

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

I am 27, I am a wife and a mother. I have two little boys and I care very much for their future. I want them to grow up in a safe country. You have been appointed to inquire on four terms of reference. In section a) you are looking at the current practises with a view to 'End of Life Choices'. There seems in this inquiry an intention to find a deficiency, please let your inquiry be without bias. You ought not to be searching for a problem but rather assessing whether there is one.

Addressing section d) the attitudes toward current practise is based on a value of life, one that ought to be. The reality is many of us go through tough patches. When I was 21 I was so lonely that I was very careless with my life and had thoughts of self-harm. But now I am so thankful I was kept back from any harm as I am a happy wife and mother. But even if I never became the happy wife and mother I saw in that stage of my life that when one is experiencing hard times they are not the best judge on the value of their own life. An obvious example for clarity would be; if my son had his way he would eat lollies all the time. But then unconscious of the connection he would suffer from very bad constipation. So he thinks I am being mean, denying him his choice of food (lollies), but I know that if he were fully conscious of the choices he was making he would not chose lollies with constipation but the happy balance I provide him. Similarly in state of suffering one is not able to correctly evaluate their life's value. So what I am saying is their life has value outside what they alone place on it. Life has more value than the present satisfaction of that person. It has value in a family and a community (have you ever noticed how many real estate advertisements use the word 'community'?). We have created this climate which says that we don't need each other but it isn't true. So while in a state of suffering they are able to be a blessing for people around them and through suffering learn to see amazing blessings as community can support them in their suffering. So what I am saying is what might have appeared as short term gain is long term loss.

I recognise what you are looking at in 'End of Life Choices' is not so much if you seem to be in a tough patch but when one is told it isn't just a patch but a permanent or regressive state. A big factor in that however is this is never known for certain medical knowledge is fallible. I have a friend whose father had an accident and was physically disabled and in pain for many years. He said to his daughter that he would like to die but they are both so thankful that this was just a cry of the man in pain and not a legitimised medical action as he lived on (still in pain) to see his daughter (my friend) get married. If he had been deemed the best judge on the value of his life at that time he would not have known how much it would mean to both him and his daughter that he was still alive to see her get married.

What I would like to draw to your attention is that by legalising Euthanasia we will see a growth in suffering rather than a reduction. We are not the best judge of the value of our life and especially not when in suffering. A life should not be taken away by a conscious choice of a suffering person but rather that life needs support from and needs to be there for their community.

May you have wisdom to keep lives safe.

Elisabeth Bosveld