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Dr Jeannine Purdy
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Joint Select Committee on End of Life Choices
Legislative Assembly Committee Office
Level 1, 11 Harvest Terrace
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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.

Dear Select Committee Members,

Last week on television was featured a story of a young man who committed suicide while in Police custody. Questions of appropriate care and attention are rightly being raised. The rate of suicide in our community is distressing to us all and we actively campaign against it.

Government and private organisations point to depression and other mental health issues that need to be addressed in the struggle to reduce the incidence of suicide. Under **Term of Reference One**, I submit to the Committee that mental illness for many is “chronic” and some mental illness are “terminal” because the person takes their life. Government and medical authorities currently believe such a person is sick and in need of help.

I question the idea of “informed choice” for suicide. How can anyone possibly know anything about death in order to decide it is preferable to life? The extent of knowledge that we do have about death is to avoid it. So how is the person committing suicide making an informed choice to end their life, to die with dignity or to end mental torment? We in society ask why, and we seek answers from authorities on how suicide could ever be allowed to happen.

I am of the opinion, therefore, that introducing assisted dying would send the message that ‘some forms of suicide are acceptable’. I caution the Committee: a mockery will be made of the fine and noble efforts that Government puts into supporting the sick and vulnerable. It is right that they are given all available care. It is illogical, sheer non-sense, that Government then entertains not only encouraging them to die, but helping them to do so!

Furthermore, with Doctor assisted death, we are involving others in what I consider to be the action of a sick person. Palliative care should be freely available to those truly at “end of life”. I call upon Government to supply more funding for the care of the terminally and/or chronically ill, which has nothing to do with the killing of another human person.

We as a society have invested heavily in helping to reduce the suicide rate. Let us not confuse those vulnerable people in our community that might see assisted death as a way out.

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