



South Australian Voluntary Euthanasia Society

**Submission to the Legal and Constitutional Affairs Legislation Committee:
Exposure draft of the *Medical Services (Dying with Dignity) Bill 2014***

Introduction

SAVES welcomes the opportunity to comment on the exposure draft of the *Medical Services (Dying with Dignity) Bill 2014*. SAVES was formed in 1983 with a primary aim of achieving a change to the law in South Australia so that in appropriate circumstances, and with defined safeguards, death may be brought about as an option of last resort in medical practice. These circumstances include the free and informed request of the patient and the free exercise of professional medical judgment and conscience of the doctor.

This brief submission includes comment on the need for legislation such as that proposed in the *Medical Services (Dying with Dignity) Bill 2014*, and more specific comments on aspects of the exposure draft.

The need for Legislation

SAVES argues that people should be treated with compassion and enabled to maintain their autonomy in matters of personal concern. Competent adults diagnosed with an irreversible illness that will cause suffering should have the right to die in a manner consistent with their own conception of dignity. Enabling legislation such as that adopted by Oregon, Vermont, Washington and Montana in the USA, and in the Netherlands, Switzerland, Belgium and Luxembourg protects autonomy and human dignity while upholding the value of human life and safeguarding against abuse. A global comparison of the nature and use of this legislation shows that ‘slippery slope’ arguments against legislative reform are unwarranted (Attachment 1). Without such legislation people must end their own lives, often in a violent way, or suffer needlessly.

Recent authoritative reports have identified the need for legislative change internationally by Australia 21 (2013)¹, Quebec Parliamentary Committee (2012)², The (UK) Commission on Assisted Dying (2011)³ and the Royal Society of Canada (2011)⁴. The report by Australia 21 (2013)¹ on an Australian roundtable on how voluntary euthanasia and assisted dying should be regulated in this country concluded that ‘*the legal framework that operates at the end of life needs to be reformed*’. SAVES’ has helped to counter the misinformation that has been used in the past to oppose legislative reform (Attachment 2). The society supports a national response to promote legislative consistency and to address the adverse consequences for citizens of the Australian Territories that resulted from the passage of the *Euthanasia Laws Act 1997*. SAVES submits that the *Medical Services (Dying with Dignity) Bill 2014* is an appropriate legislative response to this need.

Comment on the exposure draft

Part 1: Preliminary

3: SAVES submits that the Objects of the Act should include reference to an ‘illness or injury that irreversibly impairs the person’s quality of life so that life has become intolerable to that person’.

Patrons:

*Emeritus Professor Graham Nerlich
Emeritus Professor John Willoughby*



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SAVES agrees with 4 (Definitions) and 5 (Meaning of Dying with Dignity Medical Services).

Part 2: Dying with Dignity Medical Services

10: SAVES submits that the criteria should include reference to an ‘illness or injury that irreversibly impairs the person’s quality of life so that life has become intolerable to that person’. SAVES supports the basis of the request to include pain, suffering, distress or indignity but submits that indignity is inherent in the term distress.

11: SAVES submits that (2) should include the referral to another practitioner.

12: (2) implies the need for a specialist with qualifications under the Australian and New Zealand Society of Palliative Medicine. SAVES submits that should the medical practitioner not hold these qualifications he or she must confer with a palliative care specialist concerning any other options that may be available to the person. This would preclude the need for the services of a fourth practitioner which may be an encumbrance to the legislation.

20: SAVES submits that the underlying illness should be certified as the cause of death.

References

1) B White and L Willmott, The right to choose an assisted death: Time for legislation? (Report following a roundtable in Brisbane, January 2013 “How should Australia regulate voluntary euthanasia and assisted suicide?” listed below):

http://www.australia21.org.au/wp-content/uploads/2013/08/J2056-Assisted-Death-Report_WEB.pdf

Discussion Paper: B White and L Willmott, “How should Australia regulate voluntary euthanasia and assisted suicide?” Background Paper (2012) (commissioned by Australia 21 for the January 2013 roundtable):

<http://www.australia21.org.au/wp-content/uploads/2013/08/ASAssisteddyingBP1.pdf>

2) Quebec Select Committee on Dying with Dignity (2012). <http://www.assnat.qc.ca/en/actualites-salle-presse/nouvelle/actualite-25939.html>

http://www.dyingwithdignity.ca/database/files/library/Quebec_death_with_dignity_report.pdf

3) The Commission on Assisted Dying (UK), The current legal status of assisted dying is inadequate and incoherent... (2011). http://www.demos.co.uk/files/476_CoAD_FinalReport_158x240_I_web_single-NEW_.pdf?1328113363

4) Royal Society of Canada Expert Panel Report: *End of Life Decision Making*: http://rsc-src.ca/sites/default/files/pdf/RSCEndofLifeReport2011_EN_Formatted_FINAL.pdf

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