are we asking them to step into the Creators domain and decide who shall live and who shall die? And what of the patient who is physically or emotionally unable to sign a "certificate of Request"? Which "Judge" over the age of 18 years old would have the "Right" to make that decision?? And what

of the "duress", abhorrent as it may seem, placed upon a patient by family members? And what of Hope? Hope in a cure for cancer or MS or any one of the many diseases that medical science is currently seeking answers for?

2

Governments are in place to protect the lives of their citizens, not to create an atmosphere in which killing becomes aright. Governments should provide and care for the old and infirm in our society not legislate to end their lives. Surely we should be looking to improve health services and facilities in the areas of palliative care and the terminally ill.

Those matters are not to be taken lightly and as such I reiterate my will in this matter that any form of euthanasia, whether self administered or assisted by doctors, family or any other persons should never be allowed under any pretext.

Yours sincerely,

Bruce JAGST.

SUBMISSION 420 1

P.O. Box 70

Dural 2158

19 March 1995

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

Darwin NT 0801

Dear Committee,

I am delighted that the Territory may legalise voluntary euthanasia where the larger States lag behind. Too many people commit or attempt suicide long before death is necessary because they are fearful of becoming incompetent and they know that at that stage no one can legally help them. If euthanasia is available such people may live much longer because they do not have to act early.

No one is trying to force euthanasia on any one who is unwilling. It should be available to those who want it.

Congratulations on your initiative. You put the bigger States to shame.

Yours sincerely

Jill Curnow

SUBMISSION 421 1

1 Livingstone Avenue

Baulkham Hills

NSW 2153

19.3.95

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

Darwin N.T. 0801

Dear Committee Members,

I attach the letter from Gabrielle Gardner (The Age 9th March) as an example of many reasonable pleas for legislative change which have been unsuccessful over many years.

This failure to achieve legislative change is difficult to understand allowing that, over a long period of time, surveys have shown an overwhelming support for Voluntary Euthanasia. If the will of the majority of the people is not granted can we still speak of democracy.

If the present bill fails, Voluntary Euthanasia may be legalised in the future for the wrong reasons economic reasons.

You should not pass up this historic opportunity to legalise Voluntary Euthanasia for the right reasons Death with dignity.

Tom Bains

Enclosed with submission newspaper clipping Letters to the Editor, The Age, Thursday 9 March 1995

SUBMISSION 422 1

Mrs P.K. ABBOTT

27B Western Road Mowll Village

CASTLE HILL NSW 2154

Telephone: 634 1257

20.3.95.

Select Committee on Euthanasia

Parliament of the Northern Territory

Darwin.

Dear Sir/Madam,

I am writing to say that I strongly support Euthanasia as I believe individuals should have control over their deaths as they do over their lives and a legally controlled situation is surely more desirable than doctors being forced to defy the law to end the suffering of their patients.

But the overwhelming point in this controversy is surely that if steps were not taken "officially to keep alive" as is now the practise, people would die at the proper time as nature intended, and not be connected to machines to prolong their suffering in a merciless manner. I live in a Retirement Village and see the sadness of old age, though the artificial lengthening of life is fortunately not carried out.

Good luck to your courageous government leader in bringing Euthanasia into the open for rational discussion.

Yours faithfully,

P.K. Abbott B.V.Sc.

SUBMISSION 423 1

Dr K.R. Makinson, AM,FTS,FInstP, FAIP

8 Beaufort Avenue

Mount Victoria 2786

Phone: (047) 87 1302

sometimes (02) 876 3178

19.3.95

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

Darwin, N.T., 0801

Dear Sirs,

I am impressed by the courage shown by the Chief Minister of the Northern Territory in introducing the Bill for euthanasia, and I hope that the Parliament will display equal courage in carrying it.

I fully understand the Chief Minister's personal motivation for introducing this Bill. I have watched my husband die of a cancer which began in the nose and spread over the face. He suffered greatly. If euthanasia had been available, I think he would have asked for it towards the end. Now I myself, at the age of 78, am suffering a good deal of pain from osteoporosis and various other ailments. I can cope with this at present, but I should be more at ease and much happier if I know that, when or if the pain becomes agony, I could ask for euthanasia. In fact, if I knew that, I should give much less thought to my approaching death than I do now.

If euthanasia becomes available, it is probable that only a small minority of people will ever ask for it. So long as life is tolerable, people will prefer to stay alive. But for the sake of those few who may suffer great pain, or a humiliating loss of various capabilities, it should be available, and I hope the Parliament of the Northern Territory will recognise this and set an example to the States.

Yours faithfully,

Dr K.R. Makinson.

P.S. I am not a medical doctor.

SUBMISSION 424 1

71 WINDSOR RD

KELLYVILLE.

N.S.W. 2153.

17 - 3 - 95

THE CHAIRPERSON

THE SELECT COMMITTEE ON EUTHANASIA

PARLIAMENT OF THE NORTHERN TERRITORY.

DEAR SIR/MADAM,

I WRITE TO SUPPORT YOUR BILL TO LEGALISE VOLUNTARY EUTHANASIA.

I HAVE HAD THE TRAGEDY OF NURSING MY HUSBAND FOR A PERIOD OF NEARLY FIFTEEN YEARS AS HIS LIFE WAS ROBBED OF DIGNITY AND QUALITY BY ALZHEIMER'S DISEASE. HE HAD BEEN AN ACTIVE SUPPORTER OF THE VOLUNTARY EUTHANASIA SOCIETY AND IT HAD BEEN HIS FERVENT WISH TO MAKE HIS OWN DECISION ABOUT HIS LIFE'S END, IT WAS CRUEL INDEED TO SEE HIS WISHES DENIED.

I AM EIGHTY NINE YEARS OF AGE, HAVE RECENTLY HAD TWO STROKES AND WOULD WISH IF MY SUFFERING BECAME GREATER TO BE ABLE TO MAKE A DECISION ABOUT MY OWN RELEASE FROM SUFFERING.

YOURS SINCERELY,

NORNA MORTON.

SUBMISSION 425 1

To

The Select Committee on Euthanasia

fax: 089816158

When Marshall Perron's Rights of the Terminally Ill Bill becomes law Australia will be acclaimed worldwide for its progressive thought, its compassion and its insistence on human dignity. IT WILL BE A WORLD LEADER.

The new law will affirm mankind's right to choose -- not only the conduct of his life but that of his death. Skilled care will be provided in the exercise of this choice should the dying person opt for euthanasia.

So the terminally ill will no longer be condemned to die in agony (palliative care is not always effective) and no longer will the dying act be performed furtively by amateurs.

Safeguards preventing the abuse of voluntary euthanasia have been built into the Bill.

I wish it a safe and speedy passage.

March 22/95

JOSEPHINE JARRETT,

219 McManus Street,

Whitfield,

Cairns, Q. 4870.

SUBMISSION 426 1

5, Arkana Avenue,
Cundletown,
Taree, N.S.W.
2430.

17th March '95.

The Secretary,
Parliament of the Northern Territory,
Darwin, N.T.

Dear Sir or Madam,

No doubt the Northern Territory Parliament are even as I write, debating the case of Voluntary Euthanasia, and I would like to add my plea for support for the 'Yes' vote.

There is in Australia, a need for V.E. to assist the terminally ill to die with dignity and the minimum of suffering. I know the arguments against V.E., but surely it is not beyond our ingenuity to set up a system of checks and safeguards to prevent any misuse of the power to terminate life, if given to doctors. Many doctors, even now, out of compassion for the suffering, practise voluntary euthanasia but at peril of prosecution by the law, if found out.

In the name of common humanity, let us remove this threat of prosecution, and allow doctors to act with compassion for the terminally ill in intense pain, and if the patient expresses a wish for release from pain, and it is witnessed and well documented, let compassion prevail and put an end to suffering.

I would ask for nothing less, for myself when my time comes.

Yours sincerely,

(Mr) J. Chelton & Winifred I. Chelton.

SUBMISSION 427 1

150 Dora Street
HURSTVILLE.
N.S.W. 2220

Select Committee on Euthanasia
Parliament of the Northern Territory
PO Box 3721
Darwin N.T. 0801

I wish to support the legalisation of Voluntary Euthanasia.

I have witnessed the death of a relative, and also that of a friend under painful and undignified circumstances and it is the major worry in any declining years that I may also suffer the same fate.

I strongly believe that I should have the right to choose, and that no one, no matter what their personal feelings should deny me that right.

I also believe that it is totally unjust that a compassionate doctor would have to break the law to exercise that compassion when requested for help in dying.

Yours faithfully,

Victor C. WISEMAN

SUBMISSION 428 1

ELLA SAWYER

5 AUSTER CRES.

SANCTUARY POINT

N.S.W. 2540

TO

SELECT COMMITTEE ON EUTHANASIA

I am a member of V.E.S. and would like to express my gratitude and respect to Marshall Perron for his Private Members Bill to introduce Voluntary Euthanasia.

I have a close family member suffering from Multiple Sclerosis. When illness such as M/S strikes, we then know how much we need people like Mr. Perron, people of vision, who think logically and act with compassion.

Quite differently to FRED NILE and his ilk who while saying we have the right to life denies to people the right to do as they wish with that life and without any consideration for the circumstances surrounding that life.

How I hope that common sense and an understanding of the importance of this Bill will stir more and more people to fight for this desperately needed legislation.

All power to the Northern Territory for leading the way.

Hopefully V.E. will be achieved this year.

Thanks to Marshall Perron and his supporters.

Again my respect and thanks.

Sincerely,

Ella Sawyer.

SUBMISSION 429 1

21 Abingdon Rd

ROSEVILLE

N.S.W. 2069

20-3-95

Select Committee on Euthanasia

Parliament of the Northern Territory.

Dear Hon. Members,

I am a person aged 64, who has so far enjoyed good health, however I have quite strong feelings regarding my future if ever I am unfortunate enough to suffer from a severe and terminal illness, such as some forms of cancer.

If this should happen I feel that it is my decision to end (or continue) my life. At present in all Australian states it is illegal for a medical doctor to knowingly assist me if my decision is to end my life.

I applaud this move in the N.T. Parliament to legalise voluntary euthanasia, and sincerely hope that the bill will pass through the House and become law, hopefully encouraging other states to adopt similar laws.

Yours faithfully,

Douglas Trengove.

P.S. I am not a member of any organisation promoting V.E., although I agree with their stated objectives. D.T.

SUBMISSION 430 1

4 Hampden Street

Unit 7B

PADDINGTON NSW 2021

20th March 1995

SELECT COMMITTEE ON EUTHANASIA

Parliament of the Northern Territory

PO Box 3721

DARWIN 0801

Dear Sirs,

I am writing to voice my approval of the courageous stand Mr. Marshall Perron has taken on euthanasia. I completely agree that we should all have free choice in this matter, and I am fully behind him in this matter. Congratulations.

Yours faithfully

Y.B. DAVIES (Mrs)

SUBMISSION 431 1

20 Fairy Dell Close

Westleigh 2120

March 19th 95.

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

Darwin N.T. 0801

Dear Sir,

I wish to register my support for the right of individuals to have control over their deaths. From the age of 12 I witnessed my mother being bedridden for 14 years with Parkinson's. Caring for her at home all those years with my sister and father. In the last year we were putting a tube down her throat to syringe food into her. Needless to say this was done with Doctor's approval.

Having experienced this I have become a member of the Voluntary Euthanasia Society hoping it will become law to be able to "die with dignity".

Yours faithfully,

Judith Cheong (Mrs)

SUBMISSION 432 1

March 20th, 1995 11/38 Anderson Street

Chatswood, N.S.W., 2067

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

Darwin, N.T., 0801

Dear Committee Members,

I have believed in voluntary euthanasia for many years. I am now in the twilight of my life and can only wish for a peaceful and dignified death.

Last year, my brother aged 79, died peacefully after he was helped along the way. He had everything in the world wrong with him physically. Renal failure was finally the reason there was no longer hope for a vigorous and active life style that he was accustomed to having. I have remained grateful ever since, for his sake.

May you be the first to achieve the goal of legalised voluntary euthanasia, so that the rest of the country may follow to save the suffering of terminally ill patients.

Thank you,

Sincerely,

BOB HUBER

SUBMISSION 433 1

PETER ASHLEY 85 ALBERT DRIVE.

DIP. MUS. (BUDAPEST) KILLARA. N.S.W. 2071

SOMMERAKADEMIE (SALZBURG) TELEPHONE 46 6262.

20, 3, 95

Dear Members,

I write in favour of the propose voluntary Euthanasia law discussed by you.

Being over seventy years and being a dog lover I had to put down three very old dogs because of age and suffering, my family loved each of them very much.

Unfortunately many of our old friends and relatives who were slowly dying in great pain and who wished to die quickly with dignity, were not helped by their Doctor's who worried about the existing laws.

Their suffering were unnecessarily prolonged and a number of them commented how much better would they fair if they would be dogs and not humans!

Because we are afraid of a few unscrupulous doctors we let thousands of people suffer who in the last few months of their life has to endure enormous suffering when they wish to die in a painless dignified way.

It is like the Inquisition, they also acted in God's name.

P. Ashley.

SUBMISSION 434 1

Major RL Clem Schurmann J.P.

33 Regent Street

MAITLAND N.S.W. 2320

18th March 1995

The Secretary,

Select Committee on Euthanasia of the N.T.

DARWIN N.T. 0801

Dear Sir,

I am writing to support strongly the proposed legislation to put the matter of V.E. on a legal basis.

I am 88 years of age, with 20 years of service in the Army and as you see my number can soon be up. It is time that our Governments stop playing around with V.E. and give us our right to decide when and how we shall die.

Since suicide, is not a crime, it should not be a crime for anyone who assists someone to commit suicide. It is unfair to ask a doctor to break the law as it stands to assist a desperate patient to die.

A legally controlled situation as in Holland is much preferred to the irresponsible position in this country

With best wishes

Clem SCHURMANN

SUBMISSION 435 1

To the Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721 Darwin NT 0801

Please allow me to state my support for Legal Voluntary Euthanasia.

I am a retired nurse (aged 76) and cared for many people as their bodies wore out and listened helpless as some expressed their longing for the release of death. It isn't only brains and lungs and hearts that fail what when your bowels begin to go? Would you want to linger indefinitely in an odour of faeces?

My dearest wish is to be allowed a medically assisted death at the time of my choice to be legally acknowledged by my doctor, family and friends.

17th March 1995 Joan Mason

3/156A James Rd

New Lambton NSW

2305

SUBMISSION 436 1

18th March 1995

Dr. Ruth Berlin, 7 Gall St., Alice Springs, N.T. 0870

Select Committee on Euthanasia

Legislative Assembly of the N.T.

I wish to make the following submission about the "Rights of the Terminally Ill Bill 1995" to the select Committee on Euthanasia.

I am strongly in support of the bill.

I am a General Practitioner who has worked as a doctor for 14 years. I graduated at Sydney University and have worked widely in Australia and overseas.

I believe that the Bill is a rational solution to a significant problem.

If a person has an untenable existence, and a recognised terminal illness, surely it is inhumane to conceive of assisting that person to end their life as a crime. We treat our dogs better.

It is really not the business of anyone except the patient and their chosen physician. And it is far more open to abuse whilst it is illegal, and practiced surreptitiously. And lets not fool ourselves it happens all the time. Everywhere.

Neither the patient nor the doctor is protected in an illegal atmosphere.

I believe that our laws should reflect what is common decent behaviour. I think we need to acknowledge that most people who have seen anyone dying slowly in pain, can understand the blessing of free choice. We live in a democratic age and we see the sense of such a law. Lets not be put off by those who believe that - by keeping something like this illegal then it will not be happening. It is much better out in the open and supervised.

Good-luck with the decision. I would be really proud of this government if they brought in the bill.

Dr. Ruth Berlin

Alice Springs.

SUBMISSION 437 1

Maria E. BrysonDe Buisonje J.P. 18th March '95.

1/13 Violet St. 8820044

ROSELANDS N.S.W. 2196

TO WHOM IT MAY CONCERN

I most strongly support the bill to achieve Legal Voluntary Euthanasia I find it unjust that people have to find a doctor who is willing to break the law to help some one die with dignity I have seen one of my sons die over the long years of suffering he was only seven years old.

I also have witnessed some one close to the family die with dignity and the full support of her children, husband and doctor while I was in the Netherlands in 1989 on a visit. After that experience I became a member of the Voluntary Euthanasia Society of N.S.W.

So I hope your proposed bill will be passed!

Yours sincerely,

Maria E. Brysonde Buisonje J.P.

8820044.

SUBMISSION 438 1

88b First Ave

CAMPSIE

N.S.W. 2194

19/3/95

To Whom It May Concern

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

DARWIN N.T. 0801

To Whom It May Concern

I Robert Alan Marshall support the Parliament of the Northern Territory in its quest for euthanasia which is a Greek word meaning Peaceful Death. We all should have a choice for a peaceful death and I support euthanasia.

Yours faithfully,

R.A. MARSHALL.

19/3/95

SUBMISSION 439 1

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FACSIMILE (02) 750 6565

20th March, 1995

Select Committee on Euthanasia,

Parliament of Nthn. Territory

PO Box 3721

DARWIN NT 0801

Dear Sir,

I wish to outline my reasons for wanting you to support the voluntary euthanasia bill.

My name is William Ray Jacobs and I will quickly outline my own life, which I hope will lead you to the reasons I so strongly support this bill.

I joined the Air Force on my 18th birthday with only one desire, to protect my country during the war years. I was trained as a highly efficient wireless operator, to be part of a Lancaster crew that dropped bombs on Germany, indirectly responsible for killing thousands of fellow human beings.

On my release from the Air Force I started my own business, which is now the number one business of its type in Australia.

During this time I have been either President or Patron of Parents and Citizen Association, Liberal Party, Boy Scouts, Business Associations etc.

Other responsibilities were to look after my family, which included not only my wife and three sons but my own mother and three of her sisters who all ended up dying in hospital. My mothers case was very sad, in that she was such a strong individual and at the age of 85 years was subjected to untold pains to keep her alive. Every night she would plead with me to help her to pass peacefully away because, as she would say, "I have lived my life, please let me go".

I feel very much the same as my mother. Having done so much in my lifetime, I strongly suggest that I have every right to say that under the guidelines in this bill I can end my life with dignity.

2

SEC PLATING PTY LTD

My closing comment is just to say, very bluntly, that this will eventually come about anyway, with the worlds population already at a dangerously high level, we will not be able to afford the huge costs of keeping people alive beyond a certain age.

I remain.

Yours faithfully,

WILLIAM R JACOBS, JP

MANAGING DIRECTOR

SUBMISSION 440 1

14 Berwick St.

Camberwell

Victoria 3124

20/3/95

Dear Mr McCarthy,

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

Euthanasia is a euphemism for murder. Most Australians see human life as sacred, and want to live in a country which respects and defends that basic value. When that fundamental belief is denied, you get ethnic cleansing and other repugnant forms of killing becoming the norm.

Acceptance of patient killing will further devalue human life, and threatens those whose lives are seen as a burden to society. Euthanasia offends all codes of medical ethics, and I urge you to oppose this Bill.

Yours faithfully,

(Mrs. Nancy Mills)

SUBMISSION 441 1

Judy Hageman

P.O. Box 21

Noonamah NT 0837

20 - 3 - 95

To the Committee,

As a private citizen living in a modern humanitarian world, I believe the terminally ill have the right to decide if and when their life should end.

I find it most presumptuous that a few 'do gooders' can influence decisions that must be of a personal nature. Should I be faced with the painful consequences, both to myself and my family, of a terminal illness, I believe that a quick humane death is preferable to a protracted agonizing one.

I cannot see the logic in some arguments that the passing of this bill will lead to an open gate on involuntary euthanasia. False assertions like these lead to inaction and stop progress being made.

I hope the committee will view the rights of the terminally ill as being an individual determination and pass this bill to help people have the option of both living and dying with dignity.

Yours sincerely,

J. Hageman.

SUBMISSION 442 1

Ashbridge,

Via Matong

N.S.W. 2652.

14th March 1995.

N.T. Select Committee

on the Rights of the Terminally

Ill Bill

G.P.O. Box 3721

Darwin 0801.

Dear Honourable Members,

I am opposed to Legalised PatientKilling. Sick Patients can be helped with soft kind music, good jokes and have a good laugh with them, sing a little with them etc. I am a Christian. I ask you to prolong Life.

God Bless you all Honourable Members.

Thanking you,

Yours faithfully,

Mr R.J. Fay.

SUBMISSION 443 1

803/856 Pacific Hwy.

Chatswood 2067

20th March 1995

Select Committee of Euthanasia

Parliament of the Northern Territory.

Dear Sir,

I offer my support to Marshall Perron's views. The views of the churches should not be imposed on people if that is not their views. Why should people continue to suffer, suicide is not a crime so why should V.E. It is time to give people the basic rights in timing their death.

E.E. Halpin.

SUBMISSION 444 1

C. NOWAK

24 Talara Rd

GYMEA 2227

Sydney. 18 - 3 - 1995

Select Committee on Euthanasia.

I joined Voluntary Euthanasia Society 9 years ago.

1. I support it on the basis of the right of individuals to have control over their deaths as they do over their lives.
2. It is my opinion that, since suicide is not crime - to provide someone with the means to commit suicide, at their request, should not be a crime.
3. I find it unjust that people have to find a doctor who is willing to break the law to get assistance in dying.
4. And I believe, people should write advance directive while they are in full mental and physical health.

Yours faithfully,

C. Nowak.

SUBMISSION 445 1

17 March 1995

Mrs Yvonne Hill

11 Carissa Ave

ST IVES NSW 2075

Select Committee on Euthanasia

Parliament of The Northern Territory

P.O. Box 3721

DARWIN N.T. 0801

To whom it may concern

I wish to register my total support for the proposed Voluntary Euthanasia Bill presented to The Northern Territory Parliament.

I have a total commitment and belief in the right of Voluntary Euthanasia and enclose a copy of my son's letter which states far more clearly than any words of mine, a persons right to die.

Yours sincerely

YVONNE HILL

2

The Note

An open letter to anyone who wants to know why I've checked out. It's very personal, pretty horrible and perhaps a bit shocking. I hope that those of you who knew me well enough find it unnecessary to read this.

Well, this is it - perhaps the hardest thing you've ever had to read, easily the most difficult thing I've ever attempted to write. To understand my overwhelming sense of loss and why I chose to take my own life, you need to know a bit about my life before and after my accident. Let's take a closer look.

I was born at one of the best times in one of the world's best countries - Australia. I had more than the proverbial happy childhood. Great parents, world travel, a good education and fabulous experiences like Disneyland, swimming with a wild dolphin in the turquoise waters of the Bahamas, riding across the desert sands around the Egyptian pyramids and much more.

Later, after the travel bug had bitten good and hard, I set out on my own adventures. I can remember only a fraction of them, but many rich images come flooding back. I stood on the lip of a live volcano in Vanuatu and stared down into the vision of hell in its throat; I watched the morning sun ignite Himalayan peaks in a blaze of incandescent glory; smoked hashish with a leper in an ancient Hindu temple; danced naked under the stars with the woman I love on a tropical beach that left a trail of phosphorescent blue footsteps behind us; skied waist-deep powder snow in untracked Coloradon glades; swam with the amazing creatures that inhabit coral reefs; soared thermals to 8000 feet in a hang glider and have literally flown with the eagles.

In Maryland, on mid-summer nights redolent with the smell of freshly ploughed earth, I rode past fields lit by the twinkling light of a billion fireflies. I've ridden a motorcycle at 265 km/h on a Japanese racetrack and up to the 5000 m snowline on an Ecquadorian volcano. And speaking of riding, what haven't I seen from behind the bars of a motorcycle? More than 200,000 km in over a dozen countries embracing everything from some of the world's most spectacular wilderness areas to its greatest cities and vast slums containing millions of impoverished souls.

Along the way I picked up a decent education, including two university degrees, and learnt another language. All this and so much more - more than most people would experience in several lifetimes.

Perhaps most importantly of all, everywhere I've been I enjoyed the support of a caring family, the company of good friends and, more than once, the rewards of a loving relationship. People - you - are ultimately what made my life as rich as it was, and I thank you.

I was lucky enough to know love, and I indulged in lust. I enjoyed exotic erotica with perhaps more than 100 women of many different nationalities in places that ranged from the bedroom to a crowded ship's deck on the Agean Sea, fields, rivers, trees, beaches, cars and motorcycles. There's been *menage a trois* in various combinations and even a few outright orgies. How wonderful to have been sexually active in the pre-AIDS era. I record this not as an exercise in

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testosterone-fueled chest beating, but to point out that sex was an important part of my life, and so that you can better understand my sense of loss.

In short, I once lived life to the max, always grateful that I had the opportunity to do just that, and always mindful to live for today because there may be no tomorrow.

Just as well, it seems. After my hang-gliding accident - how ironic that something I loved so much could destroy me so cruelly - tomorrows were nothing but a grey void of bleak despair. I was paralysed from the chest down, more than three-quarters dead. A talking head mounted on a bloody wheelchair. No more of the simple pleasures I once took for granted. No walking, running, swimming, riding motorcycles, the wonderful feel of grass, sand or mud underfoot, nothing. The simplest of everyday tasks - getting up, having a shower, getting dressed - became an enormous hassle and endlessly frustrating.

That in itself was completely shattering physically and emotionally, but I lost so much more than mobility. I lost my confidence, my happiness, my personality. I lost my dignity and self respect. I would forever be a burden on those around me and I didn't want that no matter how willingly and unthinkingly family and friends assumed that burden. Every time I had to ask someone to do something for me, every time I was dragged up a damn step - I *hated* that - was another stinging blow to whatever shreds of pride I had left.

All that was bad enough, but there was so much more. No balance. My every action was as graceless as a toy dog nodding in the back of some beat-up car. No ability to regulate my body temperature properly - in a sense I was cold-blooded, more like a lizard than a human being. And without abdominal muscles I couldn't cough, sneeze, shout, blow out a candle or even fart.

Worse still, I couldn't shit or piss. Those body functions had to be performed manually, which meant sticking a 30 cm long silicon tube up my willie four times a day so I could drain myself into a plastic bag, and sticking a finger up my arse every second day to dig out the shit. Sometimes both loathsome procedures drew blood. They always made me shudder with revulsion, but I had a powerful incentive to persevere. Autonomic dysreflexia it's called, the potentially fatal rise in blood pressure and excruciating headache that occurs if body waste isn't properly removed and backs up. I had a taste of it in hospital once, and that was enough.

Despite these awful routines, there was no guarantee I wouldn't shit or piss my pants in public or wake up wallowing in my own excrement, and that happened occasionally. Can you imagine living with that uncertainty? Can you imagine the shame and humiliation when it happened in front of friends? Unbearable abominations that made me feel less than human. For me, it was no way to live.

There's more. I wept every morning when I saw myself in the mirror. I'd become a hunchback with a bloated pot belly above withered legs with muscles as soft and useless as marshmallow. It was an unbearable sight for someone who was once so grateful for being blessed with such an athletic and healthy body. Paraplegia meant that I also had to live with the constant possibility of pressure sores, ugly ulcers that can require months of hospitalisation to cure. They're common. So are urinary tract infections and hemorrhoids. I suffer from both, and they also usually lead back to hospital sooner or later. I would rather die than return to hospital.

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Then there was the pain in my shoulder. A damaged nerve meant that two muscles in my left shoulder didn't work and they wasted away, leaving the others to compensate and me with a pain that sometimes made simple actions difficult. My chest became hypersensitive, which may sound like fun but meant that I felt like I was wearing an unbearably scratchy woollen jumper over bare skin. And after sitting in the chair for a few hours my bum, which shouldn't have had any sensation, felt like it was on fire. There was also tinea, crutch rot, headaches ... The list of horrors was endless, and I haven't even mentioned some of the worst ones.

Occasionally I woke with pins and needles - loss of sensation - in my hands and arms. Sometimes it took hours to pass, and I began to fear losing what little I had left. That was unbearable. Tethering, nerves pinched by the scar tissue formed around the broken bones in my neck, I was told. The doctors talked about tests and surgery on my neck, wrists. Forget it. There was no way I'd return to hospital, let alone for such delicate, radical and debilitating surgery.

All my many pleasures had been stripped from me and replaced by a hellish living nightmare. The mere sight of someone standing up, a child skipping, a bicyclist's flexing leg muscles, were enough to reduce me to tears. Everything I saw and did was a stinging reminder of my condition and I cried constantly, even behind the jokes and smiles. I was so tired of crying. I never imagined that anyone could hurt as bad and cry so much. I guarantee that anybody who thinks it can't have been too bad would change their mind if they lived in my body for a day.

People kill animals to put them out of their misery if they're suffering even a tiny part of what I had to put up with, but I was never given the choice of a dignified death and I was very bitter about that. I could accept that accidents happen and rarely asked "why me?", but I felt that the legislature's and the medical profession's attitude of life at any cost was an inhumane presumption that amounted to arrogance. And what of the dollar cost? My enforced recovery and rehabilitation cost taxpayers at least \$150,000 by my rough count, money that wouldn't have been wasted had anybody bothered to ask me how I felt about the whole thing and what I'd like to do.

I had one good reason for living, of course, and her name is Lee-Ann, the best thing that ever happened to me. Wonderful Lee-Ann, without whom I would have gone insane long before now. But I wept whenever I thought of us together. What future could we have? What of her dreams? No matter how hard I worked and how much I achieved, she would inevitably be a nurse-maid in a million different ways, and I hated that, no matter that she so willingly and lovingly assumed the burden.

Nor would I condemn her to spend her nights sleeping with a sexless wooden lump twitching with spasm. That's right, sexless - impotent. Stripped of my sexuality, I felt that I'd lost part of my essence, the very core of my masculinity. I was even denied the sensual pleasure of embrace, because from the chest down I couldn't feel warmth, didn't even know if someone was touching me. I love Lee-Ann, but she deserves better than the pointless life I could offer, and I believe that I'm giving her another chance at happiness no matter how much pain I cause in the short term. Someone so desirable - open, honest, natural, loyal, with a great sense of humour and a figure the desire of men and envy of women - has a better chance than most of finding the happiness she deserves, and I hope with all my heart she finds it.

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I had other reasons for living, of course - my family and friends. I remember, many years ago, lying on the verandah roof of a colonial mansion in the mountains of northern Burma. A shooting star streaked across the clear night sky and I wished for health, wealth and happiness for all those I loved and cared about. I repeated that wish several times in the following years and was enormously gratified to gradually see it come to pass for most of my family and friends. I'm not suggesting that my wishes had anything to do with their various successes that was largely the result of their own efforts and the occasional dash of good fortune. But after my accident, even the joy I derived from seeing the happiness of those I cared about went sour for me. Seeing others get on with their lives, doing what I no longer could, was terribly distressing for me. I couldn't live my life vicariously through other people's satisfactions and achievements. I was a self-centred person and I'd always done what I wanted, had my own reasons for living.

Mum and Dad, you often said that you didn't care what I did as long as I was happy. I expect that many of my friends felt the same way. Well, I was terminally, unbearably unhappy with no way out - except death. I know others have come to terms with paraplegia, or even quadriplegia, and managed to lead successful, apparently normal and happy lives. I've met and been encouraged by some of them. I tip my hat to them, for they have done what I cannot. Then again, perhaps I have done what they could not. Four attempts taught me that it takes an

enormous amount of courage to commit suicide. Unfortunately, I didn't find the examples of others in my position motivating or inspirational. For me, life as a para was so far from the minimum I considered acceptable that it just didn't matter. It's quality of life, not quantity, that's important.

It's a challenge, many of you said. Bullshit. My life was just a miserable existence, an awful parody of normalcy. What's a challenge without some reward to make it worthwhile?

Despite that, I gave it a go. I worked hard - harder than I ever have at anything - to try and rebuild my life. I had professional counseling and tried anti-depressant drugs. I waited through an eternity of horrors to see if, as was so often suggested, time would make a difference. It did not. I tried picking up the threads and doing whatever I was still capable of. I went out to shops, theatres and restaurants, even a concert. I learnt to drive again, and worked. Nothing made any difference. I hated every second of my wretched paralysed existence with a passion I'd never felt before. What good is a picnic when you can't play with the kids and dogs and throw a frisbee? What's the point of going to a gig if you can't dance when the music grips you? I used to be a player, not a spectator, and my new existence (life seems too strong a word) was painful, frustrating and completely unsatisfying.

At least you can still work, some said. Great. I liked my job, the caring, talented and generous people I worked with and especially where we worked. But it was still just a job, and as you all know, I worked to live, not lived to work. Work was never a reason for living for me. And what of the future? Where would I go, what would I do? There's no future for a wheelchair-bound journalist, not one with my interests anyway. I'd never be able to do any of the things, like travel and adventure, that drew me to journalism in the first place and ultimately made the long office hours worthwhile.

I accepted death - embraced it eagerly, in fact, after so many months of the nightmare - without fear or regret. I had a full, rewarding and successful life by any measure, and in my last weeks I couldn't think of a single thing I'd always wanted to do but hadn't yet done.

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Well, actually, I guess I can think of few things, but they don't amount to much. I'd always wanted to ride a Harley or drive a convertible Porsche, and I would have loved to be "stoked in the green room" - ridden a tube. Surfing would definitely have been the next sport I took up. I've got a pretty good idea of the buzz it offers, and I think I would have liked it. Anyway, death is the last great adventure, and I was ready for it. I wasn't religious - how could anyone believe in a just, compassionate and almighty God after seeing and experiencing what I have? - but I felt quietly confident that whatever lay beyond had to be something more, something better, if anything.

I had one enormous regret, of course. I didn't want to hurt anyone the way I know I have.

I wish it didn't have to be this way. I wanted to go with dignity and in peace, surrounded by the people I love, but our mad society doesn't offer that most basic right. I waited many months and tried hard to organise it that way, but was blocked at every turn. I wanted so badly to say goodbye, to tell people I love them.

Worst of all, I didn't want to make those I love suffer, and the knowledge that I would bring awful grief to those I least wanted to hurt in the world compounded my own misery unbelievably. I'm so sorry. I hope you can find it in your hearts to forgive me. I wish you could see death as I did, as a release, something to celebrate, and be happy for me. I would rather have thrown a raging party and simply have disappeared at dawn with your blessings and understanding. Of course, it could never have happened that way. At any rate, I thank you all for making my last months as happy as they were, for your optimism and support, for the rays of light with which you pierced my gloom. My condition was permanent; I can only hope your grief fades quickly with the healing passage of time.

Christopher died by himself by his own hand on 5th April 1993.

Yvonne Hill.

SUBMISSION 446 1

11/42-44 St. Georges Pde

HURSTVILLE

N.S.W. 2220

16. 3. 95

The Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

DARWIN N.T. 0801

Committee Members,

I wish to express my support for the legalisation of voluntary euthanasia.

My 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.

I offer the following points in explanation of my stand:-

1. 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. I 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,

FIONA I. CHISHOLM

SUBMISSION 447 1

498-7897 4 Clarence Avenue

Killara

N.S.W. 2071

Australia.

20.3.1995.

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

Darwin Northern Territory 0801

Dear Sirs,

I write to support the proposed legislation on legalised voluntary euthanasia. This support has in my opinion, three foundations.

1. If we can control our lives, why can't we control its termination?
2. Anyone who has experienced the slow, but inevitable, painful death of a loved one, knows the depression, pain and "helplessness" this causes both to the person dying and to the survivor.
3. If something considered reasonable cannot be achieved in a legal professional manner, people tend to seek other avenues, often to their detriment.

Yours faithfully,

D.K. SAULT.

SUBMISSION 448 1

2 Mycumbene Avenue

East Lindfield NSW 2070

20 March 1995

Select Committee on Euthanasia

Parliament of the Northern Territory

Dear Sirs,

I am writing this letter to argue the case for Voluntary Euthanasia.

I have worked in hospitals for many years until my retirement six years ago, and therefore have seen many terminally ill patients whose sole wish was to go to sleep and not wake up.

I believe that it is the right of individuals to have control over their deaths as they do over their lives.

I find it unjust that people have to find a doctor who is willing to break the law to get assistance in dying.

I strongly support the Voluntary Euthanasia Bill.

Yours faithfully,

P. Bond BSc, MDAA.

Dietitian

SUBMISSION 449 1

Name and Address withheld on request.

21 March 1995

The Chairman

Select Committee on Euthanasia

GPO Box 3721

DARWIN NT 0801

PRIVATE SUBMISSION ON EUTHANASIA BILL

RIGHTS OF THE TERMINALLY ILL

COMMENTS ON TERMS OF REFERENCE FOR SELECT COMMITTEE

These seem appropriate and primarily administrative.

COMMENTS ON THE BILL

I believe that this is a well thought-out bill, including an appropriate level of detail about procedures, accountability, liability and safeguards.

The only clause that caused me to question further repercussions or implications of the Bill was Clause 16, Insurance or annuity policies. My question relates to life insurance payments to beneficiaries. If a terminally ill patient avails himself or herself of euthanasia, would this invalidate the insurance company's liability for payment, in the same way as death by suicide or careless behaviour? Is this an issue that should be included in the Bill, or will it be up to insurance agencies to describe the implications of euthanasia on their liability should the Bill be passed?

OPINIONS AND ARGUMENTS

My husband and I are very strongly in favour of this Bill (see attached letter sent to our MLA on 23 February 1995).

Although I believe that there will be cases in which euthanasia is misused (e.g. families putting pressure on terminally ill relatives), I believe that these cases will be relatively few compared to the legitimate and intended application of this Act. All of our freedoms carry the risk of abuse. Should we ban driving because drunk drivers kill people? I find it a much more heinous situation to keep a terminally-ill patient, in constant and severe pain that is not effectively treated with medication, alive *longer than that patient wishes* than to allow this person the humane option of ending his or her life. When animals are critically wounded or ill, it is considered humane to put them out of their misery. Why doesn't the same principle apply to human beings, especially people who, by their own decision, wish to end their own suffering?

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Passing this Bill in no way takes away the rights of those who do not support euthanasia. They can continue to suffer a slow, painful, and *natural* death, which they believe is the better way to go. The only right that this Bill challenges is their undeserved right to impose their morality on others. From my point of view, prolonging the hopeless and painful life of the terminally ill patient, when that person wishes to end his or her suffering, is immoral.

Passing of this Bill would allow us all to act in line with our own morality.

CONFIDENTIALITY

I do not mind if this submission is made public; **however, I do not want my name to be released in association with publication of the submission.** In the same way that the abortion debate in the U.S. has prompted some

"Right-to-Lifers" to harass (or even murder) doctors and nurses at clinics performing abortions, I fear that there may be fanatical and unscrupulous opponents to this Bill, and I do not wish to place myself in a position where I might be harassed. (Fortunately, we don't seem to have the same level of violent fanatics in this country yet!)

I appreciate the opportunity to have my say in this debate. I believe that this particular Bill represents a mature, responsible and long-overdue piece of legislation.

Sincerely,

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Names and address withheld on request

Mr Daryl W Manzie MP

Sanderson Electorate Office

Shop 12

Malak Shopping Centre

Chambers Crescent

Malak NT 0812

Thursday, 23 February 1995

Dear Mr Manzie

We strongly endorse Mr Perron's private member's Bill - *Rights of the Terminally Ill* -and urge you to support it at every opportunity.

The title of this Bill, and its objectives, are simple and clear: it gives individuals choices about how to conduct and, under certain circumstances, how to end their lives. It does not dictate to individuals what choices they should make, nor how they should make them. It merely gives those individuals who wish it a way to curtail pointless suffering.

We do not believe that this represents any lessening in our respect for human life. Nor do we believe that it should in any way reduce the support and care given to those who request it. These individuals, too, should be able to make their choice.

Indeed, the critical difference between the supporters and opponents of this Bill is in their attitude to this single, simple word "choice". Those who support the Bill wish to allow individuals the freedom to make a choice about their life. Those who oppose the Bill seek to impose their choice on others.

We appreciate the opportunity to comment on this important issue and thank you for your consideration of our views.

Sincerely

SUBMISSION 450 1

St Patrick's College,

Locked Bag 31,

Sturt St.,

Ballarat.

19 - 3 - '95

The Chairman,

N.T. Select Committee on

Rights of the Terminally Ill Bill,

G.P.O. Box 3721,

Darwin 0801.

Dear Sir/Madam,

I wish to express my strongest opposition to legalised patientkilling. This proposed violation of the natural law has many and vast potential consequences:

1. It would create a precedent for all Australian states to follow.
2. Australia would inevitably follow the way of Holland from the first immorality of the law: vis., suicide, to the lesser though highly detestable immorality of murder.
3. People would live in fear - as in Holland - of doctors killing them. This would cause reluctance to go to hospital, even for necessary medical help. This is the case in Holland.

The argument that legal safeguards would protect us from the above is again disproved by the gruesome Holland experience.

There is only one course to follow: an outright rejection of this heinous bill.

Yours sincerely,

J.D. Ward (Brother)

SUBMISSION 451 1

Old Northern Rd,

Glenorie. 2157.

18.3.95.

Select Committee on Euthanasia.

Dear Sir/Madam,

I hereby wish to **SUPPORT** the Chief Minister's move for reforms in the legislation on Voluntary Euthanasia in Australia in 1995.

Yours faithfully,

(Mrs) F.M. FRANCIS.

SUBMISSION 452 1

Mrs S. Fyfe

The Grange

126 McAuley Place

Waitara NSW 2077

Tel: (02) 487 2608

18 - 3 - 95

The Select Committee on Euthanasia

Parliament of the Northern Territory.

I am writing to support the bill legalising Voluntary Euthanasia. Although not living in the Northern Territory, I pray that your good example will be followed by the rest of Australia.

I am 76 years old, and the knowledge that I will not have to suffer endless torment, but shall be allowed a dignified, peaceful death, would ease my mind, and let me enjoy my life to the full.

I can assure you that most people of my generation share these sentiments.

Yours sincerely,

Sieglind Fyfe.

SUBMISSION 453 1

7/174 Spit Rd

Mosman

NSW 2088

To the Select Committee on Euthanasia,

Dear Members,

I wish to congratulate the Parliament of the Northern Territory for appointing your committee to take submissions from the public concerning voluntary euthanasia. As a member of the VES of NSW, I feel most strongly, that it should be a person's right to regulate the nature of one's death as it is everybody's right to regulate their life. I have had personal experience in the case of my husband, who, at 89, was allowed to die very quickly and peacefully but not being put on life support machines because our Dr a very dedicated and humane man and a Catholic explained to the hospital, which admitted him, that this was his wish. And so I have very happy memories of my husband instead of thinking about prolonged needless suffering. But I think it is morally wrong that our Drs should be put in the position of having to be the only person to make the decision, therefore some safeguards are necessary. I hope your committee will make a strong submission to your Parliament in favour of legalising voluntary euthanasia.

My best wishes

Elizabeth Martin

SUBMISSION 454 1

(Dr) Romaine Rutnam PhD

Serendipity

7 De Graaff Place

HOLDER ACT 2611

Ph. (06) 288 5065

Fx. (06) 288 5256

20 March 1995

Select Committee on Euthanasia

Parliament of the Northern Territory

P O Box 3721

DARWIN NT 0801

I am writing to provide the Select Committee with my views on voluntary euthanasia. I realise that you will no doubt wish only to take the views of NT residents into account when considering the pros and cons of the bill sponsored by the leader of your government. However, the passage of the bill in the NT Parliament would create an important precedent for other legislatures around Australia, and I hope very much that this committee will recommend its passage.

I wish to make a statement about my personal views and background that are relevant to the debate about voluntary euthanasia. I m Sri Lankan born and have lived in Australia since 1969. M background contributes to my perspective that Australians are unfortunately too afraid and denying of death as a part of life, and are too willing to countenance what I e as a waste of human and financial resources in prolonging their dying. My academic training is in philosophy and politics. My PhD thesis was on the history of the research and development of *in vitro* fertilisation in Australia, and focused on the thics of the research process, as well as on the ethics of resource allocation directed to this technology for assisting conception as against other health services.

I have been a member of the Voluntary Euthanasia Society of NSW for some years. I carry in my wallet a signed card, provided by VES, which states "Should my brain or body be so badly damaged as to make my life intolerable, PLEASE LET ME DIE". I know that this card has no legal status. I therefore strongly support the intention of the NT legislation, to make my wishes binding on health professionals finding me in such a state.

However, my personal wish is also to have legal assistance with my suicide even if :I: am not "terminally ill", but at a time when I consider I have had a fruitful life and don't wish to take the risk of future lingering illness. I am not sure if the NT Bill would help me, in that it seeks to drop the offence of assisting suicide. _would welcome further information on this matter, and wish this Bill success through its passage in the NT Parliament.

Yours sincerely,

Romaine Rutnam

SUBMISSION 455 1

I. G. DULIEU

7 Mt. Stewart

363 Edgecliff Rd.

Edgecliff 2027

March 20th 1995

Select Committee on Euthanasia

Parliament of the Northern Territory

PO Box 3721

DARWIN NT 0801

Dear Committee Members,

As a long-standing LIFE-MEMBER of V.E. of N.S.W., I am delighted to be given the opportunity to personally and strongly voice my unmitigated support of legalising V.E. in Australia!

My deep conviction is borne out of having had to watch my husband, as well as my brother in law (3½ and 4½ yrs, resp) sufferings. They were refused assistance in dying with dignity. Any caring and deeply loving relation could only term that as inhumane!

The hardest task for me was to witnessing the indignity both were forced to suffer, being painfully aware of it.

As the situation stood and unfortunately still stands, I did not want to or dare a doctor to defy the law, and risk being legally prosecuted.

Now I only hope and pray, as I am now facing the same situation, on my own, V.E. will be legalised in all States.

Have left and updated my "ADVANCE DIRECTIONS" with my doctor, solicitor and member of my family, should I be incapable of asking for assistance to minimise physical sufferings, and be allowed a dignified exit.

It is also out of consideration of my family and friends, that I am strongly in favour of legalising V.E.!!

Wishing you complete success in your very worthy endeavour.

I remains yours gratefully,

I. G. DULIEU

SUBMISSION 456 1

R Christiansen

P.O. Box 57

Enmore NSW 2042

Dear Sirs

In regard to the V.E. Question, I have a personal interest in this matter.

Some years ago I contracted cancer, which left me with a permanent colostomy, added to this I've contracted Rheumatoid Arthritis, which is progressively getting worse, eventually, I will be crippled by the disease, and become unable to look after myself, I live alone and cannot expect any help from outside sources. In view of this situation I beg you all to pass the bill.

Yours Sincerely

Ron Christiansen

SUBMISSION 457 1

Lorraine Savage

"Fernbank"

133/42 Roma Road,

St. Ives NSW 2075

Telephone: (02) 442324

19.3.95

Select Committee on Euthanasia

Dear Members,

I am excited to hear of your states advancement regarding Euthanasia.

After many, many years nursing two husbands when they had given up living, no good to themselves or any one else, miserable, lonely, lost their dignity, praying for the end.

Now at eighty I am able to enjoy the remainder of my life.

But sincerely hope when I have lost the wish to live, that some kind doctor will give me a needle, so my children can remember me as a happy mother.

Yours sincerely

L Savage

SUBMISSION 458 1

Mr Murray Thomas

90 Parer Street Burwood Vic 3125

Monday 13th March, 1995

The Northern Territory Select Committee

Rights of the Terminally Ill Bill

G.P.O. Box 3721

Darwin NT 0801

Dear Madam/Sir,

I object that my rights as a human being are being directly threatened by Mr Marshall Perron and those behind him. Protagonists of the Rights of the Terminally Ill Bill refuse to concede the hideous excesses occurring in Holland at the hands of doctors who have no check on their behaviour, since their actions are self reported! Who in their right mind will admit to the coroner they killed a patient against his/her will? If nothing suspicious is seen on the form then no action is taken. The dead patient has no recourse and the rights of the next patient are totally dependent on the attitude of the doctor attending them.

Hippocrates knew the power held by medical personnel and insisted that they take an oath to uphold life. Modern

doctors refuse to take the Hippocratic oath because it would prevent them from keeping it when asked to perform an abortion, or it would seem, if ... they are asked to kill an adult patient.

My request to the Select Committee is straight forward; please do not let this legislation go through parliament under the guise of a humanitarian act. It is not acceptable that people with the power to kill should be excused from criminal charges or even objective scrutiny. Remember "Power corrupts and absolute power corrupts absolutely."

Yours faithfully

Murray Thomas BSocSci, BTH, Dip Ed.

SUBMISSION 459 1

17 Hale Cres.

Turner, ACT, 2601

18 March 1995

The Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

Darwin, N.T. 0801

Dear Sirs,

I am writing to support the Northern Territory Voluntary Euthanasia Bill which I understand you are studying.

I am over eighty, have been a widow for many years and suffer from severe arthritis and gastric pain. My enjoyment of life is very restricted, but I still manage to look after myself and retain a measure of independence. If or when that independence is threatened by removal to an aged persons' home, I intend to end my life with an overdose.

But this may be messy, and distressing for whoever finds me. I would welcome the chance to ask a doctor for help.

Yours Sincerely

(Mrs Helen Brown)

SUBMISSION 460 1

4/6 Helena St

Guildford W.A. 6055

18/3/95

Select Committee on Euthanasia

Parliament of the Northern Territory

Darwin

I wish to make a submission as to why I support the Bill; "Rights of the terminally ill 1995"

1. Voluntary Euthanasia is supported by 85% of persons polled in Western Australia.
2. This bill has full safeguards against abuse.
3. We would put an animal out of its misery if it were suffering incurably so why not a human being?
4. The bill does not go far enough. It does not cover persons who may live for years after a stroke which leaves, them helpless and in misery.
5. However this bill is a good start and well worth supporting.

signed

Madeleine Cope

SUBMISSION 461 1

6 Milton Ave

Eastwood 2122

N.S.W.

20.3.95

To whom it may concern,

I wish to add my name to the other VE members.

Having done voluntary work for Lottie Stewart Hospital several years ago, I was struck by the tragedy I saw there.

Many of the people there who were able to speak wished they could have ended the pain of it all painlessly.

Some of those people had saliva pouring out of their mouths some could not speak at all. Every time one went near their beds everything, beds and clothing had to be changed.

I am in my 80s, and have no wish to be in such a predicament or to be burden to anybody. Therefore, I would welcome the practise of VE. Let the right to lifers mind their own business and wish to mind mine.

Hoping the other states will have sense enough to adopt your proposed bill.

Yours faithfully

(Mrs) P. Holt JP

SUBMISSION 462 1

20 Parkes Street,

Wentworth Falls. N.S.W. 2782

17th March, 1995.

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

DARWIN. N.T. 0801

Dear Committee Members,

I am a member of the Voluntary Euthanasia Society of New South Wales and I am writing in support of your Bill on the Legalisation of Voluntary Euthanasia.

I feel very strongly that it is the right of individuals to have control over their deaths as they do over their lives, and think it unjust that people must find a doctor who is willing to break the law to get assistance in dying.

It is time our society stopped denying the reality of death and accepted that we all should have the right to determine the quality of our dying.

Yours sincerely

(Mrs. Elizabeth Collings)

SUBMISSION 463 1

Select Committee on Euthanasia
Parliament of the Northern Territory
P O Box 3721
DARWIN N T 0801
Dear Sir,

As an older citizen I wish to lend my support to your Governments Bill in favour of Voluntary Euthanasia. I feel it is almost sensible and humane move by the concerned People in

your Government.

No one would leave an animal to suffer but would have it put to sleep by a qualified Vet.

Is the suffering of people both young and old deserving of a less compassionate approach than a pet dog or cat?

As individuals we surely have the right in age and illness to decide for ourselves the course we wish to take. We have decided for ourselves all our lives, so why should we be deprived of the right to making our own decision about dying with dignity.

I for one hope most sincerely to have the choice when the time comes, and if your Bill is passed then there is hope that other states will see the light and follow suit.

I wish your Government every success in passing this enlightened and courageous Bill

Sincerely,

SUBMISSION 464 1

E Smith
129 Banksia Grove Village
Bankstown
N.S.W
20th march 1995.

Select Committee on Euthanasia,
Parliament of the Northern Territory
P.O. Box 3721
DARWIN
Northern Territory 0801

Dear Committee Members,

In Support of Voluntary Euthanasia

My husband died almost seven years ago from a rare form of Cancer, Mylafibrosis. He suffered the dying experience for four years. The last six months should not have been allowed to be endured. It was not until his pains became unendurable that medication was given in sufficient quantity for him to peacefully go into a final sleep. For the first time in over four years, my husband lay in bed in a natural position and breathing in a normal fashion.

Much more recently I had a friend who was diagnosed as suffering from Motor Neurone Disease. She was told exactly what would happen to her. The M.N.D. took over very rapidly and when she could no longer speak, write, walk or get in or out of bed or go to the toilet she felt that she didn't want to go on living. She had obviously organised for this time but, from her point of view unfortunately she was discovered in time to resuscitate her from having taken too many pills I believe. Her last few weeks were therefore spent in hospital where, apart from her brain and eyes, she had no control whatsoever. We abhor torture, but condone living deaths.

Regarding my feelings, in my late husband's case, I cannot express the joy I had in seeing him lying and dying peacefully after so much suffering. In the case of my friend I was so disturbed that her wish to avoid the last period of indignity was foiled.

I do not feel that help given to a person terminally ill should ever be described as a crime, if suffering, either physical or mental can be alleviated when that person so wishes then let us be humane.

Yours sincerely,

(EVELYN M. SMITH)

SUBMISSION 465 1

28 Cockatoo Drive

Nungarin

W.A. 6073

March 18, 1995

Select Committee on Euthanasia

Parliament of Northern Territory

PO Box 3721

Darwin

N.T. 8001

Dear Committee

As an Australian citizen I would like to voice my opinion on the issue of Euthanasia. To me it must be a legal right for any person to choose his or her way of dieing. There should be a way to make your wishes known while you are still healthy and of sound mind, such as a living will signed by two witness or a justice of peace.

Yours sincerely

HENRICHA NEWMeyer

SUBMISSION 466 1

Mrs M Bozic

15 Truscott St

Campbell ACT 26C1

20 March 1995

Select Committee on Euthanasia

Parliament of the NT

I would like express my support for a bill to introduce voluntary euthanasia in the NT and I only wish the ACT had done so too.

I am 80 years old and visually quit impaired and I dread the thought of any kind of serious or terminal illness, senility or stroke that would make me independent on others just for the preservation of a life without purpose or quality.

Why should any person face prosecution for performing an act of love and help to end suffering. I hope the Northern Territory will show the way -

I wish you luck.

Magda Bozic

SUBMISSION 467 1

14 Betwick St.

Camberwell

Victoria 3124

20/3/95

Dear Mrs Hancock

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

Etuthanasia is a euphemism for murder. Most Australians see human life as sacred, and want to live in a country which respects and defends that basic value. When that fundamental belief is denied, you get ethnic cleansing and other repugnant forms of killing becoming the norm.

Acceptance of patient killing will further aevalue human life, and tr~reatens those whose lives are seen as a burden

to society. Euthanasia offends all codes of medical ethics, and I urge you to oppose this Bill.

Yours faithfully,

(Mrs. Nancy Mills)

SUBMISSION 468 1

37 The Glen Cres.

Springwood,

NSW 2777

17th Mar. 1995

Select Committee on Euthanasia,

Parliament of the Northern Territory,

P.O. Box 3721

DARWIN N.T. 0801

Dear Sirs·

I write to support the Bill voluntary euthanasia in favour of legal voluntary euthanasia.

It seems to me to be a basic human right to have control over one's death as well as one's life. The suffering endured by the dying is sometimes as horrific as the worst torture inflicted by inhuman fanatics. We condemn that torture. Why should we condone the indefinite prolongation of extreme agony in those who have no hope of recovery. If the victim of this suffering indicates his or her wish that wish to die then should be granted

To those who argue from a religious angle that it is against God's will to end another's life I would ask: Why is it not against God's will to prolong that life unnaturally by medical intervention?

Doctors sometimes argue that pain can be relieved. It is not so in my experience. I had a brother who died from Prostate cancer. The illness lasted seven years and the last two were spent in agony, only Partially relieved by drugs. This was so in spite of a loving family and the fact that one son was a doctor. Nothing relieved the pain or the indignity of the last weeks of his life. He was a courageous and uncomplaining man by nature, but I shall never forget the controlled desperation in his voice as he contemplated his fate in the last two years.

A painless death should be available as a right to those who wish for it.

Yours faithfully,

Margaret Tomalin (Mrs)

SUBMISSION 469 1

To The Select Committee on Euthanasia

Parliament House

Northern Territory

Marshall Perron's proposed Bill on the Rights of the Terminally Ill will stimulate wide-spread discussion

throughout Australia for dying and death are events that affect everyone, and I fully support Voluntary Euthanasia for those who wish it.

The A.M.A. and the Christian Churches quickly rejected Mr Perron's proposed Bill for they want the present situation to remain unchanged.

I come from a conservative Catholic background, raised a family and worked part-time nursing in Nursing Homes. Following a serious stroke I experienced the treatment from the patients' viewpoint and I did not like it. The imposition of other's in every aspect of one's day caused anger and frustration to the patient and the staff dealt with it as best they could.

Voluntary Euthanasia is a complex issue which needs to be openly discussed by all the community. I personally think we should have more choice in the way we die just as we have choice in family planning and the way we live.

Mr Perron has started this discussion and I hope this Bill is successful.

J.M. Crock

Joan M Crock

9/441 Canning H'way

Melville 6156

Western Australia 17th March 1995

SUBMISSION 470 1

J W Whittled, M.B.E

Dip. Tech, B.Sc(Eng),

C.E.N.G., C.P. Eng, F.I.E.E.,

F.I.E.R.E (Aust)

M.I. MECH.E, M.R. AE.S

M.I.E.T., M.I.E. (Aust)

P.O. Box 94.

Kalamunda WA 6076

The President

The Select Committee on Euthanasia

Parliament House

P.O. Box 3721

Darwin

Northern Territory

19th March 1995

Dear Sir,

From the news media and the Journal of the Western Australian Voluntary Euthanasia Society I have some knowledge of the Rights of the Terminally Ill Act 1995, which will shortly be introduced into the Northern Territory Parliament. Although in my opinion this Bill does not go nearly far enough in making voluntary euthanasia legal and available, I think that it is a very important step in the right direction and I wish to express my very strong support for it.

I am 78 years old and a retired professional engineer of some attainment. I am still very fit for my age. I drive and maintain four vehicles, do all the work on my property and normally play tennis twice a week at moderate club standard. I have almost never been ill in the biological sense but I have had numerous injuries, some serious. When injured and unable to be physically active I have found life to be almost intolerable.

I have faced the gravest of risks in peace and war and I do not feel that I will be afraid to die when the time comes. I hope very much that euthanasia will be freely available to me if a time comes when I am dependent upon others for my physical maintenance. I have given my doctor written instructions to that effect.

I think that attempts by religious organisations to rally opposition to legal euthanasia and abortions are an outrageous presumption and the ultimate hypocrisy in view of their expressions of concern for human suffering and their obvious vested interest in keeping a grip on the administration of the most traumatic and critical phases of life.

I hope that this law is passed and that it starts an avalanche of real concern for the suffering of people in extreme distress which defeats and sweeps away all those who seek to prolong suffering in the defence of archaic dogma.

Yours faithfully

J. W. Whitelegg

SUBMISSION 471 1

Select Committee on Euthanasia.

Parliament of the Northern Territory.

P.O. Box 3721.

DARWIN N.T. 0801.

