

Joint Select Committee on End of Life Choices - Western Australia

Submission from Jeremy Ervine

I am writing this submission as an independent Australian filmmaker who has made a documentary feature film, Fade to Black about Assisted Dying in Australia. Fade to Black was released in cinemas across Australia in August 2017. I am presently not affiliated with any political organisation or lobby group campaigning for this issue.

Fade to Black tells the story of Peter Short, the charismatic CEO of Shell Coles Express in Australia and learns that he has only months to live after he is diagnosed with terminal oesophageal cancer. Not wanting to face a painful death, Peter decides to source the lethal drug Nembutal giving him the option to end his own life peacefully. With the help of a rogue doctor who supplies the drug to suffering patients, Peter sets out to have voluntary euthanasia legalised in Australia.

My submission provides a background on myself, the film as well as a perspective of what I have learned about both sides of the debate around assisted dying whilst being immersed in the issue over the past three years.

Background

I am a 35 year old internationally award winning advertising executive and filmmaker. I have a broad range of experience working with political and controversial topics including environmental issues, digital civil liberties, censorship and marriage equality. I have represented many major clients in Australia, New Zealand and the United Kingdom.

Today, I am a co-founder of London based advertising creative and content production agency, The Best Bit that represents renowned clients in the UK including Uber, Iceland Supermarkets, Quorn Foods, international fashion brand River Island and UK Greetings.

I was a co-founder of Adelaide based advertising agency Fnuky from 2005 through to 2012. During this time the agency became the most awarded creative agency in South Australia since the early 90's. In 2011 I was named in B&T Magazine's Top 30 media and advertising professionals under the age of 30. My work in advertising has been recognised at Cannes Lions, IAB Awards, Mobius, New York Festivals, AADC, ADMA and was awarded the prestigious Gold Clio award in New York. I sold Fnuky in 2012 to produce a feature film, Lemon Tree Passage which was acquired and released by Universal Pictures.

In 2014 I was introduced to former CEO of Coles Express, Peter Short who was diagnosed with terminal oesophageal cancer.

Peter was interested to see how I could assist him with a campaign to help raise awareness for the issue of Assisted Dying through advertising. It was an idea that struck a chord with me both after witnessing some very unfortunate personal circumstances and listening to Peter's feelings on his situation. After a few days to consider, I felt that there was a different approach to helping Peter tell his story. There was an amazing opportunity for an incredibly powerful and personal documentary about Peter and his family's experience. After many long and difficult conversations with Peter and his family, we immediately commenced production on Fade to Black - the story of Peter's last journey.

Fade to Black - The Premise

At the start of this project, I recognised the limited knowledge I had of the subject. Although I was a supporter of assisted dying legislative reform, I challenged myself to look with an open mind and be prepared to be swayed by the evidence.

Assisted dying was a subject I had never given much consideration to. Like 80% of Australians, when prompted I was a passive supporter of assisted dying. I always held the perspective, if a person is suffering in tremendous incurable pain at the end of the life, the law should allow them to peacefully end their own life surrounded by loved ones rather than a protracted, painful death.

As a politically controversial topic, it was important to me that the film gave audiences the opportunity to make up their own minds. As I found myself immersed in the issue and exposed to the facts and evidence, even my own views started to shift on the topic, so I knew the audience could have a similar experience.

I set out to find the answer to two simple questions. What are the unintended consequences of not having assisted dying laws? What could be the potential unintended consequences of legalising assisted dying? We decided the best way to portray what we discovered was to explore the outcomes through the film. The objective with Fade to Black was not to create a propaganda film in support of assisted dying but to canvass a wide range of opinions, views and evidence as seen through the eyes of a pro-assisted dying campaigner, Peter Short.

Fade to Black - Background research

I wanted Fade to Black to present informed arguments for and against showing all aspects, opinions and views as well as incorporating an international perspective of assisted dying laws in other countries.

