

Submission into the Voluntary Assisted Dying Bill 2021

Submission No.: 901

Submitted by: Robert Leach

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* ,Administration of the substance,Conscientious objection by either individuals or entities,Other

Attachments: See attachment

Submitter Comments:

. In my opinion, the key issues are: the need for more government spending on palliative care as a sensible alternative to V.A.D.; to consider the dangerous link between suicide rates and state sponsored euthanasia; to recognise the pressure V.A.D. will put on vulnerable people who may come to feel that they are a burden on society and on their families; that the right to conscientious objection is to be denied in the proposed legislation; the problem of “euthanasia creep” and the likelihood of a loosening of restrictions on access to V.A.D. once it becomes legalised, given what has happened in other states and countries.

Palliative Care: “Just recently Palliative Care Queensland called for an extra \$121 million in funding per year. The state government only provided an extra \$28.5 million per year. It is not right to offer euthanasia to the dying and vulnerable when so many are already missing out on the care they require and dying of pain as a result. It’s said that euthanasia will provide a choice for those at the end of their lives, but for those many Queenslanders who are currently dying in pain because they don’t have access to palliative care, how can we say that euthanasia is a choice?” As Australian Medical President Dr. Chris Perry recently stated: “People need to be kept comfortable in their dying times, and it’s not by voluntary assisted dying, it’s by Palliative Care. So I think they (the government) should step up now and spend the money.” (from The Australian Family Association)

Suicide Prevention: Suicide rates in Australia are alarming and it is inconceivable that legislation approving voluntary assisted dying would achieve anything other than promotion of the notion that suicide is a rational choice. Think of those suffering severe depression and those who feel that because of ill health and their dependency on others, they are a burden. Think also of those waiting impatiently for their inheritance.

The Right to Conscientious Objection: We are told that doctors who have a conscientious objection to V.A.D. will not be forced to administer lethal drugs but will have to refer would-be patients to another doctor who will administer them, thus forcing them to be complicit in an activity they disapprove of. Also, and perhaps even more alarming, a recent article in The Australian made reference to an announcement by Queensland Deputy Premