

16/10/17

Principal Research Officer
Joint Select Committee on End of Life Choices
Legislative Assembly
Parliament House
PERTH WA 6000

1. The very first thing everybody needs to remember regarding this debate is that we are talking about:

**VOLUNTARY EUTHANASIA
NOT
COMPULSORY EUTHANASIA**

Many of the anti-euthanasia submissions that I have read, seem to be based on the notion that euthanasia will mean that any medical practitioner will be able to murder patients in their care, at will.

Around the world, many checks and balances have been proposed and /or incorporated in legislation to ensure that doctors, nurses and relatives cannot be held accountable for assisting a patient to die. The Canadian Legislation, that was passed in June 2016, is meticulous in that regard. It is imperative that this point is very carefully covered in any Western Australian legislation.

2. **How will the Western Australian legislation define Euthanasia?**

I believe that the first thing to be decided upon is the precise definition of Euthanasia. Again, Canada's definition of Voluntary Euthanasia is particularly succinct:

"voluntary euthanasia" means euthanasia performed in accordance with the wishes of a competent individual, whether those wishes have been made known personally or by a valid, written advance directive.

3. **Who will qualify for the assisted suicide ?**

The following summary was provided by the Victorian Government:

WHO CAN APPLY?

* *Victorian adults, with a progressive, advanced terminal illness and 12 months or less to live*

* *Suffering must be deemed "intolerable"*

* *They must be of sound mind*

Under the heading "WHO CAN APPLY" I must totally disagree with the first dot point:

** Victorian adults, with a progressive, advanced terminal illness and 12 months or less to live*

*"a progressive, advanced terminal illness" **YES**,*

*but "...and 12 months or less to live" **NO**.*

Consider people who have suffered debilitating strokes or those who have advanced dementia or those who are living in a vegetative state. Who decides when a person has 12 months or less to live? Can this be calculated accurately? I doubt it.

The second dot point:

** Suffering must be deemed "intolerable"*

(Dr) Rodney Syme ... points out that **doctors cannot measure pain**, breathlessness or tiredness. They cannot quantify despair and therefore must accept that only the patient can judge when suffering becomes insufferable.

(Konrad Marshall Published: May 11, 2015 - 11:14AM in The Age, Melbourne)

This story was found at: <http://www.theage.com.au/victoria/right-to-die-dr-rodney-syme-hands-patient-ray-godboldlifeending-medication-20150510-ggv5bl.html>

The third dot point:

** They must be of sound mind*

Those who qualify under the conditions of the first dot point have a good chance of failing to qualify under the third dot point.

Ruth von Fuchs, President of the Right to Die Society of Canada says, regarding dementia patients, "... if they do not exit during the very early phase of their disease, when they are still having lucid intervals adequate to satisfy standard competence requirements for assisted dying, they will eventually descend into uninterrupted incompetence, whereupon they and those who love them will be trapped unless we see fit to let euthanasia be ordered in advance."

The foregoing brings me to the main point of this submission, which is,

The request for "assisted dying" must be able to be made well in advance of imminent death.

Belgium passed a law in 2002 legalising euthanasia, becoming the second country in the world to do so. The Belgian law includes a statement to the effect that Patients can receive euthanasia if they have clearly stated it before entering a coma or similar vegetative state.

Western Australia's law must include a similar statement.

In a submission from the Right to Die Society of Canada to the Special Joint Committee on Physician-Assisted Dying on 5 February 2016, it was suggested by Ruth von Fuchs, that the "...task (of establishing the fact that an end of life directive has been legally made) will be easier if the person's directive has a video component..."

Worth considering, but should not be compulsory.

W.A.'s existing Advance Health Directive is a good place to start. People should be able to volunteer for euthanasia at any time after they have reached the legal voting age.

4. How is a patient to be euthanised?

One option most certainly should be for a patient to self-administer a drug prescribed by a physician, but this should not be the only option. The drug could be taken orally or intravenously through a cannula inserted by a doctor or nurse.

Another option is for a doctor to physically administer the fatal dose, especially in cases where the patient is incapable of performing self-administration.

5. Who can cancel a person's choice to be euthanised?

Under no circumstances can anyone other than the patient her/himself cancel the request for euthanasia.

Garry and Jan Grainger