At the commencement of production in Melbourne, I assembled a production team that included a research reporter from the Netherlands and a University graduate in film and media as our production assistant. As a team throughout the 9 month production we went through an exhaustive journey that included:

- Reviewing peer-reviewed research papers and reports of assisted dying laws in all countries with legalised euthanasia.
- Conducting interviews on and off the record with the most notable advocates and opponents of assisted dying in Australia and abroad. Advocates we either spoke with or reviewed published material from included Dr Rodney Syme, Dr Philip Nitschke, Andrew Denton, Fiona Patten (Victorian MLC), Senator Richard Di Natale, Neil Francis and Marshall Perron. Opponents we either spoke with or reviewed published material from included Paul Russell, Margaret Tighe, Dr Lachlan Dunjey, Rev Anthony Francis, Bernadette Tobin, Alex Schadenberg, Nancy Elliott, Kevin Yuill and Margaret Somerville.
- Reviewing published information from advocacy groups including the Right to Die / Dying with Dignity / Voluntary Euthanasia Societies in Australia and abroad, notably Death With Dignity in the UK who publish a wealth of knowledge and research on the subject, Exit International, Doctors for VE Choice and Christians for Voluntary Euthanasia.
- Reviewed published information from opponents including religious organisations like the Australian Christian Lobby, The Catholic Church, HOPE No Euthanasia, Right to Life, Doctors with Morality, Euthanasia Prevention Coalition and Not Dead Yet.

- Canvassed the professional opinion and views of doctors, nurses, university professors and C-level executives across the medical community from local GPs, hospitals, Palliative Care organisations through to medical, political and social science divisions within leading universities.
- Travelled extensively across Australia and met dozens of people whose lives have been, or are affected adversely as a result of the lack of assisted dying laws.

Fade to Black - Production

The core production team worked on Fade to Black from June 2014 through to March 2015. Peter Short died in December 2014, however we continued interviews with a range of people across Australia in the subsequent months. We filmed additional interviews during August and September 2016 between Australia and the Netherlands.

We accumulated more than 100 hours of footage from both Peter and his family, along with interviews with the following people that covered a broad spectrum of the community:

- Senator Richard Di Natale, leader Australian Greens
- Fiona Patten, Victorian MLC
- Dr Rodney Syme, vice president of Dying with Dignity Victoria
- Dr Philip Nitschke, founder of Exit International
- Andrew Denton, assisted dying advocate / Australian journalist and media personality
- Margaret Tighe, president of Right to Life Australia
- Alannah MacTiernan, Federal Labor MP
- Senator Lisa Singh, Federal Labor Senator
- Dr Lachlan Dunjey, president of Doctors with Morality
- Reverend Craig de Vos, patron of Christians for Voluntary Euthanasia Choice
- Derryn Hinch, Federal Senator / Australian journalist and media personality
- Jeff Kennett, Former Premier of Victoria and president of Beyond Blue
- Suzanne Greenwood, CEO of Catholic Health Australia
- Dr Natasha Michael, head of palliative care at Cabrini Hospital Victoria
- Paul Russell, director of HOPE: No Euthanasia
- Professor Nicholas Cowdery AM, former director of Public Prosecutions NSW
- Rob and Christie Buckingham, pastors and TV hosts of The Exchange
- Dr Ian Haines, cancer palliative care doctor, Cabrini Hospital
- Professor Rob Moodie, Global Health at the Nossal Institute
- Dr Petra de Jong, director of Right to Die Netherlands
- Joan Kirner, former Premier of Victoria
- Dick Smith, entrepreneur and patron of Dying with Dignity Victoria
- Seikan Cech, community Buddhist leader

Fade to Black - Release & Reception

Fade to Black was completed and released in Australian cinemas in August 2017. Elizabeth Short, Peter's wife and I travelled with the film and conducted Q&A sessions after each screening in Melbourne, Sydney, Adelaide, Perth, Darwin, Brisbane, Canberra and Hobart. I invited experts in the subject matter to join me for the Q&A sessions following each screening.

The response from audiences, media and critics has been overwhelmingly positive and often emotional. The film and its subject matter received coverage on all TV stations, major commercial radio networks and most major newspapers, including prime-time shows like Kyle and Jackie O radio program and The Project.

As a filmmaker, I was awarded the US based 'Impact Docs Award of Excellence' for the film and it's currently been selected to screen at Byron Bay International Film Festival, Kansas International Film Festival and is currently preselected for the Auckland Film Festival, Toronto Independent Film Festival and New York State Film Festivals.

What are the unintended consequences of not having assisted dying laws?

Advocates in support of assisted dying assert that the introduction of a law with appropriate safeguards is a risk free, common sense approach to alleviating suffering for the subset of the community who experience extreme suffering at the end of their life.

