Coalition for the Defence of Human Life

PO Box 2257
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Tuesday, 17 April 2018

JOINT SELECT COMMITTEE ON END OF LIFE CHOICES

Dear Ms Sanderson,

Thank you for your letter dated 3 April 2018 relating to Questions on notice from a public hearing before the Joint Select Committee on End of Life Choices.

In your letter you thanked us for appearing before the Committee and sought answers to questions on notice. Please see the questions and answers below.

1. **Your submission states that euthanasia increases the overall suicide rate, it also discusses a slippery slope where the categories of assisted dying could be extended to include the mentally ill. Could you please provide some evidence to support this?**

In answer to the first part of the question, **"Your submission states that euthanasia increases the overall suicide rate,"** the Coalition for the Defence of Human Life, based on well-grounded research, believes that legalising physician assisted suicide or voluntary euthanasia will not lower the overall incidence of suicide as proponents of the legislation assert, but, on the contrary, will increase the overall level.

This proposition has been thoroughly analysed by David Albert Jones and David Paton in a seminal study entitled, *How does legalization of physician assisted suicide affect rates of suicide?*[1] Albert and Paton compared trends in suicide rates in US states that have legalised assisted suicide compared against those that have not. The study found that legalising assisted suicide was associated with a 6.3% increase in total suicides (i.e. including assisted suicides). This effect was larger (14.5%) in the over 65s age group. The introduction of legalised assisted suicide was not associated with a decline in non-assisted suicide rates, but with an increase.

The Coalition for the Defence of Human Life, in its submission to the Joint Select Committee on End of Life Choices, wrote in relation to this matter:

> There is evidence that the practice of euthanasia and/or assisted suicide actually increases the overall suicide rate. In Oregon, which legalised assisted suicide in the late 1990s, the suicide rate is now 41% higher than the national average.[2] This is not surprising, as the practice of euthanasia and/or assisted suicide sends the message that suicide is an appropriate and acceptable response to suffering, and normalises this most tragic of actions.

The prolonged upward spike in suicide rates in Oregon is well documented:

> According to the Centers for Disease Control, after years of decline, the U.S. suicide rate has risen 24 percent over the last 15 years for everyone between the ages of 10 and 74. This timing closely coincides with the passing of the nation's first physician-assisted law in Oregon. A 2012 report for the Oregon Health Authority found the state's overall suicide rate had risen 41 percent higher than the national rate.[3]

Commenting on this, Oregon Right to Life made the observation:

> There is a recognized suicide contagion effect. World Health Organization guidelines warn against media glamorization or normalization of suicide by the media that could lead to more suicides …[4]

A similar conclusion was drawn by the Oregon Catholic Conference, which represents the Archdiocese of *Portland* and the Diocese of Baker. The conference called on physicians to improve pain care for end-of-life patients and observed:

> Assisted suicide laws make suicide socially acceptable" … "As a result, Oregon's overall suicide rate is 41 percent higher than the national rate. Assisted suicide, like other forms of suicide, has negative effects on victims and families. [5]

Clergy have a good sense concerning what is happening in their communities. They are the ones who conduct funerals and provide comfort and counsel to bereaved family members and friends of victims of assisted suicide and suicide. They have witnessed firsthand the sharp increase in suicide rates in Oregon since physician assisted suicide was legalized. They have observed that legalisation has not reduced the overall suicide rate. On the contrary they are deeply distressed that the rate has soared.

There seems to be a certain logic that if the state sanctions suicide in some form or another, then, as the law has an educative function, suicide will be seen by the public as an acceptable thing to do in certain situations such as terrible pain, terminal illness and deep depression. If a person in intractable pain can receive state-sanctioned assistance to kill themselves, then why can't a person who experiences similar pain, or who is deeply distressed, determine to take measures to end their own life?

The conclusion of the Oregon Catholic Conference, made up of people who are living in Oregon and dealing at a personal level with this tragic issue, makes sense. The spike in suicides, which previously had been declining but has risen sharply since the legalization of assisted suicide confirms their conclusion. Using a gun or hanging oneself instead of taking pills does not alter the end result.

Sanctioning physician assisted suicide in Western Australia will not reduce overall suicide numbers, instead it will cause them to spike. Please do not place the Coalition for the Defence of Human Life in a position where sadly we will be forced to point this out at some later date.

