

## Admin, LACO

---

**Subject:** FW: Submission on "End of life choices"

**From:** Tiffany van der Linde

**Sent:** Sunday, 15 October 2017 7:43 PM

**To:** Joint Select Committee on End of Life Choices <[eolcc@parliament.wa.gov.au](mailto:eolcc@parliament.wa.gov.au)>

**Subject:** Submission on "End of life choices"

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

As a resident of Western Australia, I am writing to express my concern about the possibility of assisted suicide and/or euthanasia becoming legalised in our state. The reality is that physician assisted death is both unnecessary, and unsafe.

A family member of mine passed away from brain cancer in 2015. The cancer affected her bodily functions rapidly, so that she was eventually unable to walk, eat, speak or even breathe. Doctors indicated early on that the cancer could not be treated or cured, but rather medication could help to ease the pain. So all we could do was watch as she deteriorated over time. However, despite this terrible suffering, she expressed very clearly her desire to live, her desire to remain on earth with her husband and her family, and her desire to fight the cancer as long as she could and never give up. Our family were entirely supportive of this outlook and even as her bodily functions deteriorated until she was unable to communicate, we knew that it was her desire to stay alive. Mentally she was completely unaffected which was evident as she began to physically deteriorate, and the tears that flowed from her eyes every so often. The legalisation of euthanasia is at odds with the natural human desire to stay alive and, as importantly, our ethical responsibility as mankind to cherish and preserve life. Euthanasia and assisted suicide is a dangerous option for vulnerable people. Many elderly, disabled and chronically ill people already feel they are a 'burden' on their family and marginalised by society. Rather than affirming the value of every person to our society, even presenting the legal option of physician assisted death for frail and dependent people further embeds the idea that they are 'better off dead' and their lives not worth living. It sickens me to think that a family of a terminally ill patient like my family member above, who do not have the same strong desire to preserve life in every situation may encourage their family member to end their life against their wishes. This becomes more dangerous where a patient is no longer able to communicate for themselves. This is despite that patient having a strong desire to live. Exploration into voluntary euthanasia is dangerous. It's evident overseas that this quickly progresses to allowing family members to make decisions for a terminally ill patient where they are not considered lucid enough to make this decision themselves. We should not presume for a moment to think that we have the power or the right to decide on how and when life is ended or that permitting this volunteering will not result in premature deaths of those who did not desire to end their lives this way.

Palliative care providers across Australia are united in their opposition to euthanasia and assisted suicide as a means of 'treatment' for chronic or terminal illness. With good palliative care, pain and other symptoms can be effectively managed, so that "if you provide the right palliative care urgently, effectively

and confidently, you don't have to have the sorts of deaths that proponents of this legislation are suggesting you can't avoid" (Former AMA Victoria presidents urge MPs to reject euthanasia legislation, abc.net.au, 19/09/2017).

Legalising assisted suicide and euthanasia sends a confusing message about suicide prevention. As a society, we are actively committing ourselves to reducing the tragedy of suicide – except, it seems, for those who are old and unwell. This is an inexcusable double standard. Furthermore, data from the US shows that the legalisation of assisted suicide is actually linked to an increase in the overall suicide rate, and a massive 14.5% rise of suicides among over 65s (D Jones and D Paton (2015), How does legalization of physician assisted suicide affect rates of suicide? Southern Medical Journal, 180 (10), pp. 599-604).

Instead, we need greater awareness of and resources for palliative care services, so that all people can access the medical, pastoral and spiritual care they need at the end of their life. This is the only truly humane and dignified response.

I ask that you consider the above carefully in your exploration of the terms of reference criteria and that it becomes overwhelmingly clear to you that to legalise euthanasia would be severely damaging to our society.

Tiffany van der Linde