However, advocates are divided when it comes to agreeing how assisted dying laws should work. I found that amongst proponents they form groups that support one of the following models:

1) An assisted dying law for people with a terminal illness

The state of Oregon in the United States is often referred to as the world's safest and most conservative assisted dying law. Under the Oregon Death with Dignity law a person must be a mentally competent adult, diagnosed with a terminal illness and have a prognosis of less than 6 months to live. The assisted dying law proposed in the state of Victoria is considered to be equally as conservative as the Oregon law.

2) An assisted dying law for people with either a terminal illness or incurable, intolerable suffering

Most advocates who support assisted dying believe that the law should allow assisted dying for people who have a terminal illness or people with chronic incurable, intolerable suffering. Advocates for these laws generally propose that in order to ascertain that the person requesting assistance to end their life undergo both an assessment from two separate doctors and a psychiatrist to ensure they are of sound mind.

3) A law that would allow assisted dying for any consenting adult, or child with a guardian's consent

The more libertarian advocates of assisted dying believe that the right to end one's own life at a time and place of their own choosing is a basic human right and one should not be restricted by criteria defined by doctors or politicians dictating whether the person is sick enough to die. I personally found that people involved with assisted dying advocacy over a longer period of time evolve to this position on the issue, like Dr Philip Nitschke from Exit International who has defined this as 'rational suicide'. There are some people who believe that advocates like Dr Nitschke are reckless and dangerous, however I disagree with these

assertions and believe that Dr Nitschke has come to this worldview out of a genuine sense for compassion for people who are suffering and as a doctor believes that he should not be the gatekeeper to deciding if their suffering is worthy of his help or not.

It is important to understand the this divide amongst advocates when considering the case for assisted dying as each of these models affect the unintended consequences.

The evidence I found for the unintended consequences for not having assisted dying laws are as follows:

1) Causing and prolonged existential suffering

I spent a significant amount of time with Peter Short in the last 6 months of his life. Peter obtained the drug Nembutal and had it hidden safely in a room under his house.

Peter Short mitigated the existential suffering that is caused by the fear of not knowing how his life would end, simply by obtaining the drug Nembutal and hiding it the basement. The relief that Peter found knowing that; should the pain and suffering become unbearable towards the end of his life, he could end it peacefully allowed him to maximise the time he spent with his family and friends. He lived every day with an upbeat attitude and both Peter and his doctors consider the fact he had this choice reason why he outlived his 9 month prognosis by nearly 3 months. When a person is diagnosed with a terminal illness staring death in the face is terrifying in itself, but for most they will be fearful of whether they may face a painful death every day for the rest of their lives.

Palliative care in some parts of the country is excellent and the physicians, nurses, palliative care workers and counsellors can help alleviate this suffering for some people. Some Patients are consoled by their beliefs of their religion and others will find relief from the care given by friends and family. For many, this not enough. Thousands of people live their remaining months in dreading a painful death. This not only lowers the quality of the final months, weeks or days of their lives, it can bring death forward or even manifest into a painful suffering death. No matter how good the medical care is and the assurances given by top medical professionals to a person with a terminal illness, it's often just not enough to relieve the existential suffering.

2) Physical suffering

Not all people with a terminal illness suffer at the end of their life. Palliative care has come a long way and has become incredibly effective at treating pain and suffering of people when they reach the end of their life.

What Palliative Care does not like to talk about is the 5%. According to Palliative Care Australia's own statistics, 5% of their patients suffer from what they describe as refractory symptoms, which mean pain and suffering that is so bad, it cannot be alleviated. The suffering of these patients is harrowing and can sometimes last days if not weeks. An example of one of these cases was dramatised into a short film called Stop the Horror. For many this may feel like it was produced to shock, but based on conversations I had with numerous medical professionals this was an accurate depiction of what the end can look like for one of these cases.

This film can be watched at www.stopthehorror.com

Peter Short's Oncologist Dr Ian Haines for years was an advocate for assisted dying, but has revealed through an opinion piece in Fairfax publications that he believes palliative care is so good that assisted dying is no longer necessary.

<http://www.smh.com.au/comment/i-believed-that-euthanasia-was-the-only-humane-solution-i-no-longer-believe-that-20161118-gss921.html>

We interviewed Dr Haines for the documentary and he did acknowledge that his world-view was centred entirely around dying patients with cancer and was not qualified to make judgement on the suffering experienced by other terminal patients such as those with neurological conditions like as Motor Neurone Disease.