20 March 1995.

Ladies and Gentlemen,

I am writing to tell you how much I hope that the fight to Euthanasia will be given to everyone in this country soon. I am aware that Euthanasia is used unofficially already, because my mother and a little nephew were 'allowed' to die when there was no longer any hope for their recovery. But when my husband died a very painful death of cancer some years ago it was due to the extreme kindness of one of the treating doctors that he did not suffer longer. Even after these many years I am grateful to him. I realise that he put his own future on the line for my husband.

'THAT IS WHAT YOU MUST PUT A STOP TO. A doctor who can no longer stand by to see useless suffering should not have to put his own future on the line.

Please do not let arguments about children wanting their parents dead so they can inherit/but look what Hitler did sway you from a sensible course of action. Euthanasia should not be a crime, we should be entitled to it on

request. If you were to go out into the street to ask, you would find elderly people more afraid of living than of dying.

I am Dutch born and have a poster in my possession which says:

THE RIGHT TO LIFE IS INCOMPLETE WITHOUT ALSO HAVING THE RIGHT TO DIE.

Yours most sincerely;

Luchien Eugene.

7 Harrison Ave.

Concord West, 2138.

SUBMISSION 472 1

18/3/95

The Select Committee

Rights of the Terminally Ill Bill

C/- Secretary

Pat Hancock

Legislative Assembly

I joined the NP in Victoria some years ago, because it stood up for basic human values. Having read the attached article sent to me by Pro-Life Victoria, I feel compelled to protest this misguided initiative, and ask that you dump both the 'bill' and Marshall Perron.

Sincerely

Brian Handley

P.O. Box 27

NEWBOROUGH VIC 3825

Enclosed with submission article3:

Threat from the North, Pro-Life News, Vol.12 No. 1 - Autumn Edition 1995, Pro-Life Victoria: Speaking Up for Humanity in the Nineties.

Election Results Show U.S. Turning Against Abortion, Ibid.

SUBMISSION 473 1

13/1 Evergood Cl

Weston

A.C.T. 2611

18-3-95

Select Committee on Euthanasia

Dear Committee,

I firmly believe that I should have control over the time of my death whether or not I am suffering from a terminal physical illness. There are other ways of intense suffering.

When my mother's senile dementia had reached a stage that made it impossible for me to care for her, she was admitted to a nursing home. Her last two years were a living death. She was unable to do anything for herself and spent her days tied to a chair with a napkin on. I visited her twice a week, once to collect and deliver her washing and once to keep her awake while under the hair drier. Nearly every time I was there, at some stage she would call my name and ask me to take her home, but she did not know me, nor my brother, nor my sister, nor anyone.

I asked her doctor if he could release her from the pain and bewilderment that was in her mind, but, of course he refused. If there is any justice or compassion in the world, why could not her family, distraught themselves at the sight of her misery, sign a directive to her doctor, who had known the circumstances for at least three years, to help her out of this world legally.

My husband died of cancer four years ago. When it was obvious that nothing further could be done for him I brought him home. The palliative care sisters came. It does not matter how caring, dedicated or qualified they are, their treatment is an invasion of his privacy and denigration of his dignity. They were concerned with extreme cleanliness and getting his bowels to move - to what end. He knew he was dying and was ready. All he needed were pain killers and to be left in peace with his family - better still, an injection to finish it all quickly, instead of struggling for breath after breath, lying there beside me.

I am quite sure that I will know when I want to die and I hope that, by then, you people who are in charge of my life, will have passed a law that makes it possible for my wishes and those of other people of like mind, to be respected.

Sincerely Yours

Mrs S.E. Armstrong.

P.S. I am eighty years.

SUBMISSION 474 1

SELECT COMMITTEE ON EUTHANASIA

PARLIAMENT OF THE NORTHERN TERRITORY

P.O. BOX 3721

DARWIN N.T. 0801

Ms. S. J. Hoskins

Unit 304

Conrad Beard Court

148 Bronte Road Waverley

N.S.W. 2024

Phone: 389 4507

Fax: 387 3631

20th March 1995

Dear Committee members,

I write re the need for euthanasia to be available to all people who are in pain from an incurable disease or condition that is causing them intolerable misery.

I write from experience, my husband died in 1988 from lung cancer, he pleaded with me to assist him to die, but there was no legal way that I could help him. I have never forgotten his agony in the last two weeks when he was a patient in a hospice. I went to three doctors to plead for any drugs to help him to die without the agony of lung and liver failure. Their answer was the same, that they could not help him legally, as they would be subject to a case of murder, as I would have been myself if I had administered anything to him.

If only anyone had been listening to him and to me, we were dreading the last days, and indeed we were correct, he died a horrible death, he choked to death, and his eyes never left my face in the last hours. I can never forget that and that I could not do anything to relieve that agony.

Please see that this letter is seen by the committee as I see your initiative in helping Australians to die a death that is not racked by pain and indignity as humane and caring. To be able to offer any loved one a painless death is the greatest gift of all.

In sincere appreciation for trying,

Yours sincerely,

Mrs Shirley Hoskins

SUBMISSION 475 1

48 Lowry St

Cardiff 2285

N.S.W.

20th March 1995

To:

Select Committee on Euthanasia

Parliament of the Northern Territory

I feel very strongly that voluntary euthanasia should be legally available. I do not wish to have my life unduly prolonged; to have medical advances give me extra years of lingering death.

My mother, Muriel Abell, died on 18th December, 1994, aged 85 yrs. The quality of her life for some years, especially the last 18 months, was not what my sister and I want for ourselves or our family. We visited her in her aged persons hostel and then her nursing home in the certain knowledge that she could only get worse, that her treatment was a complicated juggling of medicine for her multiplicity of problems.

a) Ismetic(sp?) ie Passing strokes ha left her weak on her left side and caused and contributed to falls.

b) The medication for her irregular and weak heart had the side effect of causing dizziness which in turn caused falls.

c) Flued retention in her legs: thin skin which took a long time to heal after falls: thrush infection recurring in both

her vagina and throat were added sufferings.

d) All falls were severe because she suffered noticeably from the bone disease osteoporosis. Her back was so bent that, coupled with the irregular heart beat, breathing was difficult and comfortable rest was denied her. One fall some 3 to 4 years ago had broken her jaw and ill-fitting false teeth meant eating other than soft food was difficult.

Though it would have been distressing for us had she suffered from dementia, it would have been better for her not to have been aware of her lack of mobility worsening and her loss of independence. Bowel and bladder problems all contributed to her awareness of her loss of dignity.

Please don't feel overwhelmed if your committee is receiving many many letter arguing against this proposed legislation. Think of the Referendum to allow conscription in World War I. Then so history tells us, anyone speaking against conscription, was verbally abused and even physically attacked, yet the proposal was defeated. The Prime Minister, Billy Hughes, was bewildered and had the Conscription Referendum put a second time. Again Australians rejected this proposed bill. I fear vocal groups do make themselves heard and, like the squeaking door, get the most oil.

I know my letter has focused on a different aspect; that Terminal Illness is the factor in the bill to achieve voluntary legal euthanasia but I wish you to know my sincere support goes to this proposed legislation.

Yours sincerely,

Mrs Marie Jones

SUBMISSION 476 1

62 Tyneside Ave.,

WILLOUGHBY NORTH NSW 2068

17th March 1995.

Select Committee on Euthanasia,

Parliament of the Northern Territory,

P.O. Box 3721,

DARWIN, N.T. 0801.

Dear Committee Members,

May I as a trained nurse who has been working in Nursing Homes for the past 15 years earnestly request that you agree to legalise Voluntary Euthanasia and Assisted Suicide for people who are suffering illness or disability which is terminal and who have made such a request whilst they are of sound mind but do not want their life prolonged when there is no quality left.

Patients are not usually admitted to Nursing Homes unless their disability is terminal and their care beyond the means of their relatives or carers. Many die peacefully surrounded by loving relatives. These are the fortunate ones. Unfortunately there are many who do not have this peaceful ending but continue to live only because of the dedicated treatment they receive from the nursing staff. They have no visitors and are merely existing.

I have found it heart rending to listen to them state that they only want to die, since they have nothing to live for and find more than irksome the daily routine of being taken from their beds to be showered, then sat in a chair, expected to eat and enjoy pulverised or liquified food to keep them alive, then returned to bed for frequent linen changing if they are incontinent. This is merely existing since quality has gone.

Surely we all hope for a peaceful death with dignity, we have a right to live but we should also have a right to die and when this needs assistance please allow that assistance to be legalised.

Yours faithfully,

Judith Faye Greening, S.R.N., B.Sc.,D.O.

SUBMISSION 477 1

28 Villiers St

Mayfield

Newcastle

N.S.W. 2304

Dear Sir,

I would like to add my Vote, to the proposed Bill for Voluntary Euthanasia in the Northern Territory, and feel sure if this Bill goes through it will follow that other states will follow through. It has been my firm wish for many years, that I would live to see it part of life (I'm 87 yrs) have been a member for quite some years.

The only thing I think is missing in all I have read, my daughter in Queensland sent me cuttings on this subject.

My sincere wish would be to see a Bill passed to enable those who wished to be able to make their wish known while they are of sound mind, thus being able to leave a "Living Will", with their wish proven, that they do not want to be resuscitated if really near death, the aged should be allowed to go, not to be kept here by medical aid, so often they are not really living, but to far gone to make a statement for themselves.

Talking to your relatives and Dr about this subject, so that they will be able to carry out your wishes.

A suitable Will properly witnessed is what we should be able to leave.

Yours Truly

Mrs E A Shillingford

SUBMISSION 478 1

Virginia and Bill Geyl

31 Curzon Road

New Lambton 2305

NSW AUSTRALIA

Ph: (Newcastle 049) 573781

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

DARWIN N.T. 0801

18/MAR/95

Dear Reader.

The proposed legislation on euthanasia for the Northern Territory has all our sympathy. We are approaching 80 together, and are in reasonable health for our age. But some horrible disease which would put us in the category which euthanasia will be permitted may strike at any time.

However, there are other states of body (and mind, such as being alone after 56 years of a happy married life) which we feel deserve compassion. For example any incapacitating illness, so that one is quite unable to look after oneself, unable even to wipe one's own bum, should at some stage be included in the criteria allowing euthanasia. The thought of needing constant, and prolonged nursing, and of becoming a burden to one's partner, family or other helpers when so smitten, is a great worry to us and many

We hope the proposed legislation is passed, and that it will be followed even more inclusive legislation, and set an example for all Australia.

Yours sincerely,

Virginia Geyl and Bill Geyhl

SUBMISSION 479 1

11/42-44 St. Georges Ode

HURSTVILLE

N.S.W. 2220

16.3.95

The Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

DARWIN N.T. 0801

Committee Members,

I wish to express my support for the legalisation of voluntary euthanasia.

My 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.

I offer the following points in explanation of my stand:-

1. 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. I 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,

KEITH BRINCK

SUBMISSION 480 1

24 Erin Street

Stroud NSW 2425

7th March 1995

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

DARWIN N.T. 0801

Dear Sir,

There must be sensible legislation to provide for euthanasia and assistance for those seeking self-deliverance. Nothing compulsory, complicated or confusing, but central to the basic right of the individual to own and control their own death and if necessary to choose their time and manner of passing. To support this I suggest you consider the unpremeditated cruelty of the existing situation, which discriminates against the most vulnerable people in society by enslaving them within their physical self against their will no matter how painful, distressing or undesirable.

Sixty years ago I became a student nurse, and the endless evidence gathered in decades of experience both professionally and sadly with relatives and friends would fill a book. Now age is my personal brand of terminal illness. I am treading a fine line on several fronts well aware I have no place to go but down. As I struggle to accept and adjust to my progressive decline I can say without fear of contradiction a prolonged life is not worth living. single and constant real fear is of becoming a senile, debilitated statistic in a care situation.

Legislation which offered me an alternative option would give me great comfort and peace of mind.

Yours sincerely

Iris Bennett '

SUBMISSION 481 1

64 Erldunda Circuit

Hawker ACT. 2614

The Chairman

Select Committee on Euthanasia

Parliament of the Northern Territory

PO.Box 3721 Darwin NT. 0801

Dear Sir,

I wish to put before your committee my arguments in support of legislation to legalise euthanasia in the Northern Territory, and hopefully from the lead the Northern Territory would give, in the rest of Australia.

In my lifetime, western society has drifted into a position whereby through technical advances medical science can meet an outdated definition of "living" while depriving the individual of a quality of life that any sane person would consider worth living. According to surveys taken in southern states in recent times a majority of people now believe that it is time the law was changed to allow such individuals to seek professional help to end a "life" they no longer wish to live. I would like to add my voice in support of their right to do so.

I am now in my seventies. There is a one hundred per cent probability that I shall die in the next forty years. Current medical evidence suggests that this will not be the outcome of a heart attack. The odds point to some form of cancer, Parkinson's or Alzheimer's disease. I can hope for a continued existence for another two generations in the memories of my grandchildren and I wish these memories to be of an alert, albeit elderly person and not of a shrunken body in a hospice, a vegetable in a hospital ward, a frustrated brain trapped by a stroke, or a mindless idiot in a nursing home

Society considers me sane enough to express my wishes concerning the disposal of my material goods and urges me to seek professional advice and assistance to insure that these wishes are met.

Why can society not consider me competent to identify the quality of life I desire and to document in advance a directive for action to be taken when my mental and/or physical health deprives me of that quality? Why am I denied the professional advice and assistance to insure that my wishes in this matter would be met? All I am asking is that I be given the choice to seek and be given such medical assistance as is presently denied me.

Self help suicide is no longer a crime, but the options open to me in the absence of a medical decree, are either traumatic or difficult to achieve. Why should it be illegal for me to be provided with an easier safer way to end a life which I decide is no longer of a quality worth living?

I urge your committee to report favourably in respect of the pending legislation which has led to its formation and deliberations.

Yours faithfully

A.D. Tweedie

Professor: The University of Newcastle

SUBMISSION 482 1

26A Gregory Way,

COOLBELLUP, 6163,

Western Australia,

13 - 3 -1995.

Mrs Lorraine Braham, MLA,

Member for Braitling,

GPO Box 1770,

ALICE SPRINGS, NT, 0871.

Dear Mrs Braham,

EUTHANASIA

Please find enclosed submission which I hope will be helpful in your considerations regarding the subject of euthanasia.

Yours sincerely,

ALAN MITTER.

2

EUTHANASIA

The true nature of mercy killing may be determined through consideration of the fundamental natures of being and law.

1. ALL BEING SUBSISTS IN EITHER OF 2 FUNDAMENTAL FORMS: CREATED BEING AND UNCREATED BEING.

a). CREATED BEING.

That which did not have existence, and which comes to exist is said to be created. Its existence has been effected by the operation of forces other than itself. It is therefore not the reason for itself.

b). UNCREATED BEING.

If ALL being was 'CREATED BEING', then ALL things would depend for their existence, upon the operation of forces of the same DEPENDENT NATURE as themselves. As the progression of dependency is extended, there would forever be this same progression of DEPENDENT being, having ultimately to contain the reason for itself as well as the reason for all other being. The illogic is evident, and draws the conclusion: that All 'CREATED BEING' is NECESSARILY dependent upon 'BEING' which is NOT dependent: 'BEING' which is therefore INDEPENDENT and entirely SELF-SUFFICIENT; 'BEING' which contains the reason for Its own existence as well as the reason for all other being. This is 'UNCREATED BEING'

2. ALL CREATED BEING, BOTH ANIMATE AND INANIMATE, IS OBSERVED TO EXIST AND FUNCTION SUBJECT TO PHYSICAL AND NATURAL LAWS.

Physical and natural laws govern and control the diverse physical and biological mechanisms operating throughout the vast totality of the whole creation. 'UNCREATED BEING', as Creator and Initiator of these laws, is conclusively Supreme; Supreme in Power; Supreme in Authority; Supreme in Law.

THE NATURAL MORAL LAW.

Clearly perceptible order, design, function and relationship is established in the existences of animate and inanimate beings. The rightness of the usage of each is assured only when it is seen to respect and conform to the perceived natural order of design, function and relationship; violating none and preserving all. These are the strictures of natural law.

"The natural law expresses the original moral sense which enables man to discern by reason the good and the evil, the truth and the lie."(1)

"The natural law, present in the heart of each man and established by reason, is universal in its precepts and its authority extends to all men. It expresses the dignity of the person and determines the basis for his fundamental rights and duties." (2)

"For there is a true law: right reason. It is in conformity with nature; is diffused among all men, and is immutable and eternal; its orders summon to duty; its prohibitions turn away from offence... To replace it with a contrary law is a sacrilege; failure to apply even one of its provisions is forbidden; no one can abrogate it entirely."(3)

"The natural law is written and engraved in the soul of each and every man, because it is human reason ordaining him to do good and forbidding him to sin.... But this command of human reason would not have the force of law if it were not the voice and interpreter of a higher reason to which our spirit and our freedom must be submitted."(4)

"The natural law is nothing other than the light of understanding placed in us by God; through it we know what we must do and what we must avoid. God has given this light or law at the creation."(5)

"An example of a natural law is that parents ought to care for their children... A natural law is also called a MORAL LAW because declares what is morally necessary, (i.e., what ought to be done),... The whole complexus of natural laws is called 'THE' NATURAL LAW or 'THE MORAL LAW'."(6)

"Where then are these rules written, if not in the book of that light we call truth? In it is written every just law; from it the law passes into the heart of the man who does justice,..."(7)

It is in the nature of man to seek the truth. We are bound in our nature to seek it. We are bound in our nature to abide by those truths we have found. Not to do so is to willingly go against, and to act against, our nature; in other words, to act against the Natural Law abiding in our very Nature.

CIVIL LAW.

As rational creatures living in community, mankind has had. to derive codes of conduct to govern the orderly interaction of its members. Within these codes is determined and established what are the rights of the society and of the individual; that these might be observed, respected and protected for preservation Of both the individual and the common good.

It is certain that the laws derived by man to govern his actions in society are either in harmony with the perceived natural laws of the Creation, including those of his own being, or they govern at variance with such law. Where laws and acts of man are at variance with the dictates of Nature, they are said to be laws and acts contrary to the right order of Nature, or simply, acts contrary to Natural Law.

"Civil Law has the force of law to the degree that it is just.

This justice is rounded on the Natural Law itself, so that a law not in conformity with it, is NOT A LAW, but a corruption of the law."

St. Thomas Aquinas.

ACCOUNTABILITY IN LAW.

Law connotes accountability.

Man's faculty of free will enables his willing acceptance or rejection of the constraints of law. His compliance is a

matter for approval. His violation of law requires, in justice, accountability and reckoning.

(i) Accountability in Civil Law is with the Civil Authority which is empowered to exact such penalty as the society requires.

(ii) Accountability in Natural and Moral Law resides logically and naturally with the Authority which framed those laws the Origin of all Creation; the Origin of our being Uncreated Being; the Creative, Intelligent Power we call God. To this Authority all must render account.

(iii) Conflicting Laws: In some societies, some Civil Laws are at variance with Natural Moral Law and permit offences against the right order established in Nature. Examples of these are:

(a) Laws which approve homosexual behaviours; that is laws which approve unnatural use of the sex faculty.

(b) Laws which permit abortion, that is, laws which allow the deliberate killing of unborn babies, in defiance of Nature's demand that parents care for their children.

(c) Laws which approve the use of contraceptives, that is, laws which approve the use of physical barriers or chemical means of birth prevention, which also may be abortifacients, to deliberately frustrate the natural end of the act of intercourse.

It follows, that those who enact such laws, together with those who approve and utilize them, are all offenders against Natural Moral Law. All render themselves subject to accountability.

EUTHANASIA.

The accountability before Natural Moral Law required of homosexuality, abortion and contraception, similarly confronts the practice of euthanasia. All deliberately contravene Natural Law.

It is established in Nature, that created human life in the world shall cease, **WITHOUT REQUIREMENT OF ACCOUNTABILITY**, when it ceases subject to accident, illness or natural physical decay. **THE ACT OF EUTHANASIA**, by deliberate choice in the exercise of man's free will, deliberately supplants the aforesaid conditions for natural termination, and takes that responsibility to itself.

It is **NOT** of the **NATURAL** order that a human creature should act as terminator of itself, (suicide), or of other members of its own kind,(murder). Should it assume such a role, it

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assumes a status which is in breach of Natural Law, a status which is therefore subject to accountability.

In Summary:

To act against the right order in Nature,

is to act against the Natural Law.

Euthanasia is such an act.

Euthanasia is therefore an act subject to accountability.

It is fundamentally an act directed against the status of **UNCREATED BEING** which has established that law as **CREATOR**. To the **CREATOR**, the offender must render account.

IN CONCLUSION:

With regard to all of the above practices; the Natural Moral Law permits **NO** compromise.

Compromise abandons principle and law in favour of expediency.

It may NOT be said:

that under certain conditions homosexual practices may be licit;

that under certain conditions a mother may kill her unborn child;

that under certain conditions contraceptives may be used;

that under certain conditions euthanasia may be performed. because the fundamental nature of these practices DOES NOT CHANGE.

That nature remains always the same. Their nature is always UNNATURAL; always against right order in Nature; always against Natural Law.

(1) Catechism of the Catholic Church, 1954.

(2) Catechism of the Catholic Church, 1956.

(3) Cicero, Rep.111,22,33.

(4) Leo XHI, Libertas paestantissimum, 597.

(5) St. Thomas Aquinas,Dec.praec.I.

(6) T.V.Fleming,Faith & Morals,P13.

(7) St. Augustine,De Trin.14,15,21 ;PL42,1052.

ALAN MITTER

26A Gregory Way,

COOLBELLUP, 6163,

Western Australia,

9-3-1995.

6

CATECHISM OF THE CATHOLIC CHURCH

Euthanasia

2276 Those whose lives are diminished or weakened deserve special respect. Sick or handicapped persons should be helped to lead lives as normal as possible. 1007

2277 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 judgment into which one can fall in good faith does not change the nature of this murderous act, which must always be forbidden and excluded.

2278 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. 1007

2279 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.

SUBMISSION 483 1

From: Doctor's concerned about Euthanasia

PO Box 374

NIGHTCLIFF 0810

MENZIES SCHOOL OF HEALTH RESEARCH

DARWIN, NORTHERN TERRITORY, AUSTRALIA

To: Ms Pat Hancock Fax No: 816158

Secretary, NT Select Committee

From: Dr Tarun Weeramanthri Fax No: 089-5187

Organising Committee Telephone No: 228329

'Doctors Concerned about Euthanasia'

Date: 23-3-95 No of Pages (*include. cover sheet*): 4

Subject: Submission on Euthanasia Bill

Message: Dear Ms Hancock

We would also like to make an oral submission, as indicated in the written submission.

I am contactable here to discuss the time and date.

Thanking you,

Yours sincerely,

Tarun Weeramanthri.

(NB Though this is on Menzies fax paper, this is NOT a Menzies document and does not reflect the views of Menzies.)

Postal Address: PO Box 41096, Casuarina NT 0811, Australia

Building Four. Royal Darwin Hospital. Rocklands Drive. Casuarina NT 0810

Telephone: 089-22 8196 / + 61-89 22 8196 - Facsimile: 089-27 5187 / + 61-89 27 5187

Submission to the NT Select Committee on Euthanasia

From Organising Committee of 'Doctors Concerned About Euthanasia'

22nd March, 1995

We represent a group of doctors formed in response to the proposed legislation to legalise active euthanasia.

We are all resident in the Northern Territory. This group is not affiliated with any particular political, religious or medical organisation.

As doctors, we wish to contribute to an informed community debate, without wishing to dominate the debate. The Chief Minister recognised the role of the medical profession in the debate by mass circulating to doctors the current 'Natural Death Act' and various seminar papers in late 1994. He did not, at that time, inform us of his proposed legislation.

What we as a group share are concerns about the consequences of the proposed legislation on the practice of medicine in the Northern Territory. We are worried that the legislation will detract from the standard of health care currently experienced by Territory residents, and inhibit progress towards best practice standards in palliative care (and potentially in other areas of health care as well).

The argument for the legislation is being framed as an 'individual rights' issue. The notion of individual rights and individual choice is indeed important in our society, but must always be balanced against the 'common good'. Indeed all government legislation, whether it concerns the wearing of seatbelts or the building of cyclone-proof houses infringes on someone's 'individual rights'; but we are not afraid to say in such cases that the 'common good' is more important. What we say in regard to the proposed euthanasia legislation is that the increase in 'individual rights' brought about would be outweighed by the damage to the 'common good', in particular the damage to the doctor-patient relationship and the damage to the status of the dying, the elderly, the disabled and vulnerable groups.

We do not believe that there has been sufficient community debate about the legislation, and we do not believe that the Northern Territory is the right place to initiate extraordinary legislation of this kind, especially since there was no community support for such legislation prior to its tabling. The introduction of a Private Member's Bill by the head of a Government party is unprecedented.

We support the development of more advanced palliative care services in our community, whilst recognising that in some parts of the Northern Territory even the most basic primary health care services are not being provided optimally. We believe that the provision of high standard health services, including palliative care services, should be in place throughout urban, rural and remote parts of the Northern Territory before euthanasia is considered as an option. Otherwise, we would have the unhappy situation of people choosing euthanasia because good palliative care was not available.

3

We acknowledge that some residents of the Northern Territory have had distressing experiences with regards to the death of relatives or friends. We argue that most of these experiences could probably have been avoided by more professional palliative care services. It is necessary to ensure that we learn from such experiences: the lesson is that we need better palliative care services (which includes optimal pain relief, emotional support and family support), not that we need active euthanasia.

We believe that the Aboriginal community has been effectively excluded from this debate by lack of proper consultation and the incredibly short time frame for discussion. One of our members who provides clinical services to an Aboriginal community in the Darwin Region reports that one Aboriginal patient has refused to enter a

nursing home, and others have refused penicillin injections and immunizations, all on account of fear of the legislation which has not yet even been passed.

We have no idea of the effect of this legislation on the practice of medicine in places in the Northern Territory with one or two doctors only. We feel that doctors may come under unfair pressure to comply with a request for active euthanasia, even if personally unhappy about such a request.

Our clinical experience tells us that many dying and elderly people feel that they are a 'burden' on their relatives and may opt for euthanasia out of a sense of duty, despite a lifetime of service to their family and community. Pressure from relatives does not have to be direct or spoken. We all at times internalise family feelings or society's attitudes; if people feel they are not wanted by society or not useful to their family, they may opt for euthanasia, rather than accept other people's care.

People come to us because they know they can rely on us to cure sometimes and comfort always. If we are given the power to sanction the active ending of life, then the doctor-patient relationship is changed for ever, and people may feel hesitant in approaching us. Trust of patients in their doctors could be eroded. If in the back of both parties' minds is the option of active euthanasia, it may be difficult to be sure where the idea originated. Nowhere in our role is there a duty or responsibility to actively end patients' lives. If society deems this to be acceptable, governments should train people to do it; the members of our group would not be prepared to participate.

We, as practising doctors, have withdrawn treatment in hopeless situations and alleviated pain with the knowledge (but not the intention) that the drug may hasten death. Those actions do not constitute euthanasia. There is a distinction between killing and letting die, and that distinction has been part of medical practice for many centuries. That distinction is preserved in the existing and excellent Natural Death Act, which allows for the withdrawal of life support and the refusal of extraordinary or burdensome treatments.

The collective experience of our group is that active euthanasia is rarely, if ever, practiced in Australia, despite what the surveys of doctors purport to show. Such surveys have been flawed ethically and methodologically. For example the latest survey in the Medical Journal of Australia (18th July, 1994) was conducted by Professor Peter Baume who is Patron of the Voluntary Euthanasia Society of New South Wales with financial support from that society.

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The surveys have had poor response rates and have exploited confusion amongst doctors over the term 'euthanasia', by not distinguishing between active killing and withdrawal of treatment.

Philosophers who deny a distinction between the act of killing and letting someone die are not practitioners with a day-to-day relationship with patients. Members of our group are not philosophers; we are practitioners whose first duty is to our patients, and we feel that the distinction is real.

In summary, we believe that for the Bill to be passed, the Territory Assembly would have to be convinced, beyond reasonable doubt, that the benefits of the proposed legislation would substantially outweigh any adverse consequences to society of the legislation. We do not believe this to be the case, and urge that the Bill be rejected.

The three of us (plus a number of others yet to be decided) would like to make an oral submission to the Select Committee on behalf of our group and look forward to the opportunity of speaking personally with the Committee.

Yours sincerely

Dr Tarun Weeramanthri Dr Vicki Beaumont Dr Vicki Krause

This written submission was developed from the views and experiences of members of the group. We are now circulating this final version amongst the group, which currently numbers 66 doctors. If invited to make an oral

submission, we will bring along to the Committee a list of doctors who are members of 'Doctors Concerned About Euthanasia' who have seen this written submission and signed an acknowledgement that they fully support it.

Contact Numbers T. Weeramanthri 228329 (W) 480897 (H)

V. Beaumont 854064 (W) 854617 (H)

V. Krause 480006 (H)

Contact Address

'Doctors Concerned About Euthanasia'

P.O. Box 374

NIGHTCLIFF

N.T. 0810

SUBMISSION 484 1

Gavin Elrington

Cypress Terrace

BOGANGAR 2488

Fax 075363093

The Chair

Select Committee on Euthanasia

Parliament of the Northern Territory

DARWIN.

Fax: 089412661

I wish to express my support for the move by the Chief Minister based upon my own experience of my late father suffering through the last months of his life with incurable cancer.

Despite the efforts of dedicated medical practitioners, his quality of life was reduced to such a degraded level that I find it incomprehensible that a modern society cannot allow it's citizens to die with dignity.

Further, to hide behind the fact that it is well known in our society some compassionate doctors are helping terminal patients to die and thereby putting themselves at risk of prosecution is a monstrous hypocrisy.

SUBMISSION 485 1

Frank J Culell

119 Wharf Street

TWEED HEADS NSW

The Chair

Select Committee on Euthanasia

Parliament of the Northern Territory

DARWIN

Fax: 089412661

Please register my support for the initiative of the Chief Minister because of my own experience of my eldest son who suffered massive brain damage.

Despite the efforts of the dedicated medical staff at the Gold Coast Hospital and whilst he was on a life support system for over a week, it became obvious that whilst they could keep him alive his brain was damaged to the point that he would be in a vegetative state with no hope of recovery.

Now is it humane that a 30 year old with a strong physique and heart but minimal brain function must be kept alive by artificial means to satisfy those in the community that are driven by their religious beliefs? What of the wishes of my son who was not a believer or the wishes of his parents who with terrible sorrow knew that there was no hope for our son?

And what of the responsibility thrust upon the medical staff to remove him from the life support equipment so that he could slowly die many long hours later?

It is time to realize that the majority in the community support euthanasia as a logical, compassionate part of a modern civilized society.

SUBMISSION 486 1

12 Amiens Road

Clontarf

NSW 2093

20/3/95

Select Committee on Euthanasia

Parliament of the Northern Territory, Darwin.

Dear Committee

I write out of compassion to support possible Northern Territory legislation favouring euthanasia.

I hope that I will have no cause to benefit from such measures, but there are people often hidden away in our midst who want the options. Sometimes such people receive much publicity, and their distress is evident.

I do not doubt that the reasons supporting the legislation are well known to you. I will make the point that some of us are very lucky in our gifts, lifestyle and manner of death. The experiences of the most unfortunate few on the contrary are not necessarily compensated by the welfare of other people. Their dignity and their autonomy should not be the butt of other peoples guilt, indoctrination or lack of compassion.

The State from time to time requires conscripts, or volunteers, die in killing or restraining enemies of the State. I suggest that the scales of justice in the exercise of the State over life and death are more wisely balanced when euthanasia is permitted in circumstances well considered and approved by such people as Professor Peter Baume AO. The resolution of relevant dilemmas will come with application and consultation. I trust that the experience will assist responsible authorities deal with life and death issues more widely focussed than euthanasia per se.

In my view, it is our better nature, that sometimes spares animals their terminal agonies. There are occasions when we also should be spared in the spirit of love, charity and benevolence.

Yours sincerely,

Warwick D. Brown.

SUBMISSION 487 1

ROYAL PRINCE ALFRED HOSPITAL

CENTRAL SYDNEY AREA PALLIATIVE CARE SERVICE

Telephone: (02) 516 6111

Extension No: (02) 516 7755

Fax No: (02) 516 7464

Missenden Road, CAMPERDOWN, N.S.W. 2050 AUSTRALIA.

20th March 1995

Chairman

Senate Select Committee on Euthanasia

Parliament House

DARWIN N.T. 0800

Dear Sir/Madam,

In the face of the task of the committee to consider matters which have been its subject of debate and concern in some form throughout human history, I table two occasional papers of my own on euthanasia, and a third by Callahan, regarding autonomy, which I consider crucial.

I do regard the issue of the limits to personal autonomy as a central philosophical (and practical) issue in the debate, but obviously palliative care available in Darwin requires urgent scrutiny. It is almost unthinkable for a society to be considering euthanasia as a solution to human distress in the face of possible inadequate palliative care. Palliative care, well provided, embodies those values upon which a civilised society may depend, such as the value of the individual, respect for the weak and the duty of care.

The Committee needs to be assured that the vast majority of doctors specialising in palliative care are opposed to euthanasia. It is noteworthy that the European Association for Palliative Medicine - very familiar indeed with practice in The Netherlands - issued a statement last year (see appendix) opposing euthanasia. This statement was formally supported in 1994 by the NSW Society of Palliative Medicine (President Dr Paul Glare, currently Staff Specialist in Palliative Medicine, Westmead Hospital, Sydney). It is rare indeed and almost unheard of in Australia outside of South Australia, for a doctor involved full time in palliative medicine to support the practice of euthanasia.

I do not claim to be a philosopher but simply to be a doctor with experience in cancer medicine since the early 70's (as a consultant physician with my dominant clinical interest being cancer), and as a consultant physician in palliative medicine since 1985, initially as Director of Palliative Care, Royal Prince Alfred Hospital Sydney, as my main focus of work, with responsibilities also at Prince of Wales and associated Hospitals. I have the title of Clinical Associate Professor (Medicine) University of Sydney, and Associate Professor (Medicine) University of

New South Wales, and have responsibilities with the Royal Australasian College of Physicians with respect to palliative medicine.

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Since 1985 I have been much involved in assisting colleagues in very difficult situations involving patients in profound distress (in hospital, special care units, nursing homes, at home). Much of this involvement has been personal, and in other cases through my junior colleagues and trainees in palliative medicine and nursing colleagues. We have been involved in the care of around 6000 patients formally referred by doctors - some details are published internationally (see paper 5, attached).

Recently I was requested to prepare a paper, for an international meeting, re palliative care in Australia (see paper 6, attached). I have also some personal experience internationally (Western and non Western) in matters related to cancer including Indonesia, your near neighbour, in reference to cancer pain relief (see paper 7, attached). It is fair to say that I have considered matters related to euthanasia on a broad as well as a local perspective. You, yourselves, are presumably well aware of the House of Lords report - I enclose relevant Hansard in case that has not been noted by your committee. (see paper 8, attached)

In sum, this experience of life and medicine has been for me experience of joy and tragedy and all shades in between, and I am very aware indeed of the limitations of medicine, science, philosophy, and so on in the present situation under discussion.

It is my conviction that the permitting of direct intentional acceleration of death (even if 'voluntary', under the conditions specified in the Bill) is not a wise, appropriate or fitting solution to human distress. The issues are profound, the nuances are complex, the consequences of our decisions are weighty. Your committee's task is frightening in the light of history.

I have raised some relevant matters in the attached papers. The Bill in its present form, while clearly expressing the wish to help people, has many problem areas and others will have commented on it in detail. The issue of autonomy simply cannot be the guiding principle of life in society. Efficient procedures do not make the action which these procedures seek to regulate appropriate, wise or good. The procedures themselves, as set down in the draft Bill are each open to debate .. and so on. Patient care and even genuine autonomy can be facilitated by other means that those suggested - but it is to be kept in mind that nothing we can do for each other in the way of care can remove all suffering from human life, no matter how hard we try. Nor is the patient isolated - what is suffered and what is done affects others profoundly - "no man is an island".

I would prefer to have the opportunity to discuss, in person, these matters and others you may wish to raise, and would be prepared to appear before the Committee at a mutually convenient time. I sincerely wish to assist the Select Committee to sift through the issues and to reach a solution which will assist the people of Darwin, and bear the scrutiny of history.

3

Yours sincerely,

A/Professor J. Norelle Lickiss

Director of Palliative Care

Royal Prince Alfred Hospital and

Central Sydney Palliative Care Service

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- 3) Callahan, D. When self-determination runs amok, Hastings Center Report, March - April 1992
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- 7) Lickiss, J. Indonesia: Status of cancer pain and palliative care, J Pain and Symp Manage, 1993;8:423-424.
- 8) House of Lords. Medical Ethics, Select Committee Report, Hansard, 9.5.94:1344-1355.

Enclosed with submission documents referenced above.

SUBMISSION 488 1

HUMAN LIFE INTERNATIONAL

AUSTRALIA INC

5 Abercrombie Street Chippendale, N.S.W.

P.O. Box 205 Broadway, N.S.W. 2007 Australia

(02) 211 2793 Fax (02) 211 6324

21 March 1995

Select Committee on Euthanasia

GPO Box 3721

Darwin NT 0801

Dear Sir,

Please find enclosed our submission to the Select Committee on the Rights of the Terminally Ill Bill.

Yours faithfully,

Gail Instance

Secretary

Pope John Paul II to Fr. Marx: "You have much experience; you are doing the most important work on earth."

17 November 1979.

2

LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY

SELECT COMMITTEE ON EUTHANASIA

SUBMISSION FROM

HUMAN LIFE INTERNATIONAL AUSTRALIA INC.

20th March 1995

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3

RIGHTS OF THE TERMINALLY ILL BILL

TABLE OF PROVISIONS

COMMENTS

3 The prognosis of a likelihood of death within 12 months is not adequately defined. A mere likelihood lacks the character of certainty. (Also S.6, (b) and (c))

It is sufficiently difficult to determine when imminent death will occur, more difficult to prognosticate close to the limits of the time specified here. Is the prognosis conditional upon further available treatment, or without it? Is the medical practitioner fully informed of relief of pain and distress now available?

4(2) This Section requires that medical practitioners who dissociate themselves from the practices provided for in the Bill give advice to the patient that other medical practitioners may be willing to give the assistance sought. Would this entail the provision of their names, addresses and telephone numbers? To provide information that will enable the patient to have his wishes met is cooperation in what the medical practitioner, refusing to act as primary agent, regards as immoral. It is not merely material cooperation, but formal cooperation. Even the mere statement that others are willing to perform these acts is to compromise the moral stance of the person giving it. Yet it will be imposed by law if this Bill is enacted, and this is an offence against natural justice.

6(d) How is "severe" to be defined at law? Pain and distress are subjectively judged states, measurable only by comparison. There are a variety of thresholds to pain.

6(h) To what extent does the patient's severe suffering affect a free, voluntary and considered decision for death?

6(k) Again, what effect on competence to decide?

6(l)

6(m) The physician's having "no reason to believe" is scarcely sufficient provision against those who may, for personal reasons, will the patient's death. The procedure is open to abuse, as improper conduct may never, in the usual order of events, be disclosed, in spite of penal provisions under Sect. 9.

11(2) A mere statement does not excuse the action permitted from being unnatural or violent. "Natural" means according to nature; "violent" means action contrary to nature.

13, These, the abolition of sanctions against homicide, are the Sections giving most 17(1) concern, annulling laws hitherto considered essential to good order and safety of (2) citizens. It confers special privileges on a section of the community in which (3) parents put their trust. It could severely affect the traditional trust within the doctor/patient relationship.

16. This Section nullifies a condition imposed by an insurance company voiding a policy in the event of suicide (equally medically assisted suicide). It enables a person with an existing policy, who contracts a terminal illness to confer benefit of the policy on his heirs prior to its date of maturity. In any event, it would conflict with federal insurance regulations.

17(4) This requires, as does S.4(2), a health care provider to cooperate in an act contrary to morality, if a person, or its ethics, if it be an institution.

The Bill provides for those in terminal illness with severe pain, suffering or distress. There are other incurable disorders causing such, without their being terminal in nature, as usually understood.

There is no reference to the means to be used to bring about death.

THE SECOND READING SPEECH OF THE HON. MARSHALL PERRON, MLA

Reasons offered for a resurgence of debate on euthanasia are

1. An increasingly educated and assertive patient population.
2. An ageing community which is thinking more about death and dying.
3. Less traditional religious authority.
4. More liberty and a strong belief in the right to choose.
5. Increasing numbers of deaths from cancer and AIDS and ongoing limitations in what can be offered with palliative care.
6. And tremendous advances in sustaining human life that in some instances prolong the dying process.

COMMENT:

1. These characteristics of the patient population are assumed but not established. There are many indicators that the level of education has declined in recent years, with special reference to literacy. Many are left to gain their information from the electronic media. These are not noted for their humane content and have undoubtedly been partly responsible, through their stress on violence, for devaluation of human life and rights.
2. The universal medical care and funding of the aged, through superannuation funds and pensions have, to the contrary, produced an aged population which enjoys life to an extent unknown in former times, in the latter days of life, when illness and poverty were expected and accepted.
3. It is not so much that religious authority has declined as that there is a general resentment of authority due no doubt in some part to the "unconditional self-regard" proposed by such as Carl Rogers. Adopted into education training and policy, this has led to a cultivation of anomic subversion of social order.
4. Liberty is one thing, but to present a "right to choose" is another. It invites the question as to whether a civilised

society can allow the right to choose any and every conduct. If there is a right to choose it must be linked with the particular course chosen. There is no right to murder or injure another person, no right to steal, no right to defraud etc. Choosing designates the moral process, and the term makes no sense if divorced from moral content. On its own, a "right to choose" is meaningless.

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5. Palliative care, specifically through the hospice movement, is the correct answer to painful terminal illness. The relief of pain does not fit readily into a hospital environment, where drugs are administered by routine. The hospice movement has led the way in pain relief by a realisation that it must be related to the individual patient, with regard to what drug or drug mixtures are to be used, what dose and what dose intervals. When no more can be done for the disease, there is much that can be done for the patient's comfort, physical and mental. The system of hospice outreach, very successful in London, takes treatment of patients with terminal disease into their homes, instructing their families and other carers as to what is to be done, and when. It is significant that some cancer patients are given morphine for selfadministration for pain, in quantity amounting to a lethal dose, but there is no recorded case of its having been used for that purpose.

Dr. Brian Pollard's recent book, *The Challenge of Euthanasia*, presented as part of this submission, asserts that pain relief is only incompletely understood by many practising doctors. In dealing with palliative care he comments:

"There are few pains due to cancer which cannot be either eliminated or reduced in intensity to the point where the patient can bear the residual amount. Sometimes, this may require the help of an expert, but the relief of most cancer pain is well within the competence of any doctor to provide, when he or she has been taught, or has self-educated, to be familiar with the best methods. It is the responsibility of all doctors to acquaint themselves with current standards of treatment for the patients under their care. It is essential to regard severe unrelieved pain as a medical emergency to be dealt with as energetically as possible, and to address also the emotional turmoil which is usually present. What is often referred to as unrelievable pain may be, and usually is what some doctor has not relieved or not known how to relieve, and has not consulted an expert for assistance." (page 30, paragraph 2)

He sets out common but untrue views on pain relief and presents the true facts (pp. 51-54) and deals with the role of heroin (pp. 54-56).

It is only recently that specialised training on pain relief has been incorporated into medical education. Dr. Pollard remarks on the negative effects on such training which would result from adoption of legalised euthanasia. (p.48)

6. Besides their potential to prolong the dying process, advances in sustaining human life are not to be deprecated on this account, nor seen as an argument for legalised euthanasia. Some of these life-support systems are

A. During a heart-lung operation, a patient can be alive with no lungs or heart. Their functions are provided by machinery outside the body.

B. A dialysis machine can replace function of kidneys in clearing the blood of toxic waste products.

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C. A ventilator can take over the breathing function, supplying air to the lungs and extracting carbon dioxide.

D. There is an array available of blood pumps, heart pacers, defibrillators, which maintain or restore functions temporarily out of use.

E. A patient may be artificially fed or hydrated by nasogastric, intravenous, gastrostomy or rectal tubes.

Artificial life support systems may only be morally withdrawn when the process of death has been shown to be

permanently irreversible, insofar as it is possible to determine this. To put this another way: When is it morally correct to continue them?

- A. If there is likelihood of recovery.
- B. To determine if there is such likelihood.
- C. In a pregnant woman to save her baby.
- D. In an organ donor to give the organ recipient the best chance of success.

Their proper use is to substitute for failed function of one or more of the integrated systems necessary to human life, in the prospect of recovery of these functions.

"Searching thought about the rights of those who face a distressing, undignified and possibly painful death" should have disclosed the following rights:

- A. When the process of death has reached an irreversible stage, there are two extremes to be avoided by the physician: firstly, doing everything medical science can do, at any cost; and secondly, deciding that the patient's life is no longer "worth living" and abandoning him, or indirectly or directly ending his life. The patient's own wishes must come first, provided they are morally correct.
- B. A doctor cannot take any measure or try any treatment without the patient's consent.
- C. The doctor has only the power over the patient that the patient gives him in so many words, by what is said in other words or by the consent of silence.
- D. The doctor has no separate or independent right where the patient is concerned.

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Anglo-Australian law has generally supported this. On the other hand, no doctor is required to comply with what he sees as immoral at the request of a patient.

It is most necessary to make a distinction between medical treatment and ordinary care, that is, the provision of food, hydration (by mouth or otherwise) and general comfort.

E. A patient has the right to medical treatment to the extent that the community can provide it. It is unfortunate that not all can have what some can have, for example, organ transplants and complex or expensive operations. This accessibility may depend on location and availability of resources.

F. A patient has the right to refuse any specific medical treatment, but not all treatments. The papal Declaration on Euthanasia, quoted in another context by Dr. Helga Kuhse, says of this

"Such a refusal is not the equivalent of suicide: on the contrary, it should be considered as an acceptance of the human condition, or a wish to avoid the application of a medical procedure disproportionate to the results that can be expected, or a desire not to impose excessive expense on the family or the community. When inevitable death is imminent in spite of the means used, it is permitted in conscience to take the decision to refuse forms of treatment which would only secure a precarious and burdensome prolongation of life, as long as the normal care due to a sick person in similar cases is not interrupted."

- G. A patient has the right to ordinary care.
- H. A patient has the right to refuse ordinary care if it is too burdensome.

It is argued that debate on an issue of such social importance should be calm and rational. This is not a ground for

categorising all opposition to such a proposal as emotional or irrational.

It is imprudent to dismiss fears that things will go wrong should the proposed Bill be enacted into law. We have seen other legislation extend far beyond stated intentions and legal safeguards written into, for example, laws granting abortion under specified conditions. (See A Political Analogy herewith)

In the proposed Bill, the subject of the law is described as adult; terminally ill, diagnosed to die within 12 months; mentally competent and making the request in writing. One must be adult to be legally competent. "Terminally ill" will vary with advancing ability to treat or cure the condition present. This may come with unexpected suddenness. We have only to look at the Holtzer valve which shunts fluid from the skull in hydrocephalics. It was invented by a nonmedical engineer in the hope of saving his hydrocephalic son. Though not realised, this hope led to a means of substituting for the failed butterfly-shaped ventricles that normally evacuate the excess fluid.

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Prognosis of a maximum 12 months' remaining life may be similarly conditioned, even by unexplained remissions that occur. Twelve months may be precious, if pain is relieved.

Mental competence may be, and usually is, affected by excessive pain, yet the provisions of this Bill require that the patient "be experiencing severe pain or suffering or distress with no medical treatment reasonably available and acceptable to the patient to offer relief." Dr. Pollard comments "... patients will sometimes choose, with or against advice, courses of action which prove to have results varying from merely unpleasant to disastrous." (p.36, op. cit.)

Mr. Perron calls attention to safeguards in the Bill. However, despite many attempts to introduce such legislation in diverse parts of the world, bioethicists agree that difficulties in drafting safe legislation have been a factor in their lack of success. There is tension between the twin necessities of speed required, and safety against error or abuse.

Whilst one would applaud exclusion of relatives or other agents (who may conceivably have a vested interest in the death of the patient) from making a decision on death, it must be remembered that this leaves the decision to the patient, who, as pointed out above, is unlikely to have the necessary competence for a decision of this kind, under the provisions of the Bill, and in natural justice. A wish expressed by a patient is recognised as most often a wish to be saved from suffering. It is avowed by experienced palliative care specialists that such an expression disappears on relief of pain, which is possible far more often than many, perhaps a majority, of practising doctors know.

It is an awesome act to suspend the most fundamental law of social order, the law against homicide, in favour of a special group in society, doctors and nurses. This is a group whose proper function is care and healing of the sick, not killing them because they think their life is useless or intolerably burdensome. It is a grave responsibility on elected representatives of society to embark on such a course, thinking that the pains of terminal disease cannot be relieved, without carefully investigating the information on its relief that exists, but is not presently available to all practising doctors. This may be due to defects in doctors' primary medical education, or subsequent lack of effort or opportunity to find it out. The "hard cases" cited here may be susceptible to relief by surgical or pharmacological means. It is not deplorable that this may entail prolonged unconsciousness "for days until death". It is deplorable that we should prefer to kill our fellow humans on the basis of what may well be a confused request.

When capital punishment was carried out, there was a stringent requirement that such a sentence remain beyond any reasonable doubt, because it is beyond any correction should it be later found in error. The very permanence of death should restrain any haste in bringing it about on the innocent, as well as on the guilty.

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To decline to initiate or continue treatment that is burdensome, extraordinary or costly, without any reasonable expectation of improvement or recovery, may bring about an earlier death. This may be the decision of the patient or his doctor, but in this case death is natural, and not artificially prolonged without reason. Opposed to the natural are the artificial and the violent. We reject the use of artificial means of no avail, and the violence of direct euthanasia or medically assisted suicide proposed in this Bill. This voluntary shortening of life cannot be used in equation with and in favour of these other means.

It is assumed that, on the basis of anecdote and public opinion polls, doctors will accede to requests to kill their patients. If this assumption is correct, and its basis is dubious, it may well be due to ignorance of proper pain relief, and frustration at their inability to do all they would wish for their patient. It takes more than legal immunity to turn a habitual healer into an occasional killer. Certainly there are some doctors who will habitually kill in abortion clinics, but they are fortunately few in numbers and becoming fewer under inevitable public reaction.

It is expected by the Chief Minister that passage of this Bill will not lead to numerous requests for its use. On the common mistaken perception that legality implies moral goodness, perhaps more patients and their doctors will see what is proposed as morally acceptable. The "hard case" (no good basis for law) will then be extended as it has been in abortion practice, so that this has become available, from a small number of willing practitioners, virtually for the asking.

The hope of better palliative care than is now available is not seen by the Bill's sponsor as altering the need for its enactment. To the contrary, it must be affirmed that it would be most imprudent to enact such radically revolutionary legislation on the basis of present medical knowledge, which is so rapidly changing.

It is questioned whether those holding religious beliefs should be permitted to force their views on others. A belief opposing euthanasia may derive from religious, ethical or other sources. If it is firmly held and rationally defended, it has an equal right in the public forum, and in legislative chambers, with the views proposing it, however otherwise derived. One cannot "force" views on others, but there is a right to free speech, to have one's views on matters of public policy heard. Should legislators have the unfettered right to impose their views on the electorate?

Legislators should be careful about a claim that public policy should be based on personal autonomy. In its extreme and unqualified form this can lead to anarchy.

"The question for those who oppose this Bill is why should the choice be denied". The answer concerns public order, the need for universal laws against homicide of the innocent. It is opposition to the notion that there are some lives that are useless, unproductive or "not worth living". It is opposition to the idea that some can judge "the quality of life" of others. It is denial that the words of a person in extreme pain who cries "kill me" can be

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taken literally by a frustrated doctor when the means to ease the patient's pain are available to some, but not to him. It is that the choice is neither voluntary, informed or rational in these circumstances, and that there is no way back from an erroneous assumption. The argument that extension of incidence and grounds will follow is not rhetorical nor without supporting fact, as is expanded in the attached submission A Political Analogy.

The Chief Minister, critical of those "long on rhetoric" then proceeds with some unrestrained rhetoric against the reason and goodwill of those who oppose his legislative ambition. This Bill, it is held is "restricted solely to adult patients who are terminally ill and able to make a judgment for themselves after advice from their doctor". What is questionable is their ability to make a clear, rational judgment out of their (conditional) "severe pain, or suffering or distress with no medical treatment reasonably available and acceptable to the patient." It is assumed that a patient suffering severe pain will be under the influence of analgesics which may intrude negatively on rational decision. Questionable also is the reliable nature of the advice given by the doctor, conditioned to some extent by his knowledge of what relief of pain and distress is presently available, if he consults the right people.

"Some may view passage of this Bill as revolutionary social change. It is no such thing". This is a brave but insupportable statement. It is claimed that the Bill's enactment will "demonstrate that we are a mature society acknowledging the rights of mature individuals." And presumably that those rejecting its provisions are not part of society and are immature, another insupportable statement.

It is affirmed that "this Bill does not break new ground. It is not a step into the unknown. It merely gives sanction with due safeguards to a practice which now occurs behind closed doors and a practice which most in the community condone." The first and second statements would strain anyone's credulity. The third defends present arcane homicide, the fourth is based on doubtful premises.

The quotations from John Stuart Mill's essay On Liberty are dealt with in the short critique, submitted herewith, of Dr. Helga Kuhse's paper.

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AUSTRALIAN MEDICAL ASSOCIATION

ONE DAY NATIONAL FORUM

ETHICS AND THE LAW

MORALITY, PUBLIC POLICY AND

Medically Assisted Dying for Now-Competent Patients

Canberra, August 11, 1994

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SOME COMMENTS ON THE ABOVE

I. THE UBIQUITY OF MEDICAL END-OF-LIFE DECISIONS

It is to be noted that this paper failed to convince the Forum to which it was addressed of the necessity for assisted suicide or direct euthanasia legislation.

It states that some deaths in our time are the result of deliberate end-of-life decisions, viz., the withholding or withdrawing of life-sustaining treatment, the administration of adequate pain and symptom control or of "direct" euthanasia or medically assisted suicide, through the administration or provision of a non-therapeutic lethal drug. Two overseas studies are cited to show that end-of-life decisions enter into considerable numbers of deaths.

It is proposed that present public policy unjustifiably restricts freedom of some patients and doctors and represents public enforcement on them of the moral views of others. It is said to be arbitrary and unjust and likely to have worse consequences than an open and responsible liberal approach.

II. THE TRADITIONAL VIEW

Here an attempt is made to substitute a conceptual distinction for the real distinction between killing and allowing to die. It appears to be based on outcome - death. The propositions are as follows, as summarised by the author:

A. A medical end-of-life decision is, on the "traditional view", impermissible if the agent "directly intends" what it is impermissible to intend (death). COMMENT: Here "directly intends", to describe correctly what is impermissible, should be substituted by "takes positive action that will bring about death".

B. A medical end-of-life decision is permissible if the agent "merely foresees" what it is impermissible to intend (death). COMMENT: "merely foresees", to describe correctly what is permissible, should be substituted by "declines to take action that is medically futile or will only extend burdensome life".

C. Actions or omissions that "aim" at death are cases of euthanasia or suicide (depending on the agent involved); actions or omissions that will foreseeably lead to death, but are not "directly aiming" at death, would be described as withdrawals/refusals of treatment, or as the administration/acceptance of adequate pain relief. COMMENT: Again, to describe the position accurately, "lead to death" should be substituted by "allow death to supervene naturally".

"Adequate pain relief" may (but need not always) entail such use of pharmacology as can hasten death. Indeed, the most up-to-date methods of pain control have narrowed this possibility. Dr. Brian Pollard, in his recent book *The Challenge of Euthanasia* states

"Analgesics usually have no effect at all on length of life. When the end of life is near and pain is very severe, they may shorten life but this is a reasonable price to pay for comfort at that time. Both ethics and law regard such use of analgesics as good practice when there is no alternative. Analgesics will also sometimes lengthen life, and this is thought to be the case when the patient was actually dying of severe unrelieved pain. The correct use of analgesics is not any form of euthanasia."

In cases where use of analgesics could hasten death, the principle of double effect applies: "An act may be permissible if it results from a separate act done for a good purpose with good intention, even though it would not be permissible for its own sake." For an example: A ship, carrying 1200 passengers, collides with an iceberg, and is extensively damaged below the waterline. To try to keep it afloat, the captain closes the watertight doors below decks, knowing that there are six members of the crew down there, and this will effectively ensure that they will drown. The conditions for applying the double effect principle are

1. Good intent (he is trying to save the lives of 1200 people).
2. That the evil effect be not the means to the good effect (it is not the deaths of six crew members that may save the life of the passengers, but the isolation of part of the below deck space).
3. That the evil effect be not out of proportion to the good effect (it is the loss of life of six people to attempt saving 1200).

Applied to the case of palliative drug administration, the conditions are met: the intention is adequate relief of pain; relief of pain does not result from death; as death is imminent, the shortening of life is not out of proportion to the benefit of relief of pain.

In no sense can the case in A above be identified with that in B, when both are adequately described. There is a real distinction between killing and allowing to die when good medical practice dictates it. The conceptual distinction constructed relies on improper definition of the acts being distinguished, and is invalid. Dr. Kuhse sees it founded on "the subjective mental state of the agent", seen as an indeterminate factor in the distinction. There seems no corresponding reluctance to accept such a subjective mental state in those members of the public and caring professions who support legislative permission of euthanasia, or would carry it out under such legislation.

III. THE AUTONOMY VIEW

This holds that persons should, as autonomous moral agents, be free to make end-of-life decisions for themselves.

As a corollary doctors must obtain a patient's consent before administering treatments, or engaging in medical end-of-life decisions. The "traditional view" (as well as the law) supports the second proposition, but limits the first to non-lethal procedures. The autonomy argument is carried into following sections of the paper.

IV. WHAT DO AUSTRALIANS THINK? V. OVERSEAS DOCTORS' VIEWS

The results of public opinion polls are conditioned by the question asked, the manner in which it is put and especially the relevance of the question to the person responding. It is easy to make a response on euthanasia when one is not in the position put by the question.

As pointed out under paragraph VI, respondents are not necessarily representative of the whole community.

The views of doctors given here do not argue for introduction of laws permitting euthanasia or medically assisted suicide. If truly representative, they argue rather for concern at the recent decay in medical ethics. To say that one particular survey "seems to have received excellent representative results" seems to beg the question by assuming from the result that the survey is representative. If one knows what is representative, why do a survey?

VII. MORALITY AND PUBLIC POLICY

This section opens with an argument based on the surveys mentioned. Those agreeing with Dr. Kuhse's views are described as "people of compassion and good will, who approach ethics from different cultural, religious and ethical perspectives". Was this determined from the surveys? How?

The author argues to a "modern pluralistic society" seeking a policy on euthanasia and grants that public policy cannot be based on "counting heads". We must, it is held, "discern the one objectively true and uniform moral viewpoint on which all might agree". Surely this is impossible in a "modern pluralistic society". If it held such a viewpoint as is postulated, it would hardly be pluralistic.

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Criticism is offered of a statement that seeks to ground the absolute prohibition of voluntary euthanasia and suicide in the "surprising" claim that there are certain "inalienable human rights", such as the right to life, of which we cannot deprive ourselves. "It is in the nature of a 'right' that I must not be deprived of my right, against my will, but I must be able to freely give up my right" (Kuhse). The first statement is understandable if we consider such a right as a natural right, rooted in our human nature and inseparable from it. Such a right cannot be "given up", but we can voluntarily suspend its exercise for a sufficiently good purpose. We can give our life to save another's, but this does not ablate the right. "If I cannot give up my right to life under any circumstance or for any reason" writes Dr. Kuhse, "then I do not have a right to life, but rather a moral duty - an absolute duty to live." This confuses a right with its proper exercise. There can be no absolute duty to live in the face of natural mortality.

