## Council of Australian Humanist Societies Inc. (CAHS)

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8 April 2008

## Submission on repeal of NT Rights of the Terminally Ill Act.

Humanists throughout the world have long supported the right of individuals to choose the time, place and manner of their death. This applies especially to those who are terminally ill and/or those whose quality of life is so greatly diminished that death seems a sane, humane and sensible alternative. Humanists therefore have long been active campaigners for changes in the law that will permit such choices to be made.

Australian Humanists strongly support the Rights of the Terminally III (Euthanasia Laws repeal) Bill 2008, now before the Federal Parliament.

Supporting comments

- 1. The core of this issue on this matter is the autonomy of the individual. Humanists consider that respect for individual autonomy and freedom of choice, are hallmarks of a mature and civilised society.
- 2. Although modern medical technology can now greatly prolong human life, it cannot guarantee the extended life will be of a high quality. Common sense and experience indicates that what nearly all people want, as a result of medical intervention, is a life of quality not a life at any cost. For if a person is in continual pain or are unable to feed and toilet themselves, and further if they are unable to enjoy such everyday pleasures, as gatherings with family and friends, walks in a park or bushland; then life loses a lot of its appeal.
- 3. Humanists were enthusiastic supporters of the original Northern Territory's Rights of the Terminally III Act. We saw this as ground breaking legislation that included highly satisfactory safe guards against misuse as well as providing a model for other jurisdictions in Australia to follow.
- 4. In recognition of his willingness to put this legislation into action, our organisation awarded Dr Philip Nitschke, Australian Humanist of the Year for 1998.
- 5. We were gravely disappointed when this Bill was overturned by the Federal parliament, as this action over rode the democratic rights of the people of the Northern Territory to have access to a form of 'physician assisted dying' or voluntary euthanasia. The NT Bill offered as an option for the few terminally ill people who might want to make such a choice. It in no way affected the vast majority of people who were dying and had no wish to access medical assistance for the purposes of voluntary euthanasia.

Specific points

- 1. In several other countries, the Netherlands, Belgium, Luxemburg and Switzerland and the state of Oregon in the USA, have passed legislation permitting voluntary euthanasia under strict legal and medical supervision. These laws have all worked well for the few terminally ill people who wish to avail themselves of such assistance.
- 2. A law that denies the relief of prolonged and severe suffering for terminally ill humans, but facilitates it in the case of animals, is incongruous and a bad law.

- 3. The practice of doctors assisting their patients to die is frequent, yet secretive. This means that current legislation which prohibits such practices is harmful, as it puts caring doctors in breach of the law and it facilitates the potential for abuse that is much less likely to occur if the process is open to scrutiny and performed by experienced medical practitioners.
- 4. Polls taken in Australia show that around 80% of the Australians support the legalised option of voluntary euthanasia.
- 5. A recent study reported in The Journal of Medical Ethics shows 58% of doctors now support doctor assisted dying.
- 6. A recent report first published in the March 21st issue of the British Medical Journal Online First, shows that in the Netherlands, where euthanasia is legal but regulated by law, the use of continuous deep sedation for patients near death increased 7.1% between 2001 and 2005, while the use of euthanasia declined by 1.7% over the same period. These results from a survey of 5,617 Dutch physician in 2001 and 6,860 in 2005, give little support to the 'slippery slope' argument so often used by opponents legalised voluntary euthanasia.

Yours sincerely Rosslyn Ives CAHS executive