I found my interaction with Dr Haines, who was tremendously supportive of both the documentary and Peter Short to highlight the political tensions often found with those practicing medicine and private medical institutions that are associated with the Catholic Church. Whilst Dr Haines showed a level of professionalism that would never denounce his employer and was publicly supportive of the Catholic facility's view that good Palliative Care is enough to provide good end of life support, I felt an unspoken level of tension and internal conflict for this position.

Outside of people with a terminal illness, there are people with incurable, intolerable suffering who are in terrible pain every day of their lives. For these people, they don't want to die, but there comes a point where their quality of life, by their own definition, becomes so poor the value of life no longer outweighs the suffering. I met a man in this situation named Jay Franklin, a 40 year old man who lives in Melbourne who was born with a congenital bowel condition and has had over 100 operations that has left him without a large bowel less than a quarter of the intestines he was born with. Jay has been featured throughout the media over the years, on Four Corners and in various articles such as the reference below:

<http://www.theage.com.au/victoria/jay-franklin-is-pleading-for-help-to-end-his-life-peacefully-20150729-gimo7o.html>

3) Suicides that leave lasting scars

A horrible and very real side effect to existential and physical suffering is when, in the absence of a compassionate assisted dying option, a person takes their own life through suicide.

Many opponents I spoke with either deny the existence or degree that people have existential or physical suffering, but the number of suicides from people who are of a sound and rational mind but are suffering tell otherwise.

In Victoria alone it is estimated that there is at least one suicide every week from a suffering person *without* mental illness.

Whilst suicide is legal, the problem is if a person wants to do it peacefully the ideal drug required is illegal and difficult to obtain without importing from China or Mexico, which is both expensive, illegal and is likely to be taken by customs. This leads to people seeking alternative methods.

Most of the people who take their own lives do it alone. These methods include hanging, self inflicted gunshot, crashing their car at a high speed, jumping from height, medication overdose or poisoning, suffocation or even cutting a major artery. The harrowing effect of these deaths not only lasts forever with

the loved ones, but also carries across to other members of the community involved such as emergency services workers.

These situations are awful, they are real, and they happen almost daily in Australia. There was not one opponent to assisted dying who proposed a solution other than an assisted dying law that could have any impact that would prevent this from happening.

4) Miserable existence

This most controversial of all the unintended consequences. It is also one that is unlikely to be addressed in any assisted dying law proposed in Australia. These are people with a lonely and miserable existence, and in almost all cases this is found amongst elderly people.

During the production of *Fade to Black*, Peter Short and I met a lady named Lesley Cunningham. Lesley was 80 years old, a former school teacher, published author and environmental philanthropist. Lesley had recently lost her life partner and suffered macular degeneration. She had no kids, no close family and most of her friends had since passed away. Lesley was sharp, witty and entirely lucid, but by her own definition had lost all quality of life and no longer wanted to live.

During an discussion with Margaret Tighe, the President of Right to Life I told her about Lesley, her loneliness, the fact she had lost her partner, had nobody close in her life and as an academic the one thing that gave her pleasure in life, being able to read had been taken away from her given her loss of sight. Margaret whilst being sympathetic towards Lesley's situation said that it would be wrong for her to end her life and it is society that is letting her down. She claims that we don't care for the elderly properly and that better care for people in Lesley's situation is the answer.

As a team we took a liking to Lesley and outside of anything to do with the film, we tested Margaret's theory. Every week one of us from the production team would go around to Lesley's house and spend time with her and provide meaningful company. Whilst she was lonely, she was fortunate enough to afford caregivers who came around to her house to take care of her and her home. Over the period of nearly a year we all became incredibly close to Lesley and whilst she was genuinely grateful for the attention and care we gave her, at no time did her position change on wanting to live. Eventually Lesley asked if I could connect her with a physician who would be able to provide her with further advice around how she could obtain Nembutal.

Lesley informed us that she had arranged for Nembutal to be provided to her and had set a date for when she was going to end her life. I recorded a final interview with her over the phone the weekend before she died. In this interview I told her about what Margaret Tighe had said to us months earlier, which angered Lesley who is a self proclaimed Atheist who 'despised the religious right'. Whilst she thanked me for the support given to her by myself and my team, she said at her age, the loss of a relationship of 60 years simply can't be replaced.

An argument used by Archbishop Anthony Fisher in a debate against assisted dying, he used a quote to perpetuate an argument that elderly people will be discarded under assisted dying laws. He asserted, 'putting Granny out of her misery will soon enough become putting granny out of our misery'. From dozens of interviews with people in the medical profession, in practice it is almost always the elderly person in palliative care, a care home or hospital wanting their life to come to an end, and the family member demanding that all is done to prolong their lives.

This category of people have been exempt from any proposed assisted dying legislation in Australia due to political sensitivities, however there is a high rate of suicide amongst miserable elderly people and the popularity of Dr Philip Nitschke's Exit workshops and Peaceful Pill Handbook amongst the elderly is evidence of the growing demand amongst Australia's ageing population.

5) Driving the practice underground

There is an underground practice in Australia where medical professionals provide assistance to people wanting to end their own lives, only its illegal and not regulated which means we don't know how safe the practice is. Additionally, because more than 80% of people across all of society are in favour of assisted dying laws, police and prosecutors tend to turn a blind eye to the practice when it does happen, even when doctors freely admit to committing the 'crime' of assisting a suicide.

Where there is an illegal practice driven underground and police will not enforcement the law, it increases the opportunity for abuse.

During the filming of the documentary Peter Short had a conversation with then Prime Minister, Tony Abbott. He was of the belief that despite having a moral objection to assisted dying in practice, he would never judge a person who wanted to end their own life, but felt that rather than introducing a safe law that would allow them to do so, it should continue to operate underground in the 'grey' area of the law where the practice remains a private deal behind closed doors between a doctor and the family.

In the same conversation, as a former health minister, Tony Abbott was unaware of what the drug Nembutal was or even that suicide was no longer a crime in Australia. He did confidently assert however, that his view was, the only safe-guard for assisted dying was for the practice to remain illegal. He believed that should it be illegal, then a person who is willing to break the law to access it would not be in position where they are being coerced and they genuinely are requesting it for themselves and in his view the law would then leave anyone alone who would be involved in this practice, providing they don't make a political spectacle of it.

What are the potential unintended consequences of introducing assisted dying laws?

Advocates against assisted dying argue that the laws should not be changed based on the following reasons:

1) Morality

The opposition to assisted dying is often rooted in religious dogma. Whilst not all religions or religious people oppose assisted dying, those who do oppose assisted dying are almost always religious. Not all people who oppose assisted dying are religious, but with the exception of the occasional outlier, almost all vocal opponents to assisted dying also happen to be religious people.

Regardless of what provisions are written into law around safeguards and showing evidence it will prevent abuse, almost all opponents have a fundamental moral objection to allowing a person to end their own life.

The moral argument predominantly comes from Catholicism and the arguments I heard include:

a) The Ten Commandments: Some religious people like Margaret Tighe, the president of Right To Life claims her belief comes from the commandment: Thou shalt not kill. When I interviewed theological scholar and Anglican priest, Rev Craig de Vos, he advised that this was a misunderstanding of the original phrase in the bible. The original phrase translated from Hebrew reads 'Thou shalt not kill with malice', hence allowing the ending of another person's life if it were for compassionate reasons.

b) They believe that only God has the right to decide when a person dies and allowing assisted dying defies god. Dr Rodney Syme, the Vice President of Dying with Dignity Victoria said to me in an interview, 'As a Doctor, I've been defying god my entire life, stopping people from dying prematurely'.

c) Allowing assisted dying will change our society's value of life. An argument often used by the far right Christian, Margaret Somerville. Margaret like many other opponents like to refer to assisted dying as 'killing' or 'patient killing' and believe that society that introduced 'state sanctioned killing' will lower our overall moral standards as people. This of course has not happened in any country where assisted dying laws have been successfully introduced

2) Safety and risk of abuse

A common argument that has been used by opponents of assisted dying for years is that no law, regulation or safeguard can alleviate all risks for abuse.

The people who they believe are at risk for abuse include:

a) Elderly people being coerced by opportunistic family members

It is often argued that elderly people will be coerced by their families seeking their inheritance to use assisted dying laws. Opponents of the laws argue that no level of safeguard will stop this from happening.

Dr Rodney Syme argued in his interview with me that if a person is being coerced in any way a good doctor or psychiatrist will see through this with 5 minutes of a discussion alone with the person - which is what would be a mandatory requirement of any proposed law. Dr Syme argues that we as humans have an innate desire to want to live and the coercion of any family would not be enough to override this internal instinct.

b) People with a mental illness such as depression

Advocates of assisted dying argue clearly that for someone to be eligible they must be of sound mind. This means people must not be suffering from depression or another mental illness.

Opponents say assisted dying will allow for people with a mental illness to slip through the system and end their life rather than seek treatment.

I interviewed Jeff Kennett who was the president of Beyond Blue, Australia's leading mental health and suicide prevention organisation. As an individual Jeff is a strong supporter of assisted dying and said that there is a clear delineation between a person who is depressed and suicidal and a person who is terminally ill or with incurable and intolerable suffering who wants to end their life.

A person who is depressed will either attempt or commit suicide in a moment of weakness, when they are not thinking straight and their natural innate desire to live and survive is overpowered by their mental condition. A mentally ill person does not make a rational decision to end their own life.

Most proposed assisted dying laws require a person wishing for assisted dying will need to be assessed by doctors and psychiatrists to ensure they have the capacity to make the decision to rationally end their own life.

c) People with a disability

Another argument made by opponents of assisted dying is that people with a disability will be marginalised and made to feel like their life isn't worth living and they will be pushed towards assisted dying.

There are a number of people involved in advocacy against assisted dying who are either disabled or have a family member with a disability. These people are almost always religiously affiliated also.

Andrew Denton recorded a podcast called Better off Dead. In the first episode he was a guest of an international anti-euthanasia conference hosted by Paul Russell from HOPE held in Adelaide. At this conference a number of prominent international speakers who have been fighting euthanasia laws around the world attended. An American campaigner, Nancy Elliott instructed attendees how to scare politicians against assisted dying. The essence of her speech was it doesn't really matter what you say, how you say it or whether there's any truth to what you're saying, you just need to convince them to say no.

A telling quote from her speech was 'the disability argument's really kicking right now', when referring to which arguments are making the greatest impact with politicians.

The research and advocacy from disability advocacy groups in places like the Netherlands have reported that their voluntary euthanasia laws have not posed any risk to vulnerable disabled people or devalued their existence contrary to the opponent's claims.

3) Slippery slope

The slippery slope argument essentially states if you create one law today that may be safe, it will eventually morph and devolve into laws where people may be harmed. Opponents say that assisted dying laws with strong safeguards will eventually be watered down and be left leaving people at risk. One Catholic ethicist, Bernadette Tobin who presented to a Senate Committee Hearing in October 2014 for Richard Di Natale's Dying with Dignity Exposure Draft Bill made the outrageous claim that voluntary euthanasia, if legalised will turn into mandatory euthanasia. Margaret Tighe from Right to Life even goes as far as making insensitive Auschwitz comparisons in her literature.

The slippery slope argument is often cited when opponents talk about assisted dying laws that have more libertarian provisions such as in Belgium or the Netherlands where assisted dying is allowed for people who aren't necessarily terminal, or even in rare occasions for babies or children who are terminal and suffering horrendous pain.

At its heart, the slippery slope theory comes from a distrust in the democratic process, and any future politicians or reimagined values within a society on a future date. Whilst looking at the slippery slope argument, I could find no evidence of any of the 'problems' opponents argue will happen from other jurisdictions where assisted dying is legal. Throughout history the slippery slope argument has been

invoked in other matters like, legalising interracial marriage, giving women the right to vote or even in the more recent example of Eric Abetz campaigning against decriminalising homosexuality in Tasmania or the symbolic gesture of an Australian Prime Minister saying 'sorry' to Indigenous Australians.

4) Ruthless economics

Some opponents argue that should assisted dying become legal, society will eventually encourage people to take their own in order to save expensive end of life care. Margaret Tighe from Right to Life claims "the right to die will become the duty to die". They suggest that the economic advantage of assisted dying will lead to a reduction of investment in Palliative Care.

This argument suggests Australian society could become so callous that we would be happy to encourage our loved ones to end their own lives in order to save the government money. To entertain this as a possibility is a farce. A good assisted dying law will have safe guards that would criminalise the coercion of people to end their own life, therefore a culture of encouraging people to die could not emerge.

Opponents argue that assisted dying would become the alternative to, or compete with palliative care. The intent of a good assisted dying law is that it would be part of the palliative care toolkit as an option, only when requested for helping to end the suffering of people who cannot be relieved by way of other palliative care treatment options. In other jurisdictions where assisted dying has become legal it has integrated with existing end of life care. Investment in palliative care has increased, not decreased like some would suggest.

