

SUBMISSION: Inquiry into the provisions of the Criminal Code Amendment (Suicide Related Material Offences) Bill 2005.

Mr Ruddock's Speech

Before setting out our argument against the above bill, we would like to question the validity of certain assumptions made in Mr Ruddock's second reading speech. He claimed that "the internet contains readily accessible sites and chat rooms that positively advocate suicide and discourage individuals from seeking psychiatric or other help..... that there is a real need to protect vulnerable individuals from people who use the internet with destructive intent...."

We did our best to wade through the internet in search of these deadly sites, but to no avail. There were sites that argued against suicide, had plans to prevent suicide, theologically abominated suicide, etcetera. We could find not a solitary site that urged suicide or revealed a tinge of 'destructive intent'. Admittedly, we have to confess, on a personal note, that we are not as familiar as Members of Parliament may be with the more corruptible depths of the net. We know of only one group that has a website and whose interest in this subject we share with its members. That group is Exit International. When we have attended meetings of our fellow members we have found no 'vulnerable' people. On the contrary, a finer bunch of intelligent, astute, articulate and kindly folk we couldn't hope to know - the very last people who would discourage 'vulnerable' people, if found, from seeking help. Not a 'destructive intent' in sight. So this could not have been a group to which Mr Ruddock referred. We shall continue the fruitless search.

It was noticeable that Mr Slipper, in his second reading speech for the original bill, seemed incapable of naming a single website to validate his argument. Mr Ruddock similarly fails. He speaks vaguely of "recent studies" of these nefarious sites but fails to cite these studies. This leads him to an ABC report "on a trend in Japan towards arranging suicide pacts over internet suicide chat rooms". Mr Ruddock may not be aware that Japanese and Australian cultural practices are somewhat different. If he wishes to eradicate lingering manifestations of Bushido within the Japanese psyche, we'd suggest that the least effective way to attempt it is by censoring what Australians can see on the internet.

It is also instructive that if one combs through the studies on suicide published on the net by Australian state health departments, or the Medical Journal of Australia, or the Public Health Association of Australia, etc, not a solitary instance can be found of the internet being included among risk factors for suicide.

Finally, Mr Ruddock places heavy emphasis on the protection of "vulnerable individuals". He thereby implies that a prerequisite of suicide is vulnerability. As any study of recent highly publicized suicides will show, the predominant spirit of those facing death is a steadfast determination to maintain their autonomy and free choice. Their strength, not vulnerability, is the striking factor. (The cases of Nancy Crick and Lisette Nigot spring to mind.) The reasons for this steadfast behaviour, when examined, may be seen as more relevant to the Australian scene than Asian red herrings.

AGING

The aging of the Australian population has, among numerous consequences, an increasing number of people facing the physical and mental

deterioration that precedes death. Medical advances have prolonged individual lives to the limits of their genetic capacity. Pain reduction in age degeneration, on the other hand, has not advanced much. Morphine still is, as it was a century ago, the main painkiller, with unpleasant side-effects. Other symptoms of deterioration - physical weakness, incontinence, breathlessness, nausea - are frequently uncontrollable. Relief from suffering may finally come only from complete sedation and an unconscious descent into death - a process sometimes described as 'slow euthanasia'.

A growing number of people are unwilling to accept a death preceded by physical and mental dissolution. They wish to control their dying. They observe that in a free society they are expected to make their own responsible decisions about every important personal event in their lives, yet in the last event of all - their dying - decisionmaking is denied them.

LAW REFORM - THWARTING THE PEOPLE'S WILL

During the thirty one years that voluntary euthanasia societies in Australia have lobbied for the legal right of the incurably ill and suffering to have their lives ended, public attitudes have backed the move, with 75% of Australians whenever polled in recent years approving of legalizing, with adequate safeguards, voluntary euthanasia or physician-assisted suicide in such cases. State governments have just as consistently thwarted the will of the majority of their electors. The exception was the Northern Territory Bill, and for its pains the NT electorate was disfranchised on the matter by the Federal parliament.

The failure of governments to enact the will of the people along the lines of civilized communities such as the Netherlands, Belgium, Switzerland and Oregon has therefore thrown back the responsibility for controlling their dying upon those who insist on exercising their autonomy.

Being mature and rational people they prefer to die by civilized and non-violent means, preferably in the bosom of family and friends. This latter desire has till now been thwarted by the law on aiding suicide, which has meant suicide had to be a lonely act lest family be implicated. In the Nancy Crick case, however, the Queensland Police Commissioner asserted that the mere presence in the company of a person suiciding does not constitute aiding, etc. This may, nevertheless, still be tested in court.

So loneliness is added to often gruesome means found necessary to achieve a chosen end.

