

## Admin, LACO

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**Subject:** FW: Submission: End of Life Choices Inquiry

**From:** Harry Hordyk  
**Sent:** Monday, 23 October 2017 12:45 PM  
**To:** Joint Select Committee on End of Life Choices <[eolcc@parliament.wa.gov.au](mailto:eolcc@parliament.wa.gov.au)>  
**Subject:** Submission: End of Life Choices Inquiry

Dear Members of the Joint Select Committee on End of Life Choices.

Thank you for the opportunity for submissions.

I am a widower and senior citizen retired from paid work, and very concerned that the push for euthanasia keeps raising its ugly head.

In 2013 I lost my dear wife – of 40 years – to kidney cancer which had spread to other vital organs before being detected and that progressed very rapidly. She passed away peacefully only 22 weeks after the initial diagnosis.

I, and the whole family, were extremely thankful for the wonderful medical attention she received throughout this whole traumatic period of our lives. I am referring of the time from consultation with our regular GP doctor, to specialists, hospitalisation through to palliative care, where she passed through into eternity to meet her Creator at His time. Her pain and suffering was far more difficult during the side effects of chemo than throughout wonderful hospitalisation and palliative care afterwards. She was relatively pain free as it was managed properly, professionally with much care.

It is an undisputed fact that pain management and palliative care in this country is now so good that that I believe euthanasia is totally unneeded and unwarranted. Unwarranted, as I sincerely believe that euthanasia – doctor assisted suicide – is unethical. Unethical to expect doctors to be allowed to, or coerced into, ending the life any human being, seen by others or oneself, to be of no use, or even as drain on family or society. Unethical above all because unless we recognise that all of human life is valuable we will not be able to find a good fixed, unchallengeable, reason to end any human life. Once we no longer see that death as an enemy that is to be fought, and see death as a ‘treatment’, we have totally lost the plot and place ourselves on a very slippery slope.

Yes, the advocates will propose that we have strict safeguards in place. However, safeguards also provide barriers of access! Arguments are currently being used in Canada that others who fall outside of the safeguards – say those with degenerative disease – find those safeguards as barriers of access to euthanasia. Barriers are always being challenged and in many case broken down with disastrous results. On the other hand, opposition to cutting our culture loose from benchmarks is more and more marginalised and shouted down. Canada, where the doctor assisted suicide law is only just over a year old is finding that once the thin edge of the (euthanasia law) wedge is encapsulated in law that challenges abound. Once OPINION, and not fixed eternal ABSOLUTES are our reference points in judging right and wrong, we are courting disaster! Opinions can be changed – and they do change – minors for now would fall outside of the scope, but that too will be challenged. Countries, such as The Netherlands are already confronted with that reality. We must recognise, that even with a nice sounding euphemism such as euthanasia, that ending of someone's life is and remains murder – the taking of one's life.

I recommend that your committee does everything within it's power to support palliative care so that the perceived need to end life is negated.

Yours sincerely,

Mr Arie (Harry) Hordyk