Submission to Peter Hallahan, Committee Secretary,
Senate Legal and Constitutional Committee
Re the **Rights of the Terminally Ill (Euthansia Laws Repeal) Bill 2008**

I request that the following points be considered –

All hopelessly or terminally ill Australians should have the option to choose to have a dignified death free of mental and physical pain.

Approximately 4 out of 5 Australians, regardless of age, sex, or religious belief, agree that if a hopelessly ill person, with no chance of recovering, asks for a lethal dose, that a doctor should be able to provide it. It is time all Australian politicians took note of this large silent majority.

A number of other countries, including Netherlands, Switzerland, Belgium, and most recently Luxembourg have decriminalised voluntary euthanasia. Voluntary euthanasia is working satisfactorily in Oregon.

Official government reports from Netherlands and Oregon show no evidence of “the slippery slope” often quoted by opponents of voluntary euthanasia.

It is quite possible to enact adequate safeguards to ensure that having the option voluntary euthanasia available is not abused.

Some people oppose having the option of voluntary euthanasia available to all Australians because of their religious beliefs. Often cited is “Thou shalt not kill” from the Old Testament of the Christian Bible. I submit that this is a spurious reason for opposing voluntary euthanasia, as there are numerous references in the same Bible to the Christian God killing people. Noah and the flood is just one example!

It is incredible that our politician’s refusal to allow hopelessly ill Australians the right to a peaceful dignified death forces those who can afford it to travel to Switzerland, or to Mexico to buy drugs used to euthanase animals. Others die a horrible painful death after swallowing weedkiller or the like, because of the politician’s lack of compassion.

While there has been improvement in Palliative Care, some 5% of people with a terminal or hopeless illness are unable to get relief from physical or mental suffering. Having the option of voluntary euthanasia available for people who wish it should be part of good palliative care.

Care and compassion for fellow humans should be the aim of Federal Government legislation, and the Federal Government should no longer deny the democratic rights of Australians in the Northern Territory, Australian Capital Territory and Norfolk Island, the option of voluntary euthanasia, with proper safeguards, being available to them if they wish it.

Ian Wood

ATTACHMENT A

Ian Wood
13.12.2004

Mr Rob Kerin MP
Member for Frome
PO Box 519, Port Pirie

Dear Rob

My Mother, whom I love dearly, is dying from Alzheimer’s.

Over the past 7 ½ years I have watched her gradually deteriorate from a vibrant, intelligent and articulate woman at the age of 81, to a shell of her former self.

In fact, looking at her yesterday, with her eyes sunken into an emaciated head, and a hand of just skin and bone appearing from the bedclothes, I came to accept that the person I knew as my mother is now dead, and that unfortunately some parts of her body are still just alive.

However I am told under South Australian law, that while she can still be given even minimal amounts of food, “palliative care” in the form of a morphine pump cannot be instigated, unless she shows obvious signs of pain or distress.

So, in the eyes of your Laws, you apparently consider it more compassionate and caring for a fellow human to let that person gradually starve to death, rather than to allow them to be put into a sleep from which they will not awake.   As a family, my daughters and my wife and my sister find this extremely distressing.

In fact, yesterday I was reliably informed that for over 50% of Alzheimer’s patients, starvation is the actual cause of death. I find it impossible to believe this is the most humane way we, as a caring society, can find of letting such people die.

I know it is close to Christmas, but I challenge you to take a short time off and call in and visit my mother.   Just go to the reception desk at ...
, and ask if you could visit Marjorie Wood for a few minutes. Then contact
me back personally and tell me why you think the law should not be changed, and quickly.

Yours sincerely

Ian Wood

ATTACHMENT B

Ian Wood

13.1.2005

Mr Rob Kerin MP
Member for Frome
PO Box 519, Port Pirie

Dear Rob

Thank you for your letter concerning Palliative Care and the copy of your speech on Euthanasia in July 1995.

My mother died on 23rd December, ten days after I wrote to you, and I am more convinced than ever that current legislation appears to be inadequate. I would hate to go through what my mother went through in her last few weeks, and I would not like my family to go through it either if I was dying from Alzheimer's.

South Australia has been at the forefront in the past for considered, yet innovative, legislation and I believe it is required here.

As a retired pharmacist, I am well aware of the need for a duty of care, and the ethics of appropriate treatment.

My mother was diagnosed with Alzheimer's about 7 ½ years ago, but it was not until the last four or five weeks that I would have considered euthanasia to be appropriate. At this stage she had deteriorated to the extent that quality of life was non existent and she was slowly starving to death. I personally found it more of a moral problem to allow her to slowly starve than to have pressed a button to start a euthanasia procedure, if this had been an option. Interestingly, my sister came to the same conclusion, about the same time. I strongly resented the fact, and still do, that a group of politicians should be able to decide that this option was not available to my mother.

If an animal was treated in the same way as people are, when they reach this terminal state of existence, then the RSPCA would be suing the owner for lack of care.

This letter is in no way a criticism of the staff at Kirkholme and their care of my mother. I have the utmost admiration for the work they do and the manner in which they do it.

The issue here is not just alleviation of pain. I was told by the doctor treating my mother that death by starvation is considered to be relatively painless, yet this seemed to conflict with the opinion of another doctor who said the pain from starvation could be treated. It appears to me that pictures we see of starving children in other countries indicate that starvation causes considerable distress.

Your speech states that *better management of pain and the aim of better quality and quantity of life is the answer we should strive for.* In practice, for a terminal, bedridden Alzheimer's patient, the quality of life can only deteriorate, and who would really want a longer quantity of life for such a person? In these cases it could never be considered as *taking an innocent life.*

Your speech refers to *our duty to protect the sick, elderly and disadvantaged.* I believe it is equally our duty to give appropriate care and compassion to people in the terminal stages of an illness, to the extent of allowing them the option of euthanasia. The two are not incompatible. It should be possible of a person to elect for euthanasia in the same way they elect to become an Organ Donor, and at the same time specify the circumstances when they consider euthanasia to be appropriate. It should be equally possible to have adequate medical safeguards in place, such as three independent specialist opinions, to ensure that the illness was in fact terminal, and that any quality of life would no longer be possible.

It is one thing to study reports and expert opinions on the pro's and cons of euthanasia from around the world, but somehow these seem irrelevant when dealing face to face with a situation. My gut feeling is that many of the medical experts publicly stating their opposition to euthanasia would have a contingency plan worked out with their colleagues to take advantage of it themselves if the situation arose.

During this debate on euthanasia did you actually visit bedridden, terminal stage Alzheimer's patients and talk with their carers?

I discussed my mother's treatment with her doctor in the latter stages, and gathered from her that she did not consider morphine necessarily to be an adequate treatment in these cases. It appears that she would appreciate more flexibility from a legal point of view in treating terminal Alzheimer's.

In fact what I would like to do, and my sister concurs wholeheartedly, is to forward your letter, and a copy of this letter to her, and ask that she talks with you directly about the issue.

I would appreciate your comments on the points I have raised, and ask if you could make any suggestions as to how I could bring the problem to the attention of other members of Parliament in the hope of getting some action.

Yours sincerely

Ian Wood