It is suggested that we agree to disagree and accept into our law practices repugnant to many holding the traditional view - a seemingly "heads I win, tails you lose" approach. The "traditional view" is rejected as a basis for public policy because it is based on a particular view of "the good life" and has no universally binding moral force. "To enshrine it in public policies would be to limit the liberty of the many on the basis of the moral view of some." This seems to assume that the opinions expressed in surveys represent conscious embrace of the "autonomous view" by the respondents, an assumption precariously based. It is proposed by the sponsor of the Bill under question that its passage will not lead to numerous requests for its use (second reading speech). This seems to indicate that if anyone's liberty in this regard is affected, it would rather be that of the few.

Support for the "autonomous view" is based, as frequently it is, on John Stuart Mill's essay On Liberty:

"The only purpose for which power can be rightly exercised over any member of a civilised community, against his will, is to prevent harm to others Over himself, over his own body and mind, the individual is sovereign." (Quoted by Dr. Kuhse)

Not everyone agrees with Mill's presuppositions, arguments and conclusions. This aside, it is not a practical proposition in any "civilised community". The very term implies a common interest. A civilised community is based on justice, rendering to each what is due. For the sake of the common good, for the sake of justice and order, citizens are required to yield up the exercise even of some natural rights. Any community claiming to be civilised needs law which restricts absolute freedom, and it is agreed that this should be minimal, though it is not the present practice.

The substantial phrase in Mill's claim is "to prevent harm to others". The common libertarian precept is "Do what you will, as long as nobody gets hurt", and very often the qualifying clause is evaded, or ignored. The nature of a community is such that the actions of its individual members affect the others, often in unpredictable ways. John Donne wrote "Every man's death diminishes me".

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To posit a morality of consequentialism is to judge our intended acts in the light of all their possible consequences. Under such a code, the goodness of our acts can only be judged retrospectively, when all the consequences are in. How do we know what they will be? How do we know when they are all accomplished? How can we know what to do if we are to live a good life? How can we bind ourselves to such a code?

Mill's statement is not to be taken as unqualified. In Chapter 4 of the same essay, he writes

" Every one who receives the protection of society owes a return for the benefit, and the fact of living in society renders it indispensable that each should be bound to preserve a certain line of conduct towards the rest. This conduct consists, first, in not injuring the interests of one another, or rather certain interests, which, either by express legal provision or by tacit understanding, ought to be considered as rights; and secondly, in each person's bearing his share (to be fixed on some equitable principle) of the labours and sacrifices incurred for defending society or its members from injury and molestation. These conditions society is

justified in enforcing, at all cost to those who endeavour to withhold fulfilment. Nor is this all that society may do. The acts of an individual may be hurtful to others, or wanting in due consideration for their welfare, without going to the length of violating any of their constitutional rights. The offender may then be justly punished by opinion, though not by law. As soon as any part of a person's conduct affects prejudicially the interests of others, society has jurisdiction over it, and the question whether the general welfare will, or will not be promoted by interfering with it becomes open to discussion It would be a great misunderstanding of this doctrine to suppose that it is one of selfish indifference, that pretends that human beings have no business with each other's conduct in life, and that they should not concern themselves about the well-doing or well-being of each other, unless their own interest is involved. Instead of any diminution, there is need of a great increase of disinterested exertion to promote the good of others."

This modifies considerably the bald statement first quoted.

Mill offers "a particular and non-binding moral point of view", which Dr. Kuhse argues in the next paragraph as an inappropriate basis for the law.

It is next proposed that those who oppose directly causing the death of a terminal patient offer an inappropriate basis for public policy. It is, however, a viewpoint protective of the life of vulnerable people, whose cry is not really for death, but for relief of their pain or misery. At a Darling Harbour Forum on Natural Death Legislative Proposals called in 1991, jointly by the N.S.W. Health Department and the N.S.W. Branch of the Australian Medical Association, Professor Narelle Lickiss, an experienced palliative care physician, who is Clinical Associate Professor (Medicine) of the University of Sydney and Director of Palliative Care, Royal Prince Alfred Hospital, warned against oversympathy with wishes to

die, expressed when patients' present pain is far too great. Their attitude can change over time, with relief of pain. Their sense of being a burden to others and of completion of their life is a normal event, she said.

If there is one law most protective of social order, it is that law which says "You shall not kill the innocent."

VIII. DOCTORS AND THEIR PROFESSIONAL ASSOCIATIONS

It is proposed as "inappropriate for a professional association, such as the AMA, to either support or to declare as 'unethical' the practices of voluntary euthanasia or medically assisted suicide". Why? It is appropriate that medical associations, like those of engineers, chemists, nurses, architects etc. should lay down a code of ethics for their members with sanctions against breaches. Those who accept these rules, and satisfy other requirements are free to join such associations, those who do not are free not to join, or to set up and identify themselves with associations of different ethical standards. Medical doctors have a tradition of healing, not killing, those in their care, and adopt as a principle "First, do no harm". Admittedly, some depart from this principle in one way or another, through ignorance, negligence or malice, but rules do generate restraint to an extent that warrants their retention. We must, however, feel apprehension if the responses to surveys, showing 50% of doctors favouring euthanasia are truly representative.

The course suggested here that the law be changed to accommodate "a pluralistic society" is unrealistic. What degree of plurality of opinion should it accommodate? There is a limit to the degree of autonomy that can be tolerated, and it is generally accepted that dominion over one's body must be a limited dominion. Our right to do some act is conditioned by obligation. If we choose to abuse our bodies, we impose an obligation on our fellow citizens to patch up the damage. If our acts devalue the fundamental principles of safety of the community, then all are endangered by them. It is stated that suicide is no longer a crime. Repeal of the laws against suicide was argued on the premise that only mentally disturbed people take their own lives. However, in NSW and Victoria, there was preserved the section of the law that permits a person to use such force as may reasonably be necessary to prevent the commission of suicide or of an act that is reasonably believed would amount to suicide if committed. This provision expresses an important society value. It recognises that a person intending suicide is in need of help, and preserves that person by whatever means are necessary.

Again, it appears to be argued that internal and subjective mental states are what make the difference and that the act of killing becomes less important if "nobody will ever know", a shaky basis for ethics regarding death.

The author admits that "pain is not the central issue. The central issue is one of dignity. A dignified death is one which accords with the patient's values and beliefs, a death that does not contradict the patient's life." The author of a recent book *The Challenge of Euthanasia* states that the term "dignity" when applied to humans at any stage of life and in any condition, refers to the respect we owe others on account of their inherent worth as persons. "When a person or object is valued, he or it is cherished, preserved, cared for, venerated or nurtured. Nobody destroys anything in order "to show how much it is valued." (Emphasis added)

Dr. Kuhse refers to assertions by those who hold "the traditional view" that voluntary euthanasia or medically assisted suicide, if permitted to doctors by law would lead to further harm. She categorises them as "generally strong on rhetoric, weak on argument and facts". The logic that ideas have consequences is undeniable, and the argument is based on well-tried principles. All that may be lacking in any particular situation are the facts. But we cannot demonstrate the effects until we have implemented the cause, and the worst way to proceed is to act against principled reason. We do, however have the analogy of permissive abortion, where the arguments used are the same as are now being used for euthanasia (see attached article *A Political Analogy*).

As to strength in rhetoric, reference is made in the paper under notice to the results of doctors' surveys, referred to as "empirical data". This term is usually confined to data relating to or based upon experience or observation, and cannot be validly applied to those deriving from unconfirmed statements of subjective opinions.

Dr. Kuhse is sensitive about the term "killing" and other terms used by the opponents of euthanasia. It is agreed that "mere rhetoric does not prove a point", but a spade remains a spade and consent given by a patient approaching death and suffering as required by the Bill under notice may well be a dubious consent. "Kill me" can also mean "relieve my suffering", physical or emotional. There is no hesitation in referring to those favouring euthanasia as "mature people", implying immaturity in others. Reference is made in this paper to "the strident voices who 'sanctify life'". Are they more strident than those presenting the contrary case? Rhetoric is by no means absent from the euthanasia lobby. "Mercy killing, terminating life, assisting death, help in dying etc." are soft terms, reminiscent of Sir John Betjemen's question in Churchyards:

"Oh why do people waste their breath

Inventing dainty names for death?"

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A POLITICAL ANALOGY

There is a remarkable similarity between the campaign mounted for the introduction of legislation permitting voluntary euthanasia or medically assisted suicide and that advanced for legislation permitting abortion. The arguments for abortion law change ran as follows:

1. The practice is presently widespread.
2. Doctors are putting themselves outside the law in doing it.
3. Some will continue to do so at risk of prosecution and damage to their reputation.
4. They merely seek guidance as to what they may legally do and what they may not, and plead for permission under the law for their present de facto behaviour.
5. Two doctors will certify as to compliance with the law. Doctors' personal and professional integrity is beyond question.
6. The number of cases coming under this new law will be small. (In abortion, limited to those pregnant through rape or incest or whose pregnancy is life-threatening. In euthanasia, to those who request death, said to be 6% of hospice patients.)
7. Decriminalisation will lead to a safer society. (In abortion, avoidance of (highly amplified numbers of) deaths from illegal abortions. In euthanasia, avoidance of inexperienced people's botched attempts to kill their relatives.)
8. It's only voluntary, and will not be forced on anyone. It's a private matter between patient and doctor.
9. Nobody will be required to participate in medical practices against their conscientious objection.
10. Public opinion polls show a majority of people favour legislation.

WHAT TRANSPIRED IN THE ABORTION CASE ?

5. Where irregularities in certification have been suspected in the USA and New Zealand, it has been found impossible to obtain satisfactory investigations.
6. Passage of permissive laws, however drafted, saw an explosion of incidence and extension of grounds for

abortion. Where records are available, some 90% of abortions are performed on mental health grounds, the mothers receiving, for the most part, no psychiatric treatment before or after the operation.

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7. In spite of the advent of better treatments for infection, septic abortions still follow those done under supposed legal sanction.

8. Compulsory abortion has been attempted in parts of India, and is an undisputed practice under mainland China's "one child" policy.

9. Certificates of competency in obstetrics/gynaecology have been refused those who decline to perform or assist at abortions during training. Health departments have instructed institutions to take into account the attitude to abortion of applicants for employment, so that all medical services will be available. In spite of "conscience clauses" in the law, those objecting find it difficult, if not impossible, to be appointed.

10. In an article How the Abortion Lobby Worked (Political Quarterly 39 (July-September 1968), Keith Hindell and Madeleine Simms describe how the Abortion Law Reform Association used public opinion polls to convince parliamentarians that most doctors wanted abortion law change. It was admitted that the polls were dubious, and that the "facts" (sic) they purported to present were accepted as authentic by those who received them. The weaknesses of such polls are admitted. We are all aware of how wrong are prognostications on electoral results. It is easy to agree to a proposal relating to someone else's death, when we ourselves are not in the position described in the question. It may well be a different reply when we are "looking down the barrel of the gun".

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SUMMARY OF OBJECTIONS TO EUTHANASIA

THE PATIENT

1. Diagnosis of incurability is far from reliable.

A doctor's judgment may be affected by anxiety and frustration.

The patient's wishes are uncertain. Is it an informed judgment? Is it affected by pain and anxiety, a wish not to cause problems for others, to save others expense and anxiety?

This adds up to a reasonable doubt, in the face of which any punishment for crime, especially capital punishment, is never permitted.

THE COMMUNITY

2. It is an affront to human dignity, applying a farmyard approach to human problems.

MEDICINE

3. Finality of the decision, irreversible in the face of reasonable doubt.

The chance of a new cure or treatment at any time.

Deflects research from "incurable" disease, if its victims are killed.

The patients anxiety state

fear of the unknown

unrelieved pain

lack of proper care as illness progresses.

RELATIVES AND DOCTORS

4. Remorse of relatives and doctors after the event.

THE LAW

5. Extending abuses when life is devalued.

22

6. Administrative difficulties in preventing abuse.

7. Dangers of abuse of the law through corruption

inheritance

transplant organs

personal animus

Enclosed with submission:

Book by Brian Pollard - The Challenge of Euthanasia.

SUBMISSION 489 1

DR. LYN BARROW

Phone: (065) 62-8747 69 Rudder Street,

Kempsey, N.S.W.2440

March 21st, 1995

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721,

DARWIN N.T. 0801.

Dear Member,

Firstly, I congratulate you for looking at Voluntary Euthanasia in such a positive way.

I am a Life Member of the Voluntary Euthanasia Society of New South Wales and I also had the honour of being the first patron, for some ten years or more, before moving to the midnorth coast. My successor is Professor Peter Baume A.O. whom you will remember as a Senator and who is now Professor and Head of the School of Community Medicine at the University of New South Wales.

Like Professor Baume, I support Voluntary Euthanasia absolutely and I have done so for many years. It is humane and compassionate and in my view has no valid argument against it.

My very dear wife whom I loved (and will always love) for 42 years, lost a long and courageous battle against

cancer on January 18th this year. I promised her that as far as I was able she would not suffer any pain, spend time in hospital as an in-patient, or lose her dignity, and fortunately I was able to fulfil this promise. She had already suffered enough.

In my view and experience the prolongation of life that some people seem to espouse is so often more truthfully the prolongation of death, with resultant loss of those important human qualities that we should be allowed to keep.

I urge you to set a precedent that will have the endorsement and support of all who have watched a loved one die without dignity. Once you have done this, other States and Territories of Australia must follow suit.

God Speed,

Yours most sincerely,

Lyn Barrow.

non omnis moriar

SUBMISSION 490 1

Ph: (067) 692231 Pindari Tops

Gloucester Road

Walcha 2354

NSW

Select Committee on Euthanasia

Parlt. of Northern Territory

DARWIN 0801.

Dear Sirs,

I wish to express my complete SUPPORT for legal Voluntary euthanasia. My oldest and dearest friend (70 yrs) was told 14 months ago that she was dying (given 3-4 weeks to live) with bone cancer. It has spread through her spine, neck and pelvis and though she is given slow release morphine tablets, she is in great pain constantly and wishes to die.

This woman refuses to end her days in hospital, stops in her own home and wishes for legal relief, for death.

My own Mother lived for 8 years with Alzheimers, a very bad case, from 72 yrs to 80 yrs. She could not speak, feed herself, and was incontinent, wearing a "nappy". She would not have wished this.

If I should have Alzheimers (it is inheritable to some extent) I would want to end my own life as soon as diagnosed. To live as a vegetable is no life at all.

I would hope the bill sponsored by the Leader of the N.T. Govt is passed, even if only to cover cases of extreme pain.

Yours faithfully,

(Mrs) M.J. Upton.

SUBMISSION 491 1

(Mr) R.J. Ison

58 Stewart Avenue,

BLACKTOWN NSW 2148

Monday, 20th March, 1995

The Secretary

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

Darwin N.T. 0801

Dear Secretary,

SUBMISSION IN SUPPORT OF THE EUTHANASIA BILL

IN THE PARLIAMENT OF THE NORTHERN TERRITORY

I hereby request that the Committee please consider my submission set out in this letter.

I make this submission in the belief that this abovementioned Bill is a most important undertaking of the Parliament, and that this Bill is in the public interest for all citizens of Australia.

It is my belief that if this Bill obtains legal voluntary euthanasia, with appropriate safeguards, for the benefit of Northern Territory citizens then this achievement will be one of the most worthy and most progressive law reforms in the history of social justice and human relations in Australia.

It will be a most historic achievement.

I believe that such an achievement by the Northern Territory Parliament would persuade Members of other Parliaments in Australia, whatever their views, to have the same courage, compassion and progressive ;thinking to consider and achieve this most needed law reform.

It is widely known by the public that some doctors have admitted to the news media that they already practise voluntary euthanasia, because of their compassion and moral conscience to do what in their considered medical opinion is right and best for their suffering patients, who have requested or pleaded for such deliverance from their suffering.

It is widely believed by the public that there are a number of doctors who practise voluntary euthanasia but who do not make public admissions.

These most compassionate and courageous of doctors provide this most necessary service to their patients in spite of the risk of criminal prosecution, and of punishment by a long term of imprisonment.

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Some doctors, and others, have the view that palliative care services have shown that terminally ill patients can be cared for very well with little or no pain, and with dignity. However, there has been overwhelming evidence for some considerable time that has shown

that the best available palliative care is not always effective enough with every conscious suffering patient.

It is my experience and belief that to deny the desperate plea from such patients, those who have permanent intractable severe pain and/or distress that cannot be medically managed satisfactorily, whether or not there is inevitability of death, is about the most cruel and the most inhuman practise that is imposed by law on those humans by fellow humans, in a modern enlightened progressive civilised State.

I think that any decision on any important law reform should be determined by a real need for such reform, and that it should be truths that determine the form of such reform.

It is my experience and view that it would be only those suffering patients who would have the most direct knowledge and the best perception of the unceasing reality of their agony, the never ending torment and anguish of their bodies and minds, and the very desperate need they feel to attempt some crude form of "do it yourself" suicide, if they are able. No other persons would be better than they to present the case for this most necessary reform; not any medical practitioner, not any grieving clinging relative, not any advocate of ethics, not any expert on law, not any clergyman of any religion, not any Member of any Parliament.

There are already many cases on record in many publications, and on some videos, of suffering patients and witnesses, that provide overwhelming evidence of the real need for reform, and of the truths to be used to determine the form of the reform.

Who among us, who live healthy active lives, could know what fate waits for us, or our loved ones or friends, in the future, and whether we or they may at some time feel the reality of the need to plead for medically assisted voluntary euthanasia.

Because of all the aforesaid reasons I submit to the Committee that the reform of the present archaic laws is long overdue.

In support of this submission I have attached a two page list of publications and videos.

Yours faithfully,

R.J. Ison.

Enclosed with submission:

VE Society Library Book List as at 1 Sept 1993.

SUBMISSION 492 1

Unit 90, U.P.A.

Wagga Rd.,

Lavington. 2641.

N.S.W.

17.3.95

To All Members of the Select Committee on Euthanasia.

After nursing (at home) for 7 yrs immediately after, and as a result of World War II in England I saw my first husband die little by little each year from Pulmonary Tuberculosis knowing right from the onset of this horrible disease (contracted during the Burma campaign during his time as a soldier with the British Army) until at the end of six years he felt he had suffered all he could bear and begged me to give him an overdose of Sodium Amatol sleeping tablets prescribed for him by his doctor.

I was young then and frightened of the consequences to myself knowing that the authorities would know that he was too ill and too weak to have got these capsules and taken them himself and I refused him. That was many years ago (I was 29 yrs old then and I am now 70 yrs) and can still hear him saying in that weak voice, short of breath and desperately ill telling me I was a cruel Bitch.

Our G.P.'s reply when I told him of this incident was not to leave any medicine near him. (The doctor was an exmissionary, so there was no help there!)

My husband died one year later by drowning in his own sputum. Such was the condition of that poor body that the doctor ordered the undertaker to bring a coffin to the house right away and the lid too be screwed down immediately.

How cruel we are to each other to allow this suffering, which is so unnecessary if only we would let common sense prevail. We care and nurture them during their terminal illnesses so that they suffer longer as a result when the only thing the patient desires in most cases is to be helped to die with dignity and put an end to their pain and torment.

Let the religious bigots have the right to say they do not want Voluntary Euthanasia - but also let us who have seen real suffering and know what it is all about - let us have the right to sign documents whilst we are still capable to the effect that we wish for the right to have our lives terminated by our doctors when the time comes that life is intolerable and death would be a sweet and blessed relief.

No other person has the right to say what one should do or not do in these circumstances, but please give all of us equal rights in this matter.

If your religious beliefs dictate that Voluntary Euthanasia is wrong fair enough (if you can take it when it comes to the crunch!) but let me and hundreds more like me ask for a receive Legal and Humane help to die if the need arises.

Yours Sincerely,

Teresa Morrison.

SUBMISSION 493 1

Westly Gardens Hostel

107/2B Morgan Rd.

Belrose. N.S.W. 2085

21/3/95

Select Committee on Euthanasia

Parliament of the N.T.

P.O. Box 3721

DARWIN N.T. 0801

Dear Mr Perron,

May I congratulate you on your stand in favour of Voluntary Euthanasia legislation being passed in your state. I do wish you success. I have been a life member of the British V.E.S. since 1966 (following my sister's painful death), and I have belonged to the N.S.W. V.E.S. since its foundation. It would be a wonderful step forward, should your

legislation be passed.

I was listening to the President of the A.M.A. at our recent A.G.M. in Sydney, and his main objection seemed to be the fear that the legislation would be abused by a small percentage of doctors. I would like to have asked him could he name any law on our statute books which is not at times abused. What needs to be considered is the greatest good of the greatest number, and I'm sure if legislation were passed, the good it would do would greatly outweigh the abuses which would have to be dealt with.

According to the surveys done 4/5 of Australians want such legislation passed, and if we really live in a democracy, the right to die with dignity and freedom from fear and pain should be ensured, for those who wish it.

I thin the medical profession will never really understand how all of us who will one day be their patients, feel about this issue. They are the only group in the community who (if they wish it) can ensure, when they are dying, that sympathetic medical colleagues can be available to see their death is as they wish it to be. Also they know they themselves can ensure that no one dear to them need go on living when all quality of life has been lost, and only suffering lies ahead. Because of their fortunate position they are always on step removed from the direct and very real fears of the rest of the community - these fears will never apply to them.

May I wish you every success in your compassionate efforts to save future suffering.

Yours sincerely,

(Miss) Joyce Geake.

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P.S. I myself have cancer which is now in remission, but I am assured it will recur in the years ahead, so I really do know how people feel about this matter; unless they have religious views, which of course may influence such important decisions.

J.G.

SUBMISSION 494 1

Select Committee on Euthanasia

Parliament of the Northern Territory

Sir

I would like to make a plea for acceptance of Legal Voluntary Euthanasia.

Friends and relatives numbering 10, and all only middle aged succumb to Cancer and long drawnout painful deaths. Some I know would have welcomed their suffering shortened just as I too will want to be relieved of suffering should the Cancer to which I've recently lost a considerable amount of bowel reappear.

I remain,

E. Charles

95 McCarthys Rd

Maleny, QLD 4552

20.3.95

SUBMISSION 495 1

Karin S.M. Clark

38 Croydon Road

Surrey Hills

Victoria 3127.

Tel. & Fax. No: (03) 836 2741

20 March 1995

The Chairman

Select Committee on Euthanasia

GPO Box 3721

DARWIN NT 0801

Dear Sir

Select Committee on Euthanasia

I enclose a Submission on the Rights of the Terminally Ill Bill 1995. I would be grateful for an acknowledgment of receipt.

I would be happy to enlarge on any of the points raised in the Submission.

Yours sincerely,

Karin S.M. Clark (Mrs.)

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**RIGHTS OF THE TERMINALLY ILL BILL 1995
- A SUBMISSION TO THE SELECT COMMITTEE
ON EUTHANASIA OF THE LEGISLATIVE ASSEMBLY
OF THE NORTHERN TERRITORY**

by

KARIN S. M. CLARK (LL.B., B.A.(Melb), LL.M. (Harvard))

Barrister and Solicitor of the

Supreme Court of Victoria

21 March, 1995

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Appendices

I - Y. Conwell, M.D. and E.D. Caine, M.D. "Rational Suicide and the Right to Die" **The New England Journal of Medicine** (10 October 1991) pp. 1100-1103.

II - Affidavit of Dr. Carol Gill, filed in the US District Court (Oregon) in **Lee v. Oregon** (Cause No. 94-6467-TC) relating to the Oregon Death with Dignity Act (sworn 30 November 1994).

III - "Some Reflections on Euthanasia in the Netherlands" and "Further Reflections on Euthanasia in the Netherlands..." by Dr. John Keown, from **Euthanasia, Clinical Practice and the Law** (edited by L. Gormally) pp.193, 219; "Dances with Data" by J. Van Delden, L. Pijnenborg, P. Van Der Maas, in **Bioethics** Vol.7, No.4, 1993; "Dances with Data: A Riposte" **Bioethics Research Notes** Vol.6, No.1, March 1994.

IV - Commentary by R.G. Twycross on the case concerning Dr. Nigel Cox **Journal of the Christian Medical Fellowship** Vol. 39.1, No. 153, Jan. 1993.

V - Dr. R. Baillie "A Case Against Euthanasia" and letter from Dr. Paul Dunne in the Newsletter of the Australia and New Zealand Society of Palliative Medicine (Vol.2, Issue 2) pp. 10-13.

VI - Pat Challis, CNC, "The Nursing Perspective," paper presented to a seminar on **Care of the Dying - Do we need Euthanasia?** (held at the University of Tasmania, 1994)

VII - Letters from Dr. John Zalcborg, director of medical oncology and palliative care at Heidelberg Hospital (Melbourne) to The Age, February 1995.

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EXECUTIVE SUMMARY

1. An appraisal of the Bill can only be made having regard to the actual circumstances in which the Bill is likely to operate.

2. There is very strong evidence that seriously ill patients often suffer from treatable clinical depression and that doctors (other than psychiatrists) are often unable to detect clinical depression in their patients. Many studies have shown that more than 90% of patients who express the wish to die suffer from treatable clinical depression.
3. Given this, the Bill fails to protect a most vulnerable class of patients. For example, the Bill does not provide that a patient who asks to die should first be counselled or given a psychiatric referral. It provides no waiting period, so that euthanasia can take place as soon as 24 hours after the patient requests it. Although family support can be crucial in a time of crisis it does not provide that the family should even be notified. The patient need not even be in severe pain to be euthanased - severe "distress" or "suffering" is sufficient - which would include the highly subjective area of mental, psychological or emotional distress.
4. The Bill gives civil and criminal immunity to the euthanasing doctor (and any assistant) who follows the procedures set out. But it does not provide that either of the two doctors who sign the certificate of request need to be specialists qualified to deal with the patient's particular condition.
5. The Bill does not specify how death should be brought about, nor that it should be brought about in an "effective" or painless way. The patient has no control over the manner of euthanasia and need not even be informed about the likely operational effect of the chosen method.
6. While certificates of request need to be given to the Coroner, the Coroner will have no jurisdiction to investigate a death by euthanasia (unless in a particular case something happens to suggest to the Coroner that the Bill may not have been complied with). In this respect, the Bill will make it more difficult to detect abuse than the procedures currently in place in The Netherlands. But even in The Netherlands, widespread abuse of guidelines for euthanasia is well known, largely because of the difficulty of detection.
7. Rather than promote human rights, the Bill is likely to lead to human rights abuses.
8. The Northern Territory Parliament should reject the Bill and instead the Government should concentrate on the factor most likely to have led to the introduction of this Bill - the lack of palliative care resources in the Territory, which is reported at present to have no medical oncologist, not one palliative care specialist and not a

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single hospice. The Bill is likely to further impede the development of proper palliative care services, as has been the case in The Netherlands. As a World Health Organisation Report has noted:

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.¹

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**THE RIGHTS OF THE TERMINALLY ILL BILL 1995 -
A SUBMISSION TO THE SELECT COMMITTEE ON
EUTHANASIA OF THE LEGISLATIVE ASSEMBLY
OF THE NORTHERN TERRITORY
INTRODUCTION**

In introducing the Rights of the Terminally Ill Bill 1995 (NT) (the "Bill"), the Chief Minister of the Northern Territory is reported to have asked Members of Parliament (Hansard, 22 February 1995, p.45):

who intend to oppose the bill to be honestly critical of the bill itself and not seek to pretend that it opens the door to

the practice of widespread state-sanctioned death in our hospitals.

The first part of this submission argues that an "honestly critical" analysis of the Bill must take place in the factual context of the seriously ill patient and examines the Bill in that context.

The second part of the submission discusses the question of whether the Bill may open the door to the practice of widespread state-sanctioned death...

and particularly the extent to which the Dutch experience of the legitimation of euthanasia in this century may be relevant in an analysis of the Bill.

The third part of the submission discusses the relevance of adequate palliative care services in the Northern Territory.

1. THE PROVISIONS OF THE BILL

Under the Bill, a patient who is informed that he or she is suffering from a "terminal illness" and "within reasonable medical judgment", is likely to die within 12 months, may request, and under certain conditions, receive, assistance in having his or her life terminated.

Most of those conditions are contained in Clause 6 of the Bill. Clause 6 provides, inter alia, that:

- the patient must be at least 18 years old;
 - two doctors need to be satisfied on reasonable grounds that the patient is suffering from a terminal illness and is likely to die within 12 months;
 - the patient has been informed of the nature and likely course of the illness and the medical treatment available;
- and

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- there is no treatment reasonably available and acceptable to the patient.

Clause 6 is similar in many parts to Clause 6 of the Medical Treatment (Assistance to the Dying) Bill 1993 (the "VESV Bill"), which was launched by the Voluntary Euthanasia Society of Victoria in the latter part of 1993 but which so far has not been sponsored by any Victorian Member of Parliament. Other parts of the Bill (particularly Clauses 15 to 17 relating to wills and agreements related to requests under the Bill, insurance policies and immunities) are similar to parallel Clauses in the Oregon Death With Dignity Act (the "Oregon Act"), which was passed by a referendum in Oregon last year, but the constitutionality of which is under challenge.²

1.1 Analysing the Bill

An "honestly critical" analysis of the likely effect of the Bill (or indeed, any legislation) cannot be made in a vacuum which ignores the factual context in which legislation will operate. A valid analysis must take into account medical and societal evidence, and particularly empirical research, about the needs of persons with incurable health conditions and the ways in which these needs might be met.

Legislation such as this is often predicated on, and analysed from the perspective of, the paradigm of a rational, emotionally balanced, dispassionate and well informed patient who has made a considered decision to ask for assistance to die. Thus the Chief Minister states (Hansard, 22 February 1995, p.38):

Under the proposals contained in this bill a person asking for assistance to accelerate their death is in total control of the process...

The empirical evidence however, points to the paradigm being an unrealistic one.

1.2 Evidence of the factual context

Clause 6(h) of the Bill provides that the medical practitioner providing assistance in dying must be satisfied that the patient is "competent" and that the decision to end life is made "freely, voluntarily and after due consideration". However a patient may be legally competent (in the sense of being able to understand the nature and quality of his or her actions) and also be able to make free and voluntary decisions, while at the same time being clinically depressed.

Clinical depression

The evidence is that disease is frequently accompanied by stress or pain which may cause depression. The prevalence of severe depression among patients who are medically ill has been estimated at between 10% to 20%, and as high as 20% to 40% of geriatric patients and those who are severely ill.³ It has also been estimated that up to 58% of cancer patients develop depression at some time of their illness.⁴

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Further, clinical depression is closely associated with attempts to die. Studies of suicide have shown that 90% to 100% of suicide victims die while they have a diagnosable psychiatric disease. Six of these are cited in the article by Y. Conwell, M.D. and E.D. Caine, M.D.⁵ which forms Appendix I to this submission, which also notes that the studies suggest that suicide in the absence of treatable psychiatric illness is uncommon among the old. That article also notes a study which found that of 44 patients in the later stages of cancer, only 3 had considered suicide and each of them had severe clinical depression.⁶

Despite this evidence, legislation such as the Bill and the Oregon Act is often predicated on a different picture of the seriously ill patient. That picture was challenged in the case of **Lee v. Oregon**⁷ where the plaintiffs (among them three terminally ill persons) sought an injunction (granted on 27 December last year) to prevent the operation of the Act until the constitutionality of the Act could be considered. One of the points raised by the plaintiffs was the extent to which the Act deprived them of the equal protection of the law of homicide.

That seriously ill persons are highly vulnerable and especially in need of the protection of the law of homicide is a point enlarged upon by Dr. Carol Gill, in an affidavit filed in the case and which forms Appendix II of this submission. Dr. Gill is a clinical psychologist specialising in working with people with disabilities, pain and chronic or terminal illnesses. In her professional capacity, she has worked with more than two hundred persons with health conditions and disabilities, many of whom expressed the wish to die.⁸ In relation to the Oregon Act, she states:

27. ... the Act ignores a substantial body of research and clinical documentation concluding that the expression of the wish to die is a behaviour distinct from the actual ending of one's life. Many more people express the wish to die than actually take their lives. ... Those of us who have worked extensively with suicidal persons realise that the wish to die can sound unwavering and can persist for many weeks and yet be characterised by deep ambivalence. The presence of a terminal illness or even substantial physical suffering does not in any way diminish the possibility of significant conflict between the wish to die and the desire to live...

32. The expressed desire to escape illness by dying can also be a sign of treatable clinical depression, anxiety disorder or other mental illness. Researchers who studied terminally ill people seeking a hastened death found that most, in fact, had a psychiatric disorder...

Diagnosis of depression

The possibility that a patient who asks for death may be clinically depressed is acknowledged by the Oregon Act to the extent that it provides⁹ for counselling referral if

the attending or consulting physician thinks the patient may be suffering from a psychiatric or psychological disorder. However, such a referral is dependant on the primary care physician being able to diagnose clinical depression.

Under the NT Bill, of course, nothing would prevent the euthanasing doctor or the second doctor from referring the patient to a psychologist or psychiatrist. However, the fact that the Bill is completely silent on the subject is most surprising, given the clear evidence that psychological or psychiatric assessments are likely not be obtained in many cases even where they should be. This is particularly when neither certifying doctor is trained in psychiatry.

The article by Conwell and Caine in Appendix I notes that the medical literature is replete with studies demonstrating that primary care physicians often fail to recognise treatable depression in their patients, particularly the elderly.¹⁰ The authors note that their data on suicides in the elderly show that 75% of those who took their lives had seen a primary care physician in the month before death, yet their psychiatric disturbances usually went undetected or untreated.¹¹

Thus Dr. Gill states in relation to the Oregon provision:

21. One of the Act's most misinformed and dangerous aspects is that it allows attending physicians to evaluate the presence of clinical depression in critically ill patients. Current research indicates that up to 95% of persons who wish to die are suffering from depression or other emotional disorders that could be eased or remediated through appropriate support, therapy or medication. However, emotional disorder can be well hidden and remain undetected unless carefully assessed by properly trained professionals. Most physicians are not adequately trained to identify hidden depression, treatable suicidal intent, and other non-flagrant psychiatric disorders. Studies have revealed that a significant proportion of persons who attempt suicide seek medical attention shortly before the event and that their physicians typically remain unaware of their emotional distress and need for psychological intervention...

22. Attending physicians, therefore, have not proven to be qualified gatekeepers in determining a patient's need for psychological services. When the psychological assessment of a critically ill person becomes a matter of life-and-death, that assessment should be performed only by a mental health professional with extensive training and experience in the treatment of persons with incurable health conditions. To offer less than that level of professional competence to a patient who is about to relinquish life demonstrates inadequate concern for that life.

1.3 A critical analysis

In the context of the matters raised above, the shortcomings of the Northern Territory Bill are more obvious.

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a) **(No counselling)** The Bill does not make counselling or a psychiatric referral mandatory and does not even draw the attention of the attending physician to this possibility.

b) **(No waiting period)** The Bill provides no waiting period at all. A patient may be assisted to die in as little as 24 hours from the time of request, if the conditions and formalities in Clause 6 can be completed in that time. The Oregon Act provides a 15 day waiting period and even that may be inadequate in many cases. As Dr. Gill states:

14. The fifteen day waiting period is too short to allow emotional recovery from the crisis of new diagnoses....

18. The Act reflects an alarming lack of social scientific knowledge of the modal timeline for adjustment to illness, disability, or the prospect of death. Most crisis intervention models allow a **minimum** of five weeks for resolution of the acute emotional disorder attending major personal loss. Crisis counsellors recognise that the judgment of a

person who is **legally** competent and grossly oriented to reality and logic may nonetheless be emotionally distorted when reacting to overwhelming loss. Clients in crisis therapy are, therefore, cautioned not to make any major decisions within five weeks of a critical life stress. The Act heedlessly narrows this window to fifteen days.

19 Therapists experienced in working with the terminally ill and irreversibly disabled individuals report a series of stages - including shock, grief, despair and resolution - that are navigated before such individuals regain basic emotional control. It is well known among suicidologists that individuals are more likely to want to die immediately following the suspicion or actual diagnosis of terminal illness than they are in the later stages of the disease. Many persons who think they have cancer, for example, kill themselves in a state of shock and fear before they have a chance to learn that they, in fact, are free from disease. This suggests that fear may be more operative in the death wishes of some terminally ill people than actual suffering...

c) (**Family need not be informed**) There is no requirement that any members of the patient's family be informed before the euthanasia is carried out, although family support is often crucial in times of crisis.¹²

d) (**No specialist opinion**) While the Bill provides that the opinion of a second doctor must be sought, there is no provision that either doctor needs to be a consulting physician or specialist in the patient's condition¹³ or know anything about palliative care. The doctors need not even determine that the patient is in real pain - it is sufficient that the doctors consider that there is no treatment which will relieve the patient's "suffering" or "distress".¹⁴

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e) (**Unlimited ways of bringing about death**) The definition of "assist" (Clause 2) in the Bill does not limit a doctor to prescribing or administering a lethal substance in order to bring about a patient's death. The definition includes those methods of bringing about death but does not exclude any other method of "assisting" the patient to end life, such as causing the patient to inhale carbon monoxide, strangling or even shooting the patient.

f) (**Methods need not be painless**) Nor is there any requirement in the Bill that the patient's life must be ended painlessly or "humanely" or in a "dignified" way or even in an effective way. Once the conditions in Clause 6 are complied with, death can be brought about in any way and there is no provision for the patient to have any legal control over the manner of euthanasia or to be informed how the intended method of euthanasia will operate.

Even if the attempt to kill the patient is unsuccessful (and the patient survives but with more disabilities than before) or if the doctor kills the patient but causes much pain in doing so, the medical practitioner (and anyone acting at the direction of the medical practitioner) is protected from all civil and criminal liability as long as he or she acts in "good faith" (Clause 17(1)). A medical practitioner may act "in good faith" but nevertheless be "negligent" in his or her method of bringing about death, particularly given that there are no established medical standards for killing a patient professionally. The patient is anything but "in total control" of the process of dying.

g) (**Death within 12 months**) Palliative care experts have commented that those who care for the dying quickly learn that predicting the time of death is difficult, and, up to one year in advance, even more so.¹⁵ As the California Supreme Court noted (in a case involving a physician's duty under the doctrine of informed consent to disclose the likelihood of survival to a patient):

...statistical life expectancy data have little predictive value when applied to a particular patient with individualised symptoms, medical history, character traits and other variables.¹⁶

h) ("**Terminal illness**") The Bill contains no definition of "terminal illness" although Clause 317 provides that the patient must be informed that he or she must, "in reasonable medical judgment", be likely to die within 12 months.

An ordinary understanding of "terminal illness" usually encompasses an illness which will result in death despite treatment or for which there is no reasonably available treatment. However Clause 6(f) provides that one of the conditions that must be met before death can be assisted is that there is no medical treatment "reasonably

available" **and** "acceptable" to the patient. There are various medical conditions which are not be fatal if effectively treated but the treatment for which might be

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rejected by a depressed patient, particularly after a major traumatic experience which leaves that patient seriously unwell or disabled. It is arguable that such a person would qualify as "terminally ill" under this Bill.

This point is expanded on by Dr. Carol Gill in relation to the Oregon Act's definition of terminal illness¹⁸ but is equally applicable here:

12. The Oregon Death With Dignity Act does not address treatment contingencies in defining terminal disease. Therefore, many physical disabilities, such as a new spinal cord injury, may qualify as "terminal" if left untreated. As it is written then, the Act can be interpreted as allowing individuals with such disabilities to receive help to die within fifteen days of first request, even if that first request occurs at the moment of onset or diagnosis of the condition. Countless disabilities and chronic progressive diseases that are managed through medication, assisted ventilation, bowel and bladder regimens, nutrition support, etc. would qualify.

13. There are hundreds of thousands of persons in this country living stable and fulfilling lives through routine reliance on medication, equipment, and other life sustaining aids. My reliance on a ventilator would place me in that category. However, should we fall into despair for any reason while remaining legally mentally competent, we could forego our life aids and receive a lethal prescription without ever having the benefit of assessment or intervention from a trained mental health professional...

15. In the case of spinal cord injury, for example, a significant proportion of persons with trauma in the upper cord regions are initially quite fragile, physically and emotionally. They would live only a matter of days or hours without aggressive medical intervention. It is quite common for persons who first learn of their paralysis and are confronted with assistive technology and unfamiliar procedures to express the desire to die; and to express it forcefully and consistently for weeks. Months later, however, most of those patients thank their doctors and families for supporting their lives instead of colluding with their earlier despair...

1.4 Conclusion

The evidence of those who work with dying and suicidal patients discounts the unrealistic paradigm of the emotionally balanced, rational and dispassionate patient who, under the Bill, would be "in total control" of the process of dying. As noted by H. Hendin & G. Klerman in the **American Journal of Psychiatry**¹⁹:

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Advocates of physician-assisted suicide try to convey the impression that in terminally ill patients the wish to die is totally different from suicidal intent in those without terminal illness. However, like other suicidal individuals, patients who desire an early death during a terminal illness are usually suffering from a treatable mental illness, most commonly a depressive condition. Strikingly, the overwhelming majority of the terminally ill fight for life to the end. Some may voice suicidal thoughts in response to transient depression or pain, but these patients usually respond well to treatment for depressive illness and pain medication and are grateful to be alive.

When the Bill is placed in this more realistic context, its shortcomings, and particularly the likelihood that it will allow depressed persons to be assisted to die who could instead have been successfully treated for depression, are obvious.

2. IS THE DUTCH EXPERIENCE RELEVANT?

In introducing this Bill, the Chief Minister said (Hansard, 22 February, p. 44):

In The Netherlands, euthanasia is illegal but, through convoluted legislative provisions, the practice is common. What is done there is unacceptable to my mind. Doctors actually break the law, and then submit reports to the police prosecutor who gives them discretionary immunity provided the paperwork is in order. The situation there is not a model we should follow, nor should we even attempt to compare this bill with what prevails in The Netherlands. What is done there is not proposed for the Northern Territory, so there is no gain in this debate in alleging that the bill before our Assembly is comparable with the Dutch situation. It is not.

The Chief Minister implies that what prevails in the Netherlands is less well regulated than the practice of euthanasia will be under the NT Bill. Therefore that the Dutch situation cannot be considered in a fair evaluation of the Bill.

2.1 The Dutch position

The Chief Minister is correct that euthanasia is illegal in The Netherlands in the sense that it remains an offence on the statute books.²⁰ However, in 1984 the Dutch Supreme Court decided that there was a defence of "necessity" to the offence of euthanasia and since then, the courts have laid down a number of criteria in order for the defence to apply:

1. The request for euthanasia must come only from the patient and must be entirely free and voluntary.
2. The patient's request must be well considered, durable and persistent.
3. The patient must be experiencing intolerable suffering (not necessarily physical) with no prospect of improvement.

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4. Euthanasia must be a last resort. Other alternatives to alleviate the patient's situation must have been considered and found wanting.

5. Euthanasia must be performed by a physician.

6. The doctor must consult an independent physician who has experience in this field.²¹

In late 1993 the position was formalised to the extent that the Burial Act was amended to provide for the doctor to fill out a form answering questions about the circumstances of the death after euthanasia has occurred. The form is then given to the coroner, who gives it to the local public prosecutor, who decides whether or not to prosecute (based on whether or not the above criteria have been fulfilled²²) after reading the report. The decisions of the local public prosecutor are reviewed on a regular basis by a meeting of the solicitors-general of each of the five courts of appeal. Ultimately, the decision whether or not to prosecute rests with the Minister of Justice.²³

2.2 The NT Bill compared with the Dutch position

It is true that the Dutch position is different to the proposed NT Bill because the Dutch "criteria" are not set out in a statute in the manner that Clause 6 of the Bill sets out "conditions" for euthanasia to take place. The Dutch "criteria" are only recognised in legislation to the extent that the 1993 amendment of the Burial Act provides for the procedure described above to be followed in each case of euthanasia.

But it is not clear that this difference will mean that the citizens of the Northern Territory will be better protected by the NT Bill than the citizens of The Netherlands have been by the more indirect statutory legitimisation of euthanasia.

What is more significant for the protection of citizens is the extent to which the NT Bill will allow deaths by euthanasia to be investigated and for any abuse to be detected.

Conflict of interest

Under both the Dutch and NT legislation, the doctor who performs the euthanasia signs the relevant paperwork and is then protected by it. As noted by Dr. H. Jochemsen, Director of the Prof. dr. G.A. Lindeboom Instituut in relation to the Dutch position

When physicians report a case of euthanasia, they choose formulations that are known to satisfy legal formulations, formulations which may well conceal what really has happened...it must be realised that by reporting, a physician is providing the legal authorities with data that may lead to his or her own prosecution and conviction...²⁴

Or as another Dutch doctor, Dr. Karel Gunning, President of the Dutch Physicians League put it:

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Will there be any doctor who will report that he has not met the requirements, thus condemning himself?...in reality there is no check at all.²⁵

In other words, the euthanasing doctor who completes the necessary paperwork (under both the Dutch system and the NT Bill) has a conflict of interest.

Second doctor

It must be said, however, that the NT Bill is superior to Dutch procedure in that it provides for a second doctor to sign the certificate. Whether this is sufficient protection against negligence or abuse is questionable, particularly when the other doctor need not be a specialist in the patient's condition nor have the training in psychiatry or psychology sufficient to protect the patient's interest. The second doctor may also be a close colleague or a partner of the first doctor. If the procedures under the Bill have not been complied with properly, then the certificate also protects the second doctor who might, if he is involved with the euthanasia, otherwise be guilty of complicity in a homicide.

In a detailed study summarising research carried out in The Netherlands in 1989/1991 (see Appendix III), Dr. John Keown discusses his conversation with a local prosecutor about the need for a medical examiner to review each case of euthanasia:

"So can it be", I asked "a little chat between the medical practitioner and the doctor and that's how they would like it?" "Yes, yes", he replied, adding that in the countryside there were some towns with only two or three doctors. "What's the use" he said, "of asking one of those two or three to judge the handling of a euthanasia case by the other one? How objective can that be?..."²⁶

Coroner has no jurisdiction

A more effective way of checking abuse might be for an independent third party to review each case.

Under the NT Bill, the doctor who performs the euthanasia is required to send the certificate of request to the Coroner. However, Clause 11(2) of the Bill provides that a death as a result of assistance given under the Bill is not to be taken, for that reason only, to be "unexpected, unnatural or violent" for the purposes of being a "reportable death" under the NT Coroner's Act nor "a reportable death by reason only of having occurred during an anaesthetic".

It therefore appears that the Coroner will have no jurisdiction to investigate a death when a certificate is filed²⁷, unless some other matter comes to the attention of the coroner to make the coroner suspect that the legislation was not complied with. Such a matter is unlikely to be notated by the two doctors on the face of the certificate. (It is noteworthy that the VESV Bill, in contrast, provides that the doctor must send a copy of the death certificate

(indicating assisted suicide) to the State Coroner within 48 hours of the death and before burial or cremation of the body, nor does that Bill confine the jurisdiction of the Coroner).²⁸

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Under the NT Bill, while the Coroner is obliged to advise the Attorney-General each year about the number of patients who died under the legislation and the Attorney is obliged to report the matter to the Legislative Assembly (Clause 14(2)), it appears that the Coroner will not have any jurisdiction even to investigate a random sample of deaths occurring under the legislation.

This compares unfavourably with the Dutch position under which more details of the circumstances of each death are provided to the coroner and the local public prosecutor and the decisions of the prosecutors are then reviewed at another level. Under the NT Bill, it is very unlikely in most cases that anyone will review the case once the chief witness is dead.

Therefore, the Chief Minister's comment about The Netherlands that:

Doctors actually break the law, and then submit reports to the police prosecutor who gives them discretionary immunity provided the paperwork is in order. (see page 10 above)

may equally apply to doctors who break the law in the Northern Territory, but who then process the paperwork properly and who are thereby in practice immune from investigation by a coroner.

2.3 The Netherlands experience

It is therefore unlikely that the NT Bill will protect patients any more than the Dutch legitimation of euthanasia has protected Dutch citizens. The Dutch criteria are similar to the conditions in Clause 6 of the Bill, except that the former also provide that the request for death must be "well considered, persistent and durable" and the latter are more explicitly limited to the "terminally ill" who, in the opinion of two doctors, will die within 12 months.²⁹ Under both the Dutch guidelines and the NT Bill, the suffering of the patient need not be physical.³⁰

The widespread abuse of the euthanasia "criteria" in The Netherlands is now well known. In detailed studies summarising research carried out in The Netherlands in 1989/1991 and also evidence which emerged later, Dr. John Keown (see Appendix III³¹) examined the extent to which Dutch law permitted euthanasia and the extent to which the practice of euthanasia conformed with the law. He concluded that the Dutch guidelines clearly did not constitute effective safeguards against non-voluntary and involuntary euthanasia and that the guidelines were not properly complied with in many cases.

As to the requirement that the request for euthanasia must be well considered, durable and persistent, for example, Dr. Keown notes³² one survey which concluded that the interval between the first request for euthanasia and its performance was no more than a day in 13

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percent of cases, no more than a week in another 35 percent and no more than a fortnight in another 17 percent. (Under the NT Bill, euthanasia could be performed within a day if the conditions in Clause 6 could be complied with in that time).

It may be that the Dutch "criteria" are breached, not so much through malice but simply through carelessness and the pressures of a health system short of resources. Dr. Karel Gunning, head of the Dutch Physicians' League wrote recently of this experience:

Few people realise what it means to allow a doctor to decide when is the time for a patient to die. A friend of mine, an internist, was asked to see a lady with lung cancer, being very short of breath and having at most a fortnight to

live. After the examination he asked the patient to come to the hospital for a few days. She refused, being afraid to be euthanased there. "But I myself am on duty this weekend" the doctor assured her. "Come Saturday morning and I'll admit and help you." So the lady came. On Sunday night she breathed normally and felt far better. The doctor went home and came back Monday afternoon. Then the patient was dead. The doctor's colleague had said: "What is the sense of having that woman here. It makes no difference whether she dies today or after 2 weeks. We need that bed for another case."³³

In his study, Dr. Keown found that the most important requirement that the request for euthanasia must be entirely free and voluntary was often breached.³⁴ He observes that the recommended procedure for determining whether a request is free is a conversation of unspecified length or content, during which a doctor could never be sure if pressure had been applied by relatives or other persons. He subsequently notes that the Van Der Maas survey found that in 1990, in the 10,558 cases in which it was the doctor's primary intention to hasten death, there was in the majority (52%) no explicit request from the patient.³⁵

The most worrying implication for the NT Bill is how a system which essentially relies on a doctor to expose his own wrong doing (and which requires him to consult with an independent colleague) has led to this situation. There is no doubt that the difficulty of detecting abuse is largely responsible. As Keown notes in his earlier article³⁶ (commenting before the 1993 amendments):

The limited prospects that may have existed for detecting abuse in reported cases have been further reduced by the Ministry of Justice's directive to prosecutors that they should order a police investigation only if the medical examiner's report reveals suspicious circumstances. One prosecutor regarded the directive (which, he revealed, had been introduced against the advice of the Chief Prosecutors) with dismay. He explained that the medical examiner does not have the necessary investigative expertise and conducts an enquiry which is "just a chat between doctors and no inquiry at all". The prosecutor added that the examiner's perfunctory certificate stating the cause of death was hardly of assistance in deciding whether the police should be asked to investigate...

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Yet under the NT Bill, there is not even a "medical examiner's report" - once the euthanasia certificate is signed and sent to the Coroner, it would appear that a coroner would have no jurisdiction to investigate the death unless the certificate itself (or some other source) indicates that the Bill has not been complied with.

3. THE RELEVANCE OF PALLIATIVE CARE

The need for this Bill is clearly based on the assumption that adequate palliative care is not sufficient to relieve pain and the other symptoms associated with "terminal illness".

Yet those who work in palliative care with the dying are frequently the most opposed to the legalisation of euthanasia. As a 1990 World Health Organisation Report ("Cancer Pain Relief and Palliative Care") concluded:

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.³⁷

The Select Committee will no doubt receive evidence from palliative care specialists in this matter, but in support of the above proposition, the Appendices IV to VII are attached.

Dr. John Zalcborg, director of medical oncology and palliative care, in the second of his letters to **The Age** (attached as Appendix VII), points out what may be one of the most important factors behind the introduction of the NT Bill:

...perhaps your readers will find it ironical, as I did, that the Northern Territory, one of the few places in the world to consider legalising euthanasia, has no medical oncologist, very limited radiotherapy services, not a single palliative care specialist, an inadequately resourced domiciliary palliative care program and not a single hospice.

Nor is the legalisation of euthanasia likely to bring about any improvement in these services.

In investigating the Dutch "guideline" that the patient must be undergoing intolerable suffering and that alternatives to alleviating suffering must first be considered, Dr. Keown notes³⁸ a 1987 Health Council Report on palliative care in The Netherlands which concluded that 54 percent of cancer patients in pain suffered unnecessarily because doctors and nurses did not sufficiently understand the possibilities for alleviation of pain and that research at The Netherlands Cancer Institute, Amsterdam, found that pain management was

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judged to be inadequate in slightly more than 50% of evaluated cases. Evidently only 27% of Dutch GPs are trained to treat cancer pain and 40% are unaware of the sometimes severe pain suffered by their cancer patients.³⁹ As of 1990, there were only two hospices in the whole nation⁴⁰ and its medical schools, as of 1993, offered no specific training in palliative care.⁴¹

4. CONCLUSION

The Parliament of the Northern Territory should reject this Bill and promote instead the development of adequate palliative care services in the Territory. Instead of promoting human rights, the enactment of the Bill will threaten the security of a most vulnerable class of patients both on its own terms and because it will be enacted with inadequate provisions for detecting abuse. Indeed the Bill contains less provisions for detecting abuse than equivalent procedures in The Netherlands, where abuse of the official "criteria" for euthanasia is now well known. The result will be that a most vulnerable class of persons will be denied the equal protection of the law of homicide.

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1. WHO Expert Committee Report, "Cancer Pain Relief and Palliative Care" **WHO Technical Report Series**, No. 804, WHO, Geneva, 1990, as cited in R.G. Twycross, "A Doctor's Dilemma" in Appendix IV to this submission (P.3, at footnote 8).
 2. In the case of **Lee v. Oregon** in the US District Court (Eugene, Oregon) (Cause No. 946467TC) a preliminary injunction was sought to prevent the operation of the Oregon Act until questions relating to the constitutionality of the legislation could be considered. The injunction was granted on 27 December last year.
 3. D. Mendelsohn "Medico-Legal Aspects of the 'Right to Die' legislation in Australia" 19 **Melbourne University Law Review** 112, at 127 and footnote 87, citing C.J. Meakin "Screening for depression in the medically ill. The future of paper and pencil tests." (1992) 160 **The British Journal of Psychiatry** 212.
 4. B. Pollard **The Challenge of Euthanasia** (1994), p. 119.
 5. "Rational Suicide and the Right to Die" **The New England Journal of Medicine** (10 October 1991) pp.1100-1103 (citing the studies in footnotes 7-11). See also Mendelsohn, op.cit. and Pollard, ibid., (p. 119) who cites in footnotes 5 to 9 - S.B Guze and E. Robins "Suicide and primary affective disorders" (1970) **British Journal of Psychiatry** Vol 117, pp.437-438; C.P. Miles "Conditions predisposing to suicide: a review" (1977) **Journal of Nervous and Mental Disorders** (Vol.165)

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pp.231-246; E. Robins, G. Murphy, R. Wilkinson, et. al., "Some clinical considerations in the prevention of suicide based on a study of 134 successful suicides" (1959) **American Journal of Public Health** (Vol.49) pp.888-899; B. Barraclough, J. Bunch, B. Nelson, et. al. "A hundred cases of suicide: clinical aspects" (1974) **British Journal of Psychiatry** (Vol. 125) pp.355-373).

6. See footnote 13, citing J.H. Brown, P. Henteleff, S. Barakat, C.J. Rowe "Is it normal for terminally ill patients to desire death?" 143 **American Journal of Psychiatry** (1986) 208-11.
7. See note 2 above.
8. See paras. 2 to 6 and Exhibit A of the affidavit in Appendix II.
9. Section 3.03 of the Oregon Act provides that if in the opinion of the attending or consulting doctor, a patient may be suffering from a psychiatric or psychological disorder or "depression causing impaired judgment", either doctor shall refer the patient to a psychologist or psychiatrist and that no medication to end life may be prescribed until the psychologist or psychiatrist determines that the person is not suffering from a psychiatric or psychological disorder or depression causing impaired judgment.
10. See page 1101 and the citations in footnotes 14 to 17.
11. *Ibid.*, p. 1102
12. Compare Section 3.01(5) of the Oregon Act which provides that the attending physician should request that the patient inform next of kin - but the patient is not required to do so - see also Section 6 and the form of the request and paragraph 15 of Dr. Gill's affidavit in Appendix II.
13. Contrast Sections 1.01(2), (3) and (8) and 3.01(3) of the Oregon Act.
14. See Clauses 6(d) and (f) of the Bill.
15. See, eg., B. Pollard "A commentary on the Medical Treatment (Assistance to the Dying) Bill 1993" **Monash Bioethics Review** Vol. 13, No. 1 (Jan. 1994) p.48, at p. 51.
16. **Arato v. Avedon**, 5 Cal. 4th 1172, 117 (1993), as cited in the Brief submitted by the International Anti-Euthanasia Task Force (2 September 1994) in the case of **People of the State of Michigan v. Jack Kervokian** (Michigan Supreme Court, Case No. 99591), at p.37, footnote 121.
17. Clauses 6(b) and 6(c) make similar, although not identical provision.

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18. The Oregon Act provides in Section 1.01(12) that:

"Terminal disease" means an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, produce death within six (6) months.

19. "Physician-assisted suicide: The Dangers of Legalisation", **American Journal of Psychiatry** (January 1993), as cited and quoted by Dr. Gill (see Appendix I, para. 32).

20. See, eg, Appendix 3 to Volume 1 of the Report of the Select Committee on Medical Ethics of the UK House of Lords and J. Keown "Some reflections on Euthanasia in The Netherlands" in **Euthanasia, Clinical Practice and the Law**, edited by Luke Gormally (London, 1994) (see Appendix III to this submission) at pp.194-197.

21. See Keown, *ibid.*, at p. 197 and also at footnote 25.

22. But note that an Associated Press Release on 16 February reported that the Dutch Justice Minister intended to drop the requirement that the patient be "about to die". It seems unclear how that requirement would form part of the criteria as set out in the article by Keown (see note 20 above). Legal Counsel to the Royal Dutch Medical Association, Johan Legemaate, is reported by Associated Press to have welcomed the move, saying that the terminal issue has never been viewed as a valid criterion because the concept is difficult to define and apply.

23. Report of the Select Committee on Medical Ethics, op.cit; Dr. H. Jochemsen, Director of the Prof. dr. G.A. Lindeboom Instituut, in **Bioethics Research Notes** (Southern Cross Bioethics Institute) Vol. 5, No. 2, June 1993, pp.1-2.
24. H. Jochemsen, op.cit.
25. Letter to The Age, 19 February 1993.
26. See "Some Reflections on Euthanasia in the Netherlands" from **Euthanasia, Clinical Practice and the Law** (edited by L. Gormally) pp.193, 208 - see Appendix III to this submission)
27. See Section 14(1) of the Coroners Act 1993.
28. See Clauses 7 and 15 of the VESV Bill. Under Section 15(1) of the Victorian Coroners Act 1985 (similar to Section 14(1) of the NT Coroners Act), a coroner has jurisdiction if the death appears to the coroner to be "reportable", and "reportable death" includes one which appears to have been "unnatural" (Section 3).
29. See note 21 above.
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30. See condition 3 set out on page 10 above and Clause 6(f) of the NT Bill which refers to the patient's "suffering or distress" as well as pain.
31. "Some Reflections on Euthanasia in the Netherlands" and "Further Reflections on Euthanasia in the Netherlands..." published in **Euthanasia, Clinical Practice and the Law** (edited by L. Gormally) pp.193, 219. Dr. Keown's findings prompted a response from the authors of a survey he discussed ("Dances with Data" by J. Van Delden, L. Pijnenborg, P. Van Der Maas, in **Bioethics** Vol.7, No.4, 1993) and that response, together with a further response from Dr. Keown ("Dances with Data: A Riposte" **Bioethics Research Notes** Vol.6, No.1, March 1994) are also attached in Appendix III to this submission.
32. Ibid., p.204.
33. Letter written to the International Anti-Euthanasia Taskforce and published in IAETF Update (November/December 1994), pp.5-6.
34. See pp. 203-204 of Appendix III.
35. See pp.222-227, especially p. 224 in Appendix III to this submission. The exact number of deaths by euthanasia is discussed in those pages and also in "Dances with Data" by J. Van Delden, L. Pijnenborg, P. Van Der Maas, in **Bioethics** Vol.7, No.4, 1993 and "Dances with Data: A Riposte" **Bioethics Research Notes** Vol.6, No.1, March 1994, also reproduced as part of Appendix III to this submission.
36. See p.208 of Appendix III.
37. WHO Expert Committee Report, **WHO Technical Report Series**, No. 804, WHO, Geneva, 1990, as cited in R.G. Twycross, "A Doctor's Dilemma" in Appendix IV to this submission.
38. See pp.233-235 of Appendix III.
39. Ibid., and see footnote 88.
40. Wesley Smith "Don't reject suicide laws" **USA Today** May 3, 1994.
41. Zbigniew Zylicz, "Hospice in Holland: The Story Behind the Blank Spot" **American J. Hospice & Palliative Care** (July/August 1993), 30, 32, as cited in the Brief submitted by the International Anti Euthanasia Taskforce (2

September 1994) in the case of **People of the State of Michigan v. Jack Kervokian** (Supreme Court of Michigan, Case No. 99591) at p.20 (footnote 57).

Karin S.M. Clark

21/3/95

SUBMISSION 496 1

11 Mirinjani Retirement Village,

42/11 Namatjira Drive,

Weston, A.C.T. 2611

21 March, 1995.

Select Committee on Euthanasia,

Parliament of the Northern Territory,

P.O. Box 3721, Darwin,

Northern Territory 0801.

Dear Sirs,

I understand that you are about to consider submissions from the public on the Voluntary Euthanasia Bill now proposed for enactment by the Northern Territory Parliament.

I should like to emphasise that this Bill is not designed to prevent anyone from doing anything that his own conscience considers to be wrong. In fact it compels no one to do anything at all. It simply enables a person to take an action deemed by himself to be right for himself and which harms no other person.

Anyone who has witnessed the physical and mental agony that sometimes accompanies a terminal disease would agree that it resembles torture and were it to be inflicted on the sufferer against his will by another person would be punished by law. The Bill will prevent such agony being undergone by a terminally ill and helpless individual except by his own volition: surely a cardinal Human Right.

The opponents of this Bill, which as far as I can ascertain are confined to a small but well-organised group, usually called 'right-to-lifers' are on the other hand not content to decide for themselves whether the permission to die sanctioned by this Bill, under its proper safeguards, should be exercised by themselves, but wish such merciful action to be prohibited to everyone else as well.

It is difficult to conceive of any human being advocating the infliction of unnecessary but often intense pain on another person but I understand that this advocacy is made because it is considered by the group to be the will of God.

But neither the opponents of this Bill nor those who, like myself, are advocates of its enactment can have the slightest real knowledge of God's will on this subject, He is, in the language of the media: 'not available for comment'.

Yours Sincerely,

H.E. Maude

SUBMISSION 497 1

Hon E H Poole

Chairperson

Select Committee on Euthanasia

GPO Box 3721

Darwin NT 0801

Dear Sir

I am writing to express my strong, in principle, support for the proposed Rights of the Terminally Ill Bill 1995. The suggestions that I am going to make will in my view, enhance the bill, not detract from it.

Because of the very personal nature of the evidence I am submitting it would be in my family's best interests if this submission were to be used anonymously if at all possible.

My submission is based on my own family's experience of a genetically-based neurological disease known as Huntington's Disease (HD). Hence my request for anonymity, as public exposure by one member of the family would automatically place the rest of my family in the spotlight.

Some of the issues I wish to raise will have some pertinence with regard to other neurological diseases such as Alzheimers Disease.

The booklets enclosed give a bit of an idea of why this issue concerns me & my family. When my mother died (in her mid 50's - 10 years ago) of HD the doctors in NSW had to contact her 5 children to ask our permission to stop further medical intervention. We all agreed to this as she had suffered HD for 20 years & we didn't want it to go on any longer. That was difficult & probably at the time, illegal, but necessary. She never had the option of telling us what she wanted.

HD is a hereditary neurological disease which is currently incurable (see 2 booklets enclosed). In the final stages, say the last 2-3 years, the patient is usually in a nursing home & increasingly dependent. Progressively they can't sit, talk, eat, walk, read or even watch TV. At this last stage there is so much deterioration of brain cells that they are not capable of making decisions about anything much, including euthanasia.

So my suggestion is that in cases like this the decision shouldn't be left to the last year of life. In my own case I would want to make the decision while I was still able to - say up to about 3 years before death & then have the decision carried out on my behalf 1 or 2 years after that - if that was still my wish. If the issue had been dealt with & discussed fully while I was still marginally functional it would be possible to communicate a reply to a direct question about it later on. I wouldn't want the decision taken out of my hands but I would want to make it earlier than 1 year before death is likely.

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With HD even if an eventual cure was to be found it would work to slow down the rate of progress of the disease. It is very unlikely that any cure would be found that re-built dead brain cells. So if they find a cure in the next 5 years it will be useful in preventing further damage - but if it takes 10 years it will be too late for me.

I have seen this disease at work in many people now - so I know I don't want to be around for the last total dependent stage. So far as the proposed bill is concerned I need some way to make the decision & have it carried out 1 or 2 years earlier than is being proposed. My guess is that there are other neurological diseases such as Alzheimers where the patient may be incapable of making the decision in the last year of life.

With diseases like these the patient is not suffering pain - but I would argue that for me at least, the quality of life is such that I would prefer to die. I have heard some talk of the concept of a 'living will' which currently has no status in law (I think) but which could take account of the need to decide these issues earlier'?

Some of the opposition to this bill is no doubt driven by sincere religious faith. My view is that persons with these religious convictions should of course, be allowed to have their own actions with regard to their own death, be driven by their own religious convictions. They certainly should not determine the range of options on this matter which apply to other persons, such as myself, who do not share their religious faith.

I want the right to die with dignity at a time of my own choosing. I am willing to discuss this submission further(hm ph: 817705).

Name and address withheld upon request.

Enclosed with submission booklets entitled:

Huntington's Disease;. originally written by Dennis H Philips, Ph.D., prepared by Robyn Kapp, B.A., Australian Huntington's Disease Association (New South Wales) Inc

Caring for The Patient with Huntington's Disease; On Nursing Huntington's Chorea, Frank Graham, Australian Huntington's Disease Association (New South Wales) Inc.

SUBMISSION 498 1

Southern Community Hospice Programme

in association with FLINDERS MEDICAL CENTRE
REPATRIATION GENERAL HOSPITAL
FLINDERS UNIVERSITY OF SOUTH AUSTRALIA
FLINDERS MEDICAL CENTRE VOLUNTEER SERVICE
SOUTHERN HOSPICE FOUNDATION
ROYAL DISTRICT NURSING SOCIETY
SOUTHERN DOMICILIARY CARE & REHABILITATION SERVICE

The Chairman

Select Committee on Euthanasia

GPO Box 3721

DARWIN NT 0801

20/3/95

Dear Members of Select Committee,

Please accept my submission.

I have worked for over a decade as a full-time palliative care doctor.

My views on euthanasia have been shaped through my involvement with patients, including some particularly challenging cases, through research, and a great deal of thought and discussion with other people.

I hope to be able to give oral evidence to the Committee.

Yours sincerely,

Dr Roger Hunt

Medical Co-ordinator

Clinical lecturer, The Flinders University of

South Australia.

2

Submission to the Legislative Assembly of the Northern Territory Select Committee on Euthanasia

Dr Roger Hunt

Background

According to Morgan Gallup Polls, the proportion of Australians in favour of euthanasia has steadily increased over the past thirty years.

If a hopelessly ill patient, in great pain with absolutely no chance of recovering, asks for a lethal dose, so as not to wake again, should a doctor be allowed to give a lethal dose, or not ?

Year 1962 78 83 86 87 89 90 91 92 93

Give dose 47 67 67 66 75 71 77 73 76 78

No dose 39 22 21 21 18 20 17 20 18 15

Undecided 14 11 12 13 7 9 6 7 6 7

This changing attitude to euthanasia is being driven by:

an aging population - old people tend to think more about death and fear it less than young people

increasing numbers of deaths from cancer - now the leading cause of mortality in Australia, accounting for 26% of all deaths

a growing disenchantment with medical efforts to keep dying patients alive when their quality of life is poor

limitations in the ability of palliative care to relieve suffering

an increasingly educated and assertive patient population

less traditional religious authority and a more liberal society

a strong belief in the right to choose the manner of one's living and dying.

Changing terminal care practices

Terminal care practices have changed rapidly in Australia. Only a few decades ago, doctors (like the general public) tended to be death-denying. Patients with a terminal diagnosis were usually not informed of the diagnosis, they were treated aggressively as if they would get better, or were neglected out of a sense of failure. The prevailing attitude was that terminally ill people would be best cared for in hospital, but the routines of hospitals and the limited visiting times only served to alienate these patients from more humane concerns.

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Attitudes began to change with the death awareness movement, which was championed by Dr Elizabeth

Kubler-Ross - her book *On death and dying* was released in 1969. Hospice initiatives in the UK and North America offered a tangible direction for the care of dying persons, and an alternative to conventional hospital care. The 1980's saw a rapid growth of palliative care in Australia, stimulated on many fronts by collaboration among existing health care providers, church organisations, cancer foundations and government. The Commonwealth government has taken increasing responsibility for palliative care provision.

The shift to the palliative mode of terminal care has meant:

1. terminal patients are no longer kept alive at all cost
2. more emphasis is given to patients' quality of life and
3. patient participation in decision-making is encouraged.

Nevertheless, the palliative care community has opposed active euthanasia. A draft policy statement from the Australian Association for Hospice and Palliative Care produced in March 1995 (Appendix) suggests to me that this opposition may be softening.

The limitations of palliative care

Many of the symptoms and much of the suffering associated with terminal illness cannot be eliminated, even with the best of palliative care. The table below shows the results of a survey conducted in South Australia. It indicates, for example, that 87% of terminal cancer were reported as having weakness, 75% of these had severe weakness and treatment helped in only 3% of these cases. Similarly, surveys from prestigious cancer treatment and palliative care centres show that most patients experience multiple concurrent symptoms which cannot be eliminated. The US National Hospice Study, a major multi-centre study in the 1980's, failed to show much difference between hospice and nonhospice patients in terms of symptom control, but it did show a greater level of satisfaction among clients of hospice services.

Table 2. The prevalence and severity of symptoms experienced by 100 cancer patients and the extent to which treatment helped - as reported by relatives (South Australian Parliament, 1992).

Symptom Experienced? Severe? Treatment helped?

% of all cases % of those % of severe

experienced cases

Weakness	87	75	3
Loss of appetite	83	69	11
Weight loss	80	71	0
Pain	73	77	75
Constipation	58	78	42
Difficulty breathing	53	60	63
Trouble sleeping	48	21	62
Nausea/vomiting	42	50	43
Cough	42	33	14
Confusion	42	38	0
Fluid retention	40	63	40
Other	26	77	25

In addition to the physical symptoms, many patients experience intractable distress in the psychological dimension. The most common types of psychological problems in patients with advanced cancer are adjustment disorders, depression, anxiety and delirium. Surveys indicate that 50-80% of terminally ill patients have concerns or troubling thoughts about death, and that only a minority achieve an untroubled acceptance of death. Hopelessness, futility, meaninglessness, disappointment, remorse, and a disruption of personal identity are frequently experienced. Unfortunately, there is very little research showing the extent to which these problems can be ameliorated with professional intervention. I suspect that many of the psychological and existential problems of dying patients are resistant to palliative intervention.

The hospice ideal, therefore, to provide a painless and symptom-free, comfortable death with dignity is usually unobtainable and should not be promised. It is a rhetorical myth that hospice and palliative care can relieve *all* the suffering associated with the advance of diseases like cancer, AIDS, and motor neurone disease.

Hospice patients do request euthanasia. An audit of patients who died at Daw House Hospice, a teaching unit of the Flinders University of South Australia, showed that the proportion of patients who request euthanasia in a consistent and persistent manner was 6% (Appendix). This is similar to the proportion of cancer patients in the Netherlands who die with euthanasia (7%).

Ethical considerations

Palliative care has promoted **passive euthanasia**, that is the withdrawal and with-holding of life-prolonging treatment to let nature take its course. It is generally regarded as ethical and appropriate to forego life-prolonging treatment which is futile or refused by a competent patient. The patient's right to passive euthanasia has been enshrined in legislation around Australia, beginning with the South Australian *Natural Death Act, 1983*.

The **intention** of the doctor in relation to shortening a patient's life, whether by act or omission, has been regarded as crucial in law. For example, the palliation of severe pain and suffering with an infusion of large doses of opioids and sedatives can cause drowsiness, less intake of food and fluids, a diminished cough reflex, retained airway secretions, and result in respiratory infection and life-shortening. If a member of a health care team claims the intention of administering 'pharmacological oblivion' was purely to relieve the patient's pain and distress, then it is regarded as good palliative care and there is no legal problem. If another member of the team admits doing so with an intention of hastening the patient's demise ('it's what the patient and family wanted and a quick death was a blessing'), then this clinician could be charged with murder. Two ludicrously different outcomes for these two members of the same team administering the same treatment to the same patient, simply because of different expressions of intention!

Some opponents of euthanasia claim that the clinician's intention also differentiates life-shortening palliative measures from **voluntary euthanasia**. Their argument uses the principle of double effect: On the one hand the primary intention is to relieve suffering, the shortening of life being an unintended secondary effect, while on the other hand, with euthanasia there is a clear intention to shorten life. But the moral 'rights and wrongs' are not clear-cut because:

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1. The motivation in *both* practices is compassion and the intention is to relieve suffering in a way desired by the sufferer. This is clearly different to murder where sinister motives prevail and the person who is killed against his or her wishes is a victim of inhumane behaviour.

2. The hastening of death is an outcome of both life-shortening palliative measures and voluntary euthanasia, only it is slow with the former and fast with the latter. In terms of consequences, the two practices vary by degree rather than being morally distinct entities. Palliative sedation or pharmacological oblivion, therefore, may be regarded as slow active euthanasia.

SUBMISSION 499 1

Lucy Bell

6/11 Undoolya St

Tiwi NT 0810

Tel: 45 4583

23 March 1995

The Chairman

Select Committee on Euthanasia

GPO BOX 3721

DARWIN NT 0801

Dear Sir,

'RIGHTS OF THE TERMINALLY ILL BILL'

I wish to express my strong opposition to the proposed Private Members Bill on the Rights of the Terminally Ill, 1995.

The very fact that it is deemed necessary to discuss the pros/cons, yes/no, rights/no rights, to assist in requests for suicide, places us in an insane and dark mode of thinking, and, then on to even darker alleys.

To name but one of many: Why should only adults and not children, teenagers under-age or so-called mentally disabled people be excluded from this supposedly beneficial Bill. Does unbearable suffering from a terminal disease suddenly become bearable because one is not a competent adult? Should equal rights prevail: Who then in their case makes this interesting choice and signs on the dotted

When we are fit and healthy, death is but a distant thought and intense suffering a repulsive idea. It becomes a different story when one is older and life has hopefully brought some perspective in values.

I offer the introduction of a palliative care service as an alternative suggestion since death is not a Right but appears to be a necessity.

When we vote for politicians, we don't empower them to sanction matters of life and death. That is far beyond their call of duty.

Thank you for your attention.

Yours faithfully

Lucy Bell

SUBMISSION 500 1

RATIONALIST ASSOCIATION OF NEW SOUTH WALES

58 Regent Street

Chippendale N.S.W. 2008

22nd March, 1995.

The Secretary,

Select Committee on Euthanasia,

Parliament of the Northern Territory,

P.O. Box 3721

Darwin. N.T. 0801

Dear Sir/Madam,

It has been the longstanding policy of this Association to support voluntary euthanasia. Some members have witnessed loved ones suffer great pain, for long periods, for no avail. We have heard their pleas for euthanasia to allow their peaceful, painless, inevitable demise. But of course up to the present it has been illegal to fulfil their just, individual liberty.

One person's freedom finishes where another person's rights begins. A person does not have the right to deny another's freedom - where that person's freedom does not affect the rights of the denier.

Claims of authority of scripture are irrelevant as our governments are of secular nature. Furthermore, authority of scripture cannot withstand the rigours of validity testing via philosophy, science and commonsense.

In the unlikely event that the majority of the population do not approve of voluntary euthanasia, it also is irrelevant as the rights of the minority have to be protected. It is the duty of governments to decide legislation on their merits i.e. what they consider the best for society and the individual. It should not be decided by response to scare tactics.

Thanking you for this opportunity to participate in an important decision.

Yours faithfully,

Peter Hanna

Honorary Secretary

SUBMISSION 501 1

9 Fox Crescent

Nightcliff NT 0810

Hon E H Poole

Chairman

Select Committee on Euthanasia

GPO Box 3721

Darwin NT 0801

Dear Mr Poole

Please accept this paper as a late supplement to my earlier submission.

Yours sincerely

Hinton J Lowe

20 April 1995

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A SUPPLEMENTARY PERSONAL SUBMISSION from

Hinton J Lowe

to the Select Committee on Euthanasia, Legislative Assembly of the Northern Territory of Australia

The following addresses one of the claims made by opponents of the Bill which causes most misgivings and fears in the community:

that it will open the flood-gates, or begin a slippery slide down a slope of permissiveness, in which situations which are excluded by the Bill will become acceptable: including terminations of patients' lives against their will.

1. It must be admitted that the scope of the Bill is probably too narrow. There are people who would want to advocate that some patients who are suffering an illness or disability which is not terminal, in the sense that the time of their death is uncertain, or unlikely that death will result within twelve months, may want to end their lives. It is argued that they should also have this right, if continuation of their lives is unacceptable to them because of poor quality, suffering and no prospect of significant (to them) improvement.

The proposed Bill is founded upon a principle that affirms the personal right to choose to die in circumstances where patients judge the quality of their lives to be unacceptable in terms of their own values and expectations.

There seems to be a sound argument for recognising equally the rights of those who will die within twelve months, and those who will die later (even if not as a direct effect of the diagnosed illness or disability). Some long term degenerative, chronic conditions, and disabilities, are likely to result in some sufferers reaching a point when they will want to exercise their right to die, even if their life expectancy is longer than twelve months. Should they be denied the right? That would certainly not be justified by the principle which is the rationale of the Bill.

Such an extension of the scope of decriminalisation would be consistent with the principle. However it would *not extend the principle itself*; even if it does increase the number of people who could benefit from legal recognition of a right to choose the time of their death.

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Such amendment of the proposed Bill, now, or in the future, seems reasonable. But it certainly would not constitute an *opening of the flood-gates*: since the governing principle would not itself be extended by doing so.

In any event, it is the responsibility of the legislature, the government and the community to ensure that the integrity of the principle is maintained: whatever amendments might be made to extend the circumstances in which the exercise of the right will be permitted *by the law*.

2. An especially bemusing argument of this type against the Bill is that:

its enactment and implementation will lead to an increase in the instances of medical practitioners and other health professionals acting in ways which would transgress the principle of the personal right to choose to end life, that underpins the Bill.

Examples might be: decisions taken in collusion between health practitioners, relatives, spouses or partners,

without the consent of the patient, perhaps for financial gain; decisions taken by doctors because they want the organs for transplants; for reduction of the costs of a hospital or nursing home budget; to relieve the stress of relatives, or health professionals in maintaining treatments and palliative care, which they see as futile; or because health care costs become a burden to the patient or others. There might be other motives to take some immoral action to kill patients.

However this Bill does not sanction any of them. It essentially honours the patient's right to choose to die because of unacceptable deterioration and loss of life quality. It explicitly prohibits any such actions. They would remain criminal offences under this Bill.

We do know from research, personal reports and anecdotes that health practitioners, and sometimes others, already often assist patients to die.

Perhaps some immoral decisions and actions are already taken in medical practice, and outside it. We are unlikely to know, or find out: because all actions to assist patients to die are now carried out covertly. The secrecy within medical practice in this area conceals both consciencious assistance and any immoral

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activities: because all are now illegal. The hypocritical unwillingness to investigate cases which are consciencious practices also serves to protect any perpetrators of evident wickedness. A conspiracy of silence and neglect results from the present situation.

If, as the National President of the AMA, Brendan Nelson, has been reported to claim (NT News, 27/2/95), there are doctors who are inept, lack knowledge of patients' rights or have evil intentions; then they are protected by the present situation. Blanket prohibition creates blackmarket conditions.

It is beyond comprehension that the introduction of the measures of this Bill would actually result in an increase in the risk to patients of wicked, and criminal medical interventions to terminate their lives. Indeed, they will be more likely to be investigated. Definition and prohibition of such actions, and the penalties against infringements, are explicitly defined in the Bill: surely an improvement on the present situation.

The passage of the Bill will not begin the descent down a slippery slope: on the contrary, it will mark the beginning of an ascent to a higher order of standards and controls in medical practice in responding to patients' own decisions about the quality of their lives.

The clarification of what is permitted and what is prohibited will also result in even stronger motivation to use and improve methods of palliative care for those who cannot, or choose not to take the opportunity to exercise their rights under the provisions of the Bill. Improvements in palliative care will also reduce, and defer, choices to end life.

3. It is a further matter of great concern that opponents of the Bill have apparently misused reputations, professional titles and status to gain attention in the media to statements which are at best distortions; and at worst misrepresentation. Some of these seem calculated to arouse fears in the community which are unfounded in the actual terms of the Bill. Such fears can have harmful and dangerous consequences, if they result in distrust of the medical profession and health services; and perhaps even avoidance of their use by people who need treatment or hospitalisation.

Examples:

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On the 7.30 Report, two long sessions were broadcast of 'interviews' of an American 'medical' polemicist, a Dr

Robin Bernhoff, who claims to have defeated 'similar' initiatives in the United States. He was also included in the Late-Line program on 11 April. He was allowed to deliver a virtual monologue of opinions that are based on his experience in his home country: which is reputed to have the worst health care system in the Western world: whether in terms of cost, efficiency or equity. The benefits of the USA health system are skewed to an immoral degree to the advantage of the rich. Conditions and statistics there have almost no relevance to the Australian situation in this respect. In particular, Dr Bernhoff claimed that Australian doctors are incompetent in providing palliative care. Perhaps some are. And advocacy for improvement in this form of medicine is unexceptionable. However failure to recognise existing expertise and resources, and continuing advancement in this field, is reprehensible because of the exaggeration of the extent of the problem.

Australian doctors work in a system of universal medical coverage, and often have great expertise in treating terminal illnesses, including palliative care; which is certainly more generally available to Australians than it is to United States citizens. They have not been afforded equal coverage. The Right to Life Association, which financed Dr Birkoffs visit has had a win at the ABC!

One Australian medical academic, a Professor N Lickiss from Sydney, was also given generous coverage on the ABC on the 7.30 Report on 11 April.

She made three claims which are patently misrepresentations or at least incompetent misreadings of the Bill that has been introduced in the NT Legislative Assembly.

The first of her claims was that the provision in the Bill requiring the confirmation by a second medical practitioner is an ineffectual safeguard against abuses (e.g., misdiagnoses, misreadings of the patient's intentions or compliance with the wishes of others). She suggested that the second doctor's role would be largely formal, and did not require knowledge of the patient's condition and history.

In fact, the Bill requires [6 (c)] that the 'second medical practitioner has examined the patient and has confirmed the first

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medical practitioner's opinion as to the seriousness of the illness and that the patient is likely to die within twelve months ...'

An arbitrary or gratuitous, or merely compliant confirmation by the second doctor would clearly be an offence against the intention, if not the letter, of the Bill. No doubt the courts, and professional associations, would not look lightly on such a default of duty.

Her second argument against the Bill was that any person who is over 18 years old could give consent on behalf of the patient by signing the certificate of request. Indeed this is allowed under the Bill (s. 7): but only subject to the aforesaid confirmation of two doctors, oral request by the patient to end her/his life, and in the presence of the patient and both medical practitioners. These are significant safeguards that were not mentioned by the Professor in this connection.

Thirdly, she claimed that the Natural Death Act in the Northern Territory adequately takes care of end of life situations for the terminally ill; and that those who support the Bill are ignorant of the opportunities it affords.

Well, I for one (albeit not a medical professional) am not ignorant of its conditions. I am certain also that the people I work with to support the Bill understand the limitations on personal choice it prescribes, or fails to accommodate.

The days of patronising and contemptuous assumptions of patients' ignorance and helplessness have been over for some years. We already know that the Natural Death Act does nothing to free us to make our own decisions about how long we want to live! We are unlikely to be deceived about this by such propaganda, and the unfounded fears

it propagates, in order to undermine support for the Bill

The claims made by the Professor on the ABC are either shameful misrepresentations of the Bill, or an exhibition of incompetent misreading. In either case, any other claims she made in this connection are presumably to be viewed with suspicion.

There are many available Australian experts in this field of medical ethics, both philosophers and medical experts, who support the decriminalisation of assistance to patients who choose to shorten their lives. Many have expressed their support for this Bill.

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They appear to have had less exposure on ABC programs in the debate.

However there is a more important consideration:

- that the views of ordinary patients should also be heard: and in the degree that reflects their true proportions of the population (according to now conclusive research).

In view of the widespread misunderstanding or misrepresentation of the terms and scope of the Bill (letters published in newspapers afford further evidence), and the unfounded fears that result, it is recommended that:

a community education campaign be conducted following the passage of the Bill to ensure public understanding of its provisions and their application.

Hinton J Lowe

20 April 1995

SUBMISSION 502 1

P.O. Box 854,

Tennant Creek 0861

19 Kittle Street,

Tennant Creek 0860

20th March, 1995

The Chairman,

Select Committee on Euthanasia,

G.P.O. Box 3721,

Darwin 0801

Dear Sir,

We, the undersigned, as Australian citizens registered on the N.T. Electoral Roll, wish formally to record our support for the Rights of the Terminally Ill Bill 1995.

If, at any stage, either of us should become terminally ill and provided that we are in full possession of our faculties and able to make the decision rationally, we wish to have the individual opportunity to choose a painless, legal, "assisted" death rather than prolonged suffering and loss of quality of life culminating in a "natural" death.

We would not wish any other person to make this decision for us, nor would we wish any person to assist us to terminate our lives if this action would go against their personal beliefs.

Yours faithfully,

ANNIE CHAMBERS

GAVIN JOHN CHAMBERS

SUBMISSION 503 1

Catholic Church

Santa Teresa

nt 0872 phone 089 560922

20th March 1995

Ms P Hancock

Secretary

Select Committee on Euthanasia

GPO Box 3721

DARWIN NT 0801

Dear Ms Hancock

With this short note to you I am enclosing a submission for the Select Committee on Euthanasia. I would be very grateful if it could be accepted.

I must also apologise for being so late in taking this action. Here newspapers are few and far between and our mail service is not very frequent. It is only today that I learned the submissions should be with you by this coming Friday. Now I am 'burning the midnight oil' and trust that your patience will absolve me.

Yours faithfully

Father Joe Brady

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Catholic Church

Santa Teresa

· nt 0872
phone 089 560922

20th March 1995

TO THE MEMBERS OF THE SELECT COMMITTEE ON EUTHANASIA

Dear Members

My name is Father Joe Brady, a Catholic Priest. I live at the above address where I minister to the aboriginal community. I am 75 years old and have completed almost 50 years in the Priesthood. The pastoral work that has

been assigned to me has taken me to every state in Australia as well as Papua New Guinea and New Zealand. My time in the Northern Territory began in 1977 and in 1985 I was asked to come to Santa Teresa.

May I say, speaking as a human being, citizen and a priest, that I am firmly and without qualification opposed to the legalisation of any form of euthanasia, as the term is used in the proposed Bill.

We have received something very precious in the gift of life. It seems obvious to me that to make an attempt on the life of an innocent person is violating a fundamental right. I have heard it said that the freedom to live one's life is meaningless unless it entails the liberty to end one's life. I agree that we are endowed with free will, with the power to determine and decide whatever course of action we would like to follow. But such power does not confer the right to do as we like. If it did, absolute chaos would follow.

The term 'voluntary euthanasia' is used. I know that over the time of our human existence on this planet, people have said 'I want to die' or used similar words. Surely in most cases, indeed in almost every case such words have to be understood properly. How often are they simply the expression of loneliness. I think we are all aware that elderly people can be extremely sensitive. A chance remark, even a look or a gesture can give such a person the mistaken idea that he/she is not wanted, that he/she is a burden, while nothing like that is meant at all. There are those of course who treat their elderly folk shamefully and make their life a misery. I trust that the proposed legislation is not to pander to such selfishness

People of all ages may be forced to suffer prolonged and barely tolerable pain. Because of these very difficult circumstances, they might well believe that they can legitimately seek death or obtain it for others. Again, so it seems to me, and I speak from experience as a Chaplain in hospitals and at a Palliative Care Centre, such pleas are very often simply someone asking for help and love. Apart from medical care, a seriously ill person needs to know that those close to him/her do care and they are prepared to put themselves out to spend time and give of themselves for put themselves out to spend time and for the patient.

And the need is not only the patient's. We all have the need to be caring people. It is certainly a great strain to be with someone day after day or night after night, someone dying a lingering

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death. But to make that effort means so much both to the patient and to ourselves who are so much nobler and so much enriched by the experience.

The matter of pain is serious and cannot be side-stepped. However in recent years there has been quite a deal of research and study on this problem. The Committee would be aware of Palliative Care centres as well as Home Nursing Units that have become standard in both city and country areas }throughout Australia. The question that is in my mind is: "What do we have in the N.T.?" With our ageing population I think it is a relevant question. I am not sure if this is within the competence of the Committee, but I do hope that before they come to a final report and indeed before a vote is taken in the Parliament all the M.L.As. would have some familiarity with Palliative Care. If I may be so bold, I would recommend a visit to the Sacred Heart Hospice, Darlinghurst. N.S.W. and/or Calvary Hospital, Kogarah. N.S.W. In these places you find highly trained staff who show the utmost dedication in controlling pain and caring for terminally ill patients.

There is another question that needs to be faced. "Does a terminally ill patient's life have to be needlessly prolonged ?" The answer of course is NO. Treatment that is futile should be withdrawn. There must always be some proportion between the benefit desired and the suffering that may be caused. No one is obliged to take extraordinary means to prolong his/her life. I have been present at many death beds. For some death has come swiftly and for others it has been a long drawn out process. I have thought a lot about this, how hard it is for some people to die. It all seems to indicate to me that it is so natural to live. On the other hand for someone to intervene with the 'fatal dose' seems so wrong, so unnatural.

I would like to refer the Committee to an article 'Regarding Euthanasia' taken from the European Journal of Palliative Care, Vol.1, No.1, pages 57-59. It is written by David J Roy, Director and Charles-Henri Rapin, Associate Professor, Center for Bioethics, Clinical Research Institute of Montreal, Canada. I would be only too pleased to provide the Committee with a copy of the article.

The familiarity with death that I have has increased even more by living in the Community of Santa Teresa. Over the past year we have buried on the average one a month. It is true that most of these deaths were alcohol related. But any death has a very traumatic effect within the families concerned as well as the Community as a whole. I am wondering if this proposed Bill will cause a further dimension to this trauma. Of course I can speak only for a section of the East Arrernte people and I am no expert. But I do know how quick they are to blame a human agency for death, while overlooking the real cause, e.g. kidney failure through alcohol abuse. I also know how difficult it is to build up a good, open relationship between an aboriginal patient and the doctor. The patient's suspicion can only be greater when it is known that doctors do have the power to terminate life, albeit in restricted circumstances. We have heard so much of the need for more and better health care for aboriginal people. While that requires better health facilities, it surely demands a greater effort to promote more trust, more understanding and more openness between medical practitioners and their aboriginal patients. Far be it for me to criticize the medical or the nursing profession. I can say that many of the people from here who have to go to town to see a specialist or to have further treatment do so in great fear and come away so confused. I feel the proposed legislation will only add to the turmoil.

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I have read the Bill that is cited as 'The Rights of the Terminally Ill' In Part 2, No 6 (f) one of the conditions given for Voluntary Euthanasia, reads "there is no medical treatment reasonably available and acceptable to the patient that will relieve the patient's severe pain or suffering or distress." It seems to me that there is a great deal of presumption in this statement. It seems to suggest that doctors cannot control pain, that they cannot ensure that their patients cannot be given reasonable comfort to die in peace without a terminating interference on their part. I have to say I have more faith in the medical profession and I remain utterly opposed to what this Bill proposes.

Could I make a final point ? We are all aware of the violence that besets our world. I wonder if the move for this form of euthanasia is in a subtle way part of this pattern of violence.

I am grateful for the opportunity to make this submission. I am prepared to come before the Commission, if that is desired. I wish you wisdom in your deliberations.

Father Joe Brady.
SANTA TERESA.

SUBMISSION 504 1

12 Wallis St

Alice Springs

0870

22.3.95

Dear Ms Hancock,

I write to express my fear about the introduction of euthanasia in the Northern Territory. Holland permits euthanasia. Over half those put to death there, were done so without permission. Right now there are reported moves to extend the conditions for euthanasia to those who are not dying, simply ill.

It is of no consolation to me to be simply told, "It couldn't happen here". It will be too late when it has happened.

I remain,

Yours faithfully

Pam Williams

SUBMISSION 505 1

Mr & Mrs R & S Hollingworth

14 Glass Crt.

Alice Springs

Dear Ms Hancock,

We are writing to you to express our alarm at the Chief Minister Marshall Perron's euthanasia bill. Holland permits euthanasia. Over half the people put to death there, were don so without their permission. Now there are reported moves to extend conditions for euthanasia to the who are not dying, simply ill. It is no good to be simply told, "It couldn't happen here". It will be too late when it has happened.

Yours sincerely

Sue Hollingworth

SUBMISSION 506 1

FROM: Geoff Leedham

Box 1582

Alice Springs

NT 0870

Fax 089 522 822

TO: Select Committee on Euthanasia

GPO Box 3721

Darwin

Fax 515820

Dear Sir,

A quick note to let you know that I thoroughly approve of your attempts to bring in a 'Euthanasia' Bill for the Northern Territory. My biggest fear is that the discussions will be hijacked by persons from outside the Territory, particularly religious groups. I consider it is essential that something be done for the terminally ill rather than continue to maintain their life under wretched conditions. I think the medical fraternity will find it very difficult to let go of their control on what their patients may wish to do in such circumstances. Imparja recently broadcast an excellent program on this topic - it should be recommended viewing for all those who wish to have some sort of input.

Best of Luck

Geoff Leedham

SUBMISSION 507 1

THE SECRETARY,

MS. PAT HANCOCK,

G.P.O. BOX 3721,

DARWIN N.T. 0801

J DOHERTY

P.O. BOX 8982

ALICE SPRINGS

N.T. 0871

21/03/95

DEAR PAT,

I WRITE TO EXPRESS MY FEARS, ABOUT THE INTRODUCTION OF EUTHANASIA IN THE NORTHERN TERRITORY.

HOLLAND PERMITS EUTHANASIA, AND OVER HALF OF THOSE PUT TO DEATH THERE, WERE DONE SO ,WITHOUT PERMISSION.

RIGHT NOW THERE ARE REPORTED MOVES TO EXTEND THE CONDITIONS FOR EUTHANASIA, TO THOSE WHO ARE NOT DYING, JUST SIMPLY ILL.

IT IS OF NO CONSOLATION WHATSOEVER, TO BE TOLD "IT WON'T HAPPEN HERE".

MY FAMILY AND I, HAVE RECENTLY BEEN THROUGH THE EXPERIENCE OF HAVING TO MAKE A DREADFUL DECISION,. TO END THE LIFE OF SOMEONE WE LOVED DEARLY, WHO WAS LIVING ON A LIFE SUPPORT SYSTEM.

NO FAMILY SHOULD LOSE THAT RIGHT, NOR AN INDIVIDUAL, TO LIVE A FULL AND JOYOUS LIFE

YOURS SINCERELY,

JERRY DOHERTY

SUBMISSION 508 1

14 Crick Street,

Chatswood 2067

NSW

20th March 1995.

The Select Committee on Euthanasia

Parliament of the Northern Territory,

P.O. Box 3721

DARWIN.

NORTHERN TERRITORY. 0801

To whom it may concern,

I wish to support the introduction quickly, of Voluntary Euthanasia to be made law by all Australian Governments concerned.

It took twelve agonising months for my Mother to pass away some time ago with Bright's Disease as there was no cure in those days. To watch your Mother's body gradually fill up with fluid and then eventually to drown her in her own fluid was very hard to take, especially as she begged to be allowed to die with dignity. Had Voluntary Euthanasia been, law then she would have been spared a lot less suffering and a more dignified death.

Trusting this will help to get Voluntary Euthanasia made law for the benefit of people similar to my Mothers case.

Yours faithfully,

George Bartlett.

SUBMISSION 509 1

24 Osmonde Road

Roseville Chase

N.S.W.

19 March 1995

Dear Sirs

I am a strong supporter of Voluntary Euthanasia and wish to register my views supporting proposed legislation.

At age sixty two, and enjoying good health, I believe my need for V.E. assistance is still some distance away, but I also believe in the fundamental right of an individual to determine his time of death.

On the one hand, to say that suicide is not a crime, but to assist is a criminal offence must seem illogical and foolish.

As a responsible citizen, I am convinced that the only asset I was given at birth was a life, which was mine to use and terminate when I deem fit.

If my life is not mine to determine, is it the States? Not so!!

I recognize there is a loony fringe and criminal elements who could gain some joy from V.E. but this should not be weighted too heavily as controls are initiated.

We have few problems with terminating the lives of family pets too old and infirm to enjoy life, - but find it difficult to authorize a SELF DETERMINED VOLUNTARY END to our own lives and make it a criminal offence to assist in this matter.

For the individual, his caring family, for the State and for pity's sake make VOLUNTARY EUTHANASIA a legal exit.

Yours faithfully,

Lyall P Orr

SUBMISSION 510 1

KARRINYUP WATERS RESORT (Bay 84)

467 NORTH BEACH ROAD

GWELUP WA 6018

(09) 447 6721

SELECT COMMITTEE on EUTHANASIA

PARLIAMENT of the NORTHERN TERRITORY

PO BOX 3721

DARWIN NT 0801

SUPPORT FOR MARSHALL PERRON'S BILL IN PARTICULAR & VOLUNTARY EUTHANASIA IN GENERAL

I am writing to the Select Committee on Euthanasia to express my wholehearted support for Marshall Perron's Bill in particular and Voluntary Euthanasia in general.

My reasons for supporting this Bill and VE generally are as follows:

1. I believe individuals should have the right to choose in the manner and timing of their death as they do in all other areas of life.
2. Modern medicine and technology has made it possible to keep people 'alive' even though there is no chance of recovery and no quality of life.
3. There are many physical and mental conditions (for example Alzheimer's disease and certain types of cancer) that cause suffering and distress beyond description but do not in themselves cause death in the medium or short term.
4. It is not ethical to force an individual to stay 'alive' against his/her wishes when these wishes have been clearly expressed both verbally and in writing whilst of sound mind and in full knowledge of the facts.
5. I believe 'quality of death' is as important as 'quality of life' and support clarification of the law concerning medically assisted death when this has been voluntarily requested (ie) active voluntary euthanasia.
6. My beliefs stem from compassion for the hopelessly suffering person and those that love and care for them. I believe all options should be available, including the right to a peaceful, good death.

May reality, compassion and wisdom guide you all in your deliberations over this vital issue that will effect us all eventually and thank you for taking my letter into consideration.

MS PAMELA K JACKSON

March 21, 1995. **SUBMISSION 511 1**

261 Coal Point Road

Coal Point

N.S.W. 2283

17th March 1995

phone. 049/591707

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

Darwin

N.T. 0801

Dear Select Committee on Euthanasia

My husband and I are members of Voluntary Euthanasia Society of N.S.W. My husband is 80, I'm 71 yrs.

We would like to have a choice over our right to die with dignity.

My sister Evelyn Norton aged 80 years died on 28/7/1994 after spending 4½ years in a nursing home with Alzheimers disease. She was blind and brain dead for the 4½ years whilst she was in the nursing home. Prior to that she had 5 years of progressive Alzheimers disease.

Whilst she was capable and if she'd had a choice she would've preferred to have been dead.

It is important that this Bill goes through.

Thanking you.

Yours faithfully

B Bowen

T Bowen

SUBMISSION 512 1

Mrs. F. Lawrence

15/1 Spains Wharf Road

NEUTRAL BAY NSW 2089

20th March 1995

Select Committee on Euthanasia

Parliament of the Northern Territory

P O Box 3721

DARWIN N.T. 0801

Dear Members of the Committee,

I would like to make a strong plea FOR the passing of the Bill on euthanasia. Here is my strongest reason for this: -

My mother suffered from breast cancer which was not diagnosed in time. It was treated as 'rheumatism' in the arm, which of course meant the cancer had spread far too wide for an operation when it was at last diagnosed. Radium therapy was tried, but she merely finished up horribly burnt! She eventually became bedridden and was in continuous pain. She was crying out and moaning incessantly.

One day, when the nurse was out for a short time (my mother was cared for at home) a friend or relative slipped her some pills (I don't know what it was) and by the time the nurse came back, she was already unconscious. Thereupon the nurse immediately called a doctor (who happened to live in the same building) and who immediately pumped out her stomach!!! Someone who was obviously moribund, in terrible pain and already mercifully unconscious. Fortunately my mother did not regain full consciousness but remained in a coma for 4 days, during which time she still moaned in pain! Then she died.

You wouldn't do this to an animal! The RSPCA would come down on you like a ton of bricks. How much less should you do this to a human being. I have had breast cancer, but fortunately it was discovered very early and I insisted on prompt mastectomy, always with the terrible memory of my mother's suffering.

Another case some of you may know of. Some years ago a Sydney society hostess, Mrs. Listvan, was in hospital with terminal cancer. It is reported she kept crying out: "help me, help me". Nobody did - not even her husband who was a doctor! He might have 'helped' her if the law had allowed it. This case was not all that long ago, which proves that even the most modern painkillers do not work.

PLEASE PASS THE BILL. I'm 80 years old now and the prospect of soon having to suffer from whatever terrible illness befalls me simply terrifies me, knowing that even if I were in horrible pain nobody would be able to legally 'help' me.

Yours faithfully

F Lawrence

SUBMISSION 513 1

"Fleur Court"

2/26-28 Head St

Forster 2428 N.S.W.

Dear Sir,

I write here to say that as a member of the Voluntary Euthanasia Society I am delighted at the recent turn of events concerning Euthanasia in the Territory.

I do implicitly acquiesce to the right of the individual to take control over their deaths as over there lives.

I do believe helping someone to die is no crime.

I do find it unjust that one should have to find a doctor willing to break the law to assist in dying.

Praying that the law allowing Euthanasia will be passed in your Territory and soon all over Australia and thanking you for your attention, I remain,

Sincerely Yours

D.B. Birmay

SUBMISSION 514 1

Max Y Clare Crafoord

43 Fingal Street

Nelson Bay 2315

DEAR SIR,

I WISH TO LODGE SUPPORT FOR THE VOLUNTARY EUTHANASIA BILL WHICH I BELIEVE IS TO COME BEFORE THE NORTHERN TERRITORY GOVERNMENT/PARLIAMENT.

AS A RETIRED REGISTERED NURSE I HAVE SEEN INSTANCES WHERE LEGAL EUTHANASIA WOULD HAVE TAKEN AWAY DISCRETIONARY PRACTICES BY MEMBERS OF HEALTH CARE TEAMS. LEGAL ACTIVE EUTHANASIA WHEN INTRODUCED HOWEVER MUST HAVE STRICT REGULATIONS AND CONTROLS. IT SHOULD BE A BASIC HUMAN RIGHT, IT IS OPTIONAL AND NOT COMPULSORY.

I AM ALSO IN THE POSITION OF SUFFERING CHRONIC ILL HEALTH AND HAVE ALSO HAD SURGERY AND CHEMOTHERAPY FOR BREAST CANCER 4 YEARS AGO.

ALTHOUGH MIDDLE AGED MY HUSBAND AND I FACE THE PROSPECT OF AGEING AND DEATH IN A PHILOSOPHICAL MANNER. WE WOULD HOWEVER LIKE TO SUPPORT THE LEGAL EUTHANASIA BILL AND WE WOULD BE GRATEFUL FOR ANY FURTHER INFORMATION ON THIS LEGISLATIVE PROPOSAL.

YOURS FAITHFULLY

CLARE CRAFOORD

MAX CRAFOORD

SUBMISSION 515 1

ILARION LEWIS ROMAN JP

=====

CIVIL MARRIAGE CELEBRANT

Sirs,

I wish to register my vote for Voluntary Euthanasia as soon as possible. I have recently been diagnosed with a life threatening disease and would feel confident I'd wish to die with dignity when that time comes.

A colleague of mine just passed away and was not offered this assistance and went through untold suffering needlessly.

Please let me know the progress of this legislation.

Sincerely

I.L. Roman

SUBMISSION 516 1

25 Dress Circle Road

Avalon, N.S.W. 2107

Tuesday, 21st March, 1995

The Chairman

Select Committee on Euthanasia,

Parliament of the N.T.,

P.O. Box 3721

Darwin N.T. 0801

Dear S/M,

Over thirty years ago my Father, a very active man suffered a stroke. There was no hope of recovery.

Whist he did not suffer pain, the distress it caused him, lying helpless and speechless, affected us all. Fortunately it lasted only two to three weeks because the distress and discomfort were alleviated by massive doses of morphine which took him out. We are eternally grateful to the doctor.

From about that date my mother deteriorated from hardening of the arteries of the brain. As far as we know she, too, did not suffer pain. Worse, she suffered from anxieties about such things as the war was going badly. WORLD WAR ONE! and endless other things. It took years for her to deteriorate from being a big woman to "SPARROW" size, unrecognisable. Not only did she suffer but we all suffered. Had I had my way, I would not have had her fed but insured she was administered sufficient suitable drug so that she did not suffer physical or mental discomfort.

These are only two examples of several within my own family, sufficient to convince me that voluntary euthanasia, with adequate safeguards, should be legalised.

My family well know my wishes when my turn comes.

Yours faithfully

R.W. SQUIRE

SUBMISSION 517 1

5 Stanley Avenue,

Mosmsn, NSW 2088

20 March, 1995

Select Committee on Euthanasia,

Parliament of the Northern Territory,

P.O.Box 3721

DARWIN, NT. 0801

Members of the Select Committee:

Late in the day it occurs to each one of us that we will die.

Unless we are lucky enough to die from a swift heart-attack or in an accident, most of us will arrive at a moment when doctor announces across a desk that even those of us who expected to be immortal will certainly die and possibly as one doctor said to me, 'die a horrible death.'

From resisting entirely the idea of extinction, a change of attitude is slowly forced on one's consciousness. So it seems to be certain that one will die, but the question is exactly .how.

Only a very sheltered person could fail to know some deeply distressing details of deaths involving - as one friend wrote to me recently of his wife's death - 'traumatic clinical interventions which were stressful.'

It is a myth that no-one suffers, that there is 'proper palliative care' which is available to all and automatically provided. Who does not know of elderly mothers and fathers in great pain, waiting to die, yet refused adequate pain-relief because, really, the law says they must struggle dreadfully out of life, leaving behind terrible memories, hating those who could have provided succour and chose not to? Sometimes a piece of paper is consulted, and a clock is consulted, and the agony drags on.

I strongly support the views expressed in the Voluntary Euthanasia Bill sponsored by the Leader of the Government, and commend him for his humanity.

Yours sincerely,

Elizabeth Harrower

SUBMISSION 518 1

Mel Noone

Lot 4

Rhones Creek Road

PO Box 33

MACKSVILLE 2247

Committee on Euthanasia

N.T. Parliament,

I am writing to encourage the passing of the euthanasia Bill which I consider fundamental to my human right to exit this life with dignity. I have been HIV+ a long time and when the time comes, failing there being an enlightened bill such as proposed in the NT, I fully intend committing suicide. So why can't my family be saved the trauma of finding a lonely corpse somewhere when the alternative (if NSW follows your lead) is to be surrounded by friends and family and a loving death.

Yours sincerely

Mel Noone

SUBMISSION 519 1

T Quinn CPA, JP

80 Bailey Ave.,

Coffs Harbour

NSW 2450

17.3.95

Select Committee on Euthanasia

Darwin N.T.

Gentlemen

Many who have witnessed loved ones die with no semblance of dignity, all palliative care ineffective and assistance in dying refused have their minds scarred by the suffering they have seen.

Those of us who wish to control our deaths in the event of a terminal illness surely should be allowed to exercise that privilege and not have to resort to suicide with its traumas for those left behind.

Remember in your deliberation it is Voluntary Euthanasia under discussion. No one with contrary views need fear pressure on them to change their honestly held beliefs. In fact the opposite - they should be allowed their freedom of choice - but please not at the expense of those of us seeking a legally controlled environment such as in Holland when we choose to say our dignified Final Goodbyes.

Yours sincerely

Terry Quinn

SUBMISSION 520 1

Parkes Drive

KORORA N.S.W 2450

18th March 1995

The Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

DARWIN N.T. 0801

Dear Sirs,

May we take this opportunity to express our strong support for the Voluntary Euthanasia Bill.

We have been closely involved in three deaths of close relatives over a number years, one from cancer of the intestine, one with gangrene of the toes following on heart problems and a stroke and a third a slow decline in a Nursing Home for 10 years. Each of these people expressed a wish to be able to bring their lives to a dignified close if it had been possible without bringing extra stress on family and physician.

We feel that the choice should be ours as to when life has ceased to be useful or enjoyable and to avoid prolonged palliative care. We have lived a full and interesting life, our independence has been very important to us and we have no wish to just "stay alive".

We sincerely hope this bill will be the beginning of sensible legislation to make it possible to request Voluntary Euthanasia should the need arise.

Yours faithfully,

Doris & Murray Smith

SUBMISSION 521 1

Select Committee on Euthanasia,

Parliament of Northern Territory,

P O Box 3721

Darwin N.T. 0801

Sirs,

A great number of people, particularly those who have chronic illnesses, or have experienced the sudden pain of degenerative disorders, fear the prospect of a continued life which is supported through the indignity of being without control of their own lives.

Provided there are adequate safeguards - that the patient terminally ill, or suffering from severe intractable and irreversible pain, whether physiological or emotional; who is faced with reduced quality of life, and has repeatedly requested assistance to die; then that person should be given the right to make a personal choice to die, and doctors who are satisfied that the wish so expressed, made from personal desire to end life, and is not coerced by others, then the doctor who is fully informed of the patient's physical and mental state and has consulted close relatives, should be empowered to carry out the patient's wish.

I believe that the community at large is in support of the patient's right to make the request for termination of an insufficient life, and the community is in support of doctors being allowed to administer the lethal dose.

Yours faithfully,

M A Smith

Margaret Smith

34 Hopetoun St

Kurri Kurri 2327

SUBMISSION 522 1

17th March

To

Select Committee on Euthanasia

Parliament of the Northern Territory

I understand that a Bill legalizing voluntary euthanasia is about to be submitted to the Northern Territory parliament. I would like to make a submission in favour of such legislation.

It was my unhappy experience to know that my mother suffered a great deal of pain with a degenerative spinal

disorder, and her final days of pain were only relieved by the help and compassion of her doctor, as at this stage her wish was for a quick and painless death.

I am writing to support your action, in the hope, that both State and Federal parliaments will take action and follow your lead.

Margaret C Smith

4 Hibiscus Ave

North Sapphire

Coffs Harbour NSW 2450

SUBMISSION 523 1

Select Committee on Euthanasia,

Parliament of Northern Territory,

P O Box 3721

Darwin N.T. 0801

Sirs,

A great number of people, particularly those who have chronic illnesses, or have experienced the sudden pain of degenerative disorders, fear the prospect of a continued life which is supported through the indignity of being without control of their own lives.

Provided there are adequate safeguards - that the patient terminally ill, or suffering from severe intractable and irreversible pain, whether physiological or emotional; who is faced with reduced quality of life, and has repeatedly requested assistance to die; then that person should be given the right to make a personal choice to die, and doctors who are satisfied that the wish so expressed, made from personal desire to end life, and is not coerced by others, then the doctor who is fully informed of the patient's physical and mental state and has consulted close relatives, should be empowered to carry out the patient's wish.

I believe that the community at large is in support of the patient's right to make the request for termination of an insufficient life, and the community is in support of doctors being allowed to administer the lethal dose.

Yours faithfully,

Hubert Bailey

27 Camperdown Street

Coffs Harbour 2450 N S W

SUBMISSION 524 1

121 Waratah St

Kirrawee 2232

N.S.W.

20th March 1995

The Select Committee on Euthanasia

Dear Sir/Madam,

Thank you for the opportunity of writing. I applaud Marshall Perron and sincerely hope his actions are not in vain:

My father Edward Ash aged 73 died 1973 was a patient of a Dr for 20 years who neglected to take Blood Pressure readings, this resulted in the heart enlarging, helped along by tablets prescribed that should never be given to B/P patients. He was admitted to a psychiatric hospital there diagnosed as a cardiac patient. By this time the original Dr was charged.

Leaving this earth took 2½ years of acute ill health and confinement - I could fill another page giving details, just having water splashed over him was a disaster, and on and on. The last 8 months bedridden with no quality of life only suffering. A man of sound mind, once a very strong body reduced to utter despair told me if he had the means he would have ended his life. I told this to the new Dr and no response. It still haunts me 22 years later. This is why I became a member of the Euthanasia Society.

To have a choice while there's life sometimes there is no hope.

Walk in another's shoes before judgement.

Beatrice Ash-Landos

age 69.

Your efforts most appreciated.

P.S. There is a monument at a Northern suburbs crematorium for the man who pioneered that cause. The people fought against that also.

SUBMISSION 525 1

81 Wanwa A.R.V.

Castle Hill

N.S.W. 2154

Select Committee on Euthanasia

Parliament of Northern territory

P.O. Box 3721

Darwin N.T. 0801

I wish to support legal Voluntary Euthanasia - on the basis that individuals have a right to be helped to die when life has become intolerable. Surely a doctor's duty is to end intolerable suffering.

It is not right that doctors have to defy the law to do this.

Yours faithfully

(Mrs) Marjorie Hohoyde

SUBMISSION 526 1

Select Committee on Euthanasia,

Parliament of Northern Territory,

P O Box 3721

Darwin N.T. 0801

Sirs,

A great number of people, particularly those who have chronic illnesses, or have experienced the sudden pain of degenerative disorders, fear the prospect of a continued life which is supported through the indignity of being without control of their own lives.

Provided there are adequate safeguards - that the patient terminally ill, or suffering from severe intractable and irreversible pain, whether physiological or emotional; who is faced with reduced quality of life, and has repeatedly requested assistance to die; then that person should be given the right to make a personal choice to die, and doctors who are satisfied that the wish so expressed, made from personal desire to end life, and is not coerced by others, then the doctor who is fully informed of the patient's physical and mental state and has consulted close relatives, should be empowered to carry out the patient's wish.

I believe that the community at large is in support of the patient's right to make the request for termination of an insufficient life, and the community is in support of doctors being allowed to administer the lethal dose.

Yours faithfully,

Helen Bailey-Cooke

42 Short St,

Balmain NSW 2041

SUBMISSION 527 1

T. L. Breen

27 Tarramundi Road

Port Macquarie 2444

N.S.W.

18-3-95

Select Committee on Euthanasia

Parliament of the Northern Territory

Sir

I am a member of the Voluntary Euthanasia Society of N.S.W. and firmly believe in its credo.

If ever I am confronted with a terminal illness, I shall accept that nature has ordered one to die, and I shall not delay a request for some convenient method of carrying nature's order to a rapid conclusion. This I feel is a personal part of any freedom.

I fully support the bill sponsored by the government leader of the Northern Territory for the legalisation of voluntary euthanasia, and I sincerely hope that your Select Committee will give full support to the bill.

Yours sincerely

T. L. Breen

SUBMISSION 528 1

2 Welcome Street

WOY WOY NSW 2256

20 March 1995

The Select Committee on Euthanasia

N.T. Legislature

P O Box 6721

DARWIN NT 0801

To the Committee Members:

Submission for consideration by the Committee

I am a member of the Voluntary Euthanasia Society of New South Wales. For about six years I have regularly visited my husband who is a resident of Woy Woy Nursing Home. He is not in great pain and has only recently shown the commencement of signs of dementia.

But during my long association with the Home, I have seen many residents who, if they were not past the stage of being able to speak for themselves, would not wish to end their lives in the appalling state that their condition dictates. Apart from those suffering from Alzheimer's Disease, there are stroke victims and especially a victim of multiple sclerosis who have no quality of life whatever. One lady is so severely debilitated by m.s; no longer able to speak clearly, one wonders what must be in her mind as she continues to face the remainder of life that will end in great suffering.

I urge your Committee to give favourable consideration to the Bill tabled by your Chief Minister. We in New South Wales currently - that is, this week - have a Government whose Premier claims that he sees no interest in the community for any such legislation. Well, he may be guided by his own personal beliefs; but there is great community interest in the subject of Voluntary Euthanasia; perhaps if the Northern Territory legislates in favour of this, other States, especially N.S.W. hopefully will follow suit.

Yours faithfully

(Mrs) M MacQueen

SUBMISSION 529 1

48 Ocean Street

South West Rocks

2431 NSW

18 March 1995

The Select Committee on Euthanasia

P.O. Box 3721,

Darwin.

To Whom it May Concern

When I was nursing in London in 1937 the subject of Euthanasia was the main topic for debate. War followed and we all know how unrestricted the killing of people has become. Bombs and medals are in full supply and wars are fought out in the Cities of the world - Hospitals, homes, water and food, old people, children - Airman lives are bulldozed. Even in 'lucky' Australia hospitals close their beds making life a grim affair for many people who would prefer to die quickly and at peace. Surely people know if and when they want to die without having to subject themselves to the decree of Doctors - who they possibly - probably, these days - don't know, trust or care for. Everyone should be able to take a pill and die quickly and painlessly when they feel their time has come. Talking about legal (Voluntary) Euthanasia for over half a century doesn't seem to have had any effect whatsoever and I have little confidence that the human race will survive long enough to change its habits.

I have just been speaking to an elderly woman - aged 88 years - who is too Assets rich to get any help from the Social Service or Pension Dept. She receives \$700 per fortnight from her deceased husbands property in which she has no further benefit. She is ill, tired and wants to die. Last week she was taken to the local hospital and into intensive care. She was dismayed to find herself next to an Aboriginal man who coughed and had too many visitors and the food was dreadful and she was sent home to look after herself - she is in constant pain - she prays that "The Good Lord will take her", every night. She does not want to go on living - neglected and in pain and financially stressed. Her friends are dead or too far away. She is given Holy Communion once a week but it doesn't help. "I seem to have lost my religion". She would live a mid-day meal!

Case No 2

My friend in a nursing home in another state is 100 years old. "The man up there seems to have forgotten me". Time and again she has fallen and broken bones - each time she hopes for 'deliverance' but she is patched up and returned to the Nursing Home - her eyesight is poor her friends and family relatives are scattered or dead - she wants to die but 'they' will decide in their wisdom.

There are many other similar cases I know of who wish to be able to decide whether they live or die - in their own good time - in their own home or Nursing home in the way they choose quietly, quickly and without being forced into consciousness by drugs and further suffering.

I am sorry time does not permit further work on this - please excuse the writing paper.

P.S. Casey

SUBMISSION 530 1

12 Mergowie Drive

Cleveland

Qld

4163

20/3/95

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O.Box 3721

Darwin

N.T. 0801

Dear Committee Members

I feel very heartened that you have a bill before parliament about Voluntary Euthanasia.

I am a very healthy 55 year old but am so scared that in my old age I will have to go through a miserable and undignified dying process.

I have taken two of my beloved pets to the vet to be put to sleep. What a beautiful way to go. I held them in my arms while they went to sleep. There was no struggle, just a gentle release from life. I would love to be assured of a death like that, if I requested it or if my life became so meaningless that I was incapable of requesting it. My husband feels the same way.

My mother-in-law lived in South Africa and her health went down hill slowly over many years. I wrote to her weekly and she tried to write when she could. Over the last few years she wrote to me several times to say she wished she could die. She was being well cared for in a religious home in Cape Town and was not in great pain but could not get out of bed and eventually her speech started to go. Her daughter and son-in-law, came to visit her regularly. On her last birthday she was asked if she could be brought any thing on the next visit. She was struggling to speak but eventually got out '**I want to die**'. Her daughter was shocked but to me it was a reasonable request, but one that we can do nothing about as the law stands.

I was in Australia and could do nothing. What if it was my mother who is now 83 and in lots of pain and going downhill slowly but inevitably or in years to come my husband or myself ? Would I break the law to help my loved ones? Please make this a legal act in cases of mercy and when genuinely requested.

I do not believe a doctor should have to perform euthanasia but I do think one should be able to get good advice and help if a doctor is willing to give it.

If you can start the ball rolling in N.T. maybe the other states will follow suit.

We should be given the freedom of choice. Why should we have to spend the last years of our life in the worst type of prison imaginable. The prison of ill health or a body that is a burden and no longer capable of coping with a reasonable life.

Good luck

Doreen Hill

SUBMISSION 531 1

68 Murchison Street

Shenton Park

W.A. 6008

21 March 1995

Chairperson

Select Committee on Euthanasia

Parliament of the Northern Territory

PO Box 3721

DARWIN NT 0801

Dear Sir/Madam

As a very healthy, active fifty-seven year old, I rejoice in having had the right to decide where and how to live, what food supplements to consume and what health maintenance actions to take, including exercise and other recreation. I live in a wonderful society that has made all this possible.

I look forward to many years of health, happiness and active involvement in the community. But I have one dread and that is that, one day, I shall lose control over my life's decision. One aspect of this concerns becoming terminally ill and being forced to live through - and making my family live through - any suffering (emotional and physical) this may bring. I want to continue exercising my right to make decisions about my own life. I want to be able to request my doctor to include in his medical management of me, treatment that will end my life when I choose, with peace and dignity.

I therefore support Marshall Perron's "Rights of the Terminally Ill 1995" Bill and trust that it will be passed and become the catalyst for similar changes throughout Australia.

Yours faithfully

JANICE MARSHALL

SUBMISSION 532 1

8 William Street

South Strathfield

N.S.W. 2136

March 19th 1995

The Select Committee on Euthanasia

Dear Ladies & Gentlemen of the Committee

I was a nursing sister for over 30 years. I saw my father die of lung cancer, he lingered on until just skin and bone, from a big active man. I wish I didn't so many years later, still remember how terrible he looked, and how much he suffered. I would rather have happier memories of my father. Had I been able to end his suffering, I would have, but it's against the law.

Over many years I saw much suffering and misery, not once did I know of Doctors ending suffering, as I hear it said in this debate! Nor would I do an illegal act. Utter cruelty goes on in Hospitals where people are forced to linger on. I have had bed ridden old people say to me, "every night I pray to die, dear". What can you say to these people.

I'm now alone in the world, if a stroke, or other horrid terminal thing happens to me, I want a Doctor to end my suffering for me. In many conditions, one cannot do it for oneself.

Medical science interferes too much with natural processes of many diseases. If people with incurable and painful conditions, were left to God, they would peacefully slip away, but we rush in with drips and drugs and tubes, so somebody can live another day, or week.

One of the Popes of Rome put out an edict that you didn't have to take extraordinary measures to prolong life.

This seems sensible to me.

I have had to have a dog and several cats put to sleep over the years. I didn't enjoy it. But I stayed with them, holding them until they responded to the injection. But it was the kindest thing I could do for them when they were old and terminally ill.

I hope the same kindness and respect can be given to me.

Yours Sincerely

(Mrs) J. M. Nelson

SUBMISSION 533 1

72 Tooronga Tce.,

Beverley Hills, NSW 2209

18.3.95

To. "The Select Committee on Euthanasia"

Dear Sir/Madam

I wish to congratulate your leader, Marshall Perron, for his courage and humanitarian approach to the suffering of the elderly and hope that your Committee will support his private member's Bill.

I am ninety years old and, although not terminally ill at present, I am very handicapped. My dignity, my independence, my autonomy over my own life are precious rights which I wish to retain. The last thing I want is to end my life in a nursing home or be submitted to "palliative care". I am not afraid of death but I am afraid and anxious about the way in which I may die.

Experience in Holland (often misrepresented in Australia media) has shown that those suffering from a terminal illness or those who know that their capacity to cope with life, physically, or mentally is deteriorating obtain a great sense of relief when or if they find a doctor who understands and is willing to meet their wishes. Having signed an 'Advance Directive' he knows they are expressing their own free will when they say:- "Enough is enough. Please let me go peacefully, preferably with my loved around me".

I feel that if we do not legalise V.E. now, the time will shortly come when economic reasons will determine what medical care is provided. Such a process is already happening in some states in U.S.A. where priorities are already being applied.

I myself have supplied my G.P. with my Advance Directive. He is not very sympathetic. I can understand that. He is young and as the law stands in N.S.W. he could be charged with murder and his career ruined. Furthermore, I do not think that the views of those who insist on "the sanctity of life" should prevail over those who prefer "the quality of life".

Yours sincerely

(Mrs) D.E. Weeks

SUBMISSION 534 1

Mrs Joy & George Evans

No 4 McDonald St

Mortdale 2137

20-3-95

Dear Sir,

My husband and I are very much in favour for Voluntary Euthanasia.

I myself deem it to be my right to die with dignity, when my time comes.

I feel very strongly about this.

It has nothing to do with any body outside my family, especially not a politician.

As you will gather we are members of V.E.S. in N.S.W. and we would like to see it become law in this state.

Yours Sincerely

Joy & George Evans

SUBMISSION 535 1

154 Pennant Hills Td

Darlingford 2151

Dear Sir,

I very much support the Bill of Euthanasia and believe it should go further.

Morover I consider people should be allowed to "go" in old age at their wish with the knowledge of their family, without necessarily having a terminal illness.

Sincerely

Signed by 14 citizens.

SUBMISSION 536 1

275 Cooriengah Heights Road

ENGADINE NSW 2233

20 March 1995

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

DARWIN N.T. 0801

Dear Sir,

I am writing to you in support of voluntary euthanasia. In 1991, my husband was diagnosed as suffering with prostate cancer and sadly he died on 7 January 1993.

I shall never forget the acute pain and daily suffering he endured in that time. My family and I felt so very, very helpless as we watched him suffer, and could do nothing to help him. I think if any family has been in the same situation they will understand and agree with me that no loved one should be put through such trauma. What is the difference between this kind of "hell" on earth and hell after death?

My family join me in urging the Select Committee on Euthanasia to do everything within its power to pass this legislation to allow loved ones, suffering from an incurable disease, to die with dignity. It is time to give people the basic rights that they pursue in life, a voice and a choice in the manner and timing of their death.

It is pleasing to see that the Northern Territory have taken the initiative in this situation and I hope most sincerely that other States will follow suit very soon.

Yours sincerely,

(Mrs) Joan Flowers.

SUBMISSION 537 1

106 Prince Edward Park Rd

Woronora 2232

21 March 1995

Select Committee on Euthanasia

Parliament of the Northern Territory

P O Box 3721

DARWIN NT 0801

Dear Sirs,

Congratulations on being the first Parliament in Australia to go as far as you have on euthanasia. Canberra fell by the wayside because of the right-to-lifers. They must be among the most cruel and unfeeling group I have yet encountered. Have they actually lived with anyone who has been very ill? and in great pain? I doubt it.

As an ex nurse of the geriatric and nursing in general, and having experienced an uncle dying of pancreatic cancer myself, I can only think that anyone denying euthanasia **on a strictly prescribed basis**, simply doesn't know first hand what they are talking about.

When euthanasia IS AVAILABLE AND PATIENTS KNOW IT IS, their quality of life improves, it is one less worry for them to think about. Most of the worry is for their next-of-kin having to cope and to see them die in sometimes horrific circumstances. I cite the Dutch experience for this on film recorded. Most of us don't fear death we fear the acute pain which often accompanies it.

I attach a record from the book "ABLAZE" by Piers Paul Read about Chernobyl. The details are about radiation burns and sickness but I have seen burn victims who have absolutely no hope of recovery, and these often include little children, die in the most horrendous pain. If doctors know they won't be charged with murder they can then become the most compassionate people. Have any of you sat with a mother seeing her child in the most awful pain with cancer or burns **that everyone has certified are incurable**? I have.

Read my extract. Morphine no longer works on constant deep pain.

With most quick diseases being obliterated by medical science it only leaves the painful ones for most of us to

suffer. Old people withering away with glazed eyes from bone cancer, the pain of which is beyond belief; young people withering away vomiting with AIDS.

Have a stout heart and a bit of courage up there. Listen to the rhetoric of the right-to-lifers. They assume doctors who sign the Hippocratic oath will suddenly become murderers. Their

experience is zilch they like something to be fanatic about. If it is not euthanasia it will be something else.

Yours faithfully,

Christine Shaw

Enclosed with submission record from book Ablaze, by Pier Paul Read, pg. 204

SUBMISSION 538 1

Holloway

72 Woronora Road

Engadine 2233

21.2.95

To The Committee Members,

As the wife and full time carer of a victim of severe brain stem stroke at the age of 46 years, who needed 5 weeks in intensive care unit at St Vincents Hospital in Sydney and, a following period of 7 months in hospital with a tracheotomy and then 3 months in rehabilitation, that did very little for him, I have a definite interest in this matter of euthanasia, especially for suffering, terminal patients.

My husband's body couldn't survive without a lot of intrusive equipment and time and the doctors knew by the damage shown on the scan the severity of disability he would be left with. He is now stable on medication but no improvement of the condition.

I ask why was he given so much life support to make him survive a natural cause to live a life of misery and humiliation in not being able to do almost everything, but mentally aware with a good memory. A mental torture and frustration for him. He asks why they kept him and why he has to live and why he can't die - what is he supposed to prove - be grateful for no ability or choice and never happy.

I strongly urge you to consider the emotional stress a patient is put through. A lot of suffering for no gain or chance of recovery, in a one direction matter of time for all people involved.

I ask again who wants to live in a nursing home being washed and fed and very little else while you wait to die or watch others die. This is the only alternative for my husband when something happens to me. There is no mental stimulation in a place like that. Why does he have to be put through this indignity. I strongly believe, and he does too, that you should have a choice when the situation is serious, terminal and poor quality of life becomes the everyday way. Why does 'one' have to continue or be drugged stupid to stay alive - for what!

I deeply feel, definite compassionate consideration should be given to those who request "help in dying" when they no longer want to battle on. A small concerned panel of three or more (medical, lawyer, relative and patient) should be able to understand and come to a satisfactory time and agreement for this to happen.

Voluntary Euthanasia should be a choice these days for people who request it. I understand there are lots of decisions to be considered very carefully by law makers, medical personnel and the patient and relatives, after all the action is final.

I wish your State Government success in achieving legal V.E. in the very near future.

Yours sincerely

Jan Holloway

SUBMISSION 539 1

55 Tavistock Rd

Sth Hurstville

Select Committee on Euthanasia

Dear Sirs,

I believe that as civilised human beings, we should have available to us, the right, the means and the legal machinery to end our lives and that anyone assisting us, at our request, should be safe from criminal accusation.

I believe that with the proper safeguards against misuse, that assisting a person to die when they are suffering what they consider to be unbearable pain (mental or physical) is right and proper and humane.

Those who are against euthanasia are free to refuse it, but shouldn't block others who see it as the ultimate in mercy and compassion.

In a case where death is deemed inevitable, and accompanied by suffering, I would like to feel that a painless merciful release could be obtained by anyone considered to be sane, and who had expressed their desire to die at least twice at intervals beforehand.

Yours truly

A. H. Richards

SUBMISSION 540 1

5 Jarrahdale Street

FISHER ACT 2611

21 March 1995

Chairman

Select Committee on Euthanasia

Legislative Assembly of the

Northern Territory

GPO Box 3721

DARWIN NT 0801

Dear Chairman

Unfortunately I do not have your terms of reference and I understand that submissions close on 24 March 1995. As a result I wish to make a short submission on the proposed Euthanasia Bill to be introduced in the territory.

I would like to register my stand against euthanasia. I work among young intellectual people who have not reached a stage in life where these matters touch them and therefore support any notion put before them if it is trendy to do so.

I nursed my father, who had cancer which finally went to the brain during the last three months of his life. The week before he died he said to me "It must be awful to be dead Helen". I felt helpless to comfort him and less than adequate to nurse him but apparently I succeeded in doing both. The closeness we felt and the loss I felt when he finally died can never be forgotten. He frequently said to me that he did not want to be a bother. I always quipped that he had been a bother all his life. The point is that if he had perceived that he was a bother to me he would probably have given up much sooner. If I had pressured him, and it had been available, he might have chosen euthanasia. Not because he wanted to end his pain or life but to relieve me of the burden.

I really believe that while old people are no longer revered in our society that no government should have the power to take life. Doctors already have compassion on their patients and with palliative care and lack of intervention they quietly make their patients end as comfortable as possible. When one is in a healthy state it is easy to say that I would not want to live if such and such.....but it is a very different story when one reaches a helpless stage.

I myself would hate to be a burden on my children but I believe that I not only have the right to live as long as I can but that I have no right to ask someone to take my life, particularly a doctor whose whole life is devoted to saving lives.

Yours sincerely

Helen A Fyfe

21 March 1995

SUBMISSION 541 1

To:

Select Committee on Euthanasia

Parliament of the Northern Territory

PO Box 3721

Darwin N.T. 0801 29-3-1995

Dear Secretary,

I am writing to express my support for legalising Voluntary Euthanasia.

I have always believed this right should exist, with appropriate safeguards, for those for whom life had nothing left to offer (except perhaps pain, indignity, fear).

Yet to ask a Doctor to break the law is hardly fair - and certainly leaves one feeling very unsure of one's future.

This past 7 years two friends have died, one in pain and drearily, one in pain and peacefully. Both wished for an earlier end to their lives but could do nothing about it, being in hospital.

Apologies for the messy writing and I hope you can make it out. Fuzzy vision makes the thick pen necessary.

Yours Sincerely,

Lesley Smith (Miss)

SUBMISSION 542 1

John Knowles

6 Michelle Ave

NORAVILLE

N S W 2263

March 20th 1995

Select Committee on Euthanasia,

Dear Committee Members,

I strongly support the proposed bill to allow voluntary euthanasia. The right of the individual patient to choose is of paramount importance. For the terminally ill there comes a time when further medical treatment only PROLONGS DEATH instead of prolonging life.

My wife died last year after a five year battle with cancer. She didn't just lose her life. She lost her dignity, her independence and her desire to live. I have no complaints about her medical treatment. I only want to see legislation in place that will allow doctors the freedom to use their professional judgement in acceding to the wish of the patient.

Yours sincerely,

John Knowles. JP.

SUBMISSION 543 1

Mrs M Poulton

88 Thomas Mitchell Rd

Killarney Vale

N.S.W. 2261

20-3-95

To Whom It May Concern

My name is Mrs Marcelle Poulton, I am 69 years old. I am wiring on behalf of The Voluntary Euthanasia Society. I wish it to become legalized as I feel every body has this right. It they have a terminal illness or incapable and unable to function well enough to take care of themselves and lead a normal life such as dementia, Alzheimers so ----- 'Legalize' "Legalize".

Yours Sincerely

M. Poulton

SUBMISSION 544 1

Mr W F Carter

66 Geoffrey Road

CHITTAWAY POINT

2261

19-3-95

To: Select Committee on Euthanasia

Parliament of N.T.

P.O. Box 3721

DARWIN N.T. 0801

Dear Madam/Sir,

I am writing to let you know that I recommend you support the legislation which proposes the introduction of voluntary euthanasia (V.E.) in the N.T.

Before my wife died last year she suffered in pain for a long time. If legal V.E. had have been available to her she would have avoided all this suffering.

I'm aged 71 years and suffer from prostate cancer and secondary cancers in the bones of my spine. I do not want to put up with the suffering like my wife had to. I would therefore like to see V.E. legalised.

Yours faithfully

(W.E. CARTER)

SUBMISSION 545 1

14 Valder Place,

Farrer, ACT. 2607

18 March 1995.

The Secretary,

Select Committee

Parliament of The

P.O. Box 3721,

Northern Territory, Darwin. N.T. 0801.

Dear Madam/Sir,

Re: Rights of the Terminally Ill Bill.

1. This statement is forwarded in support of Marshall Perron's aims and moves in presenting the Rights of the Terminally Ill Bill (The Bill) to the NT Legislative Assembly. I have copies of The Bill, his second reading speech and some related papers.

2. To adequately assess this submission, the Committee needs to know something about me. I was born in Sydney NSW in 1923 to white Australian Anglican parents and have lived in Canberra since 1960 where I was employed

as a civilian engineer with the Department of Defence until being retired in 1988. Currently I am a 'self-funded' unemployed pensioner totally dependent on my Commonwealth superannuation and the steadily decreasing income from my 1988 retirement superannuation lump sum investments. My only marriage was in 1963. I live with my wife and our two sons (aged 26 and 21). We are all physically and mentally healthy. My wife has not worked in paid employment as we subscribe, rightly or wrongly, to the current seemingly old fashioned concept that her contribution to the family unit is as a wife and mother. Though not an atheist or an agnostic, I do not belong to, or fully believe in, any of established religions or cults.

3. The main grounds which I believe fit me to present views on the subject of The Bill are:

(a) my age - as one gets older increasing consideration is given by the individual to matters concerning dying, prompted by the realisation that death is coming closer and by the frequent reminders through the increasing incidence of death and the circumstances of dying of friends and acquaintance:--; in ones age bracket; and

(b) through being executor of their estates and holding their General Powers of Attorney (NSW Conveyancing Act 1919), in addition to my natural love for them, I was intimately associated with the progressive physical and mental deterioration up to the time of their deaths in Sydney NSW, of my Mother (died Aug '86 aged 83) and my Aunt (died Sept '90 aged 83), - each suffered with "terminal illness" for some time before their deaths. Both were cultured, dignified ladies.

4. My Mother was totally financially dependent on a War Widow's. pension. Five years before her death two independent medical opinions were. obtained regarding her capability to manage her affairs (NSW. Mental Health Act No 45 of 1958 Section 4), The opinions reached the same conclusions, part of which were:

2

"Mrs Hurt has a defect in higher intellectual functioning with a diminution in the latter which has resulted from both disease and age she might not be able to deal with the ordinary routine affairs of man."

5. In my opinion, at least during her last five years, there was an absence of thought or perception from which there was no reasonable prospect of temporary or permanent recovery. Though the medical practitioners with whom I was dealing during the last two years of her life appeared to agree with my belief, none would help with my persistent pleas to assist her to die and so those years were spent by her in an undignified and deteriorating vegetable state.

6. The scene as I entered her nursing home room the last time I saw her alive was she was nude, in a chair with her legs parted, a shrunken skeleton of bones and organs covered by a loose envelope of withered skin, resting her head on a bundle of toilet paper stained with faeces held against her cheek and lips, and staring into space unaware of anyone or anything around her. About three feet away was an uncovered container, in a chair frame, with fly covered dry faeces in it. The door was open allowing passers by or visitors a clear view.

7. More dramatic were the circumstances of my Aunt's death. She was a widow and a Social Security old age pensioner living alone in a caravan park. Her caravan and it's contents were her only assets. She suffered a paralysing stroke six months before she died which left her without thought or perception, unable. to speak or recognise any previously known people or possessions, incapable of understanding TV, radio or discussions, and "completely paralised on her right side. The medical opinion was that "he would not partially or completely recover and would never be able to continue life without full time nursing care. Three weeks before her death, her left leg was amputated due to ulcers and a blood clot. 10 days later, the medical practitioners' opinions were that she. should immediately have her other leg amputated. Fortunately she died before that decision was implemented.

8. During that six months, I pleaded with a number of members. of the medical profession to assist in inducing my Aunt's death. All to no avail. Her medical experience in being kept alive was barbaric and I found it difficult -to understand how any reasonable person could allow it to continue. In the ultimate I do not blame the medical

practitioners. I do however blame the AMA and the Parliament for allowing the legal restrictions on the medical profession to remain. I do not believe that in all the circumstances, any reasonable person would have opposed competent assistance to die if they had been required to remain with my Aunt for 24 hours to fully understand the tragedy that the Government, through the Medical Profession, was inflicting on her.

9. During my visits to my Mother and my Aunt in their nursing homes, I observed numerous other people in equally tragic circumstances, and as one elderly lady said to me "I am just here waiting to die".

10. Through these experiences, and for other reasons, I completely support the concept of a Terminally Ill person having an option within the law to request and expect assistance to die.

11. Contributors to the ABC Radio National program Australia Talks Back on the 7th and 10th of February 1995 demonstrated that there will be formidable opposition to The Bill from the AMA and religious groups. Some of my views follow.

3

The AMA's Position.

12.. In contributing to the debate on Euthanasia, Dr Brendon Nelson, the Federal President of the AMA, is reported in the Canberra Weekly Times, Feb 3-9 1994, to have said:

"The medical profession has an obligation and is firmly committed to the preservation of human life and does not support active euthanasia or treatment which is specifically intended to cause death. We do however support the view that people should be allowed to die with dignity, free of pain or suffering

Doctors will always do what they believe to be right and in the best interests of the dying patient. The recently revised Code of Ethics states: 'Always bear in mind the obligation of preserving life but allow death to occur with dignity and comfort where death is deemed to be inevitable and where curative treatment appears futile'

13. The two circumstances where the medical practitioner's assistance would be sought in legalised euthanasia are:

- a. Passive Voluntary Euthanasia - Prohibiting application of extraordinary measures, and
- b. Active Voluntary Euthanasia (AVE) - the provision or administration of a drug to induce death.

14. In essence, the AMA position flowing from the above statements by Dr Nelson is that doctors would give effect to the circumstance at 'a' but not to 'b'.

15. At page 159 of his book, Taming Death by Law, David Lanham says:

"The argument here is that as the law already recognises passive voluntary euthanasia, it cannot logically and consistently reject active voluntary euthanasia".

I agree with this assertion. Logically the AMA position is inconsistent.

16. As the AMA has accepted that it's moral and ethical codes provide the basis for it agreeing to 'a', i.e. the assistance to die by withholding or removal of life support systems by a doctor, then a reasonable person would equally expect the same doctor to accept 'b' i.e. the assistance to die by providing or injecting a drug. Both 'a' and 'b' involve the doctor in assisting the patient to die.

17. The present situation of legal Prohibition of AVE is that many people, suffering intolerably, resort to all sorts of distressing, clumsy and bizarre actions to induce their own death. In many cases they struggle to obtain sufficient appropriate tablets to accompany a bottle of whisky and a plastic- bag (Final Exit by Derek Humphry pages 39, 88 and 94). Tragically sometimes they fail. However doctors' opinions rejecting AVE cannot be

completely objective as they have legal access and knowledge of the effect of drugs They can readily and efficiently arrange their own demise if they wish, circumstances not available to the ordinary citizen.

4

18. If The Bill comes into law, the existing legal bar to a doctor assisting a patient to die by providing or injecting a drug will no longer exist. What is then needed is for the AMA to bring up to date its outdated ethical and moral criteria to, match today's needs of the Community in particular for the medical profession to take actions that clearly demonstrate compassion appropriate to the circumstances of each case.

19. Many of the basic principles in the AMA's moral and ethical codes were originated in ancient times, over 2000 years ago, for the communities of the day. In many ways the passage of time, increased knowledge and massive advances in technology since then have been accompanied by concomitant change in community standards, values and laws. For instance abortions are now legal, adultery is no longer legally forbidden, sanctity of marriage is eroded, born-out-of-wedlock is no longer a stigma and discussion of condoms and their use is accepted dinner party conversation. The AMA should give content to it's obligation to today's community. A responsible immediate step the AMA could take in this case is to amend the first sentence of Dr Nelson's ethics' statements quoted above to:

"The medical profession has an obligation and is firmly committed to the preservation of human life and, except in demonstrably awful circumstances in any case,. does not support active euthanasia or treatment which is specifically intended to cause death."

20. Even if the AMA continues to pursue it's existing negative attitude in opposing AVE, there is a reasonable expectation that a large proportion of medical practitioners are genuinely compassionate and realistically aware of their duty to provide the community with it's justifiable needs at today's standards and would assist intolerably distressed patients to die if requested. I believe that if the AMA had the will to adopt a positive approach to the Bill, the AMA could make it work.

Opposition by Churches.

21. I recognise that there will be opposition to The Bill on moral grounds. It is likely that the majority of the moral arguments have their origins in religious or cult beliefs and commandments. Presumably each of the religions and cults has a God who in most cases would be said to be kind and good. If the arguments being mounted by some or all members of these flocks against The Bill, are that it is wrong, in the context of their God's dogma, for a human being to assist in inducing death of another human, then I ask why does that God perpetually allow so many inhumane deaths caused by humans throughout the world in places such as Somalia, Bosnia, the streets of India etc.? All these arguments demonstrate lack of understanding and compassion by their proponents and in particular selfishness by seeking to unreasonably impose their views on others.

22. Further I cannot accept that any one God is superior to all other Gods and that his/her dogma should apply to all, nor that he/she is the only God. No person has been able to tell me on what proper authority the claim that there is only one all powerful God relies. The moral and religious arguments against provisions in The Bill must be rejected as flawed, as they appear to have no demonstrable evidence to support them.

5

23. Finally, it is clear that the segment of the community that would benefit most from the enlightened provisions in The Bill, and yet have the least say in it's destiny, is the Senior Citizens, say the over 65s, the age chosen when their usefulness to governments terminates. Ironically this segment of the community has little influence or power as to the decision of what will be passed into law from The Bill. The negative decisions arising from, and positive arguments rejected during debates on the matter will mainly be those of the influential bodies such as the churches

and the AMA, and their executive individuals. Some of these individuals will end their lifespans in circumstances similar to those outlined in page 2 above. Most of these individuals have many years of their lives yet to come, progressively gaining more experience of living and wisdom which may ultimately change their present opinions of The Bill.

24. In conclusion, I believe the NT Assembly should pass The Bill into Law as soon as possible. The Bill should be fully supported since:

- (a) it does not mandatorily impose it's provisions on any individual but gives each person a proper right of choice as to how he/she is to die;
- (b) it provides a humane legal process replacing the existing law, which in some cases currently leads to medical decisions which result in barbaric treatments; and
- (c) individuals are entitled to their own religious beliefs but have no right to impose them on others - moral and religious dogma opposing The Bill's provisions should be rejected.

25. I applaud Marshall Perron's compassion, understanding., courage and practical initiative promoting The Bill.

Yours sincerely,

Robert Hurt.

Ph (:06) 2863738

SUBMISSION 546 1

P.J. O'Shea

2/81 Lord St

Richmond 3121

Melb. Vic.

Dear Sir

I am writing to express my alarm at the proposed euthanasia legislation for the Northern Territory. This legislation will affect all Australians.

I trust you will oppose it as it could lead to the sick and the elderly being done away with, in time, as there will not be many laws to protect them.

Please look after the sick and elderly.

Yours sincerely

Peter J O'Shea

SUBMISSION 547 1

70 River Road

Sussex Inlet

NSW 2540

March 20th '95

Select Committee on Euthanasia

Parliament of N.T.

P.O. Box 3721

Darwin N.T. 0801

Dear Sir,

My mother-in-law had a lingering death from cancer as did my sister. I do not want to experience what they went through.

Three years ago I wrote an advanced directive to my Doctor, Lawyer and Children to the effect if I became helpless the Dr in charge of my care would help me to end my life.

My fear is my wishes would not be carried out.

I would like to know the law will not prosecute the Dr who helps me get the proper medication. There must be a legislation to protect Drs who wish to help the dieing end their lives. I also think people should take responsibilities for themselves before they become helpless through illness.

Yours Sincerely

Daphne Suffold.

SUBMISSION 548 1

Mrs Elaine Watts

10 Walter Rodd Street

Gunnedah 2380

Telephone (067) 425474 17th March, 1995.

SELECT COMMITTEE ON EUTHANASIA

Parliament of Northern Territory.

P.O. Box 3721

Darwin. N.T. 0801.

Dear Committee,

I wish to state my support of the right of individuals to have the availability of euthanasia freely available and legalised.

As the daughter of an 83 year old mother suffering Alzheimers disease and also as the wife of a 58 year old husband with terminal Emphysema I feel justified in my opinion on this matter. My mother is now in the late stages of Alzheimers disease and no longer capable of changing any aspect of her life or situation, she has no control over bladder, bowel or physical movement. Her family are no longer remembered. She is limited to merely waiting for her time to come. Not even capable of communicating discomfort or pain enabling help to be given.

My husband has a life expectancy now of less than 12 months. Please consider, the only possible comfort to him in

his suffering now and in the future could be the dignity of procuring a respectful and painless passing. Why should it be illegal for my husband in full knowledge of his condition and its prognosis to seek death when he wishes?

I do not feel it is a crime for individuals to commit suicide in these situations. One of my beliefs in life is the responsibility of each person to aid others in need and prevent suffering.

I feel it is absurd for Doctor's to be prevented legally from giving this most important assistance to the patient which they have cared for and about. Individuals have the right of freedom of choice, (so long as they do not harm others) from birth. Freedom to seek medical assistance for euthanasia must be legalised for the sake of the medical professionals and the persons desiring and in desperate need of a dignified and painless death.

Yours Sincerely,

E M Watts

SUBMISSION 549 1

20 Lincoln St

Gunnedah 2380

N.S.W.

17.3.95

Select Committee on Euthanasia

Parliament of Northern Territory

P.O. Box 3721

Darwin N.T. 0801

Dear Sir,

I became a member of VES in 1993. I saw my late husband die a long slow difficult death from Parkinson's Disease.

At the moment a cousin is in a Nursing Home in Sydney. She suffered a massive brain haemorrhage. No see cannot speak hear etc and they are feeding her through a tube into her stomach!!! I do not consider these or a lot of other cases I could list are dying with dignity.

Yours faithfully

E. J. Kirby

SUBMISSION 550 1

Unit 13

Henry Kendall Hostel

Kalawarra Rd

Wyoming 2250

Voluntary Euthanasia Com.

Box 3721 P.O.

Darwin

Dear Sir,

I received your news letter today. I cannot stress to strongly in favour of Voluntary Euthanasia. I watched my wife die about 6 months ago with cancer of the lungs and I think it is wicked to keep a person in that state alive when there is no hope for them and in pain.

If your treated an animal the same way you would be put in jail.

Yours faithfully

G. Harris

SUBMISSION 551 1

"Billeroi"

MSF 2001

Armidale 2350

March 20, 1995

The Chair,

Select Committee on Euthanasia,

Parliament of the Northern Territory,

PO Box 3721,

DARWIN 0801

Dear Sir/Madam,

I am writing in support of legal voluntary euthanasia.

As a life member of the Voluntary Euthanasia Society of NSW, I strongly believe in the individual's right to control his/her death as he/she does a life. When *quality* of life is no longer possible because of terminal illness, great pain or severe injury, it cannot be a crime to lessen the quantity of life. It must in fact be every individual's right to do so. Similarly, it cannot be a crime for a doctor to aid that individual's death.

Should this bill pass through your Parliament, it will be a great achievement in granting the individual the right to legally end unbearable pain and suffering. It will also ensure that doctors who now must act illegally to aid their patients in this act will in future not be working against the law. This is an intolerable situation both for the patient and the humane doctor.

Yours sincerely,

Sally Bearman

SUBMISSION 552 1

20-3-95

Dear Sir,

What happened to a friend of mine. The lady had a heart attack. She was well in her eighties. She arrived at Manly Hospital clinically dead. The doctors revived her. After that she was an idiot. This beautiful lady was an idiot!! The time elapsed was too long. She lived for about a year after. This is one reason why I support Voluntary Euthanasia. This is just one reason. There are many, many more.

Yours,

Elisabeth Ashton-Martin

P.O. Box 746

Gunnedah N.S.W. 2580

SUBMISSION 553 1

19 Elder Cres.,,

Nowra

N.S.W. 2541

20.3.94

Dear Sir/Madam,

As a member of the Voluntary Euthanasia Society my views on the legalisation of VE are as follows.

I am 75 years old and in reasonably good health. Quality of life is more important to me than quantity. Should I become terminally ill or suffer diminished mental faculties I would certainly wish my life to be ended before I suffered complete loss of dignity.

We are entitled to have control over our death at a time when life is no longer of good quality.

Providing someone with the means to end their life should not be a crime.

Doctors should be able, on the request of their patient, to assist him or her to die. They should not be considered to have broken the law.

Wishing you every success in achieving legal voluntary euthanasia in the Northern Territory. We hope for similar success in all States.

Yours sincerely

Norma J Coy

SUBMISSION 554 1

F. & A. Breen,

7 Sommerville Crescent

Whitfield - Cairns Qld. 4870.

The Select Committee on Euthanasia,

Parliament of the Northern Territory,

P.O.Box 3721,

DARWIN - 0801 N.T.

19th March 1995

Dear Sirs,

We wish to inform you that undersigned have read the Hon. Marshall Perron's "Terminally Ill Bill 1995 and wholeheartedly support it.

We sincerely hope that you will judge this humane Proposal on its merits without being sidetracked by a vociferous group of religious fanatics, who represent less than 20% of the population anyhow.

It is a compassionate Law reflecting the ideals of a truly Democratic Society. Your decision will have a great influence on the rest of Australia.

With best wishes,

Yours sincerely,

F Breen A Breen

SUBMISSION 555 1

The Chairman

Select Committee on Euthanasia

GPO Box 3721

DARWIN NT 0801

Dear Sir

We write as private individuals to express our views in support of the Rights of the Terminally Ill Bill 1995.

It is our impressions that the majority of NT residents support the intention of the Bill and we are concerned that members of the Catholic Church and Rights to Life will provide submissions and pressure out of all proportion to their numbers in the community. NT elected members should reflect the majority, however, it is an unfortunate fact that people who are not part of organised campaigns, such as ourselves, do not usually write to their politicians.

Basically whether or not to support voluntary euthanasia comes down to individual beliefs. Most people consider the common good and accept that it is not right to kill others although exceptions are made such as in times of war. However, Rights to Life persuade themselves that killing and voluntary euthanasia are the same thing. They are not - the former does not provide a choice but the latter does.

Carol Phillips (NT News 16/3/95) states 'to accept euthanasia is to accept that any person can be the judge of the value of life'. All persons make value judgements about human life including those who believe that only God or Nature can decide when life should cease. She is confusing her values with a community's legal authority - which is the purpose of the Bill. Mrs Phillips further states 'One day you may become the victim of involuntary euthanasia'. This is an intentional assumption that voluntary euthanasia inevitably leads on to involuntary euthanasia. It does not - voluntary means voluntarily chosen by a competent adult. Involuntary euthanasia is already with us in many guises - the Nazis (and some doctors) were not concerned about legalities, whereas this Bill seeks a proper process for those who wish it. To say that the passing of this Bill will increase involuntary

euthanasia is scare mongering.

Frank Alcorta (NT News 14/3/95) quotes the House of Lords: 'Belief in the special worth of human life is at the heart of civilised society. It is the fundamental value on which all others are based and is the foundation of both law and medical practice'. This is entirely true. We do not make society less civilised by legally allowing the individual who is terminally ill to choose his time of death. It is made more civilised by enabling him to effect his choice.

It is simplistic to assume that relief of pain is the only issue. It is very important but it may be possible to relieve pain to a tolerable level and the individual may still wish to decide when is the right time for him/her to die. Modern medicine has prolonged peoples lives but individuals should have a choice when to say enough is enough.

The belief we support is the right of the terminally ill individual to choose, and not the enforcement of others who consider their beliefs morally superior to that individual.

Stephen Rose Gillian Rose 21 March 1995

GPO Box 994

Darwin NT 0801

SUBMISSION 556 1

20/3/95

The Select Committee into the Rights of the Terminally Ill Bill

C/o Secretary Ms Pat Hancock,

Legislative Assembly

G.P.O. Box 3721

DARWIN NT 0801

Dear Sir/Madam

I am not part of a Pro-Life group but I heard about the proposed euthanasia bill on the radio, and am writing to express my opposition to this Bill.

This legislation will probably spread to all the other states if accepted. The legislation could easily be abused, even unintentionally. It may lead to certain people, seen as a burden to society, being eliminated for their own good, to put it crudely. It happened in Germany in the late 19340's-1940's. We are obviously not a dictatorship, but it opens up the possibility although its not intended to.

I have heard that a significant number of legal killings in Holland are not voluntary on the part of the patient. Perhaps their families could be ridding themselves of a burden.

I ask you to express my, and my families position to this bill, as it will affect Victoria.

Yours sincerely,

M.H. Fisher-White

Langwarrin 3910

Victoria

SUBMISSION 557 1

10 Bolwarra Crescent

Castle Hill

19.3.95

Select Committee on Euthanasia

Parliament of the northern Territory

PO Box 3721

Darwin

Dear Sirs,

On behalf of the undersigned I wish to state our complete support for the Voluntary Euthanasia Bill that is before the N.T. Government at present.

Yours faithfully

D Poynter

plus 2 other signatories

SUBMISSION 558 1

To the Chairperson

(Select Committee on Euthanasia)

Dear Sir/Madam.

My submission is this. My beautiful wife of 38 years old died on 29 Dec 1993. Virginia was a lovely loyal though very tragic Filipino lady. She was very brave right to the end when the cervical cancer which ravaged her eventually took her breath away. I stayed with her right to the end holding her hand at 1200 at night only to receive the phone call of her death at 6.00am next morning.

Concerning the issue of euthanasia I believe after observing her through the last weeks that it could quite easily be feasible at a certain point. Because for the last 3 days she could not speak coherently and just shook and moaned herself to death even though she was on an ever increasing then constant infusion of morphine. I was told by one nurse she was receiving a great deal of pain and this distressed me greatly. Then a doctor told me that with the amount of pain relief she was receiving she was not in a great fear of pain - a contradiction. I didn't know who to believe. All I know is she was released of useless prolonging of her life when the final time came. If the doctor had increased the infusion to cause death in the morning I'm sure it was the most humane thing to do. As I could not have stood to see her deteriorating any the worse much longer without becoming irrational myself.

May the doctors in charge of these situations please have the discretion to perform these releases from useless living at the proper time no matter what other parties have to say as I think they are only interfering with an otherwise unpleasant fact of life. The demise of everyone - their death.

Yours sincerely

John M Moran

187 Lee Point Road

Wanguri N.T.

P.S. I would appreciate a reply, thank you. Please excuse writing. Also could you return letter or photocopy.

SUBMISSION 559 1

42 Wilmot St.,

The Narrows

N.T.

22-3-95

To

Chairman Select Committee on Euthanasia

Dear Sir/Madam,

I wish it to be known, I vote whole heartedly for Euthanasia.

I congratulate the N.T. Government on bring this issue to the forefront.

Yours Sincerely

(Mrs) Evelyn Wilson

SUBMISSION 560 1

L.G. & B.G. Taylor-Cannon,

P.O. Box 213,

Merimbula,

N.S.W. 2548.

20th March, 1995.

Select Committee on Euthanasia,

Parliament of the Northern Territory,

P.O. Box 3721,

DARWIN, N.T., 0801.

Dear Sir,

My wife and I at 76 and 79 years of age have been members of the Voluntary Euthanasia Society of N.S.W. (Inc.) for a considerable number of years and strongly support your Parliaments proposed Bill to legalize voluntary euthanasia.

We support legalized voluntary euthanasia for the following reasons :-

* that individuals should have control over their deaths as far as this can be arranged as one does over ones life.

* since suicide is not a crime, neither should the provision of the means to commit suicide by a third party be considered a crime.

* the situation where, as at present doctors who end the lives of suffering and terminally ill people, do so illegally is, to us, illogical and insupportable in any sane society.

Yours sincerely,

B.G. Taylor-Cannon.

SUBMISSION 561 1

Elizabeth Whitaker

12 Douglas Street

Armidale, NSW

2350

Select Committee on Euthanasia

Parliament of the N.T.

PO Box 3721

DARWIN NT

Dear Sir/Madam

I was reading in the Voluntary Euthanasia Newsletter of March 1995 that public support is needed to ensure the passing of a Voluntary Euthanasia bill.

I suffer from Friederich's ataxia and suffer pain, and find my living a burden to society and myself. Therefore I am hoping that you will support the bill.

E.W.

Per: Natasha Noble on behalf of E.W.

SUBMISSION 562 1

4 Perkins St

Quirindi 2343 NSW

Dear Sirs,

I received your letter and so I am writing to hope Voluntary Euthanasia is introduced all over the country. I am all for it, as I am now 81 and do not wish to be a burden to anyone. I have a lot of friends who have been in nursing homes some 6 years, 4 years and my best friend has just been sent there. They know no one, can't do anything and are a burden to the country. Why when there is no cure, are they allowed to live on. I don't want to. I know there would be some who would take the advantage and use it incorrectly, but surely if now while I have all my senses, should be able to have my wish, say 3 Doctors to say there is no cure and give me a painless way out. People spend thousands of dollars to keep some one alive, when all they wish for is to make way for to die with dignity.

You get my vote.

Yours sincerely

Lorna Jenkins

SUBMISSION 563 1

A.C. Talbot

Box 29

GRETA 2334

17.3.95

Dear Sir,

I wish to support wholeheartedly the bill to achieve legal voluntary euthanasia.

My reasons are my desire to have control over my death should by physical and mental state be unbearable in MY view; just as people have the right to live, they should have the right to die and should they need it, there should be help available.

Yours faithfully

A.C. TALBOT

SUBMISSION 564 1

"Kywong",

Old Junee

N.S.W.

2652

19-03-95

Dear Sirs and Madams,

It is with deep concern that I am writing to express my views on euthanasia.

It will be a sorry day for all Australians, if this, "Rights of the Terminally Ill Bill", is passed. It is the other end of the abortion spectrum, which in itself is horrific.

I hope that you will all seek wisdom and vote definitely against euthanasia in Australia.

Yours faithfully,

Lonney Drum

Keiran Drum

SUBMISSION 565 1

"Kywong"

Old Junee

N.S.W. 2652

19-3-95

Dear Sirs and Madams,

This letter is to please gain your support for the stand against euthanasia. This to me is similar to murder and someone taking their life in suicide. No-one has the right to take their life or prevent the life of some-one else. Please fight against euthanasia and stop murder before it becomes legal.

Yours Sincerely

David Drum

Regina Drum

SUBMISSION 566 1

"Kwyong"

Old Junee

N.S.W.

Dear Sirs and Madams,

Please would you support the anti euthanasia campaign.

Yours faithfully

A.J. Drum

Maria Drum

SUBMISSION 567 1

Joy Pinchbeck

Borah Creek Road

Quirindi

New South Wales, 2848

SUPPORT THE BILL FOR VOLUNTARY EUTHANASIA

March 18th 1995

Dear Sir,

I write on the subject of Voluntary Euthanasia for people dying and suffering with an incurable disease. I am 72 yrs old and in perfect health, but my mother died at age 68 in England, suffering horrible pain and degradation. Most of her side of the family died this way - with cancer and so I want never to suffer this way if it happens to me, I would therefore prefer that any help I may get from the doctor - would be legal. It is monstrous to allow these dedicated men to risk their jobs in order to perform the task of relieving suffering which is after all what they are trained to do. People often say - "Oh leave it to the Almighty". I say the "Almighty" lets suffering go on all over the world. There is no Almighty. We are on our own when we die and for it to be illegal to die with dignity is

ludicrous. Those against VE should be made to watch the agonies of life before the release of death that millions of people have to suffer. I am a dog lover and over the years have had to decide on the Euthanasia of loved ones. It hurts at the time but the time but the realisation that pain and suffering are no more is a calming and good feeling.

Sincerely

Joyce A R Pinchbeck

SUBMISSION 568 1

12 Bellevue Cres

Edge Hill

Cairns Q 4870

19/3/95

Dear Sir,

I sincerely hope that the Voluntary Euthanasia Bill will be passed by the Parliament.

Having seen my 36 yr old daughter die in agony with 2 doctors attending I feel I know something about the subject.

Sincerely yours P. Kavanagh

SUBMISSION 569 1

21 Mar '95

Legislative Assembly of the N.T.

Select Committee on Euthanasia,

G.P.O. Box 3721

Darwin NT 0801

Dear Committee Members,

I write to express my fear about the introduction of euthanasia in the N.T. I guess most of my fear is based on evidence of the Holland situation where over half those put to death have not given permission. I understand too from anecdotal information that great fear has been generated in the Dutch community among the elderly. Really as Australians we owe our citizens better treatment than this, especially the elderly.

I appeal to you then to take these very basic considerations to heart and leave aside if you have to, philosophical arguments about individual freedom.

Yours Sincerely

Fr Bill Brady, M.S.C. P.P.

SUBMISSION 570 1

PO Box 125

Kingswood

2747

19.3.'95

Dear Committee Members,

I write to support the 'YES' vote for Voluntary Euthanasia.

As a 'career' (paid) of the elderly in our community, I find the greatest stress suffered by all, without exception, is their fear of the 'way' they will die. Most are suffering pain, and so their physical pain increases, so their drugs have less and less effect; and they envisage themselves being eventually in a state of unbearable pain with no drug relief and Doctors, nurses, priests etc murmuring smiling platitudes and patting their hands. I have no doubt that this does some good - in making the 'giver' of platitudes feel good. BUT this does not take the fear from their eyes (i.e. the patients eyes) nor does it reduce their certainty that the 'end' is too slow in arriving, that the end and the path towards it is "a hell on earth". They tentatively and fearfully wish for permanent relief, often receiving abusive answers for daring to question "Gods" will! HOW FUTILE, HOW CRUEL - we are a society afraid to take the decision to cherish the helpless ones condemned to the pain, terror, and total absence of any quality of life.

Please, please, be strong now in your deliberations, you all know that you will be for ever criticised whichever way you decide; but voting for voluntary euthanasia now can only improve our society as a whole and demonstrate the 'true humanity' of each one of you on the Committee.

With best wishes

Mrs Cathie Felt

SUBMISSION 571 1

21/3/95

To Whom It May Concern

What can I say to help the Northern Territory achieve legal V.E?

Just found out that I have lung cancer. No help for me - now listed as terminally ill. I'm over sixty five and am losing my eye sight. I have no wish to go through what lung cancer involves! The only good thing is knowing ahead so I plan what I want to do.

I am a member of V.E.S here and an avid reader of Derek Humphries books. Am an American living here with my daughter who doesn't agree with my ideas. Afraid my Dr's don't either. Have received much support from other V.E.S. members.

Know what I want to do sooner or later but where, when and how. Sad situation - could be worse. No Hospice for me - a Motel maybe?

Good luck to you in the N.T.!! Wish I could do more.

Sincerely

Lois Ludwig

Jindabyne NSW

SUBMISSION 572 1

G. Zala

24/74-76 Murdoch St.

Cremorne NSW 2090

19th march 1995

To the Committee on Euthanasia

Parliament of the Northern Territory

PO Box 3721

Darwin NT 0801

To the Members of the Committee

I am 82 years of age and witnessed unmemorable occasions of prolonged useless suffering.

Our culture does not allow death sentence. Why does it condone life sentence of innocent sufferers when the death sentence is not allowed on condemned animals.

I am trying my utmost to live but as I am face the indignity of becoming blind due to muscular degeneration I will have to face facts to take my own life earlier than total blindness - whilst I can do the right action not to involve an other person who might have to face "criminal" accusation.

I witnessed unnecessary and prolonged suffering of friends - although they were openly supporters of voluntary euthanasia. Their pain to watch for sometimes years - the moral, physical, financial drain on their families, friends, hospitals - unless experienced personally can not be described.

If we watch an animal in agony and do not put him out - we are labelled and find as callous animals.

PLEASE SUPPORT THE CIVILIZED SUBMISSION

SUBMISSION 573 1

316 McLeod Street,

Cairns. Nth. Qld.

20th March, 1995

Officer in Charge,

Committee Select on Euthanasia,

Parliament Northern Territory,

P.O. Box 3721

DARWIN N.T.

Dear Sir,

This letter comes to you from a person whose life was saved by a World Famous Neuro Surgeon, (the late) Kenneth Jamieson Brisbane in July 1959. I had suffered for years with the sickness brought about by an aneurism on the left carotid artery. I arrived in Brisbane in a coma and the Neuro Surgeon drained the haemorrhage for a few

days and then operated to repair the damaged artery, a sub-arachnoid haemorrhage.

I was anaesthetised by Dr. Tess O'Rourke Brophy who worked with the Master Surgeon. My head was cut to pieces, holes in the skull in many places, the throat opened in two places. After days in the Intensive Care I managed to regain consciousness.

There was brain damage and 6 months after the surgery I began taking epileptic fits and for years I was treated with dilantin and phenobard tablets to prevent taking fits.

Some years ago I had a recurrence of the haemorrhage, I recognised the sickness of the aneurism again and told a female Doctor at the Base Hospital Cairns. Unfortunately, she did not diagnose the sickness but told me to report to Dr. James Peters, Ophthalmologist, Cairns. He examined my eyes and discovered a continuation of the haemorrhage on the left carotid artery and administered Laser treatment.

This message comes from a person who has been through a terrible experience and have been terminally ill.

This may be our only chance for assisting the terminally ill so please see to it that the Bill for 1995 gets your wholehearted support. Do not be misled by people against Euthanasia, do not listen to the propaganda. Learn the true facts as we know them. When we have a very sick animal we are able to take that animal to the Veterinary Surgeon, an injection is administered and that puts an end to the animal's suffering. We humans are not so lucky, the terminally ill are allowed to go on suffering until death over-takes them.

The trained Palliative Care Registered nurses take care of the Terminally ill.

Very sincerely,

(Mrs) Margaret Hull

SUBMISSION 574 1

21.3.95

Dear Sir/Madam

I am a member of the Euthanasia Society and I support the N.T. proposals

C. M. Fant

Attached to submission article:

If you don't have a first-person story to tell, it is still

valuable to put to the committee you views on why VE

should be legalised.

Do you support it on the basis of the right of individuals

to have control over their deaths, as they do over their

*lives? **YES***

SUBMISSION 575 1

4 William St

Beercroft NSW 2119

Select Committee on Euthanasia

Parliament of N.T.

Darwin

Dear Sirs,

I sincerely hope you are about to pass in full the V.E. Bill you are considering.

It is widely admitted by the medical profession that many are already giving some patients this ultimate succour - and are breaking the law in doing so.

Why should people have to find a doctor prepared to break the law before they can receive the assistance they long for - and should received legitimately.

In Holland they can confer this kindly blessing legally - are we less civilized than the Dutch? Mr Keating often talks of our "natural identity" - you can prove to the world we have a noble and kindly one.

We are kinder and more realistic to our animals than to our fellow humans!

Yours sincerely,

Pamela Lawrence

SUBMISSION 576 1

Warrane College,

P.O. Box 123.

Kensington.

N.S.W. 2033.

16th March, 1995.

Chairman,

Select Committee on Euthanasia,

G.P.O. Box 3721,

Darwin.

N.T. 0801.

Dear Chairman,

I am a priest of the Catholic Church and a medical Doctor (having graduated with an M.B.,B.S. from the, University of Sydney and practised my internship and residency at the Royal North Shore Hospital in Sydney, in 1979 and 1980).

In the face of the proposed euthanasia legislation for the Northern Territory, allow me to put to your consideration the following points that others before me have no doubt stated quite clearly.

1. Acceptance of persons' killing themselves will devalue human life and place in jeopardy the lives of those perceived to be a burden to society. We are faced with a veritable epidemic, and extermination on a large scale, of

human beings.

2. It is well known that proper palliative medical care of terminally ill patients is a constructive approach to this problem.

3. The thought of an after-life where one will have to appear before one's Maker (God) should be a great deterrent against suicide [and hence euthanasia].

As you can see, I consider the proposed law as a potentially highly damaging private and public evil. I find it hard to voice my concerns in sufficiently urgent and cogent terms. I hope you will agree and, furthermore, I ask you to oppose the Bill.

Yours sincerely,

Reverend Father

Anthony Khoudair

SUBMISSION 577 1

162 Kingsland Rd

Bexley North

N.S.W. 2207

21.3.95

Dear Committee on Euthanasia

I watched my beloved Father struggle to live for fifteen months while victim of Terminal Cancer - the Primary site the Prostate Gland.

His misery was compounded by having both sons in service for this country in World War II; by watching his property the land deteriorate because of lack of man-power; and witnessing the pain and loyalty of his loved wife and family. We all suffered; but his suffering increased, and we were helpless.

As we are continually urged and encouraged to take responsibility for our own health and well being, is it too much to expect that we take responsibility for our own death? When death is inevitable and suffering is unbearable?

Yours Sincerely

Gwenyth Mills

My father's widowed daughter

SUBMISSION 578 1

F. T. Stricker,

36 Glassop St,

Balmain 2041

To the

Select Committee in Euthanasia

Parliament of the Northern Territory

PO Box 3721

Darwin NT 0801

20th March 1995

I, the undersigned, 85 years of age and sufferer of a severe heart defect, have been for many years a member of the Voluntary Euthanasia Society of N.S.W. and now take the opportunity to implore all concerned to

Legalise Voluntary Euthanasia

In many peoples opinion Legislation is long overdue. To reinforce the request for legalisation, I endorse our society's last Newsletter which you may or may not have had an opportunity to read.

Yours faithfully

E Stricker

Enclosed with submission:

Voluntary Euthanasia Society of New South Wales, Newsletter, Number 72, March 1995.

SUBMISSION 579 1

P O Box 886

PALMERSTON NT 0831

March 20 1995

The Chairman

Select Committee on Euthanasia

GPO Box 3721

DARWIN NT 0801

Dear Sir/Madam,

We give our support for the Euthanasia Bill currently before the House.

Our reasons are as follows:

Past involvement in the care of the terminally ill has shown us that often their final days/months are nothing more to them than a misery.

If we ourselves were in a similar situation in the future we would rather have the choice of discontinuing our life/lives while still responsible for our decisions.

To us the quality of life is more important than the clinical interpretation of the quantity of life.

While we respect the decisions and rights of others, we believe this Bill gives the choice to the individual who is most affected by the terminal illness.

Thank you for receiving this.

Yours Sincerely

Leanne McGill and John Humphries.

SUBMISSION 580 1

4 Tudor Place,

CARLINGFORD NSW

14th March, 1995.

The Select Committee on Euthanasia,

Parliament of the Northern Territory

P.O. Box 3721,

DARWIN N.T. 0801

Dear Sirs,

We would like to convey to you some of our very considered thoughts on our decision to uphold the concept of Voluntary Euthanasia.

As we are now in our mid-sixties, we must face the sure fact that our lives will not continue for ever, but we cannot accept the fact, that at the present time, by law, we are not able to have the assurance that when we decide that our quality of life is no longer endurable, we are unable to request that we should be assisted to die in comfort and dignity.

If it is not against the law to commit suicide, why should it be against the law for a qualified person to assist such action, (after a panel of qualified persons makes the finding that either of us has no possibility of recovering from the medical problem that will inevitably assail us.)

DYING IS PHYSICALLY PAINFUL AND MENTALLY DESTROYING FOR BOTH THE PATIENT AND THEIR FAMILIES.

If we allow our animal pets, when they are in pain. mentally distressed and beyond veterinary help, to be assisted to die in a humane way, why cannot we allow humans, if they so request? to have the same humane treatment.?

Perhaps when our time comes, we may not want to ask for assisted suicide, but the Law should be made to allow us such choice.

Jean & Charles ELLIS.

SUBMISSION 581 1

Chairman,

Select Committee on Euthanasia

Parliament of Northern Territory

Dear Sir,

While I have already written a personal letter to Chief Minister Marshall Perron the VES of NSW has asked all its members to write directly to you which I do herewith.

My interest in euthanasia began with the experience of my mother. Though she had prepared herself for voluntary termination by accumulating sufficient pills she had not foreseen being struck down by a stroke in Queen St, Auckland and hence having self determination removed from her. During an extended period in a nursing home she several times saved up her sleeping pills, took them and went into a coma only to be revived by medical staff. She had to undergo several years of this indignity before eventually dying.

More recently I had to nurse a de facto wife (struck down by a succession of strokes) as long as I could until I was no longer able to cope and she entered a nursing home. During the latter time with me and throughout her stay in the nursing home, she urgently wished to go but no means existed to achieve her desire. It has to be realised that nursing homes have a vested interest in maintaining their patients however much the latter may wish to depart.

Just some of the reasons I strenuously support a change in the law as regards euthanasia.

Yours sincerely

Brian Walsh

SUBMISSION 582 1

226 Greville Ave,

Sanctuary Point 2540

N.S.W.

10/3/95

Select Committee on Euthanasia

Parliament of the Northern Territory

PO Box 3721

DARWIN 0801 N.T.

Dear Sir,

At the age of nineteen I watched my mother aged 49 yrs slowly die after many years of agony and frustration from multiple sclerosis. I well remember the massive ulcerated red sores the lack of control of bodily function and shakes as well as incredible frustration and desperation of a loved one who's future was out of her control.

Now, over thirty years later my wife of nearly thirty years is an advanced sufferer from that same source, multiple sclerosis. She regularly tells me she wants to die and cries every night from frustration fear and discomfort. Although my wife has not yet deteriorated as far as my mother did and is not yet really ready to let go of life, there will come a time when she should have the legal right to terminate her suffering.