The Coalition for the Defence of Human Life's view is that if assisted suicide is legalised there would be an inherent conflict in public policy between assisted suicide and suicide prevention.

The second part of the first question states:

"[The Coalition's submission] also discusses a slippery slope where the categories of assisted dying could be extended to include the mentally ill. Could you please provide some evidence to support this?"

The Coalition for the Defence of Human Life believes that one thing that is common across the board in relation to euthanasia throughout the world is that after legalisation the limits of who can be euthanased inevitably get broadened. Many examples could be cited.

In the lead up to the legalisation of euthanasia in Belgium, the euthanasia of children was debated but rejected. Yet, just 12 years later in 2014 Belgium's euthanasia legislation was amended to permit lethal injections for terminally ill children of any age.[6] In September of that year the first child died by euthanasia. [7]

Now lawmakers in Belgium are proposing to "perform euthanasia on patients who are unable to express their will", and to "oblige doctors [to] refer patients to other doctors [when] they do not wish to perform euthanasia." [8]

Patients with mental illness are particularly vulnerable to euthanasia legislation. For example:

> The Washington Post (October 19, 2016) reports that Belgium's Federal Commission on the Control and Evaluation of Euthanasia statistics reveal that in the 2014-2015 period, 124 of the 3,950 euthanasia cases in Belgium involved persons diagnosed with a "mental and behavioral disorder." This figure represents 3.1 percent of all 2014-2015 euthanasia cases …"

The *Washington Post* continues:

> Over those years [2014-2015], lethal injections were given to five non-terminally ill people with schizophrenia, autism, bipolar disorder, dementia, and depression. There are reports that psychiatrists have euthanized people in their twenties and thirties with mental illnesses. Sixty-five Belgian mental health professionals, ethicists, and physicians published a call to ban euthanasia of the mentally ill. [9]

Furthermore:

> California's assisted suicide law, which took effect on June 9 [2016], guarantees institutionalized mentally ill patients with a terminal diagnosis access to assisted suicide.[10]

Wesley Smith, an attorney and end-of-life care expert, warns:

> This boggles the mind. The regulation puts the state in the business of directly causing the deaths of mentally ill patients under court-ordered custodial care. It goes beyond merely legalizing assisted suicide; it elevates euthanasia access for the institutionalized mentally ill into a court-enforceable right — all without public debate, passage through the usual legislative process, or so much as a news story to alert the people of California that the scope of their new assisted suicide law has been radically extended. [11]

Oregon's Death With Dignity Act provides for medical practitioners to provide prescriptions for lethal medications to be taken later by the person for whom the lethal dose is prescribed. Research by Linda Ganzini et al. found that "Among terminally ill Oregonians who participated in our study and received a prescription for a lethal drug, one in six had clinical depression."[12]

Dr Charles J Bentz of General Medicine and Geriatrics at Oregon Health & Sciences University cited an example of a 76 year old patient of his that he referred to a cancer specialist for therapy. This man requested assisted suicide to the specialist, who rather than making an attempt to deal with his depression found a compliant doctor who supported the patient's request and two weeks later the patient was dead from a prescribed lethal overdose. Dr Bentz commented:

> In most jurisdictions, suicidal ideation is interpreted as a cry for help. In Oregon, the only help my patient got was a lethal prescription intended to kill him." He urges other jurisdictions "Don't make Oregon's mistake. [13]

The New York Task Force on Life and the law in 1994 reported:

> Many individuals who contemplate suicide — including those who are terminally ill — suffer from treatable mental disorders, most commonly clinical depression. [14]

The Coalition for the Defence of Human Life questions whether any euthanasia Bill, even with the most stringent conditions, will be able to keep people with mental health issues such as depression safe? Will people with treatable clinical depression be wrongfully assisted to commit suicide? On the basis of what is already happening elsewhere, we believe they will be at heightened risk, and that some will be killed.

2. **In your submission you quoted a paper noting that legalising physician assisted suicide has not led to lower suicide rates but may have in fact increased them. You then gave an example regarding the number of suicides in Oregon rising to over 40 percent the national average since assisted suicide has been legalised, could you please provide some evidence to support these claims?**

These claims are documented in point one. I refer back to just one:

> According to the Centers for Disease Control, after years of decline, the U.S. suicide rate has risen 24 percent over the last 15 years for everyone between the ages of 10 and 74. This timing closely coincides with the passing of the nation's first physician-assisted law in Oregon. A 2012 report for the Oregon Health Authority found the state's overall suicide rate had risen 41 percent higher than the national rate.
>
> There is a recognized suicide contagion effect. World Health Organization guidelines warn against media glamorization or normalization of suicide by the media that could lead to more suicides …[15]

The Coalition for the Defence of Human Life believes that the slogans used to justify 'assisted dying' can and are already being be used to justify suicide. Some suicidal people may feel that just like terminally ill people in intractable pain who can lawfully be assisted to die, they are also "suffering unbearably" and living without hope. They may feel that it's "their body" and therefore "their choice." They may feel that just like the terminally ill person who can be lawfully assisted to die, they also have the right to "choose when to die". They may use the argument of "personal autonomy." They may feel they are exercising their "right to die". Indeed they may argue that these rights should apply to everyone, regardless of health status or age. One of the key proponents of euthanasia in Australia, Philip Nitschke is on record supporting this sentiment:

> And someone needs to provide this knowledge, training, or recourse necessary to anyone who wants it, including the depressed, the elderly bereaved, [and] the troubled teen. [16]

The "depressed." The "troubled teen." "Anyone who wants it." The Coalition for the Defence of Human Life believes that assisted dying' slogans are dangerous and counter-productive, and provide people with mental illnesses and the depressed with justifications for suicide. Therefore, the Coalition is opposed to any moves to legalise physician assisted suicide or euthanasia.

Thank you for providing us with this opportunity to expand on a couple of matters.

Kind regards,

Dwight A. Randall
President, Coalition for the Defence of Human Life

References

1. http://eprints.nottingham.ac.uk/31805/1/Suicide%20US%20SMJ%20pre-publication.pdf
2. Lynne Terry, "Study: Oregon patients using physician-assisted suicide steadily increase", *Oregon Live* 6 April 2017.
3. https://www.ortl.org/2016/12/assisted-suicide-slippery-slope/
4. Ibid
5. http://www.oregonlive.com/health/index.ssf/2017/04/study_oregon_patients_using_ph.html
6. http://dailysignal.com/2016/11/03/euthanasia-deaths-hit-record-high-in-belgium-why-that-matters-for-the-us/
7. Ibid
8. Ibid
9. https://www.ortl.org/2016/12/assisted-suicide-slippery-slope/
10. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2562435/
11. http://www.patientsrightscouncil.org/site/oregon/
12. https://dredf.org/assisted_suicide/Risks_of_Legalization.pdf
13. https://www.ortl.org/2016/12/assisted-suicide-slippery-slope/
14. https://www.nationalreview.com/2001/06/euthanasia-sets-sail-kathryn-jean-lopez/
15. https://www.ortl.org/2016/12/assisted-suicide-slippery-slope/
16. https://www.nationalreview.com/corner/lets-give-suicidal-people-70s-poison-pills/

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Presentation to the Select Committee on End of Life Choices

Dwight Randall, President

Which of the terms of reference do you wish to address?

I would be pleased to address some matters relating to terms of reference a, b and c.

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;

Practices that are deliberately intended to cause the death of the patient in Western Australia are illegal. The options currently offered to chronic and/or terminally ill patients are, in the Coalition for the Defence of Human Life's view, limited, but lawful and for the most part good.

The Coalition for the Defence of Human Life affirms that every Western Australian should receive competent and compassionate medical assistance throughout the end stages of their life. The solemn duty of health care professionals is to "heal, care for, nurture and preserve all human life, [and] not to intentionally cause premature death."[1]

The Coalition for the Defence of Human Life wholeheartedly supports the World Medical Association (WMA) and its national members, including the Australian Medical Association, in their long-standing opposition to physician assisted suicide and euthanasia, even at the request of the patient or close relatives, calling it "unethical". [2]

The Coalition also agrees with the WMA statement on physician assisted suicide, that it too "is unethical and must be condemned by the medical profession" and that any doctor who assists in ending the life of a patient "acts unethically." [3]

The WMA, in its Resolution on Euthanasia, states:

> The World Medical Association reaffirms its strong belief that euthanasia is in conflict with basic ethical principles of medical practice, and strongly encourages all national medical associations and

> physicians to refrain from participating in euthanasia, *even if national law allows it or decriminalizes it under certain conditions*[4] (emphasis mine).

The Coalition for the Defence of Human Life supports the WMA's Declarations on Euthanasia and Assisted Suicide, as well as its resolutions.

