



KNIGHTS OF THE SOUTHERN CROSS VICTORIA INC.

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The Committee Secretary
Senate Legal and Constitutional Affairs Committee
Department of the Senate
PO Box 6100
Parliament House
Canberra, ACT 2600

Dear Sir or Madam,

It is my pleasure to endorse the attached submission to the Senate Legal and Constitutional Affairs Committee regarding The Rights of the Terminally Ill (Euthanasia Laws Repeal) Bill 2008, prepared by the Knights of the Southern Cross (Victoria) Inc.

The KSC was inaugurated in 1921 as a national organisation of Catholic men dedicated to works of charity and social welfare within the community, and to the promotion of the Christian way of life in Australian society. Our activities include care for the aged, support for education and various charities, as well as activities that support local communities throughout metropolitan and rural areas.

Our interest in the Senate Committee's inquiry into the rights of the terminally ill stems from concern of our members that the legalisation of euthanasia and assisted suicide will seriously undermine the fundamental right to life of all people in society. There is sufficient evidence from other countries in the world that shows that introduction of euthanasia in any form will inevitably lead to cases where people have their lives ended prematurely without their consent.

The Knights of the Southern Cross, Victoria does not support voluntary or involuntary euthanasia or assisted suicide, and therefore we strongly believe that parliamentarians should vote against Senator Brown's Bill for the good of our nation and its citizens.

I commend this submission to your careful deliberations and am available should you wish to discuss it further.

Yours sincerely,

Michael Palma
STATE CHAIRMAN
KNIGHTS OF THE SOUTHERN CROSS VICTORIA

Senate Legal and Constitutional Affairs Committee regarding The Rights of the Terminally Ill (Euthanasia Laws Repeal) Bill 2008

The Knights of the Southern Cross, Victoria does not support voluntary or involuntary euthanasia or assisted suicide under any circumstances. This viewpoint is based upon the following principles:

1) Legislating euthanasia or medically assisted suicide sends a message to our society and especially to young people that suicide is acceptable.

There are many initiatives happening at various levels of Government and in other organisations that are trying to reduce the tragic number of people committing suicide each year, especially amongst the youth. According to the Australian Bureau of Statistics for 2003 suicide accounted for 19.9 per cent of deaths of males aged 15 to 19, and 26.1 per cent of males aged 20 to 24. For females, the suicide figures are 13.1 per cent of females aged 15 to 19 and 11.6 per cent of females aged 20 to 24. (1)

The re-introduction of laws that would allow medically assisted suicide in the territories of Australia would give some people in the community that are prone to suicide the message that there are circumstances where life is not worth living and that suicide is a legitimate way to overcome their problems. This message is totally opposed to the positive efforts that are being made to tackle youth suicide.

2) The introduction of euthanasia in any form will inevitably lead to cases where people have their lives ended prematurely without their consent.

In countries where voluntary euthanasia has been legalised, such as the Netherlands, there are also many instances of involuntary euthanasia despite safeguards being introduced to prevent his from happening.

In 1984 the Royal Dutch Medical Association and Dutch courts laid down guidelines for performing euthanasia to protect physicians from being prosecuted. Some of these guidelines were as follows:

- The patient's wish to die must be expressed clearly and repeatedly.
- The patient's decision must be well informed and voluntary.
- The patient must be suffering intolerably, with no hope of relief; however, the patient does not have to be terminally ill.
- The physician must notify the local coroner that death resulting from unnatural causes has occurred.

The Commission of Inquiry into the Medical Practice Concerning Euthanasia or Rummelink Commission (1991) uncovered 1,040 deaths (0.8 percent of all deaths in the Netherlands) that were from involuntary euthanasia. Similar figures were obtained from further reports in 1995 and 2001. (2)

The British *Journal of Medical Ethics* released a report in February 1999 "Euthanasia Does Not Seem to Be under Effective Control in the Netherlands," where it was reported that the Royal Dutch Medical Association safeguards were not being followed. (2)

- Nearly two-thirds of euthanasia and medically assisted suicide cases were not reported to the coroner.
- In 20 percent of euthanasia cases, the patient did not make a clear request to die.
- In 17 percent of cases, other treatment for the condition was available (the condition was not necessarily terminal).

It appears from these reports that once physicians were permitted to perform euthanasia and assist patients to commit suicide, it was very difficult to maintain control over such practice. This leads to many instances occurring each year where people are being put to death without their consent.

If there is a possibility of involuntary euthanasia, then this will only decrease the confidence that a sick or elderly patient has that the physician will provide treatment in order to cure their condition instead of taking action to terminate their life prematurely. Elderly and suffering people should not have this extra worry placed on them at a time when they are already vulnerable.