I therefore support a system of Legalised Voluntary Euthanasia which would enable chronically sick and terminally ill people to die with dignity at a time of their own choice. Naturally this would have to be arranged in consultation with the Patients Doctor who should also be relieved of the responsibility of breaking the law in this regard.

Surely we are more aware and enlightened than thirty years ago. Surely if a sick loved on wants to escape from a life totally lacking in quality we should be able to help. If suicide is not a crime why should helping a loved one

gain release be a crime. I support legislation which will introduce Legalised Voluntary Euthanasia.

Yours sincerely

B. Truman.

SUBMISSION 583 1

20th March 1995

Richard Perrett

22 Poole Road

Kellyville

NSW 2155

Select Committee on Euthanasia

Parliament of the Northern Territory

PO Box 3721

Darwin

NT 0801

Dear Sirs,

I note from recent media coverage your Parliament is considering the merit or otherwise of Euthanasia.

Let me first applaud you for showing initiative in this extremely sensitive and emotional topic.

I am a healthy 46 year old (nearly 47) with two healthy sons. I love them and I love each day for the quality. We have discussed Euthanasia as a topic and I have made them aware of my views, that I very much favour Euthanasia for myself. I have held this view for twenty years, or more. Surely in a truly democratic society, where my views are known to those who love me, they will respect my request, and be able to comply.

When my faculties have gone, or my death is imminent, I would hope two independent medical practitioners are able to conclude that the removal of life support systems, or the administration of terminating medication to be humane, rather than prolong needless suffering.

Thank you for allowing me the opportunity to express my views and I wish you well in your deliberations.

Yours sincerely

R. Perrett

SUBMISSION 584 1

48 Royal Street

New Lambton

NSW 2305

The Secretary

Select Committee on Euthanasia

Parliament of the Northern Territory

PO Box 3721

Darwin NT 0801

Dear Sir,

We strongly support the view that individuals have the right of control over their lives.

Since suicide is no longer a crime, then surely it is not a crime to provide someone with the means to commit suicide at their request.

Similarly, it is completely unjust that to obtain assistance in dying people have to find a doctor who is willing to break the law and thus expose himself to criminal sanctions.

The present situation, in which many doctors defy the law to end the lives of suffering and terminally ill patients is infinitely more objectionable than a legally controlled situation, as in Holland.

We trust that the Committee will not allow itself to be influenced by people who, in this twentieth century, still believe in the superstitious beliefs of past millenia.

Yours faithfully,

Geoffrey D Fairbank Pamela D Fairbank

SUBMISSION 585 1

Phone: (063) 429422 "Raintree"

Cowra. 2794

18th March, 1995

Select Committee on Euthanasia,

Parliament of the Northern Territory,

P.O. Box 3721,

DARWIN, NT 0801

To Whom It May Concern

I write to support the bill before you legalising voluntary euthanasia.

We all know that it happens sometimes. We all know case-histories. Yes, there are doctors who will do the humane, brave and civilised thing and hasten the death of terminally ill and suffering patients.

When someone we know and love dies, after a long and painful illness, we feel an enormous sense of relief. This is a genuine, unselfish, universal, human reaction. How hypocritical it is, then, that our laws declare guilty those who seek release for themselves and their loved ones and the medical staff who order and administer the drugs!

I believe that, in the future, people will look back at our time with amazement and horror, finding it hard to credit that for so long we allowed prolonged and useless suffering when medical science was able to eliminate it.

Yours truly,

Mrs. Barbara Bennett, J.P.

SUBMISSION 586 1

"DARWINIA"

PALM BEACH, N.S.W.

AUSTRALIA, 2108

TEL: (02) 974-5604

(5 Sunrise Rd)

March 21 1995

Select Committee on Euthanasia

Parliament of the Northern Territory

P O Box 3721

DARWIN N T 0801

Dear Members,

We are writing in support of the Bill to allow legal Voluntary Euthanasia.

Having seen both my uncles die, after many months spent in a Hospital for the terminally ill, enduring extreme pain and making innumerable requests for extra pain relief "even if it was likely to cause early death" I vowed I would endeavour to change the laws to make it possible for me to request euthanasia in similar circumstances.

We, as a family, are of the opinion that the human being has the right of control over their death as they have of their lives.

This right has only been taken away by human intervention and should be returned.

The laws against suicide have been cancelled so the laws which effectively make a person who assists one to die should also be cancelled. The doctors creed is to cure and relieve pain in human beings but they become a criminal if they logically follow this to the nth degree and accept instructions from a terminally ill patient to terminate his life when pain becomes unbearable. Or of course nil quality is the prognosis. A law which puts the doctor in such an invidious position is criminally wrong and inhuman.

No human being or group of human beings have the moral right to interfere in the life of any other human being's action that does not have an effect, harmful or otherwise, on any other human beings.

We fervently support the Bill for legal V E and look forward to "freedom of individual choice" being extended to this very Personal matter.

Yours faithfully

Gabrielle and Harland Hogan

SUBMISSION 587 1

TO THE SESSIONAL COMMITTEE ON EUTHANASIA

I strongly endorse euthanasia and applaud the Chief Minister on the introduction of the Rights of the Terminall Ill Bill.

My concerns regarding the Bill are centred mainly on the palliative care and counselling issues which I believe to be of the utmost importance.

I would therefore urge the Government to conduct further research in these areas and will also be encouraging the Women's Advisory Council to monitor developments in these areas in the future.

Yours sincerely

Marca Fittock

SUBMISSION 588 1

Rose L. Chin

PO Box 1823

TAMWORTH NSW 2340

AUSTRALIA

18th March 1995

Select Committee on Euthanasia

Parliament of the Northern Territory

P O Box 3721

DARWIN NT 0801

Dear Sirs/Mesdames

I would like to take this opportunity of stating my views on the question of Voluntary Euthanasia in the hope that it may assist your deliberations on the proposed Bill.

I can speak from first-hand experience. Over the past few years I have watched first my grandfather suffer the most dreadful indignities and horrendous pain in his battle with cancer of the spine, and secondly my mother become a quivering wreck during her last two years of life, unable to carry out the most basic necessities of personal hygiene or fend for herself as a result of crippling arthritis in the spine, hands and legs. Both these people were highly educated, motivated and useful members of society until struck down to the point where in both cases there was no quality of life at all.

My grandfather begged to to be given an increased dose of morphine so that he could end his suffering and that of his family, but this was denied him. My mother had for many years stated her intention to "end it all" if or when she could no longer carry on her life without excruciating pain and/or if she was a burden to her family. She carefully amassed the required amount of drugs she would need and her onlyc concern was "what if I should take the drugs and fail to die? The thought of failure obsessed her. The loss of bodily functions overwhelmed her with horror. She would even have coped with the pain, but not with loss of dignity as well as the pain and the drugged

state the painkillers left her in. She begged several doctors to assist her to end her suffering, making out a coherent case for her wish to die. Although all agreed on her prognosis, admitting there was no chance of any improvement, in fact admitting things would only deteriorate further, none would actively assist her. Only her fear of failure stopped her from doing away with herself. She finally succumbed to a heart attack and at last was at peace.

It is not illegal to commit suicide, and I cannot understand why it should be illegal for a doctor to assist a person to die when that person is of sound mind and has suffered for a long period, without any chance of recovery. Surely there are sufficient numbers of doctors, lawyers and other appropriate authorities in this country to enact laws similar to those in Holland relating to euthanasia. I firmly believe that enough safeguards can be written into a law to eliminate the majority of problems.

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In conclusion I humbly ask you to give due consideration to the dignity of the human being, the right to choose to end an unbearable life of suffering that has no quality and which causes such grief to the sufferer and their families. Put yourselves in the position my mother and grandfather found themselves in, and ask yourselves whether you would want to be relieved from your pain, or whether you could handle the indignities and degradation associated with total loss of functions and the associated dependence on drugs and assistance from other people, most of whom are strangers to you.

Please vote to pass a Voluntary Euthanasia Bill into law.

Yours faithfully

(Mrs) R L Cini

SUBMISSION 589 1

7/6 Duke St

Kensington

NSW 2033

21 March 1995

The Secretary

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

Darwin

N.T. 0801.

Dear Sir/Madam,

From time to time an issue on which arguments have long been put forward pro and con becomes ready for decision. It needs a little effort and imagination to frame a proposal taking account of the better arguments against, but once this is done, the arguments in favour clearly preponderate.

One recalls the discussion during the last years of the White Australia policy. The wisdom of having ended that policy is now nowhere shown better than in the Northern Territory, as I could see some years ago during an all too

brief visit.

Some of us think a similar stage has been reached with the proposals for euthanasia. The particular suggestion Mr Perron has made can possibly be improved upon, and your Committee has the opportunity to suggest how. The great need is for some move to be made, as a huge majority of Australians now agree.

One can understand the views of the minority who think otherwise. They still still have the opportunity to state their views and affect personal decisions if the law is changed. Their situation will thus be different from the present position of their opponents who, in order to give effect to loved one's wishes, must persuade a doctor to commit what is legally murder,

else attempt to commit it themselves.

Yours sincerely,

Kenneth Rivett MA PhD

SUBMISSION 590 1

165 Farmborough Road,

FARMBOROUGH HTS 2526 NSW

20th March, 1995

Select Committee on Euthanasia,

Parliament of the Northern Territory

P.O. Box 3721

DARWIN NT 0801

This short letter is to express my support for the Bill which is before your parliament.

For several months my co-worker lived with the constant resuscitation of her father, who had suffered a major stroke at the age of 85 and was paralysed in a nursing home. Her health deteriorated with the strain, knowing that he had little chance of living, but just existing as a vegetable. When he did die, her fellow workers felt a sense of relief for her.

Given my family history and my medical history, I have left instructions for No resuscitation in case of a life destroying illness. At present I am 65 and a diabetic who has suffered a stroke, my concern is not for my suffering but the suffering of those who are left. I am not a Christian, although I was brought up in the belief, but experiencing Christian attitudes, I felt that they forget the meaning of Christianity.

I wish to offer my support for your Bill, which is to give relief to suffering to all people.

If people do not wish to take advantage of Euthanasia, then that is their wish, however, they do not have the right to deny it to others.

I am a member of V.E.S. of New South Wales and also of V.E.S. of Scotland.

I hope that sense prevails and that the Bill is passed, it will be a step forward for mankind.

Yours sincerely

JUNE WALKER

SUBMISSION 591 1

GPO Box 3401 Darwin NT 0801

Tel. 272610

Dear Sir/Madam,

We request that the attached copies of letters to Members of the Legislative Assembly be submitted to the NT Select Committee on Euthanasia.

Doug McLachlan

For Doug and Lyn McLachlan

21/3/95

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GPO Box 3401

Darwin NT 0801

Tel. 272610

Mr Perron

Member For Fannie Bay

GPO Box 3146

Darwin NT 0801

Dear Mr Perron,

A copy of your second reading speech on the Rights Of The Terminally Ill Bill was recently forwarded to us by your office. On reading that speech we are still not convinced that the Bill should be passed and offer the following further comments.

Your argument in favour of the Bill appears to be that individuals have the right to decide their own fate ie to end their life although only in limited and regulated circumstances. We do not see that legislation is necessary to stipulate this. While proposing the legislation to permit this ultimate act you are at the same time saying that the individuals who wish to do so need not carry it out themselves but may seek and find someone else to do it for them.

You emphasised in your speech that "The question for those who oppose this Bill is why should that choice (the choice to hasten their death) be denied?" We do not deny that choice but argue that in making that choice there should be no expectation that someone else can legally end that life. This to us is not "voluntary euthanasia".

Your quotes from John Smart Mills' "On Liberty" do not support the active involvement of a second party in the ending of a life.

From Letters to the Editor of the daily Darwin newspaper and comments made on various radio "Talk Back" shows it appears that many people still do not understand the current proposals. Reference is being made to people's lives being maintained purely through life support systems and the rights of doctors to turn off those machines. These

are clearly not the situations covered in the Bill and so rather than polls or questionnaires on the pros and cons of euthanasia at this time it appears that the public firstly needs to be better educated on what currently can be done by doctors both in switching off life support machines and in palliative care and what is proposed by the Bill.

Also, many people voicing support for the Bill speak of the right to determine their own destiny by way of ending their own life. This "right" is always there and they do not need a law to say so. What most people appear to forget or overlook is that while the proposed Bill could be seen as making suicide legal in some cases, it is not just a simple matter of allowing people to "determine their own destiny" because it seeks to legalise the active participation of another person in the forfeiture of the life.

The question we think needs to be asked is in regard to amendments to the law should the Bill be passed. You again emphasise in your speech that the current proposal restricts the

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application of "voluntary euthanasia" to terminally ill, mentally competent adults. However

there do not appear to be any safeguards against amendments by future Assemblies or even Bureaucrats of the conditions under which a medical practitioner may assist a patient to end a life or even just of the definitions of "certificate of request" or "medical practitioner".

One must wonder why, after much debate and many attempts, there is no fully implemented "euthanasia" law anywhere else in the world. Is it because of the people's fear that once the law is introduced it is then solely in the hands of politicians and bureaucrats with regard to future amendments to the law and the possible implications of those amendments?

Yours Faithfully

Doug McLachlan for Doug & Lyn McLachlan

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GPO Box 3401

Darwin NT 0801

Tel. 272610

Mr Hatton

Member for Nightcliff

PO Box 40571

Nightcliff NT 0811

Dear Mr Hatton,

With respect to your letter of 21 February 1995 we appreciate your taking time to reply to our letter of 2 February 1995, and we believe from your reply that you are giving the Chief Minister's Private Members Bill all of the serious consideration it requires.

Further to our previous correspondence there are several other points which we would like to make and questions which we would like answered.

Firstly, from letters to the Editor of the daily Darwin newspaper and from comments to various radio "Talk Back"

shows it appears that many people still do not understand the, current proposals. Reference is being made to people's lives being maintained purely through life support systems and the rights of doctors to turn off those machines. These are clearly not the situations covered in the Bill and so rather than polls or questionnaires on the pros and cons of euthanasia at this time it appears that the public firstly needs to be better educated on what currently can be done by doctors both in switching off life support machines and in palliative care and what is proposed by the Bill.

Secondly, many, people voicing support for the Bill speak of the right to determine their own destiny by way of ending their own life. This "fight" is always there and they do not need a law to say so. What most people appear to forget or overlook is that while the proposed Bill could be seen as making suicide legal in some cases it is not just a simple matter of allowing people to "determine their own destiny" because it seeks to legitimise the active participation of another person in the forfeiture of the life.

The question we think needs to be asked is in regard to amendments to the law should the Bill be passed. The current proposal restricts the application of "voluntary euthanasia" to terminally, ill, mentally competent adults. How easy will it be for future Assemblies or even Bureaucrats to amend the law and expand the conditions under which a medical practitioner may assist a patient to end a life or even to just amend the definitions of "certificate of request" or "medical practitioner".

Yours faithfully

Doug McLachlan

for Doug & Lyn McLachlan

10/3/95

Copies also to Messrs Manzie and Stirling

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GPO Box 3401

Darwin NT 0801

Tel. 272610

Mr Finch

Member For Leanyer

GPO Box 125

Darwin NT 0801

Dear Mr setter

With respect to your letter of 8 February 1995 we appreciate your taking the time to reply to our letter of 2 February and to forward the papers for our information and we believe from your reply that you are giving the Chief Ministers Private Members Bill all of the serious consideration it requires.

Further to our previous correspondence there are several other points which we would like to make and questions which we would like answered.

Firstly, from Letters to the Editor of the daily Darwin newspaper and from comments to various radio "Talk Back" shows it appears that many people still do not understand the current proposals. Reference is being made to

people's lives being maintained purely through life support systems and the rights of doctors to turn off those machines. These are clearly not the situations covered in the Bill and so rather than polls or questionnaires on the pros and cons of euthanasia at this time it appears that the public firstly needs to be better educated on what currently can be done by doctors both in switching off life support machines and in palliative care and what is proposed by the Bill.

Secondly, many people voicing support for the Bill speak of the right to determine their own destiny by way of ending their own life. This "fight" is always there and they do not need a law to say so. What most people appear to forget or overlook is that while the proposed Bill could be seen as making suicide legal in some cases, it is not just a simple matter of allowing people to "determine their own destiny" because it seeks to legitimise the active participation of another person in the forfeiture of the life.

The question we think needs to be asked is in regard to amendments to the law should the Bill be passed. The current proposal restricts the application of "voluntary euthanasia" to terminally ill, mentally competent adults. How easy will it be for future Assemblies or even Bureaucrats to amend the law and expand the conditions under which a medical practitioner may assist a patient to end a life or even to just amend the definitions of "certificate of request" or "medical practitioner".

One must wonder why, after much debate and many attempts, there is no fully implemented "euthanasia" law anywhere else in the world. Is it because of the people's fear that once the law is introduced it is then solely in the hands of politicians and bureaucrats with regard to future amendments to the law?.

Doug McLachlan for Doug & Lyn McLachlan

Copies also to Messrs Coulter and Setter

SUBMISSION 592 1

30 Rosstown Rd.,

CARNEGIE 3163 Vic.

20-3-95

Dear Ms Hancock,

I am writing to you to express my great concern at the proposed euthanasia legislation in the Northern Territory. This legislation will affect all Australians. I am afraid vulnerable, sick and elderly Australians will go to the Northern Territory to make use 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 with your utmost power.

Thank you for your time.

Yours sincerely,

Kevin J. Macleod.

SUBMISSION 593 1

Warren A. Sands,

D & J 2, RSL Vets' Villages

Box 56, Narrabeen 2101 N.S.W.

19th March 1995

The Select Committee on Euthanasia

Parliament of the Northern Territory,

Box 3721, DARWIN N.T. 0801.

19th March 1995

Dear Sirs & Mesdames,

As an 82-year-old living, in a Retirement Village amongst people in their late sixties, seventies, eighties and even nineties, I am much concerned with the manner in which some of us are allowed - nay forced - to linger on the threshold of death which so often would be a welcome release from pain, suffering and indignity. I am, therefore, particularly pleased to learn that the subject of Euthanasia is being seriously considered by more and more people such as yourselves.

If you talk to the people living in villages like this one, you will discover that the majority of them are in favour of Euthanasia that is controlled but which, above all, respects the wishes of the dying, more particularly those who have had the foresight to express their views whilst in full possession of their faculties. One hears considerable resentment expressed against those who try to override the desire of the dying to avoid the indignity, discomfort and mental and physical anguish of a lingering death. Only too often, the prolongation of suffering, is excused by members of the medical profession who may on occasion be prompted by ethical beliefs but in too many instances are motivated by the desire to earn more money. Don't let the thought shock you - I could quote chapter and verse of such instances in this very village and I'm sure that my knowledge could be multiplied many times by the experience of my neighbours.

The other enemy of mercy is the misguided thinking of religious zealots who are ever ready to quote excerpts from the Bible. "Thou shalt not kill" they say over the bodies of the dying - yet so many of them are silent when their prelates mouth prayers for the well-being of young men and women who are about to engage in an orgy of killing in the cause of war!

Their attitude takes no cognisance of the fact that many older people no longer believe in their God nor the teachings of their bible. Like myself, they are agnostic and although obeying the, tenets of tolerance and decency, deeply resent the arrogance that insists that they have no right to choose their own way of life - or of death. To my mind, this is democratic privilege that should not be flouted.

I earnestly urge you to accept as your starting point that people have a right to dictate the manner of their demise and of their treatment prior thereto as defined in the terms of., my own "Advance Directive" a photocopy of which is attached.

You are engaged in a consideration of legislation that could be a bench-mark for the civilised world. I entreat - nay, I enjoin you to accept your task as being the greatest responsibility that you will face in your lifetime and to produce legislation that will be a victory for common decency, compassion and true morality.

Yours sincerely,

Warren A. Sands. *Enclosed with submission copy of Advance Directive*

SUBMISSION 594 1

47/207 Forest Way,

Belrose, 2085

20/3/95

The Select Committee on Euthanasia

Sirs,

I wish to lodge my support for the passing of the bill to legalise voluntary euthanasia in the Northern Territory.

It is most regrettable that doctors have to defy the law to end the lives and suffering of terminally ill patients and I also consider that it should not be a crime for a doctor not being able to assist it providing the means for someone to commit suicide at their request.

Yours faithfully

Mrs M. Speed

SUBMISSION 595 1

10 Bottle Brush Ave

Bewong NSW

2546

20-3-95

Select Committee on Euthanasia

I am writing to express my approval of your Voluntary Euthanasia Bill and my hopes that it will be passed.

As a person in my seventies with an incurable illness which can only get worse I am fearful of what lies ahead of me. I would feel so much better if I knew that my life could be ended when I reached the stage that it was unbearable.

This Bill would not force non-believers to take their lives but I do believe that the rest of us should have the choice if we reach the stage where we wanted to die with dignity.

Yours faithfully

Mrs J Watson

SUBMISSION 596 1

P.A. Watson

10 Bottle Brush Ave

Bewong

Wandandian

NSW 2540

20th March '95

The Select Committee on Euthanasia

Parliament of the Northern Territory

PO Box 3721

Darwin NT 0801

Dear Sirs,

I do wish you well with your deliberations on the Voluntary Euthanasia Bill which is now before you. I do sincerely hope that the Bill will be passed. My thoughts go back to the last 2 years of my Mothers life - she died at the age of 94. When it was discovered that Mum had gangrene in her feet consideration was given to amputate to save her life. This is carrying the sanctity of life too far.

I trust that the Northern Territory will show the rest of Australia the way.

Yours sincerely

P. A Watson

SUBMISSION 597 1

22 March 1995

Mr E H Poole, MLA

Chairman

Select Committee on Euthanasia

GPO Box 3721

DARWIN NT 0801

Dear Mr Poole

Mr Perron is to be congratulated on bringing about the bill 'Rights of the Terminally Ill'.

I have always been a firm believer in a person having the right to make decisions about their own body.

Being through the experience of watching the suffering of terminally ill patients undergoing chemotherapy, it is not a pretty sight.

Giving the right to a person to ask for assistance to end pain and suffering is fundamentally right. It allows dignity in dying while you are in a position to make that choice.

Everyone has the right to make their own decision based upon their beliefs. Churches should not interfere with 'non-believer's' decisions. I uphold the churches' right to choose not agree with euthanasia. But this only extends to true believers of their congregation, not the population as a whole.

Euthanasia should be a human right.

I am of the firm opinion that if the people of the Territory were asked to vote on this bill through a plebiscite, the vote would be a resounding 'yes'.

The only reservation I have is about the extension of euthanasia to people who are not residents of the Territory. How will this impact on the Territory health service? Who will bear the costs? If the Territory health service does not suffer by extending this service to other states, I have no problem with it.

Yours sincerely

CAROLYNNE MURRELL

P 0 Box 38008

WINNELLIE NT 0821

SUBMISSION 598 1

1 Victoria St.,

Sunshine, 3020

20 March 1995

Dear Mrs Pat Hancock,

As a person with severe arthritis (first contracted at age eight) and the carer of a 20 year old son who was brain damaged at 6 months I want to express my horror at the proposed euthanasia legislation for the Northern Territory.

My son Leon is doing his VCE over 3 years at the local senior campus of our Secondary College. When he was eight years old I was told he should have been given a lethal injection when a baby. How dare anyone judge when a life has no purpose. We do not create ourselves, and everyone with their imperfections should wait for the Creator's time to die.

People terminally ill need loving care and sufficient pain control for them, even though this can shorten their lives, but not deliberately killed. Please, please do not vote for this bill.

Yours sincerely,

Kay McNeill

SUBMISSION 599 1

PO Box 377

Palmerston NT 0831

21.3.95

The Chairman

Select Committee on Euthanasia

Legislative Assembly of the NT

PO Box 3721

Darwin NT 0801

Dear Sir/Madam

I am very grateful that the Assembly has seen fit to set up a Committee on Euthanasia, as it is most necessary that the subject be considered in depth before a decision is made on the matter.

I am also most grateful to Mr Perron for his concern for the well-being of terminally ill people. One gets the impression through the media that compassion is a rare commodity among politicians these days. I'm sure that's not

true, and the proposed Act gives proof of that.

My submission however will not support the proposed Act at all. I consider that the legislation is a house built on sandy ground, and should therefore be scrapped.

I make these points:

1. THE RIGHT OF THE TERMINALLY ILL IS TO LIVE LIFE TO ITS FULLEST.

The proposed Act assumes that the only option open to the terminally ill is to have his/her life taken away. The majority of terminally ill people would doubtless prefer to live out whatever life is left to them in the company of family and friends, with the least amount of inconvenience and suffering. We should therefore be making every effort to achieve that on their behalf, not taking the easy option of taking their lives from them.

2. THE RIGHT OF THE TERMINALLY ILL PATIENT TO BE RELIEVED FROM SUFFERING IS THE (ONLY) ISSUE TO BE ADDRESSED.

The problem of suffering must be addressed, and not simply 'solved' by death.

Suffering can come in many forms - physical pain, mental anguish, and various forms of discomfort.

Pain control has gained enormous ground in recent years, with patient-controlled 'Pethidine Pumps' freely available and in use. There is no reason for any person to suffer excessive pain in the modern world of medicine.

Anguish over premature death and the loss of contact with loved ones can be alleviated by rendition and appropriate counselling and support.

Physical discomfort can be relieved in various ways, though it seems we are not yet able to relieve all kinds of discomfort - for example the 'drowning' feeling of lung disease.

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Every effort should be made to not only use every form of relief for the suffering patient, but also to improve the techniques and procedures already in use. If that means an investment of finance, so be it.

If pain can be adequately controlled, anguish alleviated, and discomfort relieved, what valid reason remains for requiring the 'Giving of Assistance' ?

It is understood that terminally ill patients do not always gain the kind of care that we would desire. But should problems of over-crowding and under-staffing in hospital wards, inadequate facilities, lack of Hospice care, lack of trained counsellors, or any other problem lead us to despair ? Rather than take the easy path of removing the problem through death, we must seek to work on the difficulties in order to make the last days of the terminally ill more pleasant.

3. NO ONE HAS THE RIGHT TO TAKE HUMAN LIFE.

I submit that no one has the right to take human life, whether his own or someone else's. Today's society is under the misapprehension that the individual has the right to do what he/she likes with his/her own body/life. *Who gave this permission ?* Is it not simply the extreme extension of our pre-occupation with our own rights, to the detriment of everyone else's ?

Australian Society legislates against murder, manslaughter, and any other form of deprivation of life. This legislation has its roots in antiquity, traceable back through English Law into the mists of time. We presume that it came originally from the Jewish period of Moses and the giving of the Divine Law. Perhaps it goes back even further than that to the Biblical account of Cain murdering his brother Abel. Whatever the case, laws against the

taking of human life have always been with us. The 'Giving of Assistance' to a sick patient is simply a euphemism for the taking of that person's life.

The right of the patient to be relieved from suffering is the only issue to be addressed. If it is accepted (as it must) that human life is to be held in the highest respect and preserved at all cost, then the solving of a person's physical suffering through the legalized taking of life is totally unacceptable.

4. THE PROPOSED ACT WOULD INTRODUCE THE POTENTIAL FOR EXPLOITATION OF DEFENCELESS PEOPLE.

If voluntary euthanasia occurs now without it being legal, what exploitation might occur if it became legal ? It is too easy to manipulate seriously ill people. Pressure from relatives or friends could bring the patient to request 'Assistance' to end the loved ones' heartbreak sooner. Unscrupulous relatives could play the system quite easily.

Is this why a civilized country like the Netherlands has such a terrible record ? terminations apparently have no proper consent on the patient's behalf.

Up to 50% of

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5. THE PROPOSED ACT HAS OTHER FLAWS AND LOOPHOLES.

The proposed Act needs further legal investigation and opinion in a number of areas.

a. There is the danger of wrong estimates of the patient's likelihood of staying alive. Part :~ section 3, sect 6 (b), (c), - "likely to die' needs to be far more precise.

b. There is the possibility of incorrect understanding of the patient's real desires.

Knowing the facts is only part of the story. A person may have considerable determination to stay alive to enjoy a reasonable quality of life and closeness to loved ones, yet may request termination simply to avoid trauma for the loved ones.

Section 6 (h) provides for a doctor to assess the real desires of the patient. But the reality is which MD would be able to spend sufficient time with the patient to accurately assess this Further, is an MD the appropriate person to assess this most serious matter ?

c. There is the possibility of further opening-up (by legislation) of means to rid society of difficult cases. This has been spoken about by many others, so I will not elaborate. Suffice to say that this legislation could be the grounds for extending the taking of human life from the frail aged, the mentally infirm, the severely disabled, and prisoners serving a life sentence.

6. THERE IS MUCH PUBLIC CONFUSION OVER THE ISSUE.

The Proprietor of the Pharmacy where I am employed as a Pharmacist saw fit to place an Opinion Poll on the front counter of his shop. Many if not most customers have registered their opinions by far the majority in favour of the legislation.

However, as I have chatted to some of those who signed, I found two things a. Some had misgivings about what it was really about - though could not articulate their feelings, b. Many were confused as to what was actually involved. A common response was " Why should we prolong the life of someone who is already brain-dead?" That is of course, sheer ignorance of both the provisions of this Act and the existing legislation covered in the Natural Death Act.

Others had no idea that 'any person who has attained the age of 18 years' could sign on behalf of the patient (section 7).

The vast majority had no detailed knowledge of the Act itself.

When my time comes, I want relief from pain, time with my loved ones, and the peace of knowing that I have not given my life away, and no one has taken it from me.

(Rev) John Whitbourn LTh. PhC

SUBMISSION 600 1

The Select Committee on Euthanasia

GPO Box 3721

Darwin NT 0801

Dear Sir

I don't want Euthanasia to be made legal in the Northern Territory. Nobody can take the life of another person. I would be very frightened to go to hospital if doctors had the power to end life even if the person was in great pain. I think it is right for people to be cared for and given medicines to take away the pain but not end their life. I hope you can stop this bill.

Yours sincerely

Majell Chula

Port Keats

Northern Territory

SUBMISSION 601 1

The Select Committee

on Euthanasia,

G.P.O. Box 3721

Darwin N.T. 0801

Dear Sir,

I am writing to say I don't Euthanasia made legal in the Northern Territory.

I think it is very wrong to let doctors take life. Life is Sacred and we ;should help people by caring for them when they have pain. Doctors know how to relieve pain without killing people.

I am very worried about what the politicians could do. Please do what you can to stop this Euthanasia Bill.

Trusting you

(name) Dominica Lantjin.

Port Keats N.T.

SUBMISSION 602 1

O.L.S.H. School

Wadeye NT

Port Keats 0822

To Members of Select Committee

Euthanasia.

Dear Sirs,

I was horrified at the suggestion of Marshall Perron to Legalise Euthanasia.

I have watched both my aged parents die and watched the agony as one goes through the final stages of mortal life. Never would I condone the deliberate terminating of another persons' life. So it is with horror that I hear the leader of a party I have supported for years suggest that a doctor would now have the right to administer the means to end life.

I am not talking about life supports. When a doctor considers them ineffective then by all means discontinue the procedure.

But to take over the responsibility that no living person has a right to, is a frightening thought when it comes from the leaders of our Northern Territory.

I do hope you are in a position to prevent this bill becoming law.

Thank you for trying.

Ena F. Chapman.

SUBMISSION 603 1

BREMNER

Real Estate

20th March 1995

The Chairman

The Select Committee on Euthanasia

GPO Box 3721

DARWIN NT 0801

Dear Sir,

I wish to make the following two point submission to your committee:-

1. I fully support the proposal as submitted by Marshall Perron.
2. The proposed law should be broadened slightly by allowing anyone while in a state of sound mind, to advise their family doctor or solicitor in writing and witnessed by either spouse, immediate family member or Justice of the Peace, that should they become totally incapacitated with no chance of making a recovery and are no longer

able to make that decision for themselves, then their life can be terminated.

I realise that this would have to be very carefully worded for law, but the intention is that should someone become a "vegetable" with no comprehension of their surrounds following a stroke or accident etc., then they should have the predetermined right, while mentally sound, to make this decision about their future.

Yours sincerely

JOCK BREMNER

Licensed Real Estate & Business Agents ACN 009 597 979

48 CHARLES STREET STUART PARK · PO BOX 37445 WINNELLIE NT 0821

TELEPHONE: (089) 41 3344 · (089) 41 3744 A.H. FACSIMILE: (089) 41 3744

SUBMISSION 604 1

Ms. F. Maxwell

105 Edelsten Rd

HOWARD SPRINGS 0835

P.O. Box 1162

Palmerston

N.T. 0831

The Chairman,

Select Committee on Euthanasia,

G.P.O. Box 3721

DARWIN N.T. 0801

Dear Sir,

I support the Voluntary Euthanasia Bill because I would like to have total control of my body.

I have suffered a lot in my life having had lung cancer and breast cancer plus numerous other problems. If I found out I was terminally ill I would not like to end up a vegetable suffering severe pain and discomfort in hospital which would also cost the government a lot of money. I would like to be able to say enough is enough MY CHOICE MY DECISION.

Please pass the Bill.

Yours sincerely,

Fraulein Maxwell

SUBMISSION 605 1

P M B 4, Hermannsburg 0872

18/3/95

REGARDING PROPOSED NEW LEGISLATION ON

EUTHANASIA

An attempt to bring in new legislation regarding euthanasia has to grapple with a spectrum of delicate and difficult situations that would evolve if euthanasia was legalised in any form.

Doctor's role:

A doctor is to promote and support the health and welfare of the patient. Any involvement of a doctor in euthanasia would give the physician a new role: involvement in a choice of death. There is an ethical dilemma here, pulling physicians in two directions. Their professional mandate is no longer to be clear as it once was.

Family's role:

Family should, out of love and their blood-bond with the patient, similarly support the health and welfare of the patient, their family member. Anything to the contrary is liable to open up the potential for "legal manslaughter or murder". Wills made out to family and friends, and insurance policies, could be added incentive to some people to hasten the death of a family member.

The Patient's role:

It may be that the patient is not in a peaceful frame of mind to objectively weigh up the pros and cons of euthanasia. That is exactly the emotional burden of anyone who is sick: a desire to be rid of suffering and pain. Can anyone measure the amount of suffering that a patient is undergoing, so that anyone who is suffering 87% increments or more, can be eligible to ask for death? The argument about the degree of suffering is subjective for all involved, and can never be resolved, and certainly not by asking the patient. The amount of complaining about pain, or the manner in which complaints are made, are not an accurate barometer of the degree of suffering.

Intensive Care Unit Patients:

These patients may not be suffering. The patient is either heavily sedated or unconscious, and the life-support machine is doing all the work. The duration of time to keep the life-support going is one of the main dilemmas in this situation. In the "Centralian Advocate" there was a letter some weeks ago, sadly stating that a family member was permitted by a doctor to die. The surviving family members were told of the decision belatedly. (This should not happen.) There needs to be clear legislation and control in these instances, where modern technology sustains life by ICU.

Precedents?:

There have been idol-worshippers, in days B.C., who sacrificed sons and daughters to their gods. This category of religious activity is not relevant to the current discussion.

Aboriginal people and tribes-people of different parts of the world have been know to leave sick and/or aged behind, to die. The situation was pragmatic: the living had to press on, to survive themselves, and were in no position to physically carry and care for these people. i.e. act as human ambulances, nurses and meals-on-wheels at the same time.

2

There do not appear to be any precedents in the history of the world that give assistance and direction to the current debate. The point is this: euthanasia has not been a common practice at all.

Spiritual Concerns:

Many people say that human life has intrinsic value. Human life is precious, and cannot be given a money or material value. For example, educationalists espouse this principle, in their desire to give children the best possible start to life, and journey through life.

Christian writers forbid the taking of human life: this is God's domain, because he made man in His own image. The penalty is "those who use the sword will die by the sword". What someone does to others, that will be evidence of how that person is to be judged. There are warnings about trouble ensuing (plagues, war, famine and the like) when God is not heeded. If this is a true saying, do our politicians want to bring a curse upon their countrymen?

According to Aboriginal lore, there seems to be no precedent to support euthanasia. It is unthinkable for relations to take a family member's life. Totems and the closeness of clan and kin relationships are pro-life. Pay-back under tribal law was the circumstance for taking life away.

Options: despair or hope:

What option will instil hope and encourage people to want to live, to live with courage and to fight some hardships? What kind of legislation and philosophy will inspire optimism and the highest good for our fellow countrymen and women?

What option will instil despair and desire to go to the grave? What ideas and feelings will encourage people to "throw in the towel", and to believe that "it's not worth the effort anyway"? There's a defeatist attitude here, a kind of escapist attitude, that euthanasia encourages.

Let's have positive goals:

Here are some positive goals that can be put on the agenda:

1. accept the preciousness of human life, and its sanctity.
2. encourage positive attitudes and morale: hope is real hope when it gives people courage in happy times *and* tougher ones.
3. address the health and welfare needs of the aged and sick - give them even more support. A natural reaction to our legislators would be: "they don't want to bother about us oldies anyway". Is care shown by a quick coffin? Not at all. More than anything, our sick and old people need care and support. They need to feel important, which they are.

Good law-making: the political agenda:

Rarely is a good law quickly formulated. It is usually best to permit time and discussion by the people involved.

3

If there is canvassing of citizens' opinions, in this instance a percentage aggregate probably will not indicate much. If 45% of the population support euthanasia, that is a minority opinion. If 55% support it, it is a minimal majority, and closer to 50/50. Only 80-90% would be an obvious majority, and a majority that should stand the test of time.

Lastly, communication is a concern. To just ask citizens if they want euthanasia is too broad a question. The issues within that topic involve a range of people (doctors, patients, family...), and ways of thinking and acting. In Central Australia we have heard the word "euthanasia", but there has been little elaboration. The impression left is either one of secrecy, or of uncertainty, or maybe even that the law-makers want to open a big gate to "suicide made legal". The law-makers could greatly assist everyone by putting forward definite proposals and/or explaining the issues that the legislation would encompass. In this way, more pertinent contributions can be made by the public.

Conclusion: we should not support and encourage euthanasia:

Euthanasia is fraught with dangers. e.g. giving the doctor responsibility for life *and death*. There are other dangers outlined above.

The suggestion that control, over the process of euthanasia, can be easily organised and maintained is most debateable. There are so many personal, subjective factors in the process that control cannot be made objective and fair to all parties concerned. It is not possible to scientifically measure the percentage of suffering undergone by the patients, those who would supposedly be eligible for euthanasia. For those who desire death, *suicide* can be recommended as an option. Other parties need not be directly involved, so that any guilt associated with the person's death is not shared. There are medicines that can be taken in lethal doses, as well as lots of other ways of taking one's life. In this day and age, there are many ways to suicide. More importantly, why do we need a law when suicide is always possible? People who attempt suicide don't ask permission to do so: how ridiculous that we now need a law to formalise permission!

I do not see any positive reason for euthanasia.

The only circumstance when it is to some extent relevant is for someone in an Intensive Care Unit, on a life-support machine. If vital organs (heart, lungs etc.) are not working, doctors can affirm that the person is clinically dead. It is right to turn off the machine after a time, when the patient has not responded and it is too late to repair the damage to the patient's body. The patient is not alive, anyway. The term 'euthanasia' cannot be applied in this case.

I cannot support any moves to legalise euthanasia.

Yours sincerely,

D. Roennfeldt.

SUBMISSION 606 1

31 Battarbee Street,

Alice Springs. N.T.

19/3/95

Mr Eric Poole,

Chairman,

Select Committee on Euthanasia,

Parliament House.

DARWIN. N.T.

Dear Mr Poole,

Re: Rights of the Terminally Ill Bill

Thank you for your letter of March 14 acknowledging our earlier correspondence on the matter of Euthanasia. Following the Chief Minister's Second Reading Speech, we would like to elaborate further.

Firstly, Mr Perron states: "Through the laws in place today, society has made an assessment for all of us that our quality of life, no matter how wretched, miserable or painful is never so bad that any of us will be allowed to put an end to it. I am not prepared to allow society to make that decision for me or for those I love."

While Mr Perron may be intending this statement to refer solely to persons in great pain from a terminal illness, it can be applied to many situations. Quality of life is an expression that means different things to different people. It does not only apply in terms of our state of health. A person may be wretched and miserable because he/she lacks adequate housing, access to essential services, medical, transport, etc - to meet their needs. Those deprived of the dignity of work, the ability to be self-supporting, for themselves and their families, frequently suffer great anguish. These factors, and others, (from our experience of half a lifetime spent working with Aboriginal people) are what can be described as contributing to a poor "quality of life" for many indigenous of our country. And for many others, - street children, the chronically unemployed, ethnic people isolated because of language and cultural differences, etc. How do you quantify their suffering?

Mr Perron's remarks imply that anyone whose life is 'wretched, miserable or painful' should be able to put an end to it.

Emotional pain can be greater than physical pain. My father suffered more pain from being robbed of his ability to work by the disease of emphysema, than from the illness itself. The effects of this incurable disease were progressively debilitating. He was almost totally incapacitated after 13 years of suffering, surviving 2 years longer than medical opinion predicted. He battled to live until his last moment.

Mr Perron also asks: "The question for those who oppose this Bill is why should that choice be denied?"

2

We would ask in return: How can you give an absolute guarantee that it will never be used in a non-voluntary situation, despite the present narrowly defined provisions ?

Abortion was originally legalised to be approved only in very limited circumstances: in cases of rape, abortion, and where a woman's mental health was considered to be endangered. Now, as virtually any member of the medical profession can testify, it is available on demand, frequently as just another form of contraception, with the motivation simply of convenience.

Euthanasia movements in both the United States and Great Britain, have, in the past, proposed non-voluntary killing, particularly in the case of handicapped infants. This line of thought has also appeared in the euthanasia advocacy movement in Australia. (*Should the Baby Live?* H. Kuhse, P. Singer) The philosophy of Professor Singer and Dr Kuhse proposes a range of values of life: "no infant, defective or not, has as strong a claim to life as beings capable of seeing themselves as distinct entities, existing over time" and "killing a defective infant is not morally equivalent to killing a person". (*Should the Baby Live?* H. Kuhse. P. Singer) In other words, what is proposed is that the value of life of an adult is greater than that of a newborn infant, and that killing an infant is a lesser evil than killing an adult. Further, "this conclusion is not limited to infants who ... will never be rational, self conscious beings" ... "everything I say about them would apply to older children or adults whose mental age remains that of an infant."

All of the above philosophy, which degrades the value of life of the sick or disabled, the most vulnerable in society. is a chilling echo of the work of the euthanasia advocates Hoche and Binding, whose book "Granting Permission to Destroy Life not Worth living" was published in Germany in 1920. It was on their principles that Germany, a sophisticated and educated society, set about in the 1920's and 1930's, eradicating the mentally disabled, the terminally ill, and the very aged. The German population had many years of being conditioned to the idea of a sanitised society, to disposal of those whose lives were judged to be of lesser value. Hitler thus had the foundation upon which to implement his policies of genocide.

The above mentioned philosophies are in contravention of the United Nations Declarations, of which Australia is a signatory. Article 6 of the International Covenant on Civil and Political Rights: "Every human being has the inherent right to life. This right shall be protected by law." The Declarations on the Rights of the Child, the Rights

of Mentally Retarded Persons, and the Rights of Disabled Persons all recognise that these persons, (children, the mentally retarded, the disabled) have the same rights as other human beings.

If voluntary euthanasia is a human right, as Marshall Perron proposes, than what of the equivalent rights of others whose quality of life is not considered the full 100%.

What is most horrifying about this "Rights of the Terminally Ill Bill", is that we in the Northern Territory, are proposing legislation which would authorise one person to legally take the life of another, innocent person. You can't get any State in Australia to legalise the death sentence for convicted murderers, no matter how horrendous their crime. Yet this Bill sanctions terminating innocent human life.

3

The Netherlands experience is one which bears closely on proposed legislation here. Despite the fact that euthanasia is technically illegal, a State Commission, in 1982, decided that a "doctor who terminates the life of a patient at the latter's expressed and serious desire no

longer should be punishable, providing that a number of conditions have been met." When the Dutch Government, in 1990, set up an inquiry to determine what was happening with euthanasia practices in the country, it found, in the year of survey, that the incidence of euthanasia accounted for over 20% of all deaths. In 12,000 instances, that is approximately 50%, it was done without the patient's request. This, in a country where only voluntary euthanasia, is supposedly accepted. The law allows the protection of those who do the killing, but obviously not the patient. It is no wonder that while polls show considerable community support for euthanasia in Holland, over 90% of residents in nursing homes there were opposed. No doubt the Dutch, to use Mr Perron's words, consider themselves to be "a mature society acknowledging the rights of mature individuals."

In his second reading speech, Mr Perron quotes the words from John Stuart Mills' essay "On Liberty":

"The only purpose for which power can be rightfully exercised over any member of a civilised community, against his will, is to prevent harm to others ... over himself, over this own body and mind, the individual is sovereign."

Why then, do we, for instance, have laws which make it illegal for a person to take drugs?

The purpose of law is to provide justice for all in our community, and protection for the weakest. On this premise, a Report (published in 1994) from the Select Committee of the English House of Lords enquiring into euthanasia, firmly rejected the legalisation of voluntary euthanasia. This Report described the prohibition of intentional Killing as "the cornerstone of law and of social relationships which protects each one of us impartially." The Committee was conscious of the difficulties facing some individuals, but stated "the issue of euthanasia is one in which the interest of the individual cannot be separated from the interest of society as a whole."

The second Reading Speech gives little attention to the positive aspects of palliative care. There have been great advances in this field in recent years. Good palliative care can address the physical symptoms and emotional distress of the patient, and provide support and comfort to the dying and their families. We have experienced this with family members at the Mary Potter hospice in Adelaide and in the palliative care room in ward 7 here in Alice Springs.

We believe that the challenge facing the members of this Parliament, if they are sincere in providing relief for the terminally ill, is to set up a palliative care system which would be an example to the rest of the country. Give us at least one medical oncologist, palliative care specialists, training for staff in this field, hospice services in major centres, and radiotherapy services. You won't need euthanasia legislation then. Of course, such care of the dying will be more costly, but it would make us examine our priorities.

4

In conclusion, we restate our total objection to the "Rights of the Terminally Ill Bill". The means are available to largely relieve the suffering of the dying, if we are prepared for the financial commitment required. We are completely opposed to the introduction of legislation which would overturn the principles now protecting the life of each human being in our society, young or old, sick or well. Any law allowing euthanasia affects all members of our community - it recognises and authorises some lives to be devalued. The implications, morally, legally and socially, are dangerous and unacceptable.

Yours sincerely,

Lesley and David Reilly

cc Mrs Lorraine Brahams, Member for Braitling

SUBMISSION 607 1

20 Fairlight Cresc

Fairlight 2094

Sydney

To the Select Committee of Euthanasia,

After watching my mother die of a terrible death Huntington's Chorea of which I had never heard of before and now realizing I have a 50% chance of inheriting this disease I fully believe in a person's right to have control of their own destiny. The quality of life is more important and when life becomes totally intolerant, I fully believe in ending it become the persons own decision Not doctors. No drugs can help Huntingtons I would never want my children to have to go through what my mother and I went through it still has an effect on my children to this day even though she died 3 yrs ago.

Please pass this bill for the rights of the individual.

Yours sincerely,

Joan Heile.

SUBMISSION 608 1

132 Spit Road,

Mosman

NSW 2088

March 21, 1995

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

Darwin N.T. 0801.

It is my strong and considered belief that a person who has reached a point in his/her life where he/she finds it intolerable to continue - either because of extreme pain or mental distress - should have the right to ask for it to be

ended, without any guilt being charged to the assisting doctor.

I came to this decision after being forced to watch my husbands 7 months long final illness and the deaths, without the dignity too which their former lives had entitled them, of two of my close friends.

I fully support the bill to be submitted to the Parliament.

Sgd. Marjorie Cheeseman (Mrs.)

SUBMISSION 609 1

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

Darwin. N.T. 0801.

Dear Committee Members,

I write in support of the voluntary euthanasia bill presently before your committee.

I have been a nurse for the past 36 years. I have watched countless numbers of patients in the final stages of their illness be it terminal or otherwise die in shocking pain. This had to do largely with the fact that the Drs. in attendance were totally ignorant of palliative care. Indeed I just watched my upstairs neighbour die over the past 10 days of terminal cancer. He was being given 2 injections (of a drug never used as a drug of choice in such situations) 1 in the morning and 1 at night. For the rest of the time he was in excruciating pain. This took place in a large and well known private hospital under an equally prominent specialist, totally ignorant of the drugs of choice for such a situation and obviously unable to bring himself to refer his patient to a palliative care specialist for any number of reasons.

Palliative care is a misnomer;, it only exists in hospice care and those beds are in very short supply.

Most Drs. today in my experience seem to get stuck on their own moral issues to say nothing of the legal and religious issues they bring to the workplace. We must have legislation t hat will enable people a free choice ... unencumbered by what the Dr. "thinks".

I urge you to consider the bill before you so that Drs. and hospitals have a standard of practice throughout the country that will benefit us all.

Thank you sincerely

Jinny di Suvero

22/4 Ithaca Road

Elizabeth Bay NSW 2011.

SUBMISSION 610 1

from PETER LLOYD CBE, MA, CEng, FRAcS.

121 Tourist Road,

Toowoomba, Q. 4350, Australia

Telephone: (076) 35 0139

March 21st.

To the Select Committee on Euthanasia

Parliament of the Northern Territory.

Dear Sirs,

I write to congratulate and encourage the Parliament of the Northern Territory on its move to legalise Voluntary Euthanasia. This is the great moral problem of our times and it will be a tremendous step forward if man can now be given the right to end his life with dignity and at the time of his choosing.

Yours sincerely,

Peter Lloyd.

SUBMISSION 611 1

Fax to: Select Parliamentary Committee on Euthanasia

From: Steve Etherington fx 790 128

Seven pages including this one.

Could you please notify by phone 790 066 when this fax arrives safely? Thanks very much.

SUBMISSION TO SELECT COMMITTEE ON EUTHANASIA

S. Etherington March 24th 1995

This submission has two parts. The first is a series of responses to particular issues raised in a reading of the proposed bill. The second is a set of recommendations that flow from these observations.

S. Etherington

Oenpelli NT 0822

Ph 790 066

Fx 790 128

2

SUBMISSION TO SELECT COMMITTEE ON EUTHANASIA

S. Etherington March 24th 1995

Part one of submission: Comments on selected segments of the draft Bill

Title: The title, *Rights of the Terminally Ill* is misleading, since it does not constitute or contain any kind of comprehensive or general statement of rights for terminally ill people. Rather, the bill describes the exercise of one right, that is to "request assistance from a medically qualified person to voluntarily terminate his or her life in a humane manner etc.." and this right is applied by this bill to only *some* terminally ill persons.

Perhaps the best first step in moving towards this proposed legislation would be the compilation of some such general bill of rights for the terminally ill. This would probably contain a balancing protection for terminally ill persons from the pressure that might come from family members where the right to medically assisted euthanasia is in place.

Section 3: Time frame.

How has the figure of 12 months been selected? It would seem more appropriate, given the sort of scenario described by medical practitioners in discussing this issue, that death would be within a few weeks. The risk of specifying 12 months, or any other arbitrary time longer than a few weeks, is twofold; firstly, the certainty with which any medical practitioner can make a firm prognosis diminishes in proportion to the length of time - medical opinion would be much more certain when a period of *weeks* is involved; secondly, a twelve month period is a lot to remove from someone's life, even with their consent.

There is a further issue related to the setting of a time frame: the act does not state that a doctor should make a thorough survey of research which, within the next 12 months period, may lead to a palliative alternative or even a hope of cure. This should be one of the responsibilities of the group of people surrounding the patient.

Section 3: Definition of "reasonable medical judgement"

This would need to be defined so as to make easier the task of magistrates and others involved in the inevitable possible legal consequences to this bill. Some kind of minimal checklist would be helpful, specifying for example, that the medical practitioner, if not himself/herself a specialist in the relevant field of medicine, should have consulted more specifically qualified colleagues, and that an exhaustive exploration of imminent medical developments, and all current options, be carried out.

Sections 5, 9: Penalty.

These penalties are obviously inappropriate for what may well be an act of attempted murder, or actual murder.

3

Section 6: Discrimination against minors and those mentally incapable.

This bill is open to charges of discrimination against people who are under 18, or mentally incapable of giving informed consent about themselves. Persons from both these categories are just as likely to be in the condition addressed by the intent of this bill: that is, in unrelievable pain and with a relatively short life expectancy. The fact that they are either too young or not mentally capable would mean that they have to suffer longer than another patient old enough and mentally capable of making the decisions discussed in this bill. This issue, to my mind, demonstrates the impossibility of making a satisfactory law. The only way to remove this discrimination is to specify what kind of third party or parties could make such a decision without that adult, informed consent by the patient. A provision of this kind in this act would create a new kind of law, which may not win the support of a majority of the electorate after informed debate. It would create a precedent where someone's death was decided by other people - a situation totally at odds with the stated rationale for this act.

Section 6 Part (d)

Again, to make clearer the legal situation, more specification is needed, which would incorporate some form of checklist.

Section 6 Parts (h, k)

This section needs to be altered so as to protect all parties. Here, medical professionals are required to assess whether the patients decision to request assisted euthanasia meets three criteria, each of which requires

considerably definition, and each of which requires specialized training and experience to assess. The problem here is that of the kind of expertise required to assess what constitutes a patient's capability to make this decision.

[1] Assessment of whether the decision has been made freely and voluntarily entails a knowledge of all those pressures that may be applied to the patient, some of which may be invisible to medical professionals, for example pressure from family members who may desire to either hasten or delay the death of the patient; and some of which may come, wittingly or otherwise, from medical professionals themselves, either through pressure for beds or personal dislike or fondness toward the patient.

[2] Assessment of the patient's ability to have given due consideration to such a decision is highly problematic. Firstly, there is the difficulty posed by the effect of both pain and medication on the patient's capacity to make such a decision. Secondly, this assessment is a psychological and/or psychiatric assessment, and the act needs to specify the relevant qualifications and process for such an assessment, and this in turn implies that the decision making process must be monitored by such a suitably qualified professional.

The best solution for to this sort of difficulty would come through a requirement in the act that a suitably qualified counsellor be a mandatory part of the group making the decision with the patient. This also removes the domination by the medical profession of a decision which is not in fact medical but is spiritual and ethical.

The decision making process should be checklisted, and the ad hoc committee involved should all sign a declaration that each is satisfied that the patient has in fact been able to make a free and considered decision.

4

Section 6 Part (j-k)

One function that obviously should not be left to the medical people monitoring the decision is any role in witnessing the patient's signature. This leaves the medical staff open to accusation, and there is no need for a medically qualified witness at this point. Perhaps the counsellor mentioned in the previous paragraph would be suitable.

Section 6 Part (l)

Surely this assessment is properly made by someone wholly external to the case. The act should specify that no-one involved in any way with this decision should stand to gain in any personal way, especially financially , from the patient's decision. This of course includes family members and friends who may be crucial in their advice to the patient, yet these are the very people most likely to have some financial dealings with the patient. It seems to me that the proposed bill founders on this point above all others. I cannot see how any bill can effectively prevent an abuse of the patient's vulnerable situation.

Section 6 Part (m)

The act needs to specify which witnesses must be present to guarantee that the patient is not trying to signal unwillingness, and also to protect the doctor from allegations of medical malpractice that may arise from what is an entirely new form of medical practice.

Section 6 Part (n)

Some form of committee need to be present. Also, the act needs to provide for the rights of close relatives and other people to be present if this is the will of the patient.

Part 3: Section 10 Medical records.

Para a; The note of an oral request needs to be signed by at least two witnesses who heard the request at the same time. This request should then become the basis for forming a committee (see recommendations).

Paras c,d,e: See notes on section 6, part h.

Part 4: Section 15.

This section is simply impossible to apply. How is it possible to ascertain whether a patient, either of him/herself, or under subtle but effective pressure, decided to end his/her life so as to benefit other people through their will? This would not remove the inevitability of litigation that will flow from this proposed bill.

Part two of submission: Recommendations.

These are general recommendations; there are some more specific suggestions in the previous section.

[1] The issues raised by this bill are of profound importance. In the interests of recognizing that these issues are not merely medical, but involve religious and ethical considerations, more time needs to be allowed for public debate. The draft act does not recognize non-medical values, yet these are at the heart of the way most people think about euthanasia. I strongly recommend that the public debate be more focussed, inviting consideration of the ethical and spiritual difficulties created when solving what appears to be a clear cut problem. Especially, debate should be invited on:

5

- the additional pressure on families and patients created by the potential of this new medical situation to hasten either access to property, or relief from the emotional stress of watching a loved one dying;
- the additional pressure on medical professionals when requested to carry out a duty utterly at odds with their whole professional mission;
- the difficulties of choosing either to discriminate against minors and the mentally incompetent or to take the extraordinary legal step of allowing people other than patients themselves to request assisted euthanasia.

[2] As an indispensable first step in this process, discussion should be invited as to what would constitute a genuine bill of rights for terminally ill people. This should canvass proposals for protection to the terminally ill from pressure that could be generated as a result of any availability of assisted euthanasia.

[3] The proposed bill has a number of serious weaknesses. It does not protect patients against subtle but powerful pressures; it does not protect medical participants from allegations about, or the likelihood of making, bad decisions. I strongly urge that the decision making process in regard to requests for assisted euthanasia be handled by a committee formed in response to each request, whose composition is specified in the act and provides for appropriate expertise in both the specific medical situation, the assessment of patient's mental state, and the monitoring of the whole process. Minimally, such a committee should include a specialist doctor from the relevant area of medicine, a counsellor with appropriate training in psychology and or psychiatry, and a person who can be nominated by either patient or patient's family, and the attending doctor. Unless such a committee is unanimously agreed on the patient's wishes, there should be no action taken. If this seems cumbersome, we need to remember what is at stake.

[4] The proposed bill needs to be reviewed to tighten up provisions for time frames, penalties, definitions and what constitutes reasonable certainty about patient's condition, wishes and options. This general recommendation has been detailed in the first section of the submission.

SUBMISSION 612 1

3 Blenheim Rd.

Lindfield NSW

2070

21st March 1995

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

Darwin N.T. 0801.

Dear Sir/Madam,

I have had control over my life and am enjoying a happy old age. If I become incapacitated or am in pain or misery it is important to me that I have control over my death.

My sisterinlaw lived to an unhappy 96. She was unable to walk and so deaf she was unable to enjoy the radio or TV. The only way to communicate was a few shouted words in her ear. She was unhappy and frustrated.

I repeat that if my life becomes a burden through pain or incapacity I would want the quick release of suicide. Why should it be a crime? There is no sensible reason and all doctors should at least be able to assist the dying in any way the patient may request.

I that the Northern Territory may achieve legal voluntary euthanasia and set the example to other states.

With sincere wishes for this outcome.

Elizabeth Fincham.

SUBMISSION 613 1

Suite B71

95 Starhope Rd

21 March Killara 2071

Dear Sir,

I hope this letter is not too late but I support euthanasia provided it is made certain that it is voluntary.

I feel sure many of us (I am 87) even though reasonably fit have had plenty of life and are ready to go - instead of taking up space, food, hospitals etc - but it must be really voluntary.

Betty Archdale

(Miss - aged 87)

SUBMISSION 614 1

17/470 Pacific Highway

Lindfield NSW 2070

21 March 1995

Select Committee on Euthanasia

Parliament of the Northern Territory

PO Box 3721

DARWIN NT 0801

Dear Sirs,

I am writing to encourage you to support the bill sponsored by the Leader of your Government to legalise Voluntary Euthanasia.

