

Admin, LACO

Subject: FW: Right to Life Australia Submission to End-of-Life Choices Committee

From: Right To Life Australia Inc [<mailto:rtl@rtlaust.com>]

Sent: Thursday, 12 October 2017 2:53 PM

To: Joint Select Committee on End of Life Choices <eolcc@parliament.wa.gov.au>

Subject: Right to Life Australia Submission to End-of-Life Choices Committee



The Right to Life Australia Inc

12 October 2017

The Principal Research Officer
Select Committee on End-of-Life Choices
Legislative Assembly
Parliament House
PERTH W.A. 6000

Dear Sirs and Mesdames,

Please find attached the submission of The Right to Life Australia to your End-of-Life-Choices Committee.

Yours sincerely

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The Principal Research Officer
Joint Select Committee on End-of-Life-Choices
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End-of-Life Choices – Why Euthanasia and Doctor-Assisted Suicide should be excluded

The Right to Life Australia Inc. opposes any legalisation of euthanasia or doctor-assisted suicide because it fails to respect the right to life of everyone, especially the most vulnerable; it turns doctors who are trained to heal and save lives, into killers; it provides conditions for the perfect killing of a relative by impatient inheritors and is the ultimate in elder abuse. It is the thin edge of the wedge for the philosophy that we can kill innocent people. A better alternative would be increasing access to palliative care.

THE MOST VULNERABLE

Our politicians have as their first duty the protection of the lives of their country's residents. When people become ill, they are dependent on others and may become very vulnerable. Opposing their care is pressure on the health system and the fact that we are well for all our lives generally, except the last year of our life, when we use the most medical resources. If hospitals could get rid of "bed-blockers," money could be saved. Our society can view people as human doings instead of human beings – when we are unable to "do" what we used to, we can be seen as less valuable. However we are human beings while we are dying, and deserve proper care and support. We are not to be disposed of as cheaply, quickly and efficiently as possible, like supermarket products beyond their "use-by" or "best-before" date.

CHOICE IS COERCION

Coercion is invisible. People with disabilities are discriminated against and legalisation of euthanasia or doctor-assisted suicide would legitimise that discrimination. Liz Carr, the disability activist and actress says, "Choice is coercion" for those with disabilities.¹ She admits to having the occasional bad day, when she asks, "Is it all worth it?" She says that she might be tempted to talk to a doctor about this and her life would be ended if doctor-assisted suicide were legal. A bad day or week is not a good time to make a decision about suicide. People with a terminal illness are dependent on others and are in a very vulnerable state. They can be subject to suggestion and subtle but persistent coercion by people with their own agenda. Instead they need love and care and deserve medical assistance to live without pain until they die. We do not wish to prolong their dying, nor accelerate it. Palliative care accepts that the person is dying and treats symptoms, so that the person is as comfortable as possible and pain-free. Liz Carr explains that a healthy person who asks for suicide is counselled and encouraged to live but those with a disability would be given a prescription for poison. As a society, we discourage suicide and spend a lot of money on trying to prevent it. We need assistance to get through a bad patch, not State sanctioned endorsement of suicide.

DOCTORS BECOME CARERS OR KILLERS

Euthanasia and doctor-assisted suicide puts doctors in a conflict of interest. Their ethics of consider first the well-being of their patient² would be violated. They are trained to heal and save lives, but euthanasia and assisted suicide would make them Agents of the State and require them to become involved in the deliberate killing of their patient. Referring a patient to another doctor who would kill them still makes them an accomplice. Many doctors in Canada who were on the list of doctors who would administer assisted suicide have suffered post-traumatic stress syndrome after their first assisted suicide, and have taken themselves off the list.³ Another group of people could be designated, for example, lawyers. Lawyers are much better at paperwork - they can determine if all the conditions have been met, such as whether a close relative or associate of the person will gain a financial or other advantage as a result of the death of the patient, and then provide the poison - but what would we think of lawyers going around killing people? Euthanasia and doctor-assisted suicide is **State endorsed extrajudicial execution**. One or two doctors could be judge, jury and executioner, which is just not the way of our legal system.

