EOLC Sub 457
Rec'd 20/10/2017

20 October 2017

Attention: Principal Research Officer, Dr Jeannine Purdy
Joint Select Committee on End of Life Choices
Legislative Assembly Committee Office
Level 1, 11 Harvest Terrace
West Perth
WA 6005

Dear Dr Purdy

SUBMISSION to the Joint Select Committee on End of Life Choices

Herewith my submission to the *Joint Select Committee on End of Life Choices*, inquiring into the need for laws in Western Australia to allow citizens to make informed choices regarding their own end of life choices. My submission is made in my private capacity but comes from the perspective of my current occupation as the manager of an Australian Disability Enterprise which provides employment for more than 145 Western Australians with disabilities, both physical and intellectual, and covering a large range of disability types and severities.

My general position can be summarised as follows:

1 I believe that practices currently being utilised within the medical community to assist a person to exercise their preferences for the way they want to manage their end of life when experiencing chronic and/or terminal illnesses, including the role of palliative care, are sufficient.

2 I do not support changing State laws to provide for voluntary euthanasia or physician-assisted dying.

I hold this position for the following reasons:

a) People do not have an *unlimited* right to kill themselves. When someone tries to commit suicide the police try to talk them out of what they are about to do and, further, when someone even threatens suicide, society expects the police to stop them. This is because we believe they are not thinking clearly, and so will regret their decision to kill themselves, but even if they were not mentally disturbed, it is likely that we would judge that their decision to commit suicide was irrational and try to stop them. If the right to die was, in fact, unlimited, the state would no more investigate a person's motive to die than it investigates a person's motives for marrying or conceiving a child.

b) Given the above, it may be argued by some that we have a *limited* right to end our own lives, for example in cases where death is near and the process of dying will be painful or debilitating. In the state of Oregon in the USA, for example, physician-assisted suicide is only legal for those held to be mentally competent and have six months or less to live. However, this forces us to classify

the elderly, the sick and those with disabilities into two arbitrary groups, viz. those who deserve suicide *prevention* and those who deserve suicide *assistance,* a classification which makes lives of people with some conditions (eg chronic pain, quadriplegia, or dementia), even if they are very difficult, "worth living," but lives of other people with other conditions "not worth living".

c) However, deciding that some lives are "not worth living" is a form of discrimination, because all human beings have intrinsic value, and so there is no such thing as "a life unworthy of life." We should treat anyone who seeks suicide to resolve a life problem as someone who needs help *out of* his decision, not help in *carrying it out*. Our right to life is *inalienable*, ie. it can neither be taken away nor given away, in the same way that our right to freedom is inalienable, so we can neither be forced into slavery nor sell ourselves into slavery. If freedom is so important that one cannot give it away, even freely, then life, which is an even more basic right than freedom, should also be considered inalienable.

d) The harm that legalisation of assisted suicide causes society outweighs any so-called potential benefits. The American Medical Association in its *Journal of Ethics* of March 2013, Volume 15, Number 3: 206-207, states:

> *"It is understandable, though tragic, that some patients in extreme duress--such as those suffering from a terminal, painful, debilitating illness--may come to decide that death is preferable to life. However, allowing physicians to participate in assisted suicide would cause more harm than good. Physician-assisted suicide is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks."*

In short, there exists an inherent conflict of interests when those one entrusts to heal one also have the right to help kill one, and this extends beyond doctors to health insurers who may choose to promote and fund only death when it is offered as a cheaper alternative to treatment, since death almost invariably costs them less than the medicine needed to treat their members' severe health problems over extended periods. There is also no reason to think this option will be restricted to terminally ill *adults* since in the Netherlands, for example, children as young as twelve are allowed, with parental consent, to request assisted suicide, and in Belgium there is *no* age restriction on assisted suicide.

e) Allowing doctors to kill their own patients would create an environment where the elderly and sick may be coerced into ending their own lives. Almost half of those who chose to end their lives in Oregon in the USA said that one of their reasons was a "concern about being a burden on others", but even if many other cases do not involve coercion, alleged benefits for some people who choose to kill themselves should not outweigh the harms involved in other people being coerced or forced to kill themselves. The state should place the lives of the many who are threatened by assisted suicide above the desires of the few who no longer want to live.

I would respectfully request that the above is taken into consideration by the Joint Select Committee members.

Yours faithfully

Joseph A Tuson (Mr)