As I stated earlier, the options provided to terminally ill patients in Western Australia are limited, but lawful and good. It is the Coalition for the Defence of Human Life's understanding that the vast majority of health professionals in this state offer a high standard of care for the dying and that citizens in this state have little to worry about if current practices continue to be employed.

When patients are confronted with their approaching death, understandably worried, and have questions relating to their treatment, the majority of Western Australian physicians offer reassuring and comforting advice. Dr Lachlan Dunjey, the founder of Medicine with Morality who appeared before this Committee is a Western Australian GP with over 50 year practice. In addition to caring for many dying patients over the past five decades, has run seminars on Death and Dying. He claims that it has been his privilege to care for these people through the natural process of dying. When one or two patients alluded to physician assisted suicide in the early stages of their treatment, he alleviated their concerns by promising that he would look after them and not allow them to die in pain.

The Coalition for the Defence of Human Life supports the AMA statement that:

> Patient requests for euthanasia or physician-assisted suicide should be fully explored by the medical practitioner in order to determine the basis for such a request. Such requests may be associated with conditions such as a depressive or other mental disorder, dementia, reduced decision-making capacity, and/or poorly controlled clinical symptoms such as pain. Understanding and addressing the reasons for such a request will allow the medical practitioner to adjust the patient's clinical management accordingly or seek specialist assistance.[5]

We support the recommendation given in a submission to recent inquiry of the Victorian Parliament into End of Life Choices by Palliative Care Victoria:

> [T]he level of sedation used should be the lowest necessary to provide adequate relief of suffering: "The doses of medications should be increased or reduced gradually to a level at which suffering is palliated with a minimum suppression of the consciousness levels and undesirable effects, with documentation of the reason for changes and response to such manoeuvres." Furthermore, they assert, "Only under exceptional circumstances is deep and continuous sedation required from initiation of palliative sedation therapy." [6]

Dr Dunjey has said that none of his patients, including those with cancer, has died in pain. When he has had difficulty dealing adequately with pain, he has sought help from Silver Chain hospice staff which has been helpful and always resulted in relief. It is his view that refractory pain implies that medical professionals have not done well enough. Furthermore, he argues that proper pain management, not only effectively controls pain, but contrary to popular belief, in some instances may actually extend life.

Writing on the topic of terminal illness and pain management Dr David van Gend reasoned:

> I would not use the argument against euthanasia that "palliative care can ease all suffering". We cannot ease all suffering in dying any more than we can ease all suffering in childbirth, even though we have made enormous progress." He concluded, "Rejection of euthanasia is not dependent on perfecting palliative care for all patients. [7]

The Coalition for the Defence of Human Life praises the compassionate care extended to dying patients by caring doctors and physicians of the Palliative Care Service in the state of Western Australia.

However, the Coalition notes with concern that some terminally ill patients who are receiving medication to alleviate pain, are deprived of hydration. It is our view that depriving water to a dying patient that is clearly in distress is cruel and not consistent with good palliative care. Instead, it is the Coalition for the Defence of Human Life's view that dying patients should be offered "ice chips, a popsicle, or sips of water." [8]

We believe that the process of dying should never be characterised as "undignified." Natural death usually involves loss of appetite, fatigue, increased sleep, physical weakness, confusion, disorientation, social withdrawal, laboured breathing, loss of bodily control and so forth. This progressive decline is to be expected and nurses and doctors know how to deal compassionately with it. This is not an "undignified" death, any more than a woman giving birth to a child is undignified, or a person forced to wear a colostomy bag is undignified, or a quadriplegic requiring someone to look after his/her bodily needs is undignified. On the contrary, caring for the terminally ill through the final stages of their lives demonstrates our society's care, compassion, commitment and respect for the dying. It is our view that deliberately killing a human being with a lethal injection, or by any other means—is truly undignified.

This concludes my comments on term of reference a.

b) Review the current framework of legislation, proposed legislation and other relevant reports and materials in other Australian States and Territories and overseas jurisdictions;

The Coalition for the Defence of Human Life has no specific information concerning the proposed legislation in this state, other than it is evident that the WA government is contemplating the introduction of legislation that it hopes will legalize voluntary euthanasia in Western Australia.

However, the Coalition for the Defence of Human Life notes that the Western Australian Legislative Council dealt with a Private Member's Bill to introduce voluntary euthanasia in the latter part of 2010. At that time the Legislative Council dealt with the matter in great detail (I sat in the gallery through much of the debate) and ultimately the *Voluntary Euthanasia Bill 2010* was soundly defeated by a margin of 24 votes to 11.

The Bill was defeated in part because of imprecise definitions of "pain, suffering or debilitation", "terminal illness" and "reasonable medical judgment." The Bill would have permitted a person to be euthanized if it was concluded that the illness they were suffering from would result in death, not within days or weeks—but within two years! Doctors cannot accurately predict if a patient will die in two weeks much less two years. Imprecise terms and extraordinarily long time-frames make for very bad legislation.

But, perhaps more importantly, the Bill was defeated in my opinion for two very important reasons: Firstly, there was a palpable feeling in the Legislative Council that shifting away from palliative care for the dying to killing them on request was a step too far, and; secondly, many Members were convinced that there were no legislative measures that could limit the creep of euthanasia from terminal to non-terminal patients, and from voluntary euthanasia to non-voluntary euthanasia. The Coalition for the Defence of Human Life believes that no matter how proscriptive the new Bill, if introduced, may be, these two problems cannot be overcome. It is never right to kill patients, even at their request, and adequate safeguards, no matter how stringent, will inevitably be ignored or eroded with the passage of time.

Indeed, this inevitable creep would be better described as a gallop in several countries that legalized voluntary euthanasia with supposedly stringent guidelines to protect against abuse.

Belgium

The Belgium legislation legalised euthanasia in 2002 for patients with "constant and unbearable physical or mental suffering that cannot be alleviated".[9]

In the lead up to the legalisation of euthanasia in Belgium, the euthanasia of children was debated but rejected. Yet, just 12 years later in 2014 Belgium's euthanasia legislation was amended to permit lethal injections for terminally ill children of any age[9]. In September of that year the first child died by euthanasia.[10]

The number of euthanasia deaths in Belgium has risen exponentially. In 2002, the year that euthanasia was legalised, 24 people were euthanized. In 2015, only 13 years later, the annual total rose to 2,022, an increase of over 840 per cent! Belgium provides a sombre example of lawmakers giving hand-on-heart assurances that turn out to be deceptive and worthless.

But now lawmakers are proposing to "perform euthanasia on patients who are unable to express their will", and to "oblige doctors [to] refer patients to other doctors [when] they do not wish to perform euthanasia."[11]

So much for voluntary euthanasia—for either patients or doctors!

Netherlands

Euthanasia is regulated in the Netherlands by the "Termination of Life on Request and Assisted Suicide (Review Procedures) Act", which became law in April 2002. At that time doctors and lawyers in the Netherlands set strict guidelines that granted doctors the right to assist only terminally ill patients who wished to die.

"According to the Dutch government's own data, doctors in The Netherlands put to death several hundred patients a year without any explicit request, even where the patient is competent to give or withhold consent." [12]

Dutch doctors explained to the UK House of Lords: "We agonised over the first cases of euthanasia all day, but the second case was much easier and the third was a piece of cake." [13]

According to Dr David van Gend, "… the public should have no illusions about the corruptibility of doctors if they are given authority to take life." [14]

In the Netherlands it is now proposed that euthanasia should be available to people who are simply "tired of life." [15] Legislators in the Netherlands are proposing the "Completed Life Bill" [16] that would allow anybody age 75 or older to be euthanized even if they are healthy. The Coalition for the Defence of Human Life believes that once a state sanctions the killing of its citizens, it will be virtually impossible to contain it.

Boudewijn Chabot, a psychogeriatrician and prominent euthanasia supporter, said in June that things are "getting out of hand." He continued, "[L]ook at the rapid increase … The financial gutting of the healthcare sector has particularly harmed the quality of life of these types of patients. It's logical to conclude that euthanasia is going to skyrocket." [17]

In the Netherlands, euthanasia is now legal for minors over 12 years old. [18]

Furthermore, it should be noted that while death by euthanasia is often portrayed as a means of ensuring a calm, peaceful death, this is frequently not the case. A study from the Netherlands found that up to one-quarter of people who die by assisted suicide experience complications or problems including vomiting, gasping, psychosis, seizures, muscle spasms and awakening from induced coma.[19]

The Coalition for the Defence of Human Life believes each of the points above illustrate the desensitising effect of euthanasia on the government, physicians and the general population.

Oregon

Oregon's Death with Dignity Act was enacted in October 1997. It allows "terminally-ill" Oregonians to end their lives through self-administration of lethal medications prescribed by a physician.

Advocates of Oregon's legislation claim that it has strict safeguards which allow lethal "medication" to be prescribed only to people with an incurable and irreversible illness that will result in their death within six months. They claim that Oregon's Death with Dignity Act is working well, with no evidence of abuse or creep.

But there is a significant problem with the legislation. Under Oregon's Act, a person can be classed as being "incurably" sick even when the disease can be treated! With treatment, these people would not be classed as "terminally ill", but "chronically ill."

Thus, all diseases which, *without treatment*, would be expected to result in death within six months are considered under the Oregon Act to be *incurable* and therefore qualify for assisted death. This is a corruption of the common understanding of "incurable," which usually means an untreatable condition. Consequently, a far larger number of patients qualifies for medically assisted death than just the extreme cases for which the law was originally said to apply." [20]

Add to this that only two thirds of people in Oregon who were prescribed "medication" to end their lives, actually took the tablets. [21] What happens to the tablets that were not ingested? Do they remain in a cabinet or in a drawer, perhaps for a depressed spouse to take instead?

Although death by euthanasia and/or assisted suicide usually occurs quickly, data from Oregon, USA, reveals that death can take over four days to occur after ingesting the prescribed "medicine".[22]

Furthermore, consider that there is a correlation between state-sanctioned assisted suicide and suicide itself. The practice of assisted suicide has contributed significantly to the overall suicide rate. After 20 years of exposure to assisted suicide in Oregon, "the suicide rate is now 41% higher than the national average." [23]

Canada

"Creep" cannot adequately describe what is taking place in Canada, which legalised euthanasia for terminally ill patients in June 2016, less than two years ago. Racing at full speed ahead, just last month (February 2018) "The Superior Court of Justice Division Court of Ontario ruled … that if doctors are unwilling to perform legal actions, they should find another job." [24]

With chilling logic Justice Herman J. Wilton-Seigel of the Superior Court of Justice Division Court of Ontario wrote on behalf of the panel: "Those who enjoy the benefits of a licence to practise a regulated profession must expect to be subject to regulatory requirements that focus on the public interest, rather than the interest of the professionals themselves." [25]

We should be clear about what Justice Wilton-Seigel is advocating: "Those who enjoy the benefits of a licence to practise a regulated profession [i.e., medical practitioners] must expect to be subject to [i.e., forced to comply with] regulatory requirements [i.e., euthanasia] that focus on the public interest [i.e., killing patients on request], rather than the interest [i.e., freedom of conscience and belief] of the professionals themselves."

So, while Canadian doctors who object to participating in euthanasia cannot be forced to perform it (at least for the time being), the Canadian government is determined to compel them to refer their patients to other doctors who will.

This is outrageous! Doctors, who could have been charged in Canada with killing patients by euthanasia less than two years ago, are now being forced to refer patients for killing by euthanasia! This is an unconscionable act against freedom of religion and conscience.

To make matters worse, Canadian hospices are now being bullied into hosting euthanasia. Demands are being made that the palliative hospice movement, "founded on a promise to never deliberately hasten death should now provide a death-hastening service." [26]

These rulings show how quickly tolerance vanishes after euthanasia has been legalised. The Coalition for the Defence of Life believes these few examples of many that could be cited lead to the conclusion that the reassurances from euthanasia advocates regarding protections are worthless, indeed they are worse than worthless. They are false, misleading and dangerous.

Victoria

The vote to legalise voluntary euthanasia in Victoria was carried on a vote of 22/18 on 29 November 2017.

Leading up to the passage of the Bill former Prime Minister Paul Keating urged Labor MPs to reject the Bill, calling it "bald utopianism".

In an opinion piece he wrote:

> The justifications offered by the bill's advocates – that the legal conditions are stringent or that the regime being authorised will be conservative – miss the point entirely. What matters is the core intention of the law. What matters is the ethical threshold being crossed. What matters is that under Victorian law there will be people whose lives we honour and those we believe are better off dead.

He warned:

> The culture of dying, despite certain and intense resistance, will gradually permeate into our medical, health, social and institutional arrangements. … It is fatuous to assert that patients will not feel under pressure once this bill becomes law to nominate themselves for termination. [27]

Contrast the words of a former Prime Minister with the words of a former Governor-General who aspired to be Prime Minister. At the precise time when this state is looking into elder abuse, it is timely to think of comment made by Bill Hayden in 1995 to the College of Physicians during the debate on the Northern Territory's euthanasia laws. Hayden urged doctors to support euthanasia as a right and a duty. He said, "There is a point when the succeeding generations deserve to be disencumbered of some unproductive burdens" —what a cruel statement targeted at frail elderly people who our society should value. The next day, retired State Governor Mark Oliphant supported Hayden's statement that "unproductive burdens" should do the right thing by society! [28]

The comments of Bill Hayden and Mark Oliphant should disabuse some Members of Parliament of the belief that that weak, frail and demoralised elderly people will not be pressured to succumb to euthanasia. The Coalition for the Defence of Human Life is deeply concerned that if legislation on assisted dying is introduced and passed it will have a callousing effect on Western Australian society, which will be particularly targeted at the elderly.

This concludes my comments on term of reference b.

c) Consider what type of legislative change may be required, including an examination of any federal laws that may impact such legislation.

If the status quo is maintained, which is what the Coalition for the Defence of Human life is advocating, no legislative changes need to be made, indeed the Parliament does not need to waste its time or taxpayers money dealing with a highly divisive issue, and therefore the Parliament can deal with other matters of importance to all citizens in this state.

If, however, legislation on euthanasia is introduced, and subsequently passed, a great deal of legislation will have to be altered. Advocates of euthanasia argue that it is an entirely private matter for the patient to decide, but this far from the truth. Andrew Lansdown writes:

> It is more than personal if it requires governments to revise laws to allow certain types of homicide and suicide. It is more than personal if it requires doctors to assist in the killing. It is more than personal if it desensitises medical staff to the preciousness of human life. … It is more than personal if it creates an atmosphere in which other weak or unwanted people feel pressured to choose to die.[29]

Taking these matters into consideration, the Coalition for the Defence of Human Life urges the Joint Select Committee on End of Life Choices to recommend that any Bill to legalise euthanasia be abandoned in favour support for excellent palliative care for the terminally ill.

This ends my comments in response to question 1. My other answers are far more abbreviated.

2. **Can you please elaborate on what you see as the key issues in relation to the current law and medical practice in WA for people at end of life?**

I believe I have already covered the key issues in the current law which the Coalition for the Defence of Human Life fully supports. The current laws in this state prohibit voluntary and non-voluntary euthanasia. This is why, for example when Dr Alida Lancee, admitted in the West that she deliberately euthanised a patient upon her request that the police opened an investigation into her actions. [30]

The Coalition for the Defence of Human life supports the status quo under which physicians who administer medications with the intention of alleviating suffering, but not with the intention of causing death, have never been prosecuted even when their patient died. However, the Coalition supports the prosecution of physicians who would intentionally end the lives of their patients.

On the subject of palliative care, the Coalition for the Defence of Human life encourages the government to continue to help support excellent palliative care for the dying, especially as the population is ageing. Much of the demand for voluntary euthanasia will dissipate if the citizens of this state can be convinced that they will be provided with excellent palliative care when required. Wouldn't it be wonderful if Western Australia became known for having the highest standard of palliative care in the world?

This ends my comments in response to question 2.

3. **You would be aware of opposing views to your own in relation to those issues. What do you say are the key shortcomings of those views?**

Without naming them again, I have already addressed many of the arguments put forward to justify euthanasia. The problem with the arguments is that they are not supported by the facts. Rather, they fly in the face of all the evidence.

This ends my comments in response to question 3.

4. **What is the main message that you would like the Committee to have gained from your evidence today?**

The Coalition for the Defence of Human Life urges the Joint Select Committee on End of Life Choices to recommend the Government abandon all plans to introduce legislation on euthanasia.

We urge the Committee to instead recommend the retention of the current laws, which provide a high level of protection to the elderly, weak and vulnerable.

We remind the Western Australian Parliament of its own legislation in relation to Capital punishment in 1984. One of the main reasons for abolishing capital punishment was the belief that an innocent person could be executed by the state. Many argued that as capital punishment is an irreversible act that results in the ending of a human life, that it should be abolished if even one innocent person could potentially lose his/her life.

This same reasoning could be applied to euthanasia. Is it possible that given time not one but hundreds or even thousands of innocent people could be euthanised in Western Australia without their consent? Every human life is immensely precious and it's the government's responsibility to protect the lives of its citizens. The current laws do this, and thus the Coalition for the Defence of Human Life urges their retention.

Thank you.

References

1. See, for example: World Medical Association Resolutions on Euthanasia, April 2013.
2. https://www.wma.net/policies-post/wma-resolution-on-euthanasia/
3. Ibid
4. Ibid
5. Australian Medical Association's statement 10.6 contained within the Exposure draft of the Medical Services (Dying with Dignity Bill 2014 Submission 180 – Attachment 2
6. Palliative Care Victoria, *Submission to the Legal and Social Issues Committee: Inquiry into End of Life Choices* (July 2015).
7. https://www.theaustralian.com.au/national-affairs/opinion/unproductive-burdens-still-have-a-right-to-live/news-story/c40992e6470ab560a2437f006124b852?sv=d05d1a6fe8dd1b49a2fa25f103a165b0
8. https://www.caring.com/articles/signs-of-death
9. http://dailysignal.com/2016/11/03/euthanasia-deaths-hit-record-high-in-belgium-why-that-matters-for-the-us/
10. http://dailysignal.com/2016/11/03/euthanasia-deaths-hit-record-high-in-belgium-why-that-matters-for-the-us/
11. http://dailysignal.com/2016/11/03/euthanasia-deaths-hit-record-high-in-belgium-why-that-matters-for-the-us/
12. https://www.theaustralian.com.au/national-affairs/opinion/unproductive-burdens-still-have-a-right-to-live/news-story/c40992e6470ab560a2437f006124b852
13. http://hansard.millbanksystems.com/lords/1998/may/06/euthanasia
14. https://www.theaustralian.com.au/national-affairs/opinion/unproductive-burdens-still-have-a-right-to-live/news-story/c40992e6470ab560a2437f006124b852?sv=d05d1a6fe8dd1b49a2fa25f103a165b0
15. http://dailysignal.com/2016/11/03/euthanasia-deaths-hit-record-high-in-belgium-why-that-matters-for-the-us/
16. http://thefederalist.com/2017/06/30/netherlands-considers-euthanasia-healthy/
17. https://www.lifesitenews.com/news/dutch-euthanasia-getting-so-out-of-hand-that-even-assisted-death-docs-want
18. http://dailysignal.com/2016/11/03/euthanasia-deaths-hit-record-high-in-belgium-why-that-matters-for-the-us/
19. JH Groenewoud et al, "Clinical problems with the performance of euthanasia and physician-assisted suicide in The Netherlands", in *The New England Journal of Medicine*, 24 February 2000, 342 (8): 551-556.
20. https://www.mercatornet.com/careful/view/the-watertight-oregon-model-for-assisted-suicide-is-a-leaky-boat/20969
21. Charles Blanke, Michael LeBlanc and Dawn Hershman, "Characterising 18 years of the Death With Dignity Act in Oregon", in *JAMA Oncology* 2017;3(10): 1403-1406.

22. Charles Blanke, Michael LeBlanc and Dawn Hershman, “Characterising 18 years of the Death With Dignity Act in Oregon”, in *JAMA Oncology* 2017;3(10): 1403-1406.
23. Lynne Terry, “Study: Oregon patients using physician-assisted suicide steadily increase”, *Oregon Live* 6 April 2017.
24. http://alexschadenberg.blogspot.com.au/2018/02/canadian-court-tells-doctors-they-must.html
25. https://www.mercatornet.com/careful/view/canadian-court-tells-doctors-they-must-refer-for-euthanasia/20975
26. https://www.mercatornet.com/careful/view/canadian-court-tells-doctors-they-must-refer-for-euthanasia/20975
27. https://billmuehlenberg.com/2017/10/20/victorian-kill-bill-passes-lower-house/
28. https://www.theaustralian.com.au/national-affairs/opinion/unproductive-burdens-still-have-a-right-to-live/news-story/c40992e6470ab560a2437f006124b852?sv=d05d1a6fe8dd1b49a2fa25f103a165b0
29. http://www.lifeministries.org.au/pamphlets/if-people-were-dogs-and-other-false-arguments-for-euthanasia/
30. https://thewest.com.au/news/australia/why-i-did-it-euthanasia-doctor-alida-lancee-speaks-out-after-police-probe-ng-ya-116421