When considering the unintended consequences of what could go wrong if Australia had assisted dying laws, it's important to cross reference the arguments that are made in opposition to assisted dying with evidence from how these laws work in other countries.

Every country that has assisted dying laws have strict monitoring and reporting procedures. There is a mountain of research data and peer reviewed papers that counter every single argument that is made by opponents of assisted dying. The research clearly shows:

- 1) There has not been a shift in society's moral values
- 2) There is no evidence of coercion of people to end their life
- 3) The laws haven't led to a change in treatment of people with mental illnesses or disabilities
- 4) There is no evidence of the 'mythical' slippery slope. Where the assisted dying laws have operated without abuse, there have been changes to the laws over time that adjusted how they work and eligibility criteria, but these are carefully considered measures and not evidence of a 'slippery slope'.
- 5) Assisted dying is not encouraged to reduce healthcare costs. Investment in end of life care has increased, not decreased. The intent behind the assisted dying laws is about care and compassion and the evidence shows that countries with assisted dying laws have better overall end of life care.

The potential risk for negative unintended consequences for legalising assisted dying centre around the risk for abuse and coercion. By recognising what the potential risks are, the risks can almost be entirely eliminated by implementing safeguards that address these potential risks.

My views today on assisted dying

When I first started on this project I had a firm belief that an assisted dying law should be one where a person with a terminal illness or incurable suffering should be able to apply to a doctor for assistance to end their own life. I believed they should be able to go through a procedure where they are independently assessed by at least two or more professionals, and then if they qualify, should have the legal right to access Nembutal they can administer themselves orally, or apply for a special exemption to be administered to by injection if they have a medical problem that prevents them from swallowing.

I still agree that this is a good process and foundation for a compassionate assisted dying law in Australia, however I do hold the view that the right to die is a human right and that the law should have a viable process for any competent adult who wishes to end their own life. I'm not convinced such a law should be overseen by doctors, given some doctors and the AMA have conflicting moral attitudes on the issue.

I now hold the view that society is missing a profession; an end of life consultant. I believe that we should have medically trained social workers who help a person navigate their way through their end of life choice. There should be a regulated process by where the person is not seeking the permission to die and be approved, but ensuring they have followed a process by where they are receiving the appropriate counselling, care and help to make sure they are absolutely at the end of their road, have exhausted all other options, have reached out to, and discussed their desire to want to end their life with family and friends, are of sound mind and are not being coerced in any way. Along with this there should be a second opinion sought from a non-affiliated end of life consultant who can independently meet with and determine the person is of sound mind and are not being coerced.

My view sits in the middle ground, by where I believe that we need safeguards and regulation around an assisted dying law, I also sympathise with Dr Philip Nitschke's opinions that a doctor or a politician shouldn't be a gatekeeper to deciding if a person is sick enough or suffering enough to have the right to die.

What do I think you should do as lawmakers?

The most important thing that lawmakers can do is become informed about the issue and not be afraid to question the credibility or motives of every person who puts forward an argument for or against the issue.

If an opponent of assisted dying has an underlying moral objection due to religious beliefs, their arguments should be examined with additional scrutiny and fact checking. A video was put together for the Victorian campaign that shows a montage of the arguments and tactics used by many opponents - <http://www.assisteddying.com.au/>

Learn how assisted dying laws have worked in every other country where it is legal, in particular take note of Switzerland. Switzerland has never had a 'voluntary euthanasia' law, however since 1942 assisting a suicide for non-selfish motives has not been a crime. Their country has had assisted dying laws for decades without the safeguards being proposed in any Australian law or without any of the problems opponents suggest would occur under an Australian assisted dying law.

I am making my documentary, Fade to Black available via a password protected web link to any Australian politician, or public officer involved in legislative reform around end of life choices.

I also recommend listening to Andrew Denton's podcast, Better off Dead found at the following link:

<https://www.wheelercentre.com/broadcasts/podcasts/better-off-dead>

Most importantly, lawmakers hold office to represent people who elect them. Almost every poll conducted on this issue in Australia shows that more than 80% of Australians want an assisted dying law. Support for assisted dying amongst Catholic Australians is above 70%. It's important that wider electorate is listened to on this issue, not the vocal minority who campaign against it and we create fair and egalitarian legislation for the betterment of the health and wellbeing of Australian citizens.