My father died in England a long time ago but even then he was fortunate in having a caring and enlightened doctor who could see no point in his suffering continuing when there was no hope of a cure and only weeks of agony ahead of him. When my father decided that 'enough was enough' this wonderful doctor gave him an injection and his suffering stopped - and also the emotional pain being endured by my mother and all those who loved him.

I am a great believer in the quality of life not the quantity. I know full well that given the choice I would much rather die sooner, with dignity and little pain, than struggle on causing myself and my family needless suffering.

Please please support the bill. If you do so I am sure there will be many Australians who will be grateful for your decision.

Yours faithfully,

Elizabeth Shorter (Mrs)

SUBMISSION 615 1

21 Abingdon Road

Roseville NSW 2069

21 March 1995

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

DARWIN NT 0801

Dear Sir

I am writing to encourage you to support the bill sponsored by the Leader of your Government to legalise Voluntary Euthanasia.

I support voluntary euthanasia 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, then providing someone (a doctor) with the means to commit suicide at my request, should not be a crime.

I also think it is a shocking and disgraceful situation that many doctors defy the law to end the lives of the suffering and terminally ill patients. Much less objectionable would be a legally controlled situation, whereby a person could have control over their death and legally end it with dignity.

Please support the bill. If you do so I am sure there will be many Australians who will be grateful for your decision.

Yours faithfully,

Barbara Trengove

SUBMISSION 616 1

28A Prince Street

Mosman

NSW 2088

21 March 1995.

The Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

Darwin N.T. 0801.

Dear Sirs,

I understand that it is within your power to arrange for the passing of a law which will permit voluntary euthanasia in the Northern Territory.

I do not live or work within the Territory, but I have something to tell you about which may assist the arguments for legalising euthanasia.

My wife's father died a few years ago, when Parkinson's disease reached an advanced stage. At the time of his death, normal human communication with him was impossible. He made signs, spoke occasional intelligible words, and made movements which in the most harrowing way, made his wife and children quite sure that his intelligence was functioning in some logical and nearnormal way.

You may imagine what it feels like to see one's husband, or one's father, crying, in a situation where sadness, or extreme frustration and disappointment, is quite appropriate. As we would say he knew what was going on around him.

My wife's father received what I suppose was conventional and no doubt wellintentioned medical treatment. This was what seemed to be large doses of various drugs. Whatever their effect was, the patient by no means gave any impression of being comfortable or at peace.

All this took place in England, where the health services provided nursing care for my fatherinlaw at his home. One evening when the night nurse was away, and my wife was standing in for the nurse, she went into her father's bedroom and found him nearly asphyxiated through having swallowed his tongue in a coughing spasm or something of that sort. Unthinkingly, she cleared his airway and he revived, living for a long time, more than a year I think it was, after that.

Now, almost as she did it, my wife realised that she had cut off her father's escape from his miseries, when he was right at the exit, so to speak. I leave you to imagine her mental agony then, which still lingers now.

2

My wife's father was, in his day, a very wellknown and successful amateur driver of racing cars. He was a man of balanced and cool judgment. If, when his illness was established, and his fate could be foreseen, there had been in place laws like those of Holland, he would have been able to make some advance arrangement, in consultation with his family, so that his life would end before it degenerated into a physical and mental torture. As things were, and are now in the Territory, my wife can see herself as the person who inflicted a whole year of that torture on her own father, with no way out.

I am in my seventies, with a bone marrow cancer that promises me a miserable death. The disease has made rather a mess of me already, but I remain almost free of pain, and am living a useful happy life. I have to make arrangements to kill myself neatly while I am still quite active, because the law doesn't allow me to be helped later on, by someone else. Thanks very much, say I, to those who prevent the law being changed for my benefit and for the benefit of thousands more.

Yours faithfully,

ALAN PAYNE.

SUBMISSION 617 1

29 Baldwin Avenue

ASQUITH

N.S.W. 2077

20/3/95

Select Committee on Euthanasia

Parliament of The Northern Territory

P.O. Box 3721

DARWIN N.T. 0801

Sirs,

I am wholly in support of Voluntary Euthanasia. I have had the totally unacceptable experience of watching an Aunt and two dear friends, the three terminally ill, bedridden, suffer constant pain and human degradation over a period of years.

The pleas to help end their suffering fell on deaf ears. It is high time compassion was brought to bear on such cases.

Yours truly,

Yvonne Webb Jay.

SUBMISSION 618 1

232/36 Cabbage Tree Rd

Bayview 2104

16/3/95

The Select Committee on Euthanasia.

Dear Sirs,

My wife would not have suffered, had the Bill been passed in this state N.S.W. concerning Voluntary Euthanasia, and I hope it will become legal in your state.

I am nearly 90 with good health, and I dread the thought of going into a Nursing Home am in a Retirement Village now.

VE should be legal - world wide. I have always thought "We should all be given a needle and passed away at the age of 85 - surely by then we have seen enough of this world.

So many young people need the money we waste - keeping alive.

Hoping your state sets the example, and that all other states in Australia follow your lead, and have VE.

Yours truly

Mr C. Robinson.

SUBMISSION 619 1

Unit 9, 26 Cranbrook Ave.,

Cremorne, N.S.W.,

2090.

March 21st, 1995

Select Committee on Euthanasia,

Parliament of the Northern Territory,

P.O. Box 3721,

Darwin, N.T.

Dear Sirs,

As a retired nurse I strongly support a bill to achieve legal voluntary euthanasia.

Doctors should not have to defy the law in order to end the lives of suffering and terminally ill patients.

Those who oppose voluntary euthanasia should have seen a documentary "Hospice" shown on Channel 2 last year.

With good wishes,

Yours faithfully,

Joan Clarke (Miss)

SUBMISSION 620 1

48 Rosedale Ave.,

Fairlight N.S.W. 2095

21/3/95

Dear Sir/Madam

I wish to state that I am definitely pro Voluntary Euthanasia.

I certainly wish to die comfortably and with dignity. My mother had a slow painful death, which caused suffering to her and all our family.

My eldest brother had cancer, suffered many years. He finally, in desperation, committed suicide, by putting a plastic bag over his head, my poor sister-in-law found him. All so unnecessary. Their doctors should have been free to give them a gentle, painless death, as they wished.

Please let such a gentle death be available for those in need.

Yours sincerely

Lorna H Jones

SUBMISSION 621 1

10 Barrallier Street

Griffith ACT 2603

21st March 1995

Select Committee on Euthanasia

Dear Sirs

I wish to record my vote that Voluntary Euthanasia be legalised.

I am eighty-one years of age and I am aware that there are many aged men and women in hospitals and nursing homes suffering in mental and physical misery, without hope of relief let alone recovery.

I hope I will be able to say farewell to my family, when it is obvious to me, that life as I value it is over and leave them with happy memories.

Yours faithfully

Annetta E Fisher

SUBMISSION 622 1

Brindabella Gardens

38 Theodore Street

Curtin A.C.T. 2605

19.3.95

Dear Sir,

I am writing as requested in the latest Euthanasia 'News Letter'. I certainly give you my full support for voluntary euthanasia. As a resident of an aged persons home I know that many of us would be happy to know that we could sign a 'living will' and know it was a legal document.

I feel strongly that the rule applying to ambulance attendants that they should give resuscitation however near to death the patient may be and however old is not only wrong but internally inhumane. This rule is not given enough public awareness.

Yours faithfully

L.M. Carlton

SUBMISSION 623 1

7 Grant Court,

Taralgon, 3844

21st March 1995

Dear Mr Setter,

I am writing to you to express my alarm at the proposed euthanasia legislation for the Northern Territory. This legislation will affect ALL Australians. Vulnerable, sick and elderly Australians will no doubt, 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 please, to oppose the Bill.

Yours sincerely,

(Mrs) Patricia W Patton.

Same letter forwarded to: Dr Lim

Mr Mitchell

Mrs Braham

Mr Baldwin

Mr Burke

Mrs Hickey

Mr Lanhupuy

Mr Bailey

Mrs Padgham-Purich

Mr Rioli

Mr Bell

Mrs Hancock

SUBMISSION 624 1

GRIFFITH UNIVERSITY

FACULTY OF HUMANITIES

Nathan Campus Kessels Road Nathan Brisbane

Please Contact Professor Hiram Caton

Telephone (07) 875 Fax 07) 875 7730

Reference

23 March 1995

Fax: (089) 816 158

Hon Eric Poole MLA

Chairman, Select Committee on Euthanasia

GPO Box 3721

DARWIN NT 0801

Dear Mr. Poole,

I have just learned that the deadline for submissions to your committee is today. I should have liked to made a detailed submission; but in lieu of that, I draw to your committee's attention to an article published in the *Australian* several years ago (attached). Voluntary euthanasia as proposed in the draft legislation assumes that medical services are trustworthy and accountable. Anyone who reads newspapers knows that the opposite is true. Not only are "impossible" errors such as amputating the sound rather than the diseased limb common place, health services routinely cover up negligence that can be brought to light only by costly litigation. It is for that reason that several states have established Health Rights Commissions to inject some element of public accountability into the health care system. To confer the, awesome capacity to take human life on a system already unable to fulfil its multitudinous responsibilities is, it seems to me, very unwise.

I trust that this submission, though a published writing, will be considered.

Yours sincerely,

Hiram Caton, Ph.D., D. Litt. FAIBiol.

Professor & Head

School of Applied Ethics

Enclosed with submission article entitled Euthanasia: potentially a prodigious killing machine, by Hiram Caton, The Australian, Wednesday January 8 1992, pg.9. SUBMISSION 625 1

TO: Select Committee on Euthanasia

FROM: Bruce and Peta Fryer
64. Lakes Crescent, Darwin

BY FAX: 81 6158- 2 pages

SUBMISSION

We ask that the Committee give particular recognition to two aspects:

1. Political/democratic process

The great danger to proper democratic process by a MLA exercising any personal conscience vote on an issue of this nature. This is not what representative government is (or should be) about.

Specific views on this subject are found in the fax of February 2, 1995, sent to our local member - copy attached.

We ask that the Committee give due weight to these areas of fundamental concern about the integrity of democratic process.

Just maybe, at the end of the day, there will be no option other than a referendum, if representative democracy is to remain alive and well in the Territory. The difficulty of having sufficiently well informed voting in any such referendum is acknowledged. So be it.

2. "The euthanasia capital of Australia"

Regardless of whatever stringent safeguards against an improper inflow of people to the NT for the purposes of voluntary euthanasia, such inflow is seen as inevitable. All the connotations that go with this are totally unacceptable.

Relief from this reality could only come from similar voluntary euthanasia opportunities also being available under the law of at least one other State. The Territory would simply be unable to withstand the pressure all by itself.

It is suggested that NT legislation could proceed to conclusion so all the issues are fully and clearly visible, but that proclamation be withheld until similar opportunities are available in at least one other place in Australia.

P Fryer

for Bruce & Peta Fryer

Enclosed with submission copy of 1 page document forwarded to Mr Daryl Manzie, Member for Sanderson

SUBMISSION 626 1

24 Morton Street

Wollstonecraft 2065

18 March 1995

Dear Sir/Madam

My sister has had cancer and is currently in a home for the dying. She is afraid that she will choke to death. She has confided in me that swallowing is becoming increasingly more difficult. She can only whisper but her mind is alert and aware. She can still Joke and make light of her situation. She has spoken to her doctor on the subject of euthanasia and he has indicated that he does not sanction this Practice.

People found guilty of murder were once choked to death by hanging. Why should my sister be forced to contemplate such a death. She should be confident in the assurance that this will not happen and that her final moments will be eased.

Yours sincerely

David Cook

SUBMISSION 627 1

5/2 Canberra Avenue

Wollstonecraft 2065

15 March 1995

Dear Sir/Madam

I would feel more comfortable in the knowledge that when my time to die came, I would be able to make a decision to die Painlessly and be of no concern to my near and dear ones.

I am sure that a majority of people would feel the same as I do. We are all vulnerable in life. When terminal illness strikes it would be most comforting to know that suffering, which is to no avail, could be avoided.

Therefore, I am a supporter of voluntary euthanasia.

Yours sincerely,

Aviva Bloomfield

David Bloomfield

SUBMISSION 628 1

Sheila Newman

6/37 Arden Street

Clovelly NSW 2031

18/3/95

Select Committee on Euthanasia

Parl. of the Northern T.

Darwin.

Please note that I strongly support your move to legalise Voluntary euthanasia - as do most of my friends.

I am an older person and have seen much unnecessary suffering due to an intransigent policy insisting that no help can be given in releasing the sufferer even at their request.

Voluntary euthanasia is civilised. I support it.

Good luck

Sheila Newman

SUBMISSION 629 1

47 Captain Pipers Rd

Vaucluse 2030

19.3.95

Select Committee on Euthanasia

Parliament of N.T.

Dear Sirs,

I am writing to support your Bill in favour of Voluntary Euthanasia.

To be allowed to die with dignity when there is no hope for the future when people are in constant pain is merely humane.

Surely the right to live or die should be given to the suffering individual.

This bill is also very important to safeguard the doctors against any legal action.

There is also the other side that brings great stress to the family both emotionally and financially.

All in all it is time in this modern day and age that this bill was passed and made law.

Yours faithfully

G MASON

SUBMISSION 630 1

L Rubin

63/17 Wylde St

Potts Point

N.S.W. 2011

Dear Sir or Madam

I watched my sister die of cancer of the pancreas. It was a cruel death. She begged me to help her die and I could not do a thing about it.

The sooner the better to have the Voluntary Euthanasia made legal so other people including myself can decide for themselves the way to die.

I trust you will succeed and

Remain Sincerely

L. Rubin.

SUBMISSION 631 1

B.E. de Vries

1/14 Leura Rd.

Double Bay 2028 N.S.W.

Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

Darwin N.T. 0801

Sydney, 20 March 1995

To whom it may concern,

As a V E S member I support the following for 100 percent.

Every individual should have the right when he is terminally ill and the suffering is unbearable to commit suicide. If that person can do it with the help of his or her doctor, he or she will die in the most peaceful way.

Suicide in these cases are a blessing and certainly not a crime. All of us want to die in dignity and the doctors who help us, never should have a bad feeling because they break the law in this country, we are here far behind compared to other countries. I am proud to be Dutch and also of the way that they handle Euthanasia.

My own story is that (lived for 20 years in New York, U.S.A.) I had a boyfriend whom I loved very much. He was for years treated for angina pectoris which he did not have and then they found out that he had lung cancer. He was operated, had for some time chemo therapy and was feeling alright for a while however the cancer soon started to play up again and he spent more time in hospitals than at home.

Towards the end none of those hospitals wanted to take him anymore he had to go to a hospital for the dying. The cancer went to his brain, he did not recognize me or his family anymore, next he went in a coma and was a vegetable.

I asked for the doctor in charge, who was a very nice person and I asked him, to take all those tubes which kept him alive, away and he asked me who gives you the right and my answer was, I love him and I want him to die in dignity.

This doctor did not know my name and I did not know his. The next day my boyfriend passed away, he was 65 years old and I will always be thankful to this doctor.

Sincerely,

Blanche E. de Vries

SUBMISSION 632 1

HUMANIST SOCIETY OF W.A. (INC.)

HON. SEC. BOX T1799, G.P.O. PERTH 6001

21 March 1995

The Secretary

Select Committee on Euthanasia

Parliament of the Northern Territory

P O Box 3721

DARWIN N T 0801

Dear Secretary

RIGHTS OF THE TERMINALLY ILL BILL, 1995

I should like you to convey the congratulations of the membership of this Society to the Chief Minister and all

those concerned in the courageous initiative which the above Bill represents. Although we should have welcomed an even more comprehensive measure, we are delighted that at last this step has been taken towards satisfying the will of the vast majority of Australians.

We are aware of the power of groups who are prepared to use large resources to lobby against any social change which threatens the dogmatism which enslaves them. We believe, however, that we represent the views, of a very large proportion of Australians who, on the other hand, have an open-minded, secularist outlook. Because we do not command comparable resources, we are not able to exert similar pressure. The Committee will be aware, nevertheless, of opinion polls which have consistently shown around 78 per cent support for the type of measures that are contained in the Bill. It is likely that this proportion is increasing. We trust that the Committee will bear this in mind should the pressure of opposition seem large.

We welcome the measure especially because it offers its benefits to all Australians, the majority of whom live in States where conservative governments are highly resistant to social change. We hope that the measure will be successful and that other jurisdictions will eventually follow where the Northern Territory led.

We well understand that only a limited measure is probably feasible at this stage. We do hope, nevertheless, that some thought will be given, in due course, to the plight of that sad group

of terminally-ill patients who are not expected to die within 12 months. These include, inter alia, sufferers from the effects of stroke, Parkinson's Disease and Alzheimers Disease which may continue for many years. We have known many instances amongst our friends of final years spent in abject and unwanted misery. Account might also be taken eventually of the interests and rights of those who would like to protect themselves by means of an Advance Directive before the onset of incompetence.

We commend the work of the Committee and strongly support the proposed measure.

Yours faithfully

Dr Laadan Fletcher

Hon Secretary

SUBMISSION 633 1

Neville Wainwright

119 Rockdale Rd

Mt Claremont 6010

Select Committee on Euthanasia

Parliament of the Northern Territory

I strongly support Marshall Perron's "Rights of the Terminally ill Bill" 1995.

I believe voluntary euthanasia is clearly a personal human right, a right which would have been legal long ago if not for the continuing powerful influence of religious dogmas in politics, the leaders of which not only endeavour to control the rights of their followers but also have the sheer audacity to control the rights of the non-religious.

Hope reason and compassion, not religion, will win on this issue.

Yours Sincerely

N. G. Wainwright

SUBMISSION 634 1

24 Dean Street,

West Pennant Hills, 2125.

Telephone (02) 484 3 563.

Select Committee on Euthanasia,

Parliament of the Northern Territory,

PO Box 3721

Darwin, N.T. 0801.

Dear Sirs,

I understand that the Committee is taking submissions from the public in respect to legislation designed to permit euthanasia, and thus minimise the trauma experienced by those who have a hopeless, terminal illness.

The terrors associated with a slow, painful death first came fully home to me about twelve years ago, when I was regularly visiting my aged mother in a nursing home. Her situation was bad enough, but I was very much aware of the terrible plight in which the woman in the next bed found herself. She had advanced emphysema, quite irreversible, and struggled day after day to get her breath. As the weeks dragged into months, her situation became ever more horrendous and frightening, not only for herself, but also for the other patients who had become acquainted with her condition because of their presence in the same small establishment. She had no assistance from opiates, and, in the final weeks, she literally writhed around on the bed, fighting for air, conscious of her plight, and knowing that it would only get worse. The medical staff showed no concern or sympathy, but they have a personal problem of coping with repeated distressing cases as an integral part of their profession. Thereby, they are inclined to become uncaring and callous, at least in their outward, immediate, reactions. In this case, the only concern I noted on the part of the staff was their quick action to pull her night dress down when I was present, so that the proprieties were observed. Eventually, she slowly suffocated.

With that case still fairly fresh in my mind, I was nonetheless appalled when my mother, then 84, and already suffering from the effects of a stroke, a cracked pelvis, and an inability to urinate without regular diuretics and the assistance of a catheter, was admitted to one of the premium hospitals in Sydney: The Royal North Shore Hospital. I did not need a bachelor's degree in medicine to know that she was obviously dying. On admission, she actually said to the staff in my presence: "this will be the end of me". They were the last words I ever heard her utter. Shortly after admission, the medic allocated to the supervision of her treatment decided that she was dehydrated, without any reference to me, her next of kin, even though I was a regular visitor each day. They fitted her with a drip feed to increase her water intake. However, they did not control it properly. With her inadequate renal system, she was pushed into pulmonary oedema. I shall never forget her agony. They had her sitting upright in bed, with froth moving back and forth through her nostrils, and through her mouth. Her eyes were wide and protruding as she struggled to breathe. The first time I saw this I stood aghast in the ward a couple of minutes, slowly coming to grips with the situation and wondering whom I should

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see to try to get her some relief. A sister then came in, and she started in surprise to see me there. In a few seconds she collected herself, and then she made a display of sucking froth from my mothers mouth and nose, and putting an oxygen mask over her face, but to little avail, as the froth kept returning and oozing out into the mask. On questioning the medic on duty on the floor, he advised that she had taken in too much water with the drip, and had

been given extra diuretics. They expected that eventually her liquid balance would be restored, and she might then gain some relief. As to the reason for it happening at all, it was stated to be because very old people in poor health had unpredictable reactions in respect to kidney function, ie, it was no fault of the medical staff. My reaction was that they should have taken extra care, knowing her sensitivity. No morphine was given, on the excuse that it might damage her heart (she was dying anyway). I am advised that in Britain patients with pulmonary oedema are prescribed heroin to blot out the agony. Heroin is legally available in hospitals there.

Eventually my mother excreted sufficient water for the oedema to settle down, and I was relieved for her sake that she was over the worst of the agony. About two days later however, I was visiting my mother as usual, and noted, before entering her room, that the senior sister and the medic on duty were chatting and laughing just outside her door, thoroughly enjoying themselves. When I went in, I found my mother again in the same situation with pulmonary oedema, with froth again coming from her nostrils and mouth, and her eyes popping. When I spoke to the medic, he replied, still smiling happily from his encounter with the sister, that "they were waiting to see if she would piss it off". He obviously did not like my subsequent statements to the effect that she was being given unnecessary treatment, and was not being properly cared for. The sister, no longer laughing, glared at me as someone to be kept at bay. I spoke to the medical specialist charged with my mother's treatment. Even if there was some excuse to have failed the first time, they then had full knowledge of her poor condition and susceptibility. To have then put her through the same treatment again was stupidly uncaring to the point of callousness and cruelty. He did not accept any responsibility for, in effect, torturing my mother twice because of his failed treatment, inadequately controlled. Even after much discussion with the specialist, he retained his attitude of superiority, typical of medical specialists. After I spoke to him, he only gave her a minimal dose of Largactil, presumably to sedate her slightly, but which had little effect. He then did nothing else thereafter. He washed his hands of her, and she slowly receded over almost a week, without food or drink, and without ever saying anything again; a browned, withered, tiny body, breathing unevenly, and becoming ever weaker.

I earnestly wished for her death.

Such cruelty I find inexcusable. I have seen Channel 2 debates which included medics who damned euthanasia. They protested that there are dangers in euthanasia and that palliative treatment can provide all that is necessary. But the two cases that I have described, and I have seen others, are proof positive that the terminally ill can experience unnecessary agony. They are sacrificed for what is believed to be the common good, or for ethical or religious reasons, or just because of a lack of concern, when the common good should be humane assistance and consideration for the dignity and individual worth of those dying in pain.

3

There are a number of points I wish to make. Firstly, it is easy for medics to come out against euthanasia. They are in a special position, in that they have the comfort of knowing that they can easily gain access to drugs themselves to administer euthanasia if they wish.. Also they are part of the medical "club", and "club" members can expect to get special consideration and assistance from other "club" members. Secondly, medical staff naturally become more involved in treating otherwise healthy people who can successfully respond completely to treatment, and there is a natural interest by the staff in these patients. Old, ill, unattractive patients, with no hope of cure, and sometimes needing special care and attention to a disproportionate degree to that required by other patients, do not get the same consideration. It is well known, for instance, that nursing staff especially like working in the children's ward. Of course they would! Thirdly, there is a natural tendency for everyone, not only medical staff, to become hardened to unpleasant situations with which they have to deal regularly. It is then only a short step for a significant proportion of the medical staff to react with callous, uncaring responses to the unattractive terminally ill, for all their protests to the contrary. Fourthly, although medics claim that palliatives are usually available, (not always) the blunt fact is that they are often not fully employed, or not even used at all. There is no expectation that this situation will improve, in view of the other points mentioned here. Further training of medics in respect to palliatives will not provide the answer. Fifthly, our lives are our own. It is totally presumptuous and improper for

those with contrary beliefs to impose upon others unavoidable traumas.

I hope that the Northern Territory will be able to provide a real and very worthwhile step forward in permitting euthanasia for the terminally ill who are often in pain and who wish to see an end to an existence without any hope of relief in life. This would be a humane and decent thing to do.

Yours faithfully,

John R. Harry.

21.03.95.

SUBMISSION 635 1

11 Willaroo Ave,

Kellyville 2155

21st March, 1995

To the Select Committee on Euthanasia

It is my opinion that if my best friend's wish at the appropriate time, is to have an option to legally choose to die rather than suffer, should be able to legally assist to that end,

Yours faithfully

Frances Watkins,

(Mrs)

SUBMISSION 636 1

Mrs Daphne Lupton.

7 Benella Ave.

Kellyville.

N.S.W. 2153

29th march 1995.

Dear Sir/Madam.

I would like my voice heard on the matter of Voluntary Euthanasia, I would like to think that I can die with dignity, which is my right as a human being. If my dog is suffering or with old age is suffering, I would be able to put the dog to sleep.

Suicide cannot be a crime, you cannot convict the dead, but if some sympathetic person helps you with your wish to die, it is murder.

I would like the right to decide my fate, I back VE completely, better that than your family having to deal with your suicide.

Yours faithfully.

Daphne Lupton

SUBMISSION 637 1

D & R Toseland

44 Northcote Rd.

LEURA 2781

NSW (07) 84 1682

19/3/95.

SELECT COMMITTEE ON EUTHANASIA

PARLIAMENT OF THE NORTHERN TERRITORY

P.O. BOX 3721

DARWIN. N.T. 0801

DEAR SIRs,

WE SUPPORT VOLUNTARY EUTHANASIA.

IF WE HAVE A "RIGHT TO LIFE" WE ARE ENTITLED TO A "RIGHT TO DIGNIFIED DEATH" (ON REQUEST) TO TERMINATE THOSE IN A "LIVING DEATH" SITUATION. UNBEARABLE PAIN ? LOSS OF DIGNITY ? THE DAILY BURDEN OF LIFE? DEPENDENCE ON OTHERS? PLEASE ALLOW THESE PEOPLE THE DIGNITY OF DYING PEACEFULLY (WITH ASSISTANCE ON REQUEST) AND EXONERATE ANY COMMITTEE OF WRONG DOING. THERE MUST BE SOME SYSTEM EVOLVED WHICH CANNOT BE ABUSED.

WE HAVE WITNESSED SO MUCH SUFFERING PERSONALLY FROM VISITS TO MANY NURSING HOMES AND RECOMMEND THOSE INVOLVED IN THIS LEGISLATION TAKE A SERIOUS LOOK AT SOME OF THE PATHETIC AND HOPELESS SITUATIONS.

WE TRUST THAT YOU WILL GIVE THIS MATTER THOUGHTFUL CONSIDERATION.

WITH THANKS

YOURS SINCERELY

MR. & MRS. R. TOSELAND.

SUBMISSION 638 1

44 Northcote Rd

LEURA NSW

2789

Select Committee on Euthanasia

Parliament of the Northern Territory

PO Box 3721

DARWIN NT 0801

Dear Sirs

I write this letter in support of Voluntary Euthanasia!!

As I have first hand experience of a Nursing Home - I wish all people could see the suffering and loss of dignity of residents who wish to be released from the burden of pain and living in such a state of "nothing".

Please give this thought your sincere consideration and release those who desire peace.

Yours faithfully

Mrs. D. Toseland.

SUBMISSION 639 1

4 Welham St,

Beecroft

N.S.W. 2119

20th March 1995

The Select Committee on Euthanasia,

Parliament of the Northern Territory,

Darwin.

Dear Sirs,

The eyes of the whole nation are upon you!

Don't miss the opportunity of being the state which will lead Australia into the company of more enlightened nations, such as Holland, Canada and some states of the U.S.A.

I am a member of the V.E.S. of N.S.W., and we are all following your considerations with the deepest interest and highest hopes.

Don't let us down!

Rosemary Lawrence

SUBMISSION 640 1

Mr D J & Mrs A L Morgan

25 Cooke Way

EPPING NSW 2121

20/3/95

The Select Committee on Euthanasia

Parliament of the Northern Territory

PO Box 3721

DARWIN NT 0801

Dear Sirs,

Re: Voluntary Euthanasia

We are writing to give our full support to the passing of Legislation to achieve Voluntary Euthanasia.

It is obvious that initiative needs to be taken by some Governments of this Nation, and others, to bring about a critical change on attitudes in the Public outlook on this subject and your Government is providing this step by legislating to bring about this change.

Both my wife and myself have been faced recently by two examples of patients who were suffering severe pain with terminal illnesses for many months when it was made clear to us they wished to be relieved of this suffering. Unfortunately, in each case their close relatives were afraid to ask Medical staff to provide some form of help to terminate. These relatives expressed strong feeling of guilt they did not want to live with yet they admitted action should have been put in place.

We strongly recommend that your Parliament pass this proposed Legislation and create opportunity for other responsible Governments to follow suit.

Yours faithfully

D J Morgan

SUBMISSION 641 1

4 Welham St

Beecroft

2119

20th March 1995

The Select Committee on Euthanasia

Parliament of the Northern Territory

P.O. Box 3721

Darwin

N.T.

Dear Sirs,

I hope you do not imagine there is any lack of community support for the Euthanasia Bill now under advisement.

Surely you support the rights of the individuals to have control over their deaths, as they do over their lives?

Now that suicide is no longer a crime, how can providing a suffering person with the means (often no longer in their own power) to commit suicide, be a crime?

As a member of the Voluntary Euthanasia Society of N.S.W., I beg you to pass Michael Moore's VE Bill as swiftly as possible, and people all over Australia will be grateful to you.

Yours sincerely,

W.B. Lawrence.

SUBMISSION 642 1

Mrs B Chasney

153 Bega Road

TATHRA 2550

Select Committee on Euthanasia

Parliament of the Northern Territory

PO Box 3721

DARWIN NT 0801

Dear Sir/Madam

SUPPORT FOR EUTHANASIA

I am a member of the Voluntary Euthanasia Society of N.S.W.

After my husband died of cancer in Feb '93 I was convinced that people should be given the right to die so I joined the V.E.S.

Those that do not agree do not need to choose to die. However, I think everyone should be able to ask their doctor for help when the time comes to make a dignified exit. The medical profession should not be penalised for helping people.

Anyone who has seen a loved one die of cancer must agree with me.

Good wishes to you and all supporters of Voluntary Euthanasia. Let's make Australia the clever and compassionate country.

Yours faithfully

Barbara Chasney

SUBMISSION 643 1

The Chairman,

Select Committee on Euthanasia,

GPO Box 3721,

NT 0801.

21 March 1995

Sir,

Re: **EUTHANASIA - AGAINST THE INTRODUCTION.**

I wish to submit my opinion as being against the introduction of the above policy, no matter under what banner or heading it may be introduced into Parliament.

I wish to be included on the list to appear before the committee at the Darwin venue.

In summary, any society that has to resort to this method in peacetime is devoid of any spirituality that one element that separates us from animals.

I lost my mother in February 1994 after she succumb to stomach cancer. She too, went through a lot of pain, but suffered silently. She was an inspiration. She died in total dignity with ALL her family at her bedside.

Thanking you, and I anticipate a reply, please.

Alan La'PORTE
28, Yanyula Drive
SANDERSON 0812. N.T.

Ph Wk 220 135

Hm 27 37 22

SUBMISSION 644 1

20th March '95

To Committee of Euthanasia

Please record my vote in favour of Voluntary Euthanasia.

I am 100% in favour of a persons right to decide for themselves what they want, and not have a decision such as this made by anyone else.

Sincerely

Mrs Muriel McCallum

23 Orara St

Westlawn

Grafton 2460

NSW

[VES Member]

SUBMISSION 645 1

Box 1135 PO

CASINO NSW 2470

21-3.95

Select Committee on Euthanasia

Parliament of the Northern Territory

PO Box 3721

Darwin N.T. 0801

Dear Committee,

I am appalled that a small minority of any Religious Sect can prevent a Law being passed to allow V.E. for those who desperately need it.

We are supposedly a Democratic Country and supposedly allowed Free Speech. No Religious group should be able to force their views of their personal interpretation of their Religion which is not shared by good intelligent thinking people of their own faith BUT too afraid to speak out.

I personally have seen the neglect of old people who cannot SPEAK so cannot complain. This when I worked in a Country N.S.W. Hospital - the ONLY hospital in that town. When I started work at 6am the old people would be lying in their own excrement nearly always liquid. The babies would also lying in wet napkins all day long. I worked broken shifts and when I finished work at 6pm these old people were still in the same state. Any "walking" mothers would take pity on these babies and change them. I remember one pregnant mother who was Hospitalised to give her a rest before birth of her baby who could not bear to hear the babies continual crying and would change and carry around some babies too heavy for her. She lost her baby as a result.

Another patient had after an operation for a Brain Tumour in Sydney had been returned to the country hospital to die. She had all her faculties but had lost the power of speech. I knew this comfortably off woman BEFORE her Brain Operation and knew her for an intelligent, good living, caring person. She developed huge bed sores on each buttock. One as big as a dinner plate, the other almost as large. There were patches inflamed with crusted ulcerated edges. That woman when I came into the room would throw back the sheet (only covering) to show me. The only movement she had was the little in her right arm.

The flies would be swarming around her. I could do nothing as I was only the Pantrymaid Waitress. I could go and tell the Senior Sister who would return with a fly spray and squirt a few squirts around the room after flinging back the sheet to cover the sores. At the other times that patient would grab my hand, hold it look into my eyes and cry.

It took that woman months to die. All the 'food' she got was couple of teaspoons of tea. The nurse would bring in a cup of tea give her two teaspoons and leave the cup of tea beside her bed and not return.

YES that was in early 1960's.

2

I am now 71 and this year have had 2 Heart Attacks, 2 Cancer Operations and one slight Brain Haemorrhage. Arthritis in all joints. One Total Hip Replacement a huge Blood Clot as a result but was dumped in an empty house with no phone NO after care a Pensioner is entitled to. It was promised, but did not show up.

The Ambulance ordered to take me to Hospital did not show. I was forced to drive myself to Hospital along a hilly and winding Road 53 km's to Hospital. I was dismissed from Hospital with my leg swollen like a lamppost and purple. I went 8 weeks at home alone until I finally ran out of food. I was forced to use my walking frame to struggle down to the local General Store. All my Pension was being paid into the nearest big town to the Bank there. I had no cash to buy food. I only had \$15 when I left Hospital. I had to pay someone for Petrol to give me a lift home.

When after 8 weeks and the ever increasing Blood Clot unknown I got to the Store it was to be told the "Right to Life" person whose job it was to organise Ambulance, Home Care, Home Improvements (Hand Rails etc never done) had cancelled ALL help saying I'd refused it. No one had been near me to tell me it was cancelled let alone for me to refuse it.

I was given a lift to specialist, the Venal Xray confirmed a Blood Clot from just above my knee to groin. He put me on Warfarin stating I must come into town twice weekly for a Blood Count. I got a lift for a couple of weeks. There is NO provision for anyone Pensioner or otherwise to get any place for Pathology. The Specialist dropped my dose of Warfarin well before the Blood Clot had reduced because I had no way of getting to town. It was 3 months after my operation before I could drive myself.

The extra strain put on my left Hip and shoulders having to care for MYSELF with NO Hand Rails, no ramp, having to use steps all the time makes left Hip Replacement desirable. Nearly 4 years ago I was ordered left should replacement.

I have a Time Bomb ticking away with pieces of this huge blood clot having broken off and still floating around ready to lodge in a fatal spot.

My Hip operation pain and later neglect was so horrendous I would rather DIE than have any more such operations. That was in 1988.

In 1990 I had first a lump out of my breast then just 7½ weeks later the whole breast off.

I have continual Angina Attacks and can only PRAY I die of a Heart Attack.

My dread is another Brain Haemorrhage which might not kill me but leave me unable to SPEAK as it did my own Father who died of one at 42 years.

When I was in Hospital in 1990 I saw the exact neglect of old people I saw in the 1960's. Two old ladies flat on their backs unable to move even their arms were served each a plate of soup. The Nurse gave one teaspoon to one the second 2 teaspoons. She said "I'll be back" and darted off. She did not return. Eventually the waitresses came with their Trolley and removed both plates of soup. Those two old women both had all the faculties.

3

In the years between I've seen the neglect of small children who can't speak for themselves.

I've seen the neglect of Mental Health Patients in Mental Hospitals. The Female patients unable to protect themselves nor understand nowadays and to my direct knowledge from, 1967 even 16 yr olds to 50 odds have to suffer Rape because it is the Policy of Mental Health now to 'Open the Gate' between male and female patients to allow the males to Rape these women and girls. One case reached TV media. Parents of a 50 odd year old hopeless Mental Case came on TV crying because their daughter protected since babyhood from all sex had been Raped by this deliberate open door policy.

The 'Right to Lifers' DON'T have the right to stop this BILL legalising Voluntary Euthanasia. They don't have to use it, it is VOLUNTARY.

I am the widow of violent Paranoid Schizophrenic and had to care for a girl from 13 yrs old with Hereditary Huntingtons Disease, Simple Schizophrenia and Grand Mal Epilepsy.

She was twice Raped at 16 in a Mental Hospital. Told she could do as she liked under our modern system she wandered the streets continually was Raped and Pack Raped had children (two of whom I reared) to unknown fathers and is still missing.

I know the warped system we lived under and can only hope that Voluntary Euthanasia is law soon in case I am left without speech unable to help myself.

Hope this can help the cause.

Yours faithfully

(Mrs) M.H. Livermore.

SUBMISSION 646 1

WESLEYAN METHODIST CHURCH

SOUTH QUEENSLAND DISTRICT

BUNDABERG

P.O. Box 2273

BUNDABERG Q. 4670

Phone: (071) 523 2960

21 March 1995

The Chairman,

The Select Committee on Euthanasia,

GPO Box 3721,

Darwin, NT, 0801.

Dear Sir/Madam,

I want to express my deep concern, and that of the Wesleyan Methodist Church of Australia in Queensland, at the proposed "Rights of the Terminally Ill Bill" that is before your committee at the moment.

We are totally opposed to this Bill and urge members of the committee to consider not only those few the Bill says it is seeking help for, but the whole of Australia. We appreciate dilemmas that present themselves to families and individuals every day in the face of terminal illnesses and the like. We also appreciate that the minister has a deep concern for these people. However, no one lives to themselves. There are consequences for the decisions and, in this case, the legislation's that are made. The nature of the human condition seems to be to take the line of least resistance in many situations, particularly when it comes to moral issues.

As a pastor of nearly twelve years, I have counselled and worked with many people and have observed the repeated tendency for people to be self-centred rather than other centred. This tendency works against healthy marriages, healthy relationships and the resolution of many moral and other dilemmas. I believe that this Bill is encouraging a self-centred approach to life -and death - however much concern there is for the happiness of the individuals concerned. Freedom of choice is not freedom to be without limits. The best government is that which places limits on its constituency through legislation in such a way as to both allow freedom and happiness while not encouraging self-centerdness and loss of perspective.

We believe in the inherent dignity of humanity because of our being made in the image of God by God and for God. I am convinced that to allow the passage of this bill will both encourage self-interest and self-centeredness, and exploitation by those particularly who do not hold to the inherent God-given dignity of humanity. It is possible to be too trusting in the ability of humans to make right choices. Please consider that the passage of this bill will mean people will make wrong choices. What if the diagnosis is wrong, what if there has been a deception, what if there is exploitation? These things will happen. History has told the story again and again of good intentions that were abused, of trusting populations deceived. The reality is that humanity as it now is needs to be given less freedom of choice in some matters because we will abuse the freedom! That is the nature of us.

We urge you not to recommend this bill to the house.

We await your reply,

Yours faithfully,

Rev. Peter Breen. Chairman, Task Force on Public Morals and Social Reform, Sth. Qld. District of the Wesleyan Methodist Church. Pastor, Bundaberg Wesleyan Methodist Church.

SUBMISSION 647 1

Villa 120,

Harbourside Haven,

Shoal Bay,2315.

The Select

Parliament Committee on Euthanasia,

Of the Northern Territory.

My wife and I, aged 75 and 74 respectively would urge you to support the bill in the euthanasia area currently under consideration.

In doing so, you will be following the opinion of the great majority in the developed world, as so often expressed in public opinion polls. You will also be supporting freedom of choice to die when life has no real meaning.

The main concern of British Law, we have always been told, is that individual freedom should be guaranteed where-ever possible. It is not to restrict choice and become a means by which extremists like the right-to-lifers can persecute those who have a different opinion, and choose to give effect to it on humanitarian grounds.

The lengths to which some of these people will go, to confuse the issue is seen by raising the spectre of Hitler and his gas-chambers. What nonsense! Hitler was the antithesis of freedom!

Further down the track, we may mention that about half the health budget is now devoted to the last year of life in supporting terminal illness. Money should be used to safeguard the health of and cure those with many useful and enjoyable years before them.

Regards,

E.R. Dalziel

SUBMISSION 648 1

Mount Hutton 2290

Select Committee on Euthanasia

Dear Officers,

I am 70 yrs of age, live in a retirement village and firmly believe in the right of individuals to have control over their deaths, as they do over their lives. I think it is criminal to keep people alive in nursing homes and such suffering great indignities when they would much rather have died with dignity before reaching this stage.

Also I feel it unjust that people have to find a doctor who is willing to break the law to get assistance in dying. My

late husband was in extremely severe pain (luckily his lungs collapsed and he died before too many months had passed). He had always believed in his right to die with dignity and had just about reached the end of his tether when mercifully he was taken.

I hope this letter helps in your fight for our right to chose to die when the time is right.

Yours sincerely

(Mrs) Betty F Gordon

SUBMISSION 649 1

24 Kundart St.,

Nambour

Queensland

4560

21st march 1995

Select Committee on Euthanasia

Parliament of the Northern Territory

PO Box 3721

DARWIN NT 0801

Dear Sirs - Mesdames,

I am 74 years old, male, Caucasian and Australian and a supporter and member of the Voluntary Euthanasia Society of N.S.W. for a number of years now.

I have been much interested in the Private Member's Bill introduced into the N.T. Parliament recently proposing and legalising Voluntary Euthanasia.

I wish to support this Bill.

I maintain it is the right of the individuals to be able to make a choice by the appropriate means in the event that he or she (or I for that matter) find themselves in an intolerable and terminal condition.

I feel that all thinking individuals would prefer to end their life in a peaceful and dignified manner.

Therefore I would respectfully hope that your committee will favourably consider this Bill.

Yours sincerely,

(Albyn George HEATH)

SUBMISSION 650 1

George GOINY-GRABOWSKI

M. S.A.E. AUSTRALASIA Point Vernon, Qld, 4655

Australia

Phone 071-28 3537

21st March, 1995

The Select Committee on Euthanasia,

Parliament of the Northern Territory.

P.O. Box 3791

Darwin, N.T. 0801

Dear Members of the Select Committee on Euthanasia

As a member of the Voluntary Euthanasia Society of N.S.W. for many years I wish to support the aim of the Select Committee on Euthanasia.

It is beyond my understanding that in progressive countries old people, who are terminally ill and suffering pains and who are in addition a burden to other people and to the society as a whole are allowed to perish in a slow and agonizing death whilst a painless injection could end their sufferings.

When making such a statement I want you to know that:

- 1./ I am 84½ years of age and an Australian citizen since 1954.
- 2./ I am married, have no children and my wife is Australian born and knows my attitude,
- 3./ I have arranged my will and power of attorney and prepared my departure years ago,
- 4./ I am still physically healthy and mentally alert, teaching the German language at the University of the third Age two hours weekly for the last 4 years.
- 5./ I am the former Polish political prisoner No.119254 of the Nazi-Extermination and Concentration camp of Auschwitz from 1942-1945.
- 6./ I carry always with me two cards of which I attach photocopies for your perusal and I would like to draw your attention that one was signed by me before a Justice of the Peace in 1972.

I feel, if voluntary euthanasia was allowed the suffering of mankind would greatly be relieved and the cost to the various states reduced considerably.

Your Parliament would be respected as the most progressive one and other states and even some foreign countries would follow your lead.

Yours faithfully,

George Goiny-Grabowski.

Enclosed with submission photocopy of letter signed by Dr Frank Ekin and copy of card signed by Justice of the Peace.

SUBMISSION 651 1

18th March 1995

This is difficult for me to write as I am in my 80th year and wheel chair bound but I consider VE is such an important issue. I support it on the right of individuals to have control over their deaths as they do over their lives. I have seen my husband with an inoperable brain tumour, wanting to die. He had 5 months to live.

It is unjust to have to find a doctor willing to break the law to end patient's lives rather than a legally controlled situation as in Holland. Suicide is not a crime so providing someone with the means to commit suicide should not be a crime.

Old age is terminal.

J Matthews

Castle Hill

SUBMISSION 652 1

SUBMISSION TO

SELECT COMMITTEE ON EUTHANASIA

NORTHERN TERRITORY

20th MARCH 1995

FROM WILLIAM AND SANDRA TENTO

4 ANDERSSEN ST

HALIFAX QLD 4850

It is unnatural for a person to want to die. Their request is the manifestation of a problem they are experiencing i.e. illness, depression etc. We believe that society in the 1990's has much more to offer the elderly and the terminally ill than death as the solution to the problems they experience. The technology available today offers us a wide range of options in the caring of the dying i.e. improved methods of pain management; various types of aids to help the particular condition of the patient. More can now be done at home within the family i.e. dialysis. The love and support of the family should never be underestimated. If this is no longer possible Nursing Homes can offer the means of allow a person to truly die with dignity, while also offering support for other members of the family. Apart from the fact that providing these goods and services will create jobs which means growth for the wider community more importantly it gives us a greater sense of responsibility and respect for those being assisted in their living and makes them feel a valued member of society. We believe these are the sort of options which need to be pursued vigorously - not Euthanasia.

W R Tento

S A Tento

SUBMISSION 653 1

19 Tallowalla Rd

Beverley Hills

NSW 2209

20 March 1995

Select Committee on Euthanasia

Parliament of the Northern Territory

PO Box 3721

Darwin NT 0801

Dear Sir/Madam

Legal Voluntary Euthanasia

1. I wish to put before the Committee my views on why Voluntary Euthanasia should be legalised.

a. I believe in the right of individuals to have control over their deaths as they do over their lives.

b. In my opinion, since suicide is not a crime, providing someone with the means to commit suicide, on their request, should not be a crime.

c. I find it unjust that people have to find a doctor who is willing to break the law, as it now stands, in order to give assistance in dying.

2. I await with interest the result of the Select Committee deliberations on this important subject.

Yours faithfully

Marjorie Handman (Mrs)

SUBMISSION 654 1

5/43 Elizabeth Bay Rd

Elizabeth Bay

NSW 2011

21st March 1995

Select Committee on Euthanasia,

Parliament of the Northern Territory

PO Box 3721

Darwin NT 0801

Sirs,

I believe strongly that voluntary euthanasia should be legal. In the course of a long life I have seen several people close to me die after prolonged suffering and in spite of repeated requests to be allowed to die peacefully.

It is intolerable that a doctor who accedes to such a request in such circumstances should be guilty of breaking the law and I therefore wish to express my total support for your efforts to change the situation.

Yours faithfully

M B Dick

SUBMISSION 655 1

RMB 3815

Bridge St

Ourimbah 2258

23/3/95

The Committee on Euthanasia

Dear Sirs,

We have very strong feelings about Euthanasia as evidenced by our long membership. The worst nightmare that we share is that we will one day find ourselves in a situation we have witnessed of loved ones forced to endure needless prolongation of life(?) I don't believe anyone with human feelings can be witness to the pleas of a loved one forced to endure weeks of pain and distress, pleading to be let go and the enduring pain we feel of the ongoing memory of not being able to help.

We are both aged (77 yrs and 81 yrs) and are aware we are approaching the end of living with self dependence and personal dignity.

The memory of the pleading of mothers, fathers, grandmothers and grand aunt is an ongoing pain that it was forbidden to ease their way out of unbearable life far less find a doctor who could offer only irregular palliative care not that the needed care was a burden but the denial of release for them is a never ending pain and regret that what we could so easily grant our beloved pets was denied to our beloved kin.

Yours very truly

Joy Hart and

George Hart

SUBMISSION 656 1

4 Piper Street

Annandale NSW 2038

The Select Committee on Euthanasia

Parliament of the Northern Territory

Post Office Box 3721

DARWIN NT 0801

TO WHOM IT MAY CONCERN

There are people 'for whom the future is more terrible than the grave, that has its one secret only'. Why should they be denied the only relief they can hope for? Let us legalise voluntary euthanasia.

Yours sincerely

Margarita Adam

SUBMISSION 657 1

SUBMISSION TO

THE SELECT COMMITTEE

ON EUTHANASIA

Legislative Assembly of the Northern Territory

GPO Box 3721

Darwin NT 0801

by

Spencer Gear

PO Box 895

Bundaberg Qld. 4670

Phone: (071) 51 2299 (W)

(071) 51 2501 (H)

20 March 1995

I respond to the "Rights of the Terminally Ill Bill" 1995 as a youth and family counsellor with 18 years experience, and one who has experienced severe suffering through three life-threatening illnesses and surgeries.

If your Territory were to legalise euthanasia, it would represent a radical change in the ethics of our nation, thus having an impact on the whole of Australia.

I appeal to you as legislators to consider this Bill from a national perspective.

Abbreviations:

Since this Bill cannot be responded to in isolation, my submission includes an assessment of the other documents forwarded when I requested a copy of the Bill.

For reference purposes, the abbreviations used in the submission are:

B = Rights of the Terminally Ill Bill;

E.S. = Executive Summary: Rights of the Terminally Ill Bill. Since the "Extracts from the Hon. Marshall Perron's Parliamentary Second Reading Speech: The Rights of the Terminally Ill Bill" are included with the Executive Summary, references to these "Extracts" will be included with the E.S. abbreviation.

2R = Second Reading Speech, Rights of the Terminally Ill Bill, the Hon Marshall Perron MLA, Member for Fannie Bay, February 1995;

N = Rights of the Terminally Ill Bill 1995, Notes on Clauses.

COMMENDATION

I commend the Hon. Marshall Perron, MLA, for considering the suffering of people in the terminal stages of illness. A Territory that is not compassionate towards its people, especially those who are suffering, does not deserve to be called civil, just or moral. As legislators, your Assembly has a duty of care to the people of the Northern Territory, and because of the wider implications of the Bill, to all Australians.

However, **this Bill is fatally flawed because it eliminates the sufferer, rather than eliminating the suffering.**

ASSESSMENT OF THE BILL

1. LACK OF DEFINITION

Several times in the Bill, it is stated that the patient's decision to end his or her life is "made freely, voluntarily and after due consideration" (e.g. B Clauses 6 (h), (k) and 10 (c); N, Clause 6).

What does "after due consideration" mean? Although the context of Clause 6 (B) does refer to severe pain, suffering, and distress and no suitable medical treatment available to relieve the pain in the terminal stages of illness, "after due consideration" (without specific definition) could include: pressure from family to end their economic burden and emotional distress; pressure from government medical costs, etc.

2. REDEFINING MURDER AND ASSISTED SUICIDE

"To voluntarily terminate his or her life" (B, p. 1) is a euphemism for murder or assisted suicide on request.

"We can legally let them die, but it is illegal to help them die" (E.S., p. 3) provides another euphemism. "It is illegal to help them die" should read, "it is illegal to commit homicide or assist with suicide." This should never be changed in your criminal law. Murder should always be wrong, no matter how much one wants to cloak it in the emotions of suffering.

Killing of another human being, defined as "**medical treatment** for the purposes of law" (B, Clause 13 (2), p. 6), is obnoxious for any civilised society.

For this to happen it would be needful to overturn the N.T. Criminal Code that makes homicide and assisting in the killing of another, criminal offences.

For this Bill to become law, it would radically change the face of our society because it promotes assistance in the killing of another person, under the euphemism, "terminate his or her life".

For medical practitioners to agree to this active killing, they would have to break the Hippocratic Oath:

"I will follow that method of treatment which, according to my ability and judgment, I consider **for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to anyone if asked, nor suggest any such counsel**" (emphasis added).

The Australian Medical Association (AMA) supports the World Medical Association's statement on euthanasia (dated October 1987):

"**Euthanasia**, that is the act of deliberately ending the life of a patient, even at the patient's own request or at the request of close relatives, **is unethical**. This does not prevent the physician from respecting the desire of a patient to allow the natural process of death to follow its course in the terminal phase of sickness."

Based on the medical professions' ethics just articulated, Mr Perron is clearly wrong when he says "this Bill is not about compromising. . . the ethics of the medical profession" (2R, p. 14). Mr Perron is enticing medical practitioners to clearly violate their medical ethics. It is one thing for medical practitioners to do this voluntarily (which is also wrong), but quite another for the N.T. government to encourage such unethical medical practices if this Bill were to become law.

The Canadians were correct in their 1983 Law Reform Commission when, following an inquiry, they concluded that "**mercy killing [euthanasia] not be made an offence separate from homicide.**"¹

I appeal to the legislators that "the laws in relation to homicide apply now and will continue to apply" (2R, p. 3) and that they should **never be compromised** to allow any form of killing through euthanasia.

Mr Perron claims "this reform is long overdue" (2R, p. 14). Rather than being a reform, this is a return to barbarism where killing is promoted in the name of a supposedly 'humane' and 'mature' society.

Why is murder in the criminal code of every state and territory of Australia? Not because "I hate murder" or "I prefer that you not murder," or "I have an opinion that murder is wrong," but because, except in self-defence or the defence of others, the direct taking of human life is a central tenet of the Judeo-Christian world view on which this country was founded. The Westminster system of justice, based on the Magna Carta, is grounded in biblical revelation. "You shall not murder" is the sixth of the Ten Commandments (Exodus 20:13).²

Our criminal code is based on them. In spite of Mr Perron's opposition to the Judeo-Christian tradition (2R, pp. 8, 10), you move away from this solid foundation of absolutes at your own peril.

By making the killer "immune from criminal or civil, or professional disciplinary, action" (N, p. 3) this Bill will have a deleterious impact on the medical profession and Australian society.

Do you want the hospitals of the Northern Territory to become deliberate death clinics for the terminally ill from across Australia?

3. RADICAL ETHICS

The most serious objection to this Bill is the radical, dangerous ethics that it espouses:

a. Human autonomy (sovereignty) over ethical decisions:

"This Bill is about personal choice" (E.S., p. 1);

"They should have the right to die at the time of their choosing" (E.S., p. 4);

"Neither the doctor, the family, nor the church should be allowed to over-ride the patient in regard to the right to die" (E.S., 5);

"More liberty and a strong belief in the right to choose" (2R, p. 1);

"Public policies should be based on respect for personal autonomy" (2R, p. 9);

"Why should that choice be denied?" (2R, p. 10);

"It is a matter of choice" (2R, p. 12);

"Territorians have every right to decide this matter, and any other matter within our legal jurisdiction" (2R, p. 13).

The ancient Greek philosopher, Protagoras, claimed "man is the measure of all things". Each person's own will is the standard for what is right or wrong. This is the view promoted in the Bill.

"I must do what's right for me," seems to be the basis of this ethical system. One of its greatest problems is: how can this foundation build an ethical system that is personally self-consistent and leads to the betterment of society, especially with welfare, law and order?

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The most obvious criticism is that it implies that an act is right for someone if the individual makes an independent, autonomous decision. What if he chooses something that is cruel, hateful, or tyrannical? Objection: That is not what John Stuart Mill suggested. He said one's freedom "must not deprive others of theirs or impede

their efforts to obtain it" (E.S., p.4).

However, if someone wants to promote what's right for him, who am I or anybody else, to say it must be limited by Mill's dictum?

The logical conclusion of autonomous sovereignty is that anything is possible. Why should the promoters of the autonomous self object when the conclusions are different from Mill's perspective?

Another criticism of this humanistic, relativistic view of ethics is that it would make our society impossible to live in. If everyone did as he/she pleased, chaos would result. Old Testament history is replete with the consequences of the renegade Israelites: "Every man did what was right in his own eyes"³ and the devastation on the nation.

This autonomous view does not tell us which aspect of human nature should be taken as the measure of all things. It is simply begging the question to say the "good aspects", because that implies there is some *good* beyond human beings, by which we can tell good and bad. That is the Christian world-view (which Mr Perron seems to repudiate) which is contrary to humanistic views.

Good humanists have their feet firmly planted in the air, with no objective standard of ethical judgment.

Personal choice (freedom), presupposes values. It doesn't create values. If freedom is a real (objective) value, where do those objective values come from? If freedom is good, it must be compared to freedom that is bad. This presupposes good vs. bad. But this Bill doesn't want to talk in such absolute categories, but ethics built on any other foundation ends in possible chaos and tyranny.

So, creating one's autonomous personal values is meaningless. It is impossible. Nobody has ever done it, and the possibility of doing it in the future is impossible. Those who attempt to create new values, rediscover old values (like the Ten Commandments or Jesus Christ's Sermon on the Mount) or eventually create new horrors like the French, Soviet or Nazi revolutions.

If every person is a law unto himself/herself (humanism), we have anarchy, not a solid foundation for ethics. Humanism cannot provide any normative standard such as, "Murder is wrong." All it can say is what might be okay today, but it may not be so tomorrow.

This subtle individualism is destroying what binds people together. When people care only about their personal autonomy, why should they be motivated to care for others?

Killing off another is not 'care' but barbarism.

b. Utilitarian ethic (the end justifies the means):

"To guarantee the choice of a humane and dignified end"(E.S., p. 3);

"The right to choose a more humane end to their life" (E.S., p. 4);

Quoting philosopher, John Stuart Mill: "Over himself, over his own body and mind, the individual is sovereign. . . The only freedom which deserves the name is that of pursuing our own good in our own way, so long as we do not attempt to deprive others of theirs, or impede their efforts to obtain it" (E.S., p. 4);

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This Bill has an additional ethical problem. It promotes utilitarian ethics (the end justifies the means).

The *end* is death with dignity or a painless death. The *means* is a lethal injection (killing) or assisted killing.

This ethic needs to be rejected because it is arbitrary, too risky and undermines the character of a helping community of trust and care.

Without an objective standard by which to judge what is good, how does one really know what a *good* end result is? One would have to be God to know that.

Another flaw in utilitarian ethics is the long-term risk. What are the eventual consequences on a society if assisted killing is legalised and becomes acceptable? Wider application is almost certain to happen. The elderly, mentally and physically handicapped, deformed children and others could be in danger. Holland is a case in point (see below).

There is what Daniel Callahan has called the "klutz" factor. If we give our energies to controversies over which life is to end, it saps our capacity for health-care, investigation of caring policies, and our ability to examine other options. There is also the possibility that we will have less empathy for what a person is really requesting when he or she requests death.⁴

Euthanasia promotes a utilitarian ethic where a person's quality of life and usefulness are put in the foreground. The seriousness of this ethic is stated in the editorial of a medical journal:

"In the future those people will be eliminated whose quality of life does not meet certain medical criteria, and that next to birth control there will be death control. Society will accept euthanasia, voluntary or compulsory, because the 'new ethics of relative rather than absolute and equal values will ultimately prevail.'"⁵

While this is not the intent of the N.T. legislation, who is to stop it from going in that direction? Holland started with the terminally ill, but it is now well beyond that point (see below).

c. Human rights

"This is not a political issue, it is a human rights issue" (2R, p. 1);

By what standard are these "rights" determined? Autonomous human beings? Historically, we know where this has led. Ask the people in East Timor, China, the former Soviet Union!

Granted it is not a political issue, but politicians are making the decisions. Neither is it a human rights issue; it is a **moral issue**--is it right or wrong to kill another person deliberately under any circumstances (other than in war conditions; that raises other issues)?