The Netherlands is put forward as an example for other countries to follow by those groups and individuals who are seeking to legalise euthanasia and medically assisted suicide. Australia should learn from the experience that the Netherlands has had with regards to its euthanasia and assisted suicide laws, and retain the existing laws that do not allow medically assisted suicide in any circumstances.

3) Some Pro-euthanasia lobbyists believe that medically assisted suicide should be available to people who are suffering from chronic pain or a mental, rather than a physical, illness.

In 1994 the Dutch Supreme Court ruled that euthanasia may be performed in cases of mental suffering. This resulted in the Royal Dutch Medical Association Guidelines being altered to allow physicians to assist depressed people to commit suicide. Some advocates of the "right to die" in Australia also propose that people with mental problems instead of physical illness should also have the right to medically assisted suicide.

The case of the medically assisted suicide of Queensland woman Nancy Crick in 2002 highlights the dangers of re-introducing laws that allow euthanasia and assisted suicide. Mrs Crick was encouraged by members of the pro-euthanasia lobby in her suicide, but was not suffering from terminal cancer as had been reported. Dr Rodney Syme, president of the Voluntary Euthanasia Society of Victorian, was stated by The Age in its article "*The unbearable pain of being*" to have emphasised that the pro-euthanasia movement has never believed that terminal illness is the sole requirement for euthanasia. (3)

In the same article, David Kissane, professor of palliative care at Melbourne University, makes reference to "the slippery slope phenomenon". where "one day the public believes they are supporting the rights of the terminally ill to die with assistance only to discover the euthanasia advocates have shifted the goal posts to include what they term the "hopelessly ill" ". (3)

The Knights of the Southern Cross has a very serious concern that if euthanasia is now permitted for the terminally ill, then with the urging of the “right to die” lobby this could soon be extended to:

- People who are chronically but not terminally ill.
- People who are disabled. (A significant number of unborn babies already are being aborted because tests indicate that they have some form of serious disability.)
- People suffering from depression, loneliness or other mental illness.
- Elderly people who feel unwanted by their families or are pressured into “a duty to die” to satisfy the wishes of impatient or exhausted family members.
- Those who are kept alive by expensive medical treatment that may be deemed by some in the medical profession or wider community to be “uneconomical”.

We believe that governments and other sections of the community should instead demonstrate their real concern about the welfare of people who are suffering from chronic pain or depression and other mental illnesses by providing adequate resources to treat their conditions and assist in their comfort and re-assurance.

4) Palliative care is a more appropriate treatment for a dying person than euthanasia.

The KSC considers palliative care to be a much more appropriate treatment for people who have a terminal illness. As defined by the World Health Organisation in 1990, “The goal of palliative care is achievement of the best quality of life for patients and their families.” (4)

Palliative care:

- affirms life and regards dying as a normal process;
- neither hastens nor postpones death
- provides relief from pain and other distressing symptoms;
- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;
- offers a support system to help the family to cope during the patient's illness and in their bereavement. (4)

With palliative care, terminally ill people are treated with the dignity and respect they deserve right up to the point of their natural death. This is because even though this treatment requires on-going self sacrifice on the part of those who provide the care to the dying person as well as from that person’s family, it reinforces the message that the person is loved for who they are.

Andrew Binns, director of the palliative care unit at St Vincent's Hospital, Lismore, NSW made the following important statement in 2007:

“When palliative care standards are high, euthanasia is seldom requested. When it is, it is usually a cry for help that can be dealt with if the resources are there.” (4)

The position that is proposed by pro-euthanasia activists is basically “If you happen to feel that life is not worth living today, we would rather help you to die than make any effort to help you understand that life can still be worth living despite the pain who are now experiencing.” Euthanasia will become the “quick fix” or easy way out of a difficult situation for a selfish society.

References:

(1) Australian Bureau of Statistics “3309.0.55.001 - Suicides: Recent Trends, Australia, 1993 to 2003 “ – released 15/12/2004.

<http://www.abs.gov.au/Ausstats/abs@.nsf/0/a61b65ae88ebf976ca256def00724cde?OpenDocument>

(2) “Euthanasia and Assisted Suicide - Euthanasia In The Netherlands”

[a href="http://www.libraryindex.com/pages/573/Euthanasia-Assisted-Suicide-EUTHANASIA-IN-NETHERLANDS.html"](http://www.libraryindex.com/pages/573/Euthanasia-Assisted-Suicide-EUTHANASIA-IN-NETHERLANDS.html)>Euthanasia and Assisted Suicide - Euthanasia In The Netherlands

(3) “The unbearable pain of being”, Julie-Anne Davies, May 31 2002

<http://www.theage.com.au/articles/2002/05/30/1022569814458.html>

(4) “Palliative care in nursing homes” – Andrew Binns, Northern Rivers General Practice Network, 2007 - <http://www.medicineau.net.au/clinical/palliativecare/palliativec1220.html>