Committee

Senate Community Affairs References Committee.

Please consider my submission regarding Suicide in Australia.

Point B

Some deaths are recorded as suicide when they are actually Voluntary Enthanasia. We all have the legal right to self determination and can if we wish, legally kill ourselves provided no assistance is given by another, it is not a crime. We cannot know what people are suffering, to use the cliche "you cannot walk in anothers shoes".

To kill yourself is very courageous and yet society views suidcide as the easy way out, giving up, selfish.

I suggest another category is added to the recording methods and that should be Voluntary Euthanasia. Police resources are used to ensure people have committed suicide with out help and in Voluntary Euthanasia this would be made clear and recorded as such, rather than the stigma of Suicide on the death certificate. Terminally ill or elderly ,anyone could have this option rather than as we have now ,coverering up ,secretly wishing to end their life and not being allowed to have company of their family when they wish to end their life, wasting Police and other resources when success is not acheived.

Point C

While police do a great job at assisting when at risk people are threatening self harm, they are possibly not educated enough in dealing with mental health clients. Having worked in the health sector for many years, police telling people to calm down, settle down, is not of any assistance. The person at risk is already in a uncontrolled mental state and is past being able to think clearly or make rational decisons. It is unfortunate that physical force has to be used often to protect others involved in the situation including health workers. This further makes the mentally ill feel abused and degraded.

I suggest a task force with mental health education should attend a at risk situation. Of course this does not help Rural and remote areas who ware understaffed in Police and Health departments.

Point D

For years we have tried to talk people out of Suicide, as soon as people ask for help and admit to thinking of suidcide, they are immediatly branded as mentally ill without any thought as to how they are suffering. Most people who succeed in suicide are thinking very clearly and plan well and choose not to see or find another way of resolving whatever is causing them to want to end their life. And this often leaves family or others to find the person, possibly causing great trauma.

Imagine knowing you are going to decline into dementia or have a slow death with lost of control over your bodily and mental function.

While this inquiry is into suicide talks of high risk, it ignores the wishes of 80% of the public, who are not mentally ill and who would like to end their life peacefully and without trauma to their families.

Although we have wonderful medical treatment, pain is not always relieved, quality of life is not always achieved. So we let those who suffer live on in poor quality and give them no choice except to call them depressed if they should want to end this situation.

There is no effective public debate on this because politicans choose to ignore the public wish.