However, if one wants to promote the human rights line, I refer you to the Australian Human Rights Commission Occasional Paper No. 10 (published in August 1985): "Legal and Ethical Aspects of the Management of Newborns with Severe Disabilities." This is discussed under No. 6 below.

d. Not one religious point of view

"It is not appropriate that law on voluntary euthanasia enshrine a particular religious point of view" (2R, p. 9);

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This legislation is driven by a humanistic ethic. It is a misnomer to say that it does not "enshrine a particular religious point of view." It is very religious. Its beliefs are not transcendent but human, but still religious. As the following definition reveals, this Bill very much enshrines a singular religious point of view:

"Humanism can be defined as the fundamental idea that people can begin from human reason without reference to any divine revelation or absolute truth and, by reasoning outward, derive the standards to judge all matters. For such people, there is no absolute or fixed standard of behaviour. They are quite literally autonomous . . . , a law unto themselves. As such, there are no rights given by God; no standards that cannot be eroded or replaced by what seems necessary, expedient, or even fashionable at the time. Man, it is presumed, is his own authority, 'his own god in his own universe'"⁶

Mr Perron's Bill has enshrined the religion of humanism and we know its consequences.

Richard Ehrenfeld exposes these beliefs:

"Deep within ourselves we know that our omnipotence is a sham, our knowledge and control of the future is weak and limited, our inventions and discoveries work, if they work at all, in ways that we do not expect, our planning is meaningless, our systems are running amok--in short, that the humanistic assumptions upon which our societies are grounded lack validity."⁷

He presses the point: "Evidence is piled all around us that the religion of humanity is self-destructive and foolish, yet the more it fails the more arrogant and preposterous are the claims of its priests."⁸

Mr Perron seems to be a 'priest' of humanism and he is pushing its doctrines throughout this Bill and in his defence of it.

In my counselling work, I see the ethics of the autonomous self in parents who abuse youth, youth who abuse parents, sexual abuse of unbelievable proportions, wanton vandalism and destruction, breaking and entering, suicide, selfishness in marriage leading to breakdown, drug and alcohol abuse, sexual promiscuity that is leaving many with sexually transmitted diseases that are resistant to drug therapy and lead to infertility.

It's as though all hell has been let loose in our society. The culture is in decay, and the humanistic, individualistic, utilitarian ethics of this Bill will push the N.T. and Australia further into the darkness.

Please don't fall for the line that this Bill does not promote religion.

Mr Perron, in supporting John Stuart Mill's civil libertarian views, believes in freedom "so long as we do not attempt to deprive others of theirs, or impede their efforts to obtain it" (E.S. p. 4).

Why put that condition? Couldn't another civil libertarian object, logically?

It has been well said that "no man is an island" or as the Bible puts it: "For none of us lives to himself alone and none of us dies to himself alone" (Romans 14:7).

The drive for autonomy cannot be achieved absolutely. Our lives mesh with each other. What we do affects family, friends, work mates and numerous others. The idea that a person could ever take his own life or arrange for somebody else to kill him **without affecting anyone else is an illusion.**⁹

Mr Perron objects to a church leader who says that laws are for the common good and that "at times individuals must suffer for the greater good of others." Mr Perron asks: "What 'greater good of others' is achieved by insisting that unbelievable suffering by an individual must not be stopped even if they want to die" (2R, p. 8)? ⁷

The "greater good of others" is not speaking of people experiencing suffering, but the "good" of refusing to legalise homicide or assisted suicide under any circumstances.

There are good reasons for offering palliative care to those who are suffering. But why is suffering allowed in our world? In my own experience through intense suffering, I found that C.S. Lewis was correct: "God whispers to us in our pleasures, speaks in our conscience, but shouts in our pains: it is His megaphone to rouse a deaf world."¹⁰

Aleksandr Solzhenitsyn, who suffered so incredibly in the Soviet Gulag, was able to articulate what suffering taught him: "It was only when I lay there on rotting prison straw that I sensed within myself the first stirrings of good. So, bless you, prison, for having been in my life."¹¹

I appeal to you as lawmakers to remove yourself from emotion-driven anecdotes and make laws for the benefit of the whole community. Voluntary euthanasia cannot be exempted from involuntary euthanasia. The Netherlands is a clear example (see below). Human nature is the same world-wide. The 'greater good' is to always make all kinds

of homicide a criminal offence.

How do we define suffering precisely? Heart disease, diabetes and strokes are common and incurable, sometimes with distressing symptoms. When would these diseases qualify for euthanasia? How is it possible to know if such people have 12 months to live (B, Clause 3, p. 2)?

This is not an issue of personal freedom. It is a **battle of ideologies** that is conditioning people's minds. The patient may 'choose to die' or say he/she has 'a right to die.' It is hardly a free choice, and I haven't paid much attention to the influence of relatives and economics on the decision.

4. DISLIKE FOR THIS BILL BEING COMPARED TO GERMAN GENOCIDE AND THE CONTEMPORARY NETHERLANDS EXPERIENCE

If you pass this legislation, historian, George Santayana's dictum will become true for the N.T.: "Those who cannot remember the past are condemned to repeat it."

a. Germany

Mr Perron does not like the comparison with the 'slippery slope' that went from voluntary euthanasia to involuntary euthanasia in 'politically corrupt Germany in the 1930s and 40s' (E.S., p. 5).

We must learn from the lessons of Germany. It was not 'politically corrupt' when the push for euthanasia began. Germany is a glaring example of the consequences of a permissive approach to homicide (euthanasia), that began with the kind of contemporary discussion in the N.T.

The 1895 German book, *The Right to Die*, promoted voluntary euthanasia. By the 1920s, *The Permission to Destroy Life Not Worth Living*, by a lawyer and a psychiatrist, led to open discussion and legislation to permit euthanasia.¹²

In a few decades, it moved from voluntary euthanasia to involuntary euthanasia. Why? For the same reasons being advocated today by the euthanasia movement: compassion, quality of life (eliminating suffering), and to cut the cost of caring for certain people in our society.

After the genocide of six million Jews and an estimated six million others, Dr. Leo Alexander, a Boston psychiatrist at the Nuremberg trials said that "it started with the

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acceptance of the attitude basic in the euthanasia movement, that there is such a thing as life not worthy to be lived"¹³

Helmut Thielicke, a German pastor during World War II, said that "the unimaginable horror of those times can be reduced to one theological/philosophical point: **Personhood was redefined.**"¹⁴

It started when doctors, lawyers, legislators and even clergy--against their professional and ethical obligations to respect all human life, decided to *destroy life that they considered not worth living.*

There is no way to guarantee that voluntary euthanasia will not become non-voluntary euthanasia, as the Dutch experience proves.

b. Holland

Although euthanasia has not be legalised in this so-called sophisticated, advanced, Western country, "the Netherlands [has] become the first country [in the world] to regulate mercy killing after the [Dutch] Senate narrowly approved a controversial euthanasia Bill. . . Parliament's upper House voted 37 to 34 in favour of the new

legislation."15

Mr Perron finds "what is done [in Holland] is unacceptable to my mind. . . The situation there is not a model we should follow. . . There is no gain in this debate by alleging that this Bill before our Assembly is comparable with the Dutch situation" (2R, p. 12).

If the N.T. legislators forget the Dutch experience it will be to their detriment.

The official Dutch Government Rummelink Report in 1991 shows conclusively that "in cases of euthanasia the physician often declares that the patient died a natural death." In spite of 'strict medical guidelines' provided by the Dutch courts, "in cases of euthanasia the physician often declares that the patient died a natural death" and over two per cent of all deaths involving euthanasia were "life-terminating acts without explicit and persistent request [of the patient]."16

Although euthanasia was officially illegal at the time of the Rummelink Report, the Courts laid down certain criteria for its practice:

- (1) The request for euthanasia must come only from the patient and must be entirely free and voluntary.
- (2) The patient's request must be well considered, durable and persistent.
- (3) The patient must be experiencing intolerable (not necessarily physical) suffering, with no prospect of improvement.
- (4) Euthanasia must be a last resort. Other alternatives to alleviate the patient's situation must have been considered and found wanting.
- (5) Euthanasia must be performed by a physician.
- (6) The physician must consult with an independent physician colleague who has experience in the field.17

Dr. John Keown, Director of the Centre for Health Care Law, in the Faculty of Law, University of Leicester, United Kingdom, has completed a significant research project on euthanasia in Holland. He concludes:

"It appears that the overwhelming majority of cases are falsely certified as death by natural causes and are never reported or investigated. . .

"It is clear from the evidence set out [in Keown's research] that all that is known with certainty in the Netherlands is that euthanasia is being practised on a scale vastly

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exceeding the 'known' (truthfully reported and recorded) cases. There is little sense in which it can be said, in any of its forms, to be under control."18

It is not surprising, therefore, that a Dutch senior citizens' group has warned that "the nation's liberal euthanasia policy has many elderly people scared that their lives could be terminated without their request."19

Holland is an excellent example of what could happen for the N.T., because it started with euthanasia for the terminally ill.

5. THIS IS A REVOLUTIONARY SOCIAL CHANGE

a. Social Change

"This Bill is not revolutionary social change" (E.S., p. 2).

In spite of the claim that about 80 per cent of Australians "want voluntary euthanasia decriminalised," to decriminalise homicide for any reason is a radical change to the social fabric of our nation. Let's not be beguiled by the notion that for murder to be legitimate under any circumstances is a giant step for any country that wants to remain civilised.

b. A Step into the Known

"The Bill is not a step into the unknown" (E.S., p. 2). It is claimed that this Bill will sanction what "occurs now behind closed doors and a practice which most in the community condone" (E.S., p. 2).

We have historical evidence that the N.T. Bill is "not a step into the unknown." We clearly know the dynamics of human nature in an advanced Western country, Holland. Do you honestly believe human nature is any different in Australia?

I find it preposterous that any legislators could be so naive as to legislate what "occurs now behind closed doors," even if it is condoned by "most in the community."

If you accept the majority vote of the people in this moral area, the whole concept of law has changed. The N.T. presently lives under fixed standards (murder is wrong). A move to sociological law (the 51% majority) means that law becomes arbitrary, subject to the whims of the majority.

If you as legislators shift to sociological law, it will affect everything in N.T. life, including who should live and who should die. The Christian consensus that has laid a strong foundation for your law, has given freedom within fixed boundaries, and has prevented chaos.

The majority can be wrong. If you submit to the pressure of the surveys concerning euthanasia support, you will radically change the face of law in the N.T., but data from these surveys raises other questions (see below).

c. A Civilised, Humane Society

Criminal penalties for suicide and assisted suicide "should not be part of a civilised humane society" (E.S., p. 3). Quite the contrary, a civilised humane society is one that supports the better alternative: promote life and become actively involved in compassionate care for the dying, persons who are handicapped, and other sufferers in our society.

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This compassionate care involves a competent doctor effectively treating severe pain, emotional support and caring communication from others. We need to improve the standard of care for dying patients. I commend the hospice movement.

Inter-disciplinary teams will be needed involving doctors, nurses, clergy, social workers, and other caring professionals.

"A civilised humane society" is not one that eliminates the sufferer, but one that helps relieve the suffering. Yet this Bill has the audacity to redefine compassion as killing or assisted killing: "Thus far we have not had the compassion required to give them relief [euthanasia] even when they ask for it" (E.S., p. 3).

"Enactment will confirm that we are a mature society acknowledging the rights of mature individuals" (2R, p. 12). On the contrary, legislating death will demonstrate depravity, not maturity.

6. NO 'SLIPPERY SLOPE' FOR THE N.T.

"It does not provide carte blanche for euthanasia" (E.S., p. 1);

"The Bill proposes the decriminalisation of voluntary euthanasia for a very specific group under a very specific set of conditions" (E.S., p. 1);

"Opponents should not pretend that it opens the door to the practice of widespread state sanctioned death in our hospitals" (E.S., p. 4);

"I am certain that when this Bill becomes law that doctors will abide by its provisions in the best spirit of the medical tradition" (E.S., p. 4);

"The vociferous non-religious opposition to voluntary euthanasia is largely based on promoting fears that patients who do not wish to have their death hastened or who are unable to communicate or make a decision for themselves will inevitably become victims under the liberalised law" (2R, p. 2).

The latter statement is a false and misleading conclusion. After stating that "this Bill does no more than formalise and decriminalise a practice which occasionally occurs now" (E.S., p. 1), it is claimed that the medical tradition will "abide by [the Bill's] provisions." This E.S. is admitting that doctors are already practising euthanasia illegally (going beyond the present legislation) and yet if this new Bill becomes law, the medical tradition will *not* go beyond the new legislation. This is paradoxical and naive.

There is no guarantee euthanasia will be limited to terminal illness for those in pain.

Again, contemporary Holland (advanced, mature, sophisticated, etc.) exposes the propensities of human nature.

The British Medical Journal reported that the Dutch have considered euthanasia for severe dementia cases.²⁰ Who will be next? Formerly euthanasia was for the terminally ill, then the severely handicapped newborn babies, comatose patients, and now those with dementia are being considered. If legalised, who will decide where to draw the line?

Why not include chronic illness? Mental illness? Multiple sclerosis? Those crippled with arthritis? Persons who are handicapped? Why not some of the youth I counsel who are on drugs, severely depressed and suicidal?

In England, the Voluntary Euthanasia Society, founded in 1935, campaigned for legislation to permit the incurably ill to die (be killed). They now call themselves EXIT and have taken steps to set up working groups to consider non-voluntary euthanasia.²¹

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One of the most blatant examples of how far euthanasia advocates will go is the Australian Human Rights Commission Occasional Paper No. 10 (published in August 1985): "Legal and Ethical Aspects of the Management of Newborns with Severe Disabilities."

When first published, I understand it created quite an uproar because it recommended "helping the handicapped child not to survive" [which means killing the handicapped newborn by neglect or direct action].

Dr Helga Kuhse promotes "a quick and painless injection" (to kill) for a Down's Syndrome infant with an intestinal obstruction (p. 4).

Yet this same document also cited the United Nations "Declaration of the Rights of the Child" which states: "The child who is physically, mentally or socially handicapped shall be given the special treatment, education and care required for his particular condition" (p. 28).

You can't have it both ways: kill off the handicapped newborn, and give the handicapped special treatment, education and care. This is a shocking report advocating the killing of the handicapped newborn, all in the name of the Human Rights Commission--right here in Australia.

Australian bioethics philosophers Drs Helga Kuhse and Peter Singer "think some infants with severe disabilities should be killed".²²

The "slippery slope" has happened in Holland, and under the auspices of the Human Rights Commission, it is being promoted in Australia. The N.T. will not be immune from such pressures.

Based on the above evidence, the "fears" of the "non-religious opposition to voluntary euthanasia" (2R, p. 2) are justified.

7. THE IMPOSITION OF RELIGIOUS BELIEF

Mr Perron rejects "religious arguments, which demand the imposition of a belief on others" (E.S., p. 5).

This argumentation is self-defeating. What has Mr Perron done with this proposed legislation? Imposed his own religious beliefs, utilitarian humanism!

"If you believe that only God can give life and only God can take it, actions available under this Bill are not for you" (E.S., p. 6).

Is Mr Perron challenging life as a gift from God or is he denying it? At least he seems to be saying, "You can believe all you like about life coming from God, but I'm going to do it my way (like Frank Sinatra's song) and legislate the taking of life."

Does the N.T. government have the right to insist that others follow the Ten Commandments or humanistic morality? Mr Perron is essentially saying that morality cannot be legislated, especially if it is Christian.

I trust that none of the N.T. legislators is so gullible as to believe that morality is *not* legislated. If the N.T. Legislative Assembly votes on **abortion--morality is legislated**. When **murder, theft, domestic violence and sexual abuse** are prohibited, *morality is legislated*.

It is impossible to legislate without morality. As to which moral system is the best, that's the topic of another discussion.

But please don't be misguided by Mr Perron's belief that "religious arguments" should not be imposed. With its laws against murder, theft, and false testimony, the N.T. already follows some of the Ten Commandments.

Commandment No. 6: "You shall not murder" (Exodus 20:13; Romans 13:9). Imagine a society without this God-given restraint?

Commandment No. 8: "You shall not steal" (Exodus 20:15; Romans 13:9). Try breaking this with shop lifting, or cheating on your income tax return, and you will find that *Christian morality has been legislated* in Australia and it works.¹²

Commandment No. 9: "You shall not give false testimony against your neighbour" (Exodus 20:16). This Christian commandment is upheld in the law courts of the N.T.

It makes good health and relationship sense, and promotes law and order, to follow Judeo-Christian morality.

This is Australia's foundation as stated in the Constitution. The first paragraph of the "Commonwealth of Australia Constitution Act" of 9th July, 1900 includes: "Humbly relying on the blessing of Almighty God."²⁴

For you to reject the foundation of freedom within restraints of the Judeo-Christian tradition, you would need to seek another world view that is logically consistent, comprehensive, livable, and can be consistently affirmed. Worldwide, as articulated above, it has been demonstrated that the humanism of this Bill is built on shifting sand.

"Whether we like to hear it or not, we are reaping the consequences of the decades since World War II when we

have, in Solzhenitsyn's words 'forgotten God.' What we have left is the reign of relativism. . . Humanity cannot survive without some form of law. . . The removal of the transcendent sucks meaning from the law."25

8. EXTREME EMOTIONAL EXAMPLES

In considering the enormity of decriminalising homicide and assisted suicide, please do not be swayed by poignant emotional examples: "A doctor who described how and why he killed his suffering mother in the presence of his father"; "botching an assisted suicide" (E.S., p. 6); "watch an animal suffer an agonising death without intervening" (2R, 9).

It is a strange paradox that euthanasia is being strongly promoted at a time when the medical profession has made great advances in the treatment of pain. This is not the time to recommend assistance in the killing of the terminally ill.

According to Dr. Bob Allan, former president of the ACT branch of the AMA, "Modern palliative care ensured that patients should never have to consider euthanasia on the grounds of severe pain. Treatments are available to ensure death with dignity and without pain."26

Medical doctors, Robert D. Orr and David L. Schiedermayer, conclude:

"[The] hospice [movement] has demonstrated that physicians should be better educated about pain management and better equipped to treat pain effectively. More than ninety-five percent of cancer patients can be kept virtually pain free if given adequate doses of pain medication at appropriate intervals."27

Retired anaesthetist at Concord Hospital, Sydney, Dr Brian Pollard, writes:

"Most cancer pain is well within the competence of any doctor to treat effectively. It is necessary to regard unrelieved pain as a medical emergency to be dealt with as energetically as possible and to address also the emotional turmoil which is usually present. . ."28

At a time when there is every reason to offer caring, compassionate palliative care to the sufferer, your Legislative Assembly is proposing a Bill to eliminate the sufferer rather than the suffering.

"By putting forth the worst cases, it is made to appear that there is a vast pool of suffering for which nothing less than death will suffice. But those who practice palliative care encounter few requests for euthanasia from patients. Those who ask more often are distressed relatives who are suffering. . . who feel impotent and unsupported. It is as though they were saying 'put him out of my misery'."29

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9. SURVEYS SHOW WIDESPREAD SUPPORT FOR EUTHANASIA

It is claimed that in 1946, 41-42 per cent of Australians favoured euthanasia. In 1955, it was 53 per cent, rising to 65 per cent in 1983. A Morgan poll of Australians found in 1993 that "73 per cent believed a doctor should let a patient die if that person had no chance of recovering and was in great pain.

"And 78 per cent, a rise of 2 per cent, said if an ill person was in great pain, had no chance of recovery, and asked for a lethal dose, a doctor should be allowed to give that lethal dose."30

There is reason to question these results (see below).

"The Sunday Territorian asked the question, 'Should euthanasia be legal in the Northern Territory? On February 12th it reported that 576 people had registered a vote with 80% voting Yes" (E.S., p. 6). Since random sampling does not appear to have been used with this survey, it's conclusions are questionable.

Doctors and nurses are already doing it. 'Doctor death,' Dr Jack Kevorkian's, 'suicide machine' has become infamous.³¹ An Australian doctor "has called for medically assisted suicides to become a part of palliative care for the dying."³² A survey of nurses, conducted by Monash University's Centre for Human Bioethics, found that "78 per cent of respondents favoured a change in the law that prohibits active voluntary euthanasia...One in 10 said they had complied with a request for passive euthanasia without the advice of a doctor.

A quarter of these nurses had taken "active steps at the request of a patient without being asked directly by a doctor to do so."³³

"A similar survey of doctors in 1987 found 60 per cent of doctors supported helping terminally ill patients end their lives."³⁴

Even though euthanasia is illegal in Australia, it is clear that some doctors and nurses break the law. Why would all doctors, therefore, adhere to the new legislation?

In 1988, **doctors** surveyed in the State of Victoria were asked, "Have you ever taken steps to bring about the death of a patient who asked you to do so?" Twenty nine per cent (of 369) replied "Yes".³⁵

The situation with **nurses** is just as alarming.

In 1992, "of those nurses who had been asked by a patient to hasten death, 5% had taken active steps to do so without having been asked by a doctor. Almost all of the 25% who had been asked by a doctor to engage in active steps to end a patient's life had done so."³⁶

There are reasons to question this data, based on the wording and interpretation of the questions asked.

Dr Pollard has suggested these problems:

- . terminology is confusing even for experts;
- . emotional components are always present on this subject;
- . misunderstandings of medical practices;
- . it would be very difficult to frame questions in such a way to guarantee truly informed replies from an unselected group;
- . the well known disposition of people to give misleading answers when they are not faced with an actual situation.³⁷

For example, a poll in Victoria in 1986 asked: "Should the terminally ill have the right to choose to die?" Eighty five per cent answered "Yes".

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But there is no way of knowing how the respondents reasonably interpreted the question. Was it the right to choose to allow an illness to run its course; or to refuse unwanted treatment? The question may not have been about euthanasia at all.

Another question was: "If the terminally ill person asks for a lethal dose or asks for some other help to die, should that person be helped to die?" Seventy-four per cent said "Yes".

How did they interpret "some other help"? How many thought it meant no more than palliative care?³⁸

A new Roper poll in the U.S.A. confirms the significant shifts that take place, depending on the wording of the question. Commissioned by the Hemlock Society (a pro-euthanasia group), the conclusions were:

"Asked whether they would support a law allowing a terminally ill person 'to choose a physician's aid in dying rather than prolonging life', 51 per cent of the respondents supported the law and 29 per cent opposed it. When the more blunt term physician-aided suicide was used, support fell to 44 per cent and opposition rose to 36 per cent. Similarly, a law allowing the patient 'to choose to die by way of a medical procedure' was supported 50 per cent to 29 per cent, while allowing the person 'to choose a lethal injection' was supported 44 per cent to 36 per cent."³⁹

The Americans clearly prefer euphemisms instead of direct language to obtain a higher percentage in favour of euthanasia.

Even the question reported in the Sunday Territorian, "Should euthanasia be legal in the Northern Territory?" is open to wide interpretation, based on an individual's understanding of euthanasia. Some understand the refusal of medical treatment or the turning off of a life support machine to be euthanasia. However, this is a common law right for every Australian, and is a far cry from the voluntary active euthanasia proposed in the Bill.

Also, public opinion could be ill informed.

These and other questions suggest that polls about euthanasia are questionable.

I found it an irony that Mr Perron (in bold type) emphasises that "eight in ten from this statistically sound sample⁴⁰ and they would support a law to allow voluntary euthanasia," yet he *makes a statistically unsound conclusion*: "I think we must accept that some respondents who favoured euthanasia in both polls would be practising Christians or members of other faiths" (E.S., p. 6). He gives no evidence for such a conclusion.

CONCLUSION

The case for voluntary, active euthanasia in the "Rights of the Terminally Ill Bill" 1995 is based on:

- _ intentionally killing or assisting in the killing of innocent human beings; it redefines murder and assisted suicide;
- _ exalting personal autonomy (sovereignty) and the deleterious logical consequences of such a view;
- _ utilitarian ethics with no objective standard;
- _ enshrining a very religious point of view--humanism;
- _ denigrating or ignoring the medical advances made in the treatment of pain and is at odds with compassionate methods of care;
- _ not fully considering the historical examples that show euthanasia cannot be legislatively controlled;

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- _ presuppositions that do not respect human life;
 - _ revolutionary social change that will radically change the face of law and point away from a civilised, humane society;
 - _ ethically self-defeating assertions;
 - _ extreme emotional examples;
 - _ data of surveys indicating significant public support for euthanasia (although these results should be questioned);
 - _ a negation of the patient's or society's best interests;
 - _ eliminating the sufferer, rather than the suffering.

Dr. Bruce Shepherd retired in 1993 as president of the Australian Medical Association. He gives his reasons for opposing euthanasia.⁴¹

"While Dr. Bruce Shepherd has fought some fierce battles in his time with the AMA, none has compared to the bitter private battle he fought after his wife suffered a cerebral haemorrhage. Tragically, the incident triggered a series of strokes which left her an invalid, unable to speak or feed herself, until she died years later."

It also forced her husband to contemplate euthanasia in order to reduce her suffering.

It is a painful topic Dr Shepherd has only recently been able to discuss.

"I can remember after my wife had a number of strokes that she said if I have another one I don't want to live," Dr Shepherd recalls.

"She had terrible pain--I have never seen anyone suffer as much--and I thought if I really had courage I probably should kill her.

"I went through awful trauma and wondered if I was letting her down but there was just no way I could."

Then week by week, month by month, she regained some speech until she was finally able to tell him clearly:

"Darling, don't let me die."

"For those whole six years she couldn't speak, she couldn't scratch herself. . . She was being fed through a tube in the stomach, but the one time she could tell me she said she wanted to live. . ."

Annette died in 1986.

During her long illness Dr Shepherd cared for their two children [single-handedly], Penny, now 31, and Daniel, 29, both of whom were born profoundly deaf...

His first wife's death has given Dr Shepherd very strong views on euthanasia.

Loved ones could make mistakes about a person's desire for death while doctors could abuse their power.

Dr Bruce Shepherd concludes:

"IT'S JUST TOO DANGEROUS".

1. Brian Pollard, *Euthanasia: Should We Kill the Dying?* Bedford, United Kingdom: Little Hills Press Pty. Ltd., 1989, 45.

2. New International Version.

3. See Judges 17:6; 21:25.

4. Beth Spring & Ed Larson, *Euthanasia*. Portland, Oregon: Multnomah Press, 1988, 93.

5. The Journal of the Californian Medical Association (September 1970), "New Ethics for Medicine and Society", quoted in a letter by Dr. K.F. Gunning, Secretary, Dutch Physicians' League, *The Lancet*, Vol. 338, October 19, 1991, 1010.

6. John W. Whitehead, *The End of Man*. Westchester, Illinois: Crossway Books, 37-38.

7. *The Arrogance of Humanism*. New York: Oxford University Press, 1978, 58.
 8. *Ibid.*, 59.
 9. Based on David Potter, *Too Soon To Die*. Welwyn, Evangelical Press, 1982, 42-46. Hertfordshire, England:
 10. *The Problem of Pain*. New York: MacMillan, 1962, 93.
 11. In Stephen Gaukroger, *It Makes Sense*. London: Scripture Union, 1989, 29.
 12. Francis A. Schaeffer and C. Everett Koop, *Whatever Happened to the Human Race?* Old Tappan, New Jersey: Fleming H. Revell Company, 1979, 90.
 13. Leo Alexander, "Medical Science Under Dictatorship", *New England Journal of Medicine* 241:39-47, July 14, 1949; also covered in *Newsweek*, July 9, 1973, in Schaeffer & Koop, 103.
 14. In A1 Haffner, *The High Cost of Free Love*. San Bernardino, California: Here's Life Publishers, Inc., 1989, 173.
 15. "Mercy-killing Bill approved by Dutch," *The Canberra Times*, December 2, 1993, 9.
 16. Paul J. van der Maas, Johannes J.M. Delden, Loes Pijnenborg, and Caspar W.N. Looman, "Euthanasia and other medical decisions concerning the end of life", *The Lancet* 338:8768, September 14, 1991, 669-670.
 17. Summarised by Mrs. Borst-Eilers, Vice-President of the Health Council (a body which provides scientific advice to the Dutch government on health issues). In I.J. Keown, "The Law and Practice of Euthanasia in The Netherlands", *The Law Quarterly Review*, Vol. 108, January 1992, 56.
 18. I.J. Keown, *ibid.*, 67, 78.
 19. "Elderly Dutch afraid of euthanasia policy," *The Canberra Times*, June 11, 1993, 8.
 20. 22 May 1993.
 21. In *Too Soon to Die*, David Potter. Welwyn, Hertfordshire, England: Evangelical Press, 1982, 51.
 22. *Should the Baby Live?* Oxford: Oxford University Press, 1985, v.
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23. All Bible quotes are from the New International Version.
 24. *The Australian Constitution*, Geoffrey Sawer. Canberra: Australian Government Publishing Service, 1988, 35.
 25. Charles Colson, *Kingdoms in Conflict*. Sydney: Hodder & Stoughton, 1987, 226-227.
 26. *The Canberra Times*, February 3, 1993, 5.
 27. Robert D. Orr, David L. Schiedermayer, & David B. Biebel, *Life & Death Decisions*. Colorado Springs, Colorado: Navpress, 1990, 165.
 28. Pollard, *Euthanasia*, 9-10, 65.
 29. Dr. Brian Pollard, "Palliative Care--Is it the Answer?" in Jeremy Stuparich (Ed.), *Euthanasia, Palliative and Hospice Care and the Terminally Ill*. Canberra, ACT Right to Life Association, 1992, 14.
 30. "Strong support for euthanasia poll," *The Canberra Times*, June 21, 1993, 2.

31. "No appeal by prosecution in 'suicide machine' case," *The Canberra Times*, December 16, 1990, 4.
32. "Doctor calls for 'suicide policy,' *The Australian*, February 4, 1991, 3.
33. "Nurses show support for euthanasia, survey finds," *The Canberra Times*, March 2, 1992, 3.
34. "Doctor says euthanasia should be legalised," *The Canberra Times*, March 9, 1992, 3.
35. Helga Kuhse and Peter Singer, "Doctors' Practices and Attitudes Regarding Voluntary Euthanasia", *The Medical Journal of Australia*, 148:12, June 20, 1988, 623-627.
36. Helga Kuhse and Peter Singer, "Euthanasia: A survey of nurses' attitudes and practices", *Australian Nurses' Journal*, 21:8, March 1992, 21-22.
37. Pollard, *Euthanasia*, 60.
38. *Ibid.*, 60.
39. In "Euthanasia - Lawmakers and Voters Beware," *Family World News*, February 1995, 4.
40. Newspoll, *The Australian*, February 15th, 1995, in E.S., p. 6.
41. The Sydney newspaper, *Sunday Telegraph*, June 6, 1993,

SUBMISSION 658 1

Newbury Pastoral Co

Newbury Farm

SUTTON FORREST 2577

Dear Committee,

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

1. I consider that individuals should have control over their death.
2. As suicide is I understand not a crime I consider that a person giving me the wherewithal to bring this about should not be a criminal.
3. I find it unjust that I may have to find a doctor who is willing to break the law to bring about my death at my request.

Generally in my retirement I am having a ball - working reasonably hard with all normal farm work here. We run 200 plus breeding cows in a good season can be maintaining up to 700 cattle. My physician said in his last report after my annual check up that I am extremely fit for my age. Should the fitness disappear or any mental ineffectiveness such as Alzheimers take over then I do not want to be an embarrassment to myself or a trial to my wife and our 4 children. In the result I write to support the proposed Bill to bring about legal Voluntary Euthanasia.

Sincerely

Philip T Simpson

(E.P.T. SIMPSON)

SUBMISSION 659 1

LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY

MEMBER FOR NELSON

Howard Springs P.O.

HOWARD SPRINGS N.T. 0835

Telephone; (089) 83 1302

Facsimile: (089) 83 1638

The Chairman,

Select Committee on Euthanasia,

GPO Box 3721

DARWIN N.T. 0801

Dear Sir,

Because of the expected extent of the submissions to your committee I will briefly put my points.

1. I hope that every endeavour is made to find out the opinions of Mr & Mrs. Everybody on the subject of Voluntary Euthanasia.
2. Attention must be paid to the fact that only about 1/3 of the community write letters or submissions but the views of the remainder of the community must be considered.
3. For some weeks I have been distributing survey sheets to ask ordinary people for their views for and against the Chief Minister's private members bill. These have been distributed not only in my electorate but in other places as well. To date 1864 people have signed the survey sheets with only 9.76% expressing opposition to the proposed voluntary euthanasia legislation.
4. People have as a right to choose what they do with their bodies. All through life we do things with our bodies, we treat them well or we mistreat them, we break bones, we put our bodies in different situations good and bad, we do good or bad things to other people with our bodies, therefore it follows it is only right that we do the final thing with our body -if we wish - and finish off our body.
5. Women can now obtain abortions legally despite medical and clerical objections from some quarters. The law allows women to do what they want with their bodies in this case, therefore voluntary euthanasia is a corollary of this.
6. Clerics and medico's views against the bill should be ignored because they have a pretty obvious self interest in keeping people alive, even if in great pain and suffering, because in the past they have played the part of the supreme judge and jury in making decisions over peoples lives and deaths.
7. Disregard views from interstate as they are not Northern Territory citizens or at least give more importance to local views.

8. I can't see this committee being very productive, because despite any views you may finally bring forth, you won't change my views on voluntary euthanasia, (only my constituents would) and you won't change the views of people of a certain religion whose views may be contrary to your majority view.

9. It is artificial to say your committee gives people the only opportunity to express their views publicly because the same people are doing that now by letters, adverts, interviews, newspaper articles etc.,

10. These people who are against the proposed legislation would all say humans are the highest primates, dogs are below them, but if an old dog was in great pain with no quality of life left, would they keep it alive and let it linger on in great pain

11. The clerics and doctors and others who wish to prolong the life of a person in terminal excruciating pain who wants to die are displaying a cruelty which is about equal to the proponents of the Spanish inquisition and are beneath the lowest contempt or any person who has even a modicum of kindness to other people.

Yours sincerely,

NOEL PADGHAM-PURICH M.L.A.

24th March 1995

SUBMISSION 660 1

069 - 421050

46 Pinkstone Avenue

Cootamundra

N.S.W. 2590

Parliament

Northern Territory

Select Committee On Euthanasia

My husband and I would like to add out names to the list of people who believe in dying with dignity and Euthanasia.

Sincerely

Mr & Mrs E S Ramming

SUBMISSION 661 1

REPORT TO THE SELECT COMMITTEE

ON EUTHANASIA

by G. Wood

22 March 1995

PO Box 4

Howard Springs NT 0835

Ph: 83 1237

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Marshall Perron says *"Neither the doctor, the family, nor the church should be allowed to override the patient in regard to the right to die."* It seems he is not able to differentiate between the right to die and the fight to be killed.

The Right to Die

Everybody has the right to die just as I suppose everyone has the right to be conceived. It's probably not much of a right because in the natural context we haven't got any say in the matter. (Sadly, in this country, we don't have the right to be born, other rights seem to get in the way).

Our fight to die is covered by the Natural Death Act 1988 which allows for the removal of extraordinary means of life support so that a person can die naturally. But euthanasia is not part of this Act and is specifically excluded from this Act:

Section 7. - Savings clause (2) reads:

"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."

There is confusion by some between the Natural Death Act and the Chief Minister's Rights of the Terminally Ill Act.

The Right to Kill and to be Killed

Laws specifically say, that to kill oneself is suicide and to kill another is either murder or manslaughter.

This proposed bill states that at a particular point in our life and for particular reasons, namely intolerable pain or suffering or distress and terminal illness, the normal rules regarding assisted suicide, murder and manslaughter will not apply.

If one of the fundamental principles of our society can be arbitrarily changed by the whim of parliament, why could it not be changed for other reasons? For example:

Why should it be only for those over 18 years?

Why not apply it to people not in pain but terminally ill?

Why not allow it for those in intolerable pain but not dying?

What about those who are incompetent such as the handicapped, demented, the vegetating or the terminally frail?

What about people under severe stress who are ready to jump off a building?

Why not make assisted suicide legal? It certainly would be less messy than shooting yourself. After all people say they have the right to choose how they should die. Why just make an exception at one particular point in life, why not allow one to end one's life when one pleases? After all Marshall Perron says *"An individual should be allowed to retain personal autonomy over end-of-life decisions."*

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We don't have the fight to kill ourselves.

We have the ability to kill ourselves.

We have the ability to tell what is right or wrong.

We can override our conscience and do wrong.

That is one of the fundamental differences between us and animals.

We have the right to die, not the right to kill or be killed.

If Marshall Perron can move to make exceptions to one of the basic laws of our society why could not another Member of Parliament add a few more amendments in say another 5 or 10 years.

But euthanasia is not just a decision for the patient. If someone wants to jump off the Sydney Harbour Bridge tomorrow it would be their choice alone. I'm not saying it's a great idea, but that person would only be involving his/her self, although more than likely relations and others would be involved after the death or injury.

But with euthanasia another person is involved. A doctor, nurse or some other person will need to be involved to assist in the killing. Marshall Perron is trying to make an exception to the law of murder by saying that it is OK under certain circumstances. Once such an arbitrary decision is made why couldn't it be applied to other cases, as I stated earlier. From what right, or principle, or argument, does the Chief Minister allow someone in society to kill someone else. His only argument is that you would put a sick animal down, so why not a human? Anyone with just a little time to think, would see the difference between humans and animals is huge. The consequences of believing we are the same would be catastrophic. If we diminish the value of human life to that of an animal, heaven help us.

Palliative Care

Palliative care is the method of caring for the dying in other States, but in the NT we have hardly even given it a try. With the grand total of 2 nurses, 1 part-time doctor and a single hospice bed in Alice Springs, one could only describe the effort put in by our Government in this specialist area as a disgrace.

But what is a bigger disgrace is that a Bill allowing euthanasia is being introduced before we have decent palliative care facilities and services in the NT. It is not only me saying this. On 6 February this year 13 doctors from the Royal Darwin Hospital, including the Medical Superintendent, wrote to the Chief Minister with copies sent to members of the Assembly stating the following:

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.... we believe that no move should be made to introduce active euthanasia into the NT unless the public can be assured there is a high standard of palliative, medical and surgical care 'reasonably available', making euthanasia the last possible resort. We believe it is our duty to inform you that, 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). These deficiencies might force people to seek euthanasia as there is no alternative."

If the people who deal with the dying and who are the major players in any euthanasia bill, say that things are crook in our palliative and curative care services, then they should be the ones listened to. Any talk of euthanasia is premature. Let's not forget that good palliative care looks after not only the physical, emotional and spiritual needs of the patient but also of the family. It is a holistic approach.

Palliative Care and Pain

The Chief Minister argues that *"despite modern technological advances and the most advanced palliative care, some terminally ill patients suffer a gruesome death."*

Dr Rodney Syme in a letter to "The Age" (21.03.90) wrote: *"Study of the final report of the Inquiry into Dying with*

Dignity reveals that at least 5 % of terminal cancer pain is not adequately relieved by appropriate palliative care." Thus he argues that voluntary euthanasia should be available. He writes: "/although palliative care has made admirable strides in the past ten years, it is not, nor ever will be perfect. - no medical treatment is or ever will be."

Dr Nell Muirden Head of Palliative Care/Pain Control Unit, Peter MacCallum Cancer Institute, Melbourne states:

"Granted, we do not relieve all the pain all the time. Often the pain can be relieved, but as the disease progresses, further drugs or other techniques are required to make him pain free again. Sometimes there are patients who are pain free at rest, but have pain on movement./is I mentioned, we use slings, collars, wheelchairs, and so on which can be used to minimise movement, and extra doses of analgesics are given before the daily shower or activities that cause pain. Radiotherapy or special pain relief techniques may be successful. I believe some of the 5 % are patients who are admitted to hospices and die very quickly before there has been time to control the pain optimally. In all cases our aim is to keep the patient comfortable while he dies from his disease. This may include sedation, or withholding active interventions in the final phase."

The British Select Committee when referring to similar arguments put by the Chief Minister said:

"Ultimately, however we do not believe that these arguments are sufficient reason to weaken society's prohibition of intentional killing. That prohibition is the cornerstone of law and of 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."

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But just one other point about pain. If Marshall Perron still does not accept what the palliative experts say regarding pain control, would he repeal his Act (if passed) if total pain control was found. After all medical science is continually making advances in this area.

If he would not repeal the Act one has to ask is this Bill really nothing to do with 'gruesome death', but to do with a new age, quasi-religious philosophy that we should have the fight to do with ourselves what we like, as long as it doesn't interfere with others?

Is the issue of euthanasia just a means of trying to convert people to new age thinking? Maybe!

Euthanasia is Only for Those Who Want It

The Chief Minister argues that his Bill is only for those who want it. It will not affect those who oppose euthanasia. Again the British Select Committee concluded:

"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."

Despite the inevitable continuing constraints on health-care resources, the rejection of euthanasia as an option for the individual, in the interest of our wider social good, entails a compelling social responsibility to care adequately for those who are elderly, dying or disabled. Such a responsibility is costly to discharge, but is not one which we can afford to neglect."

This law, if passed, will affect all. We all have to die. This law will then be a choice for us all. By the time I die what kind of pressure will I be under, knowing that such

an option exists? The only option I want is the one that allows me to die knowing that whatever state I am in,

someone will be there to care. I hope I am not made to consider this option just because I may be a burden to others or society.

Specific Points of the Bill

Section 6.

(a) the patient has attained the age of 18 years,'

If euthanasia is approved why shouldn't people under 18 be able to participate?

(b) the medical practitioner is 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;

How does one prove someone only has 12 months to live?

(c) a second medical practitioner has examined the patient and has confirmed the first medical practitioner's opinion as to the existence and seriousness of the illness and that the patient is likely to die within 12 months as a result of the illness;

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Medical practitioners are not necessarily qualified palliative care experts.

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

This section has broadened the concept of intolerable pain (which most people would accept as physical pain) to cover suffering and distress. What is the definition of these two factors? Do they have to be intolerable also? Perhaps the thought of dying is the cause of distress.

(e) the medical practitioner has informed the patient of the nature of the illness and its likely course, and the medical treatment, including palliative care, that might be available to the patient,'

Not much hope of palliative care in Timber Creek.

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

The NT Government has no decent palliative care, therefore no one could pass this requirement (see doctors' letter from Royal Darwin Hospital).

(g) after being informed as referred to in paragraph (e), the patient indicates to the medical practitioner that the patient has decided to end his or her life,'

Again, patient wouldn't have had a great choice in the NT.

(h) the medical practitioner is 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,'

If the patient is in intolerable pain or suffering or distress, how can the patient be competent. I know what kidney stone pain is like. I was not competent to fill out a Tattsлото ticket, let alone my death certificate. Intolerable pain and competency are opposites.

(i) the patient, or a person acting on the patient's behalf in accordance with section 7, has signed a completed certificate of request asking the medical practitioner to assist the patient to end the patient's life,'

Section 7 allows a patient to give oral consent, if patient is physically or emotionally unable to sign death

certificate. If emotionally unable to sign, how can the patient be competent?

(j) No comment.

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(k) the certificate of request has been signed by another medical practitioner (who may be the medical practitioner referred to in paragraph (c) or any other medical practitioner) after the medical practitioner has discussed the case with the first medical practitioner and the patient and is satisfied, on reasonable grounds, that the certificate is in order, that the patient is competent and the 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;

(l) immediately before assisting the patient to end his or her life the medical practitioner is satisfied, on reasonable grounds, that the patient is competent and continues to want to end his or her life having been given an opportunity by the medical practitioner to withdraw the request for assistance and again confirmed to the medical practitioner the patient's decision to end the patient's life,'

Medical practitioners may not be competent to judge the legal requirements and why isn't there a cooling off period to allow for a change of mind?

Section 17 (4) states:

"A health care provider is not under any duty, whether by contract, statute or other legal requirements, to participate in the provision to a patient of assistance under this Act and if a health care provider is unable or unwilling to carry out a direction of a medical practitioner for the purpose of the medical practitioner assisting a patient under this Act and the patient transfers his or her care to another health care provider, the former health care provider shall transfer, on request, a copy of the patient's relevant medical records to the new health care provider."

A person not wanting to partake in the killing of a patient, should not be required to inform another health care provider (strange name for someone killing another person). If a person is forced to give such information knowing that the new health care provider is going to kill a patient, that person would be participating in an act that they believed was morally wrong. It would be like giving someone information to help in a robbery, but not actually participating in the deed. This situation should not be tolerated.

Opinion Polls

There are a number of polls doing the rounds in various electorates. The problem with polls is that they can be easily worded to get the result that supports the point of view of the MLA

If politicians really wanted to get a true indication of what people think at least a comprehensive educative programme would be commenced well in advance of the poll's introduction, e.g. people seem to be ignorant about the existence of the Natural Death Act 1988 and what that Act contains.

8

One-line questions or polls with only one side to the debate are useless if wanting an accurate gauge of public opinion. If I put out a poll which said "Should we pay taxes at all?" I reckon I would get the No column filled to nearly 100%. Such a poll would be deceptive and wrong.

This is a complex issue. Many people have based their opinions on superficial stories in the media. The reason we have politicians is to look more in-depth at these issues, that's what we pay them for.

Summary

I do not claim to be an expert on euthanasia, but there are others whose lives are spent looking after the dying. It is to them I have turned because they are the experts. The overwhelming opinion that one reads and hears from these people is that in today's modern society, euthanasia is not necessary. The answer lies in the modern methods of palliative medicine and palliative care, something that is sorely lacking in the NT.

Perhaps the popular support for euthanasia in the NT is a sign of a society that prefers instant answers rather than answers which reflect one of humanity's great attributes, the ability to use our intelligence.

Today's society is fashioned for quick answers to everything - instant coffee, fast foods, computers, instant news, timetables, results, profits. Perhaps even today, instant death.

If something is difficult we either make a decision (be decisive) or forget it (too hard).

That is why it is so important for politicians and members of this Select Committee to look deeply into the subject of euthanasia. And when one does that I am sure there is one conclusion that at least we all agree on, that this matter is complex and has/can have widespread ramifications on our laws. Marshall Perron believes the issue is a simple one, and that is why he did not want a Select Committee. I feel he has not given this Bill enough thought and is relying on his position as Chief Minister to gain support from his colleagues rather than allowing these people to have a true conscience vote.

May I recommend that this Committee visits a palliative care hospital such as Cantos Christi in Melbourne. This is where John O'Sullivan died, he was the man who looked after Aboriginal long grass people around the Darwin area. I certainly think such a trip to this hospice would be beneficial.

And finally, my hope is that Parliament will reject this Bill, and instead turn to palliative care as the alternative to euthanasia. An intelligent, modern society that believes in the value of human life should expect nothing less.

SUBMISSION 662 1

23 March 1995

The Chairman

Select Committee on Euthanasia

GPO Box 3721

DARWIN NT 0801

Dear Chairman

RE MY BROTHERS - RICHARD AND PATRICK DERRICK

Attached are copies of following:

ATTACHMENT A A report I wrote before my interview with Genevieve Hussey for the ABC 7.30 Report on Palliative Care.

ATTACHMENT B Extracts from Richard's Client Home File

ATTACHMENT C A letter I wrote to Genevieve Hussey following the recording of this interview.

ATTACHMENT D Letters I wrote to the Editor, NT News.

ATTACHMENT E reporter.

Letters I wrote to Andy Toulson, NT News

ATTACHMENT F Are further attempts to give you a snapshot Richard the person. It contains a letter I wrote to Professor Jamieson and his reply, and a copy of Richard's funeral service.

ATTACHMENT G the Oesophagus.

Some information I have gathered on Cancer of

ATTACHMENT H struggle.

Details of my brother Patrick's illness and

This letter and all its attachments form my submission to the Select Committee. I would like the opportunity to personally present this submission.

Presenting details of both my brothers' illnesses will show why we need a law to protect the rights of the terminally ill. Every death is different. There will be times when even the very best palliative care methods will not alleviate a patient's pain and suffering, simply because their body reaches a point where it can no longer effectively absorb the drugs. I sincerely believe this

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is what happened in Richard's case. I plan to visit hospices in both Adelaide and Perth in early April. I seek the approval of the Committee to include details of these visits in my personal presentation.

Is it Compassion or is it Torture?

Richard hated the morphine. It took away the little control he had left over his life.

It caused nightmares and it left him with the sensation that every square inch of his skin was crawling.

Rich would ask for the morphine to be turned down until he could no longer stand the pain.

He was unable to eat. He could no longer use his bowls. To pass water he had to drag himself up onto his knees in bed to use the bottle. It was the only way it would flow. When Rich became afraid that he would topple out of bed I asked for a catheter to be inserted.

My brother should have had 'the right to say 'enough is enough''.

What is Society's Role?

Rich had committed no crime against society. about his life.

Society knew nothing

Society had no right to take on God's role. It had no right to pass judgment on Rich (about whom society knew nothing) and condemn him to a cruel and painful death.

If society opts to sit on its hands and ignore the uncontrolled pain and suffering of the terminally ill then it should not do it in God's name. It should take full responsibility for that action.

Why is it, when we face what may be our biggest challenge here on earth - a painful death from a terminal illness - society suddenly takes responsibility for our life? We are left with no say.

God will judge us all on our whole life not just on the way we exit this life

Why are we so afraid of Empowering our Terminally Ill?

I didn't want to control Rich during his last two weeks of life. I wanted to empower him. Richard's dying was a matter between God and Rich.

I do not believe God is continually looking over my shoulder. I believe He has given me a precious life and expects me to take full responsibility for that life. I did not expect God to come down, look at Rich and then magically push a button to end his suffering.

We are adults. We make informed decisions every day. To most people it is quality of life that is important - not quantity.

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It has been five months since Richard's death and am still unable to find the good that came out of his last weeks of suffering.

The Spoilt Child

In the last couple of months 'deep sleep therapy' has suddenly come out of the woodwork. No one told Rich or I about deep sleep therapy. This is okay for those who want it.

I know what Richard's response would have been to such a suggestion. He would have said 'Don't mess about, do it now when I know what you are doing.' Are we not splitting hairs here?

Are we saying to our terminally ill if you don't die the way we want you to die you can go slowly and painfully. It is a bit like the spoilt child who cannot get his/her own way.

Our Destructive Arrogance

We are told we are special - made in God's likeness. This has given us a destructive form of arrogance. We think we know what is best for each other and on each other we impose our views and values. We have nearly destroyed our Aboriginal people by doing just that. We took away from them what was good and left them with what is bad.

It is okay to impose societies values on someone who has committed a crime against society. We are honestly trying to protect society. It is not okay when we are dealing with someone who has committed no crime. especially when they are terminally ill.

What is the Intent of the Bill?

The intent of the Rights of the Terminally Ill Bill is exactly what it says - it is to protect the terminally ill.

Whose Rights are we Protecting?

People say the law will be used by bad people to take away another's rights.

So - we don't allow the Bill to become Law because bad people will abuse the law? That means that society is saying good people like Rich should suffer to protect the bad from sinning.

What nonsense. If the bad want to sin they will sin.

Whose Rights are the AMA Protecting? - Their members of course.

What about our Palliative Care Team?

People like Annie Black and the palliative care team and Sue Hearn from the Anti Cancer Council work with the terminally ill on a daily basis. They should be adequately resourced.

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No Hospice - No Voluntary Euthanasia

If there is to be no hospice there should be no voluntary euthanasia. RDH is no place for the terminally ill. It has the wrong focus. Legalising euthanasia without a hospice will simply force patients to opt for euthanasia because their pain will not be controlled by the best methods and in the right environment.

If we are really committed to protecting the rights of the terminally ill we should provide somewhere for them to go where they will be protected from the unscrupulous relatives everyone has been talking about, where their pain will be managed by the best methods, where they will be loved and treated like adults, and where (if this Bill becomes Law) they will be able to retain responsibility for their life.

We Loved Rich

During the first of Richard's last three weeks in hospital he told me to go home to my family and to get on with my life. He said he was finished and there was nothing I or anyone else could do. He was just waiting to die. I told him my family wanted me to be with him, Mum wanted me to be with him and I wanted to be with him. I said that we would be a long time without him. His reply was simple, he said "Thanks Sis." We did not turn our backs on Rich. We lived his agony with him.

What about my Mum?

I pray that no mother will be forced to say good bye to her children the way my Mum was forced to say good bye to Rich.

Diane Styant

Enclosed with submission Attachments as detailed in letter.

SUBMISSION 663 1

22 March 1995

Parliamentary Inquiry Committee into Euthanasia Bill

Parliament House

Darwin NT 0800

Dear Sir/Madam,

It is without doubts that suffering of terminally ill patients is a painful and draining experience to both the patients and their relatives. However, it is questionable if a poorly researched bill proposing euthanasia is a solution to this suffering.

The proposed Bill as it stands:

** has unsatisfactory definitions;

** is open to doctors' manipulation to involuntary euthanasia;

** is poorly researched;

** falls to protect patients who have trust in doctors that they are saving

lives;

** is falling to protect patients from wrong diagnosis established by doctors;

** falls to protect patients' lives if a terminal condition occurs; and

** does not protect both the terminally ill who and who do not want to

undergo euthanasia.

The Bill appears an instant solution to savings of the health expenditure: This opinion is based on the following facts:

* The NT still does not have a specialist in palliative care. (The recently appointed doctor is a qualified GP who expressed interest in palliative care which is not equal to a specialist. This appointment does not give him either the knowledge or the experience of a specialist. In addition, the Medicare reimbursement for his services will not be equal to a specialist's service - a situation which leaves the patient with a larger out of pocket expenditure).

* The same doctor is appointed only on a part time basis for the Darwin district which is not helpful to the other districts and will not cover Darwin district satisfactory.

* Palliative care beds are virtually not existent in the NT (one bed in Alice Springs).

* Hospice beds do not exist in the Territory at all, which means that we are the only State or Territory of Australia without this desirable service. It appears from the Bill that the euthanasia is a cheaper form of "care" for the terminally ill than a hospice and, therefore, the preferred option.

My believe of the insufficient research and articulation of the proposed Bill is based on the following facts:

* The object of the Bill - the terminal illness - is not defined at!!!!!!!!!!!!!!

* Page 1 section "assist" should clarify the medical status of the patient. This means that the Bill should clearly state that the "assistance" applies only to the terminally ill patients.

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* Page 2 section "health care provider" see comments as for page 1 section

"assist".

* Page 2 Section 3: No one, not even a medically qualified person, is able to predict (beyond reasonable doubt) a death within 12 months. Therefore, the Bill cannot stand as it is as the Bill is unable to check if the patient would have been lived only for 12 months given the "assistance with death" was carried out. (Please, read the story of my friend which is at the end of this report.) The Bill as it stands is open to litigations, and uncontrollable and irreparable mistakes.

* Page 2 sections 3 & 4 and Page 3 section 6b: It is well known that the wealth of experience and the depth of study decreases the possibility of a medical practitioner to make a mistake. Yet the Bill is willing to accept any medical practitioner's opinion on the life predictions. The number of medical litigations is increasing which certainly reflects the number of mistakes the medical practitioners are making. The Bill is valuing the live of a sick person so little that it is not even recommending a specialist (or at least a doctor with XX years of experience) in the field of the illness before determining the final statement on life prognosis.

* Page 3 section 6h: Literature claims that around 50% of patients do not understand consents for basic surgical procedures they are signing for. Yet the Bill is not mentioning the safeguard on assessment of patient's comprehension of diagnosis, prognosis, possibilities and options for the management of the condition. It is to be realised that the doctors are not trained in the assessment of people's comprehension. Yet according to the Bill, it is

the doctor who certifies the patient's understanding of the condition.

Furthermore to this point:: How is the Bill safeguarding a possible doctor's urging into the decision of "assistance"? How is the Bill safeguarding the possible relatives' urging into the decision? I hope that the Committee is aware of the problem of old people being emotionally abused by their relatives. The NT Council on the Ageing is aware of this problem. Yet the Bill is not providing a safeguard against emotional abuse of the terminally ill patients.

The Bill values the safety of a sick person's life so little that it is not proposing a psychologist's and/or a social worker's assessment of the mental state, comprehension of the condition and social circumstance of the patient's domestic situation before the "final assistance" is carried out. These comments and recommendation apply to Page 4 section 7 as well.

* Page 3 section 6k: The Bill is falling to protect the patient from the damage caused by a possible mistake of the medical practitioner. It is beyond my comprehension why in such a critical decision as the termination of the one's life, the law is not requesting two independent medical and one psychologist's opinions.

* Page 4 section 61: The Bill is weak in protecting the patient again: the medical practitioner is to be assured beyond reasonable doubt in such a situation.

* The medical schools empower medical graduates to treat and cure but not to assist with death. Medical graduates on the basis of their study and medical oath can be registered as medical officers around Australia. If a doctor commits an illegal action (eg: kills a person) that doctor is de-registered (= can not work as a doctor). If euthanasia is legal in the NT and not in the other States of Australia it is questionable how this act is to be considered by

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the other States and States' Medical Boards. It may happen that the doctor who practices euthanasia will be de-registered in the other States of Australia as that doctor will be considered as participating on an illegal and unprofessional action.

It is to be realised that the Australian Medical Association stands strongly against euthanasia and therefore the Association may recommend other States to deregister the doctor involved.

Yours Faithfully

Dr M Kvasnicka

7 Stewart Court

Leanyer NT 0812

Phone: 274 774 (H)

892 521 (W)

The story of my friend:

In 1985 my friend was diagnosed by a local well recognised GP with extensive cancer of uterus with- metastatic spread to ovaries, liver, pancreas, bowels, breast and the brain. She was predicted to live 3-4 months. My friend was not happy that she was given the prediction and went to another local and experienced GP. The diagnosis was established as identical and the prediction of live was similar: my friend was "given" six months to live at most. She was not recommended for treatment as the cancer was so extensive. My friend left the NT and visited an oncology specialist in NSW. She underwent 6 months of treatment and she had lived a full life, painless life and worked on full time for another 7 years. Only then the illness deteriorated beyond treatment and my friend died

within one month. Based on this story and many similar stories I witnessed, I am unable to trust any prediction for the length of life.

SUBMISSION 664 1

Ms Sue Freeman

Unit 3, 29 Easter Crescent

Coconut Grove NT 0810

24 March 1994

The Chairman

Select Committee on Euthanasia

GPO Box 3721

Darwin NT 0801

Dear Sir

I wish to lodge a written submission with the Committee.

I apologise for not addressing the Terms of Reference. I requested that a copy of those terms be mailed to me but, as yet, they have not arrived.

I am writing as a concerned private citizen. I am a trained nurse and have worked with many terminally ill people. My mother was also diagnosed with cancer over 20 years ago and since then, suspecting that she may one day develop secondary cancers, she has taken an interest in developments regarding euthanasia on an international and national level.

Having been exposed to the above, I have given the matter a lot of thought and am firmly of the view that terminally ill people should have a choice about what happens to them in the last stages of their life. Consequently, I support the introduction of legislation enabling people to choose euthanasia - providing that legislation also contains safeguards preventing people being coerced into such a decision. I respect the right of terminally ill people to choose to die naturally (how ever long that may take) and to have access to high quality palliative care but expect that, alternatively, other people (including my mother and I) should have the right to choose euthanasia.

I also respect the concerns of people in the health professions who do not agree with euthanasia but do not think their rights should over-ride those of the terminally ill. In my view the rights of people in the health professions can be protected by allowing them to choose not to participate in such procedures - in much the same way that they can choose not to participate in procedures connected with the termination of pregnancies.

In summary I believe that, as in many other areas of life, people should have a choice about what happens to them - they should not be forced to act in accordance with the values and beliefs of other sections of the community. I trust that the Committee will consider my views carefully.

Yours sincerely

S Freeman *Last updated:*

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