

Submission

to the

Senate Legal and Constitutional Affairs

Legislation Committee

on the

'Medical Services (Dying with Dignity) Bill 2014'

From Salt Shakers

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Submission

Summary and Recommendation

As a Christian organisation that values and respects the sanctity of life, we oppose any proposal that would legislate to allow euthanasia or assisted suicide.

We recommend that the Senate *Legal and Constitutional Affairs Legislation Committee* reject the Medical Services (Dying with Dignity) Bill 2014.

The Bill claims to be “*A Bill for an Act relating to the provision of medical services to assist terminally ill people to die with dignity, and for related purposes.*”

However, it is really at the very least an ‘assisted suicide’ Bill and is, in effect, euthanasia legislation.

Vulnerable people are always put under pressure when such legislation exists, often feeling that they should end their lives to avoid being a burden. In The Netherlands there have been many cases of people being ‘euthanised’ without giving their permission – despite the guidelines specifying that this could not happen (see section below).

Life is sacred and we should respect that, no matter how difficult that may be.

A civilised society protects its citizens

A civilised society will do its utmost to protect the lives of its citizens. To introduce any form of legislation that undermines and devalues the sanctity of life is deplorable.

Christian principle of respecting life

Some of the foundational principles of Christianity are contained in the **Ten Commandments**, which were reiterated by Jesus Christ in his commandments, ‘Love God and love your neighbour’.

One of those Ten Commandments is ‘Do not murder’, from which we gain the principle of respecting and valuing life and seeing it as sacred. It is not our role to ‘decide’ when we should die, or to introduce such legislation to our nation.

‘Dying with Dignity’ title is deceptive

The naming of the bill as a ‘dying with dignity’ bill is deceptive.

Real dignity comes from providing terminally ill people with comfort and support – not by encouraging them to kill themselves.

Palliative care is an essential component of care for those facing death – but a law that allows people to request ‘medical services’ to kill themselves or allows doctors to **actually administer** such drugs undermines the ethic of palliative care and caring for the vulnerable.

Medical profession heals – it doesn’t kill

The medical profession is committed to preserving life and healing – the **Hippocratic Oath** affirms this principle.

When such legislation to allow euthanasia is introduced, it undermines the trust that the public have in the medical profession.

People depend on their doctors to preserve life and do all they can to assist them when they are ill. Having doctors also being responsible for assisting people to kill themselves undermines this doctor-patient relationship.

Vulnerable people at risk

This sort of legislation sends the message to older people that they can end their life. This can be used to pressurise older people to feel they are a burden and thus be inclined to end their life prematurely.

Although the bill mentions ‘terminally ill’, this is very subjective when the patient is able to **choose** to have or not have treatment – this is particularly vague in the proposed bill.

Philip Nitschke, the foremost advocate of euthanasia in Australia, and the founder of *EXIT International*, is not content just to offer or advocate euthanasia for **terminally ill** people.

He told a Perth meeting in 2009 that he thought euthanasia should be available for ‘elderly people afraid of getting old and incapacitated’.

He used the example of West Australian academic Lisette Nigot - she ended her life in 2002 because she decided that, having reaching the age of 80, she didn't want to face having her mind and body deteriorate.

Article: Elderly pack Floreat euthanasia forum with Philip Nitschke, *The Australian*, 9/7/2009 - <http://www.theaustralian.news.com.au/story/0,25197,25754749-5006789,00.html>

Last year, during the federal election, Philip Nitschke even stated that euthanasia on 'economic grounds' to save billions of dollars in the health budget, was a possibility!

"He said: "While ... no one is saying we should put people down against their will, we are suggesting it is a worthwhile debate to have — especially if hundreds of thousands, if not millions, of dollars in the health budget could be saved or redirected" (*Canberra Times*, August 16, 2013).

Article: **The cost of living when a dying wish is denied**, *Canberra Times*, Philip Nitschke, 16/8/2014.

<http://www.canberratimes.com.au/comment/the-cost-of-living-when-a-dying-wish-is-denied-20130815-2rzfb.html>

See Article: *Dr Nitschke reveals euthanasia's dark side*, by Paul Russell, HOPE, September 14, 2013. <http://noeuthanasia.org.au/blog/1732-election-notes-euthanasia-dark-clouds.html>

This development is not really surprising. Some years ago, Philip Nitschke actually told the US magazine *National Review Online* that the 'peaceful pill' for suicide should be available to "troubled teens" – to "anyone who wants it, including the depressed, the elderly bereaved [and] the troubled teen."

