

Committee Secretary
Senate Standing Committee on Legal and Constitutional Affairs
Department of the Senate
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

Dear Sir

Re: “The Rights of the Terminally Ill (Euthanasia Laws Repeal) Bill 2008”

I would like to **STRONGLY OPPOSE** the above-proposed Bill.

1. Small legislatures are not the appropriate forum for these decisions.

The object of this Act is, in recognising the rights of the people of the Australian Capital Territory, the Northern Territory and Norfolk Island to make laws for the peace, order and good government of their territories, including the right to legislate for the terminally ill, to repeal the Euthanasia Laws Act 1997 which removed that right.

- a. It was because the peace, order and good government for the Territories and the rest of Australia was undermined by the previous Bill “Rights of the Terminally Ill Act 1995”, that the “Euthanasia Laws Act” was enacted in 1997. The above-proposed Bill will again undermine good government, as it will again open the way for intentional killing (euthanasia).
 - b. The proposed Bill gives ACT and NT the right to legislate on euthanasia. These are both small territory assemblies with no upper house of review, so are more vulnerable to small pressure groups, and less likely to have the robust and healthy debate required for this kind of legislation that has the power to change the fabric of Australian society conscience. Is it this very lack of debate and review that has meant NT & ACT are seen as a “better option” for getting this legislature changed in spite of the majority of Australians not wanting the change? A change in legislation in NT/ACT effectively means a change for Australia, as euthanasia tourism will propagate.
- 2. Difficulties of legislating with adequate controls in place.**
- a. The British House of Lords recently recommended no change to their law on euthanasia after an extensive inquiry.
 - b. A number of countries have found exactly the same issues – no adequate way of safe guarding an individual’s constitutional right of not having this legislature used to kill other people who are perceived to be “suffering”.
 - c. Requests for euthanasia are rarely free and voluntary, and this proposed Bill does not address this issue.
- 3. Actual Experience in countries with euthanasia shows inadequate controls, inevitably leading to involuntary euthanasia.**
- a. There have been a number of surveys done over the past decade into the Dutch experience, which clearly show a significant number

of people (1000/year) killed against their wishes/ without consent, by their doctors. Euthanasia legislation gives too much power to doctors who should be protecting their patients.

- b. Euthanasia once legalized places increasing pressure on vulnerable people to agree to be killed. Vulnerable people who may be elderly, lonely, depressed, or distressed will feel pressure (whether real or imaginary) to request an early death in order to avoid being a burden to others. The “right-to-die” inexorably becomes the “duty-to-die”, and that has been the Dutch experience. Vulnerable people should have the constitutional right to be protected and this proposed Bill will undermine that constitutional right of protection.
- c. The experience in Belgium where euthanasia was legalized for competent adults in 2002 shows that by 2005, 7% of deaths in newborn babies were due to lethal injection because of prematurity or malformation (Lancet 2005). In the Netherlands, 9% of deaths of newborns were due to administration of drugs designed to hasten death (Lancet 2005, Archives of Pediatrics & Adolescent Medicine 2005). We should not enact legislation that we know will cause vulnerable members of society to lose their constitutional right to protection.

4. This Proposed Bill undermines and violates historically accepted codes of medical practice.

- a. Legalized euthanasia adversely affects the doctor-patient relationship
- b. Euthanasia makes killing a form of treatment. The above proposal advocates a position that would rather kill the patient than kill the pain, and so not treat pain and suffering appropriately. Anyone with pain will find that situation intolerable. If someone breaks their leg, they will be in intolerable pain – but rather than killing them, we treat their broken leg and deal with the pain. The treatment of pain and suffering in terminal illness requires access to good palliative care. Killing patients does not appropriately address the lack of adequate palliative care in NT, and repealing the 1997 Law that addresses the right for medical treatment in the form of palliative care for a dying patient, is a retrograde step.

5. Voluntary euthanasia is unnecessary because alternate treatments exist.

- a. As a Palliative Care Staff Specialist, and working with terminally ill patients for more than a decade, I know very well the importance of Palliative Care, alleviating symptoms, and offering supportive care. When pain is well managed, as should be the case in this era of modern Palliative Medicine, it is typical that attitudes change, and patients opt for improved quality of the life that is left, rather than seeking euthanasia. When symptoms are unrelieved, that is a failure to provide adequate medical treatment and should be addressed accordingly. This proposed Bill takes away individual constitutional rights for life and does not reflect current medical understanding and practice.

6. **This proposed Bill, as it will open the way to legalized euthanasia changes public conscience.**
 - a. Public ethics, and the societal norms are important for any community. This proposal will undermine the public conscience without allowing the open public debate at a federal level. A minority can therefore change societal norms without allowing the general public to have their say on a very important issue.
7. **The proposed Bill undermines Constitutional right for patient autonomy**
 - a. Euthanasia gives doctors the power of life and death; the result as is seen in Holland and Belgium, leads to misuse. This severely reduces patient autonomy, and is not good for the good of society.
8. **The proposed Bill does not protect our society against the spiralling health budget being reduced by use of euthanasia for vulnerable groups in our society that are expensive to maintain.**
 - a. It is cheaper and quicker to kill than to treat; so legalized euthanasia becomes the treatment option for those concerned about escalating health costs. Once legalized, it becomes an acceptable treatment for an increasing list of treatable, non-terminal conditions eg depression.
 - b. The development and commitment to Palliative Care is undermined where euthanasia is legalized. This is clearly seen in Holland and Belgium where Palliative Medicine is primitive and inadequate. However, Palliative care will cost more to society than euthanasia.
 - c. Disability groups see very clearly the risk to disabled people where others view their lives as worthless (and therefore in their interest to be terminated). The power to decide that a life is futile allows vulnerable members of our community to lose status. This legislation undermines the rights of the vulnerable and should not be enacted.
9. **Difficult individual cases are not the best basis for law-making**
 - a. Individuals who are suffering deserve support and access to best medical practice to alleviate symptoms.
 - b. Laws that are developed on the basis of extreme and difficult individual circumstances are usually fraught with difficulty. It is important that laws for society seek the best good of the maximum number of people – and the above proposal fails to do this.

Please do not support this proposed Bill.

Yours truly,

Dr Ruth D J Powys MBBS MPC FChPM
Palliative Care Staff Specialist

April 6th 2008