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

7 April 2008

Dear Sir,

**Submission from *Suicide: NO*<sup>1</sup> to the Inquiry into the Rights of the Terminally Ill (Euthanasia Laws Repeal) Bill 2008**

***Introduction***

The *Rights of the Terminally Ill (Euthanasia Laws Repeal) Bill 2008* should not be enacted. In a nation where over 2200 people commit suicide every year,<sup>2</sup> the Bill will have the effect of facilitating many of these suicides. It will create a situation in which our society seeks to prevent *some* suicides from occurring, but not others. It will do nothing to reduce the number of suicides occurring in Australia each year – it will instead provide encouragement for more people to commit suicide, with the blessing of parliament. It will do so by enabling the enactment of assisted suicide legislation.

***The effect of the Bill on the terminally ill***

Suicide is recognised by the World Health Organisation (WHO) as being "...a huge but largely preventable public health problem, causing almost half of all violent deaths and resulting in almost one million fatalities every year..."<sup>3</sup> Current Australian legislation, which discourages suicide by outlawing the practice of assisting, encouraging or inciting someone to suicide, reflects the Australian community's recognition of the tragedy of suicide.

Also, many public and private organisations, including Beyond Blue, LifeLine, and Suicide Help Line, work hard to prevent and reduce suicide in the Australian community. The work of these organisations further indicates that the Australian public considers suicide to be a preventable tragedy.

All people who commit or attempt to commit suicide consider that their life is no longer worth living. Conversely, any effort to reduce or prevent suicide in Australia is based on the

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<sup>1</sup> *SUICIDE: NO* is a non-affiliated alliance of Australians who respect life and oppose any intentional killing of human beings, particularly of weak and vulnerable people. For more information visit [www.suicideno.org](http://www.suicideno.org), or email [enquiries@suicideno.org](mailto:enquiries@suicideno.org).

<sup>2</sup> Australian Bureau of Statistics (2004), *Suicides: recent trends, Australia*. 15 December. Catalogue 3309.0.55.001.

<sup>3</sup> Media release for World Suicide Prevention Day (10 September) – Issued by the WHO on 8 September 2004.

fundamental assumption that life *is* worth living for all people, including the terminally ill. The current law and the efforts of the Australian community reflect this attitude, and do not make exceptions.

The proposed Bill will have the effect of encouraging and facilitating some suicides, namely those of the terminally ill. The underlying message is that, where a terminally ill person requests assistance to commit suicide, the Australian community would agree that the terminally ill person's life is no longer worth living – that the person would actually be better off dead.

This marks a serious and fundamental turning point in the approach taken by Australian law to suicidal people of any kind. It brazenly lowers the value of the lives of the terminally ill. The Bill will have the effect of encouraging non-suicidal terminally ill people to reflect that, perhaps their lives are not worth living either. The Bill will present suicide as a reasonable and legitimate option for the terminally ill. Given that suicide will no longer be discouraged as an option, it is only natural that suicide among the terminally ill will increase. And even if suicides among the terminally ill do not increase, the Bill will do nothing to reduce the suicide rate in Australia.

### ***The implications of the requirement to be 'of sound mind'***

The Bill seeks to have the effect of re-activating the Northern Territory's *Rights of the Terminally Ill Act* (1995). That Act places significant emphasis on the requirement that a terminally ill patient who requests assisted suicide is "of sound mind",<sup>4</sup> and "is not suffering from a treatable clinical depression".<sup>5</sup> These supposed safeguards seek to ensure that a person requesting suicide is capable of making the decision 'rationally'.

This diagnosis of soundness of mind therefore becomes a crucial factor in determining whether or not a terminally ill person may commit suicide. It is possible that, under such an Act, a situation might arise whereby two terminally ill people, suffering similar illnesses in similar circumstances, might each request assisted suicide, but because of a diagnosis of depression, one patient's request would be refused, while the 'sound-minded' patient's request would be granted.

It is important to consider the immensity of the difference between these two outcomes. Persons suffering depression, because of their vulnerability, are protected from harming or killing themselves. They continue to attract medical care and treatment to which all terminally ill people are entitled. Persons "of sound mind" are assisted in committing suicide.

The operation of the Northern Territory's *Rights of the Terminally Ill Act* (1995) resulted in several deaths by assisted suicide. The proper diagnosis and psychological examination of a number of the suiciding patients has since been called into question.<sup>6</sup> The finality of the outcome – death – means there is no margin for error. The reality borne out by the brief period of its operation after 1995 is that the *Rights of the Terminally Ill Act* (1995) will again be applied improperly if it is re-enacted, even if this is done so accidentally.

### ***The effect of the Bill on other suicidal people***

By facilitating and legitimising suicide for the terminally ill, the Bill raises questions concerning the rights of others to commit suicide. For the first time, legislation will actually assist in the suicide of certain individuals, rather than discourage or protect the community from it. The

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<sup>4</sup> *Rights of the Terminally Ill Act* 1995 (NT), s7 (2) (h).

<sup>5</sup> *Ibid*, s7 (1) (c) (iv).

<sup>6</sup> Kissane, D, Street, A, Nitschke, P (1998), Seven deaths in Darwin: case studies under the Rights of the Terminally Ill Act, Northern Territory, Australia. *The Lancet*, Vol 352, pp1097-1102.

underlying premise of the Bill is that, in certain circumstances, Australian society will consider suicide to be an acceptable option.

It is true that the Bill applies only to the laws concerning the suicide of the terminally ill. Nevertheless, the underlying message that suicide is ok at least some of the time is highly likely to encourage other suicidal members of Australian society to consider their desire to commit suicide to be a reasonable desire. In other words, the Bill will strengthen the tendency for suicidal people to rationalise their desire to commit suicide.

There is no dignity in being told that you are right to want to commit suicide because your life is awful. But this is the very message that the proposed Bill will send to the Australian community.

### ***The wrong solution to a real problem***

The Australian government spends approximately \$10 million each year on the National Suicide Prevention Strategy.<sup>7</sup> Organisations such as Beyond Blue also commit significant resources to the prevention of suicide in Australia. The proposed Bill directly undermines these efforts to reduce the prevalence of suicide in Australia.

Increased efforts at suicide prevention are required. This is particularly so among the elderly and the terminally ill. There are indications that among the elderly, suicide rates fall when there are better levels of psycho-geriatric and community services.<sup>8</sup> The desire among some terminally ill people to commit suicide merely points to the necessity for a greater commitment to the provision of good palliative care.

One key strategy in suicide prevention is to limit the availability of methods for committing suicide.<sup>9</sup> Conversely, a Bill which proposes to make medically assisted suicide available in Australia will do nothing to prevent suicide. It will have the opposite effect.

Tim Cannon  
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<sup>7</sup> Media release from the Hon Trish Worth, MP, Parliamentary Secretary for Health, 29 March 2004.

<sup>8</sup> Pritchard, C and Hansen, L (2005) Comparison of suicide ion people aged 64-74 and 75+ by gender in England and Wales and the major Western Countries 1979-1999, *International Journal of Geriatric Psychiatry*, Vol 20 (1), pp 17-25.

<sup>9</sup> Gunnel, D and Frankel, S (1994), Prevention of suicide: aspirations and evidence, *British Medical Journal*, Vol 308, pp1227-1233.