[*NRO*, 5/6/2001 – see <http://www.nationalreview.com/interrogatory/interrogatory060501.shtml>]

See report: [Noxious Nitschke](#), Wesley J Smith, 15/11/2004.

<http://www.nationalreview.com/articles/212896/noxious-nitschke/wesley-j-smith>

After a public outcry he drew back to advocating euthanasia just for terminally ill elderly people. It seems that he is again saying what he truly believes.

However, in 2014, Dr Nitschke is still advocating euthanasia to anyone. He provided advice to a 45 year old depressed Perth man on how to kill himself – even though the man was not terminally ill.

Following a public outcry Dr Nitschke was suspended by the Medical Board of Australia.

Read ABC Report:

<http://www.abc.net.au/news/2014-07-24/euthanasia-advocate-philip-nitschke-suspended-by-medical-board/5615268>

These activities of 'assisted suicide' and more occur without having any law at all. The solution is not to introduce a euthanasia law. There are too many legal loopholes and too many instances overseas of people being exploited and being euthanized against their will.

The government and doctors, and our Australians laws, should not be compromised because some people choose to commit suicide and end their lives.

People euthanized against their will

In Holland, where euthanasia was effectively practiced since the Postma's case in 1973, but was legalised officially in 20012, euthanasia has gradually been extended.

In the early 1990s, the **Rommelink Inquiry** found that many people were 'euthanized' without their request or permission.

In The Netherlands, euthanasia has been gradually expanded to allow more and more people to be euthanized.

The **Patients Rights Council**, which monitors the consequences of euthanasia legislation, writes,

“The Rotterdam court in 1981 established the following guidelines:

1. *The patient must be experiencing unbearable pain.*
2. *The patient must be conscious.*
3. *The death request must be voluntary.*
4. *The patient must have been given alternatives to euthanasia and time to consider these alternatives.*
5. *There must be no other reasonable solutions to the problem.*
6. *The patient's death cannot inflict unnecessary suffering on others.*
7. *There must be more than one person involved in the euthanasia decision.*
8. *Only a doctor can euthanize a patient.*
9. *Great care must be taken in actually making the death decision. (1)*

*Since 1981, these guidelines have been interpreted by the Dutch courts and Royal Dutch Medical Association (KNMG) in **ever-broadening terms**. One example is the interpretation of the “unbearable pain” requirement reflected in the Hague Court of Appeal's 1986 decision. The court ruled that the pain guideline was not limited to physical pain, and that “psychic suffering” or “the potential disfigurement of personality” could also be grounds for euthanasia. (2)*

- 1,040 people (an average of 3 per day) died from involuntary euthanasia, meaning that doctors actively killed these patients *without the patients' knowledge or consent.*(9)
 - 14% of these patients were fully competent. (10)
 - 72% had never given any indication that they would want their lives terminated. (11)
 - In 8% of the cases, doctors performed involuntary euthanasia despite the fact that they believed alternative options were still possible. (12)

For a detailed overview of the background situation regarding euthanasia in The Netherlands, with statistics, see

“Background about Euthanasia in The Netherlands”

<http://www.patientsrightscouncil.org/site/holland-background/>

For the situation and the law since 1994, see

<http://www.patientsrightscouncil.org/site/holland/>

In Oregon, similar pressures have been placed on patients. See an overview and collation of articles at <http://www.patientsrightscouncil.org/site/oregon/>

Professor Theo Boer, a Dutch man who formerly supported euthanasia but has now changed his mind, warns about the dangers of legalising euthanasia.

When the UK House of Lords recently considered a ‘dying with dignity Bill’ he said, ‘Don’t do it’. He warns that in The Netherlands, where euthanasia has been legal since 2002, the number of euthanasia deaths has doubled in the past six years.

Article: [Don't make our mistake: As assisted suicide bill goes to Lords, Dutch watchdog who once backed euthanasia warns UK of 'slippery slope' to mass deaths](#), *Daily Mail*, 10/7/2014.

Palliative Care

Governments should be providing additional palliative care services to assist dying people.