ELDER ABUSE

The patient's family may be better off financially or be relieved of caring for the patient if the patient is euthanased or has assisted suicide. Impatient inheritors and greedy relatives may be able to coerce a person to sign their life away.

NORTHERN TERRITORY SAFEGUARDS FAILED

When the Northern Territory had the Rights of the Terminally Ill Act (ROTI) in the mid-nineties,⁴ despite the 25 safeguards, all failed and some of those killed did not have anything wrong with them - they were mostly lonely depressed women. We have to properly treat depression, not kill the depressed. The conclusion was ***"Provisions of opinion about the terminal nature of the illness and the mental health of the patient, as required by the ROTI Act, created problematic gatekeeping roles for the doctors involved."***

THE THIN EDGE OF THE WEDGE

The very few countries in the world that legalised doctor-assisted suicide and/or euthanasia have increased the categories of people to which it applies - in Belgium, now sick children can be killed.⁵ In Holland, non-voluntary euthanasia occurs, as does euthanasia for those who do not have the capacity to consent.⁶ This is called the "slippery slope" or "scope-creep." Where will it end? Euthanasia is not a new idea. In 1920 Germany legalised euthanasia for sick children, then the categories increased to "useless eaters," including those in psychiatric institutions, gypsies, homosexuals, Armenians, Jews and non-German allies. **Legalising the killing of innocent people is just too dangerous.** We have rejected capital punishment because it is better that ten guilty men go free than one innocent man be killed. It is better to refrain from killing a person who wants to be killed, than to kill others who do not want to be killed.

THE BEGINNING OF MEDICAL RATIONING

In Oregon, patients have received letters from their Health fund refusing funding for cancer treatment but offering them \$50 for doctor-assisted suicide, however Barbara Wagner⁷ and Randy Stroup⁸ wanted treatment for their cancer, not assisted suicide.

UNIVERSAL DECLARATION OF HUMAN RIGHTS

Euthanasia and doctor-assisted suicide oppose the Universal Declaration of Human Rights which states that "Everyone has the Right to Life, Liberty and Security of person." The nature of human rights is that they are inherent, you have them because you are a human being. The State cannot give you a human right, nor remove or modify it. A person cannot voluntarily relinquish a human right. Everyone includes the terminally ill, who would be in danger of coercion and hostile economic priorities if euthanasia and doctor-assisted suicide were included in end-of life choices. People can choose to have medical treatment or not, and could have choices in palliative care settings, but it is essential to our inherent dignity and societal norm that we do not kill each other, that homicide and State endorsed suicide be excluded from end-of-life choices.

Western Australia can do better than this and work towards increasing access to palliative care.

1. www.theguardian.com Legalised assisted dying is dangerous for disabled people. Not compassionate, 9/9/16
2. <https://ama.com.au/position-statement/code=ethics-2004-editoriqlly-revised-2006-revised-2016> see 2.1.1, 4.2.1, 4.2.3, 4.6.2 and 4.6.3
3. Nationalpost.com 0227-no-euthanasia 26/2/17 "Take my name off the list I can't do anymore."
4. Kissane DW, Street, A and Nitschke, P, Lancet Vol 353, No. 9158, 27/3/1999 Seven deaths in Darwin; case studies under the Rights of the Terminally Ill Act, Northern Territory, Australia.
5. Belgium euthanasia: First child dies – CNN.com 2016/09/17
6. www.ncbi.nlm.nih.gov Legalising euthanasia or assisted suicide: the illusion of safeguards, J Pereira, Curr. Oncol. 2012 June 19(3); e227
7. Abc news.go.com Death Drugs Cause Uproar in Oregon – ABC News 6/8/08
8. How to Die in Oregon – Meet Randy Stroup – You Tube <https://m.youtube.com>
9. www.un.org universal-declaration-of-human-rights, article 3.