

Submission into the Voluntary Assisted Dying Bill 2021

Submission No.:	173
Submitted by:	Valerie Wicks
Publication:	Making the submission and your name public
Position:	I/We do not support the Voluntary Assisted Dying Bill
Comments in relation to:	Eligibility criteria* ,The request and assessment process,Safeguards,Other
Attachments:	No attachment

Submitter Comments:

1: With regards to eligibility, can disease, illness or medical condition include depression, dementia, various disabilities that persons of a more fragile mental resilience finds unbearable? If not, what safeguards are included to protect these vulnerable?

2: Suicide is 'The act or an instance of intentionally killing oneself.' What is the difference between voluntary assisting dying and intentionally killing oneself? And I question the reason for not being open and accountable as to cause of death? Some patients who have been diagnosed as terminal might not have died of their condition if nature was allowed to take its course. Potentially, this would be untruthful.

3: With regards to acting voluntarily, what safeguards are in place to ensure coercion hasn't then been used? Coercion can be and often is powerful enough to silence a victim.

4: What evidence is to be offered as proof that certification requests and assessment processes have been completed according to the Act? A signature on a form can, and on many occasions has meant nothing at all.

5: If a practitioner conscientiously objects to voluntary assisted dying, how can he/she be forced by law to refer the patient to someone who will kill them? The one who refers a 'hit man' immediately violates his conscience but if he refuses, he stands to be prosecuted? This is not justice.

These are just a few points I have gleaned from a cursory perusal of the Act that cause me considerable concern. My limited research informs me that countries who have adopted euthanasia generally relax from the original intention of the law to include people suffering from depression and other non life threatening conditions. No human government should buy into this but rather provide radically upgraded palliative care and counseling services.