One now-retired palliative care doctor, Dr Brian Pollard, who established the palliative care work at Concord Hospital in Sydney, once told me that, in his years as a palliative care specialist, NO patient had asked him for euthanasia. ONLY relatives of elderly people had asked him to do it. That highlights another area where elderly people may be vulnerable.

The Medical Services (Dying with Dignity) Bill 2014

In addition to our general opposition to assisted suicide and euthanasia, the proposed Bill raises a large number of concerns....

Some of these include:

1. “to assist terminally ill people to die with dignity”

The name of the Bill infers that killing oneself is ‘dying with dignity’.

This is a euphemism and is not true.

2. The words ‘illness’ and ‘terminal illness’ are poorly defined.

Illness – “illness includes disease, injury and degeneration of mental or physical faculties”

Terminal illness – “in relation to a person, means an illness which, in reasonable medical judgement will, in the normal course, without the application of extraordinary measures or of treatment unacceptable to the person, result in the death of the person.”

The definition of ‘illness’ includes a mental illness. Although the Bill later attempts to specifically rule out ‘clinical depression’, the issue of mental illness remains.

The definition of ‘terminal illness’ means that an ‘illness that will lead to death’ is a candidate for assisted suicide or euthanasia.

The question of the “application of extraordinary measures or of treatment unacceptable to the person” is very subjective.

This could include someone who has cancer, at say the age of 75, who is given a three year life expectancy prognosis without treatment and five years with treatment.

If the person decides not to choose ‘treatment’ because of the side effects of chemotherapy etc, then they may be ‘eligible’ for assisted suicide or euthanasia even though their general health is good. In fact, they may live and recover...

Someone who has “degeneration of mental faculties” – perhaps **Alzheimer’s** – would be considered as a suitable candidate for this Bill, since eventually the condition may ‘lead to death’. However, the person may live comfortably for many years with appropriate support.

3 The provision of ‘medical services’

Section 5 of the Bill outlines the range of ‘medical services’ that a doctor can give...

Section 5 - Meaning of dying with dignity medical service

(1) A dying with dignity medical service means a medical service provided by a medical practitioner to a person to enable the person to end his or her life in a humane manner.

(2) Without limiting subsection (1), such services include:

(a) the giving of information to the person; and

(b) the prescribing of a substance to the person; and

(c) the preparation of a substance for the person; and

(d) the giving of a substance to the person for self-administration; and

(e) the administration of a substance to the person at the person’s request

The use of doctors to provide poisons to some one to kill themselves, or to even **administer** those poisons is against all notions of best medical practice which is to protect life, and at the same time, provide sensitive and caring palliative care as people approach death.

The actual giving of the drug moves far beyond the ‘assistance’ level of providing information about euthanasia, which in itself is illegal in Australia. We are particularly concerned about the wide range of powers this Bill would give to doctors.

4. Section 10 – request for euthanasia or assisted suicide

This section provides a very low threshold for requesting assisted suicide...

“A person who, in the course of a terminal illness, is experiencing pain, suffering, distress or indignity to an extent unacceptable to the person, may request a medical practitioner to provide dying with dignity medical services to the person for the purpose of ending his or her life.”

If this section were taken literally, anyone experiencing ‘unacceptable pain’ could request assisted suicide.

But what is ‘unacceptable pain’?

It is a very vague definition and open to interpretation.

5. Preconditions for providing assisted suicide – Section 12

Again this section provides huge loopholes...

12 (c) the medical practitioner (the first medical practitioner) is satisfied, on reasonable grounds, that:

(i) the person is suffering from a terminal illness; and

(ii) in reasonable medical judgement, there is no medical measure acceptable to the person that can reasonably be undertaken in the hope of effecting a cure; and

(iii) any medical treatment reasonably available to the person is limited to the relief of pain, suffering, distress or indignity with the object of allowing the person to die a comfortable death.

Our concern with this section goes back to the definition of ‘terminal illness’ and the provision of ‘treatment acceptable to the person.

Conclusion:

The proposed *Medical Services (Dying with Dignity) Bill 2014* does not respect human life and is flawed with legal loopholes.

Vulnerable people will be put under pressure to end their lives if such legislation is enacted.

We recommend that the *Senate Legal and Constitutional Affairs Legislation Committee* reject the *Medical Services (Dying with Dignity) Bill 2014*.