SUICIDE IN PRACTICE - THE UNCHANGING REALITY

Suicide in recent decades has followed different patterns, but social and legislative change has ensured that gentler means of dying have been replaced by the more violent, and the overall rate of suicide is largely unchanged.

For example, a study of suicide patterns in England and Wales between 1950 and 1975 in relation to the changeover from coal gas to natural gas (a reduction in carbon monoxide) found that among young males (no figures for older suicides) there was an overall increase in the rate of suicide by 37%. Suicides by gas decreased by 34%, but drug overdoses increased by 299%. For females there was a 54% increase overall and 89% decrease in suicide by gas, but a 305% increase in suicide by DO (1).

In Australia, following the 1967 restrictions on the sale of barbiturates, overall suicide rates, having peaked in 1967, declined during the next three years. Drug suicides fell 29% between 1967 and 1970 (2). Firearm

suicides similarly show a decline following the introduction of uniform national gun laws in the 1980s (3). Despite this, "While rates of suicide by firearms and poisoning have decreased, hanging and carbon monoxide poisoning from motor vehicle exhausts (MVCO) have been the first and second commonest means of suicide, respectively, used by males since 1995. In females, hanging is the second most common means of suicide, behind poisoning (with drugs). The rate of female suicide by motor vehicle exhaust fumes has also risen (4).

In NSW the most frequently used means of suicide in 1996/97 was hanging (all 32%, male 34%, female 23%). Other means used by men were motor vehicle carbon monoxide (21%) and firearms (13%).....In females in 1996/97 poisoning by tranquillizers and other psychotropic agents (21%) was the next most frequently used means of suicide after hanging (23%).....Findings of other Australian and overseas studies show that women are more likely to use anti-depressant and psychotropic drugs to suicide than men (5).

This last difference between male and female practice, and the fact that the fatality rate from such drugs is shown as only about 10% in NSW statistics for older persons in 1996/97 (6), suggests why female 'completed' suicides are at a much lower rate than for males. Men typically use the more effective means - firearms, hanging and MVCO.

NSW suicide deaths for all ages and both sexes up to 1997 show that except for a peak in 1988 the rate is higher than it was thirty years ago. The male rate, except for peaks in 1988 and 1970, is higher than at any time since 1968 (7).

All this leads to but one conclusion - despite the eradication of coal gas, despite restrictions on barbiturates and guns, despite reduction in MVCO, rates of suicide are no lower than they were a generation ago. Why should we think that this censorship bill will have the slightest effect against people's determination to end their lives as they choose, despite the enormous impediments continually placed in their way ?

Those of us who are not partial to guns, ropes and jumping off high buildings, know that to find means of achieving one's own death flawlessly, painlessly and with dignity requires knowledge, and this knowledge can come from communication with others of like mind.

CENSORING THE PEOPLE

The purpose of the Criminal Code Amendment Bill is to censor personal communication.

Suicide is not a criminal offence, and physical intervention to prevent a suicide may arguably be, under common law, an assault. This Bill is certainly an assault upon the right of association between people sharing similar interests.

We can see no evidence that knowledge about innovative means of suicide is available on the net or, if it is, that it is available to all and sundry (the 'vulnerable'), or that any "destructive intent" is discernible. An exchange of knowledge may have no 'intent' other than to share facts among those who want them. This bill attacks the innocent research of rational people intent on conducting their lives according to their own lights, with no intention of harming others.

And if the availability of explicitly described causes of death is such a threat to the "vulnerable", why bother with the internet ? Television

provides enough explicit details of mayhem, rapine and murder to inflame the least psychotic.

Moreover, if the 'vulnerable' are to be protected from causes of death, should we not clear the hardware shelves of rope, knives and Ratsac ?

Censorship is frequently argued on the specious grounds of protecting the vulnerable. The real reason for this Criminal Code Amendment may go back to the disfranchisement of the NT voters over their physician-assisted suicide bill. The zealots who organized that coup against democracy will not be satisfied until the proponents of civilized dying are silenced.

The Crimes Act provides adequate provisions against aiding and abetting suicide. This Bill is redundant and an offence against free association and free speech.

REFERENCES

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- (5) Sayer, Stewart and Chipps, 1996. Suicide Attempts in NSW. Associated Mortality and Morbidity. NSW Public Health Bulletin, 7(6):55-63. Cited in NSW Suicide Prevention Strategy 1999.
- (6) & (7) ABS Mortality Data, NSW ISC Data and Population Estimates, Centre for Mental Health, NSW Health Department. Cited in NSW Suicide Prevention Strategy 1999.

Anthony L. Saclier
Beryl M. Saclier
Leopold Vic