

Principal Research Officer of the Select Committee**Inquiry into the need for laws in Western Australia to allow citizens to make informed choices regarding their own end of life choices**

Joint Select Committee on End of Life Choices

Legislative Assembly

Parliament House

PERTH WA 6000

**TERMS OF REFERENCE**

- (a) assess the 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;
- (b) review the current framework of legislation, proposed legislation and other relevant reports and materials in other Australian States and Territories and overseas jurisdictions;
- (c) consider what type of legislative change may be required, including an examination of any federal laws that may impact such legislation; and
- (d) examine the role of Advanced Health Directives, Enduring Power of Attorney and Enduring Power of Guardianship laws and the implications for individuals covered by these instruments in any proposed legislation.

Submission.**“Safe Guards” a myth.**

It is impossible to introduce so called euthanasia or Physician Assisted Death, PAD, with “*with strong and appropriate safe guards*”. In every place or jurisdiction where laws have been enacted to allow euthanasia or PAD; there have been involuntary deaths or deaths via non-compliant procedures. The frequencies of such deaths have increased over the time since the laws were enacted because applications of the “safeguards” policies and practices become less and less enforced. I refer the Committee to the research **Legalizing euthanasia or assisted suicide: the illusion of safeguards and controls**. J. Pereira, MBChB MSc
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3070710/>

An argument against capital punishment was the possibility of the loss of an innocent life. Euthanasia and or PAD will definitely cause the involuntary loss of life. This is an established fact. As such neither euthanasia nor PAD should be legislated.

The mantra, “*with strong and appropriate safe guards,*” is at its best a pious hope and at its worse an act of deliberate deception.

Doctor – Patient Relationship at risk

The legalising of killing by a medical practitioner will undermine the fundamental trust and reliance that patients have with the medical profession. The fundamental principle of “do no harm” will be over thrown or discarded. The common good demands that within the society the medical profession and society upholds this principle. This has been the culture that has been handed down to us, do we wish to pass onto future generations of our children a culture where this fundamental relationship is no longer the norm and is respected and enacted?

Slippery Slope – Not a myth.

Ed Pellegrino, the greatest American bioethicist of the age, once pointed out that:
The slippery slope is not a myth. Historically it has been a reality in world affairs. Once a moral precept is breached a psychological and logical process is set in motion which follows what I would call the law of infinite regress of moral exceptions. One exception leads logically and psychologically to another. In small increments a moral norm eventually obliterates itself. The process always begins with some putative good reason, like compassion, freedom of choice, or liberty. By small increments it overwhelms its own justifications.'

An examination of overseas practices with regard to euthanasia and PAD confirms the above. Not only over time are the safe guards gradually ignored and or not complied with but also the scope of application of euthanasia and PAD widened way beyond the areas of initial limited concern.

Palliative Care imperative..

I'm pleased that the role of palliative care is being examined by the committee. I would urge the committee to examine the level of resourcing that is provided for this care and recommend that a wider range of people may be able to access it. I would encourage the Committee to recommend a wider provision of palliative services particularly in country and remote areas. Euthanasia and PAD are not in the interests of advancing the delivery of palliative care. As Atul Gawande points out in his book "Being Mortal, Illness, Medicine and What Matters in the End" where euthanasia and PAD exist less emphasis is placed upon palliative care services. Compassion for people at the end of life is a fundamental reflection of what we are as humans. We care!. Creating fear that we may die in significant pain is as deceptive as is the proposition that there is such a thing as a simple solution called euthanasia or PAD with "*with strong and appropriate safe guards*".

Parliamentary Powers.

Any Euthanasia Bill raises the question of whether Parliamentarians, on election to Parliament, have the right to sanction the killing of other human beings in circumstances other than self-defence or the defence of the nation. The answer is simple. No. They do not have the right to sanction the killing of our fellow human beings. As such any such Bills ought not to be prosecuted.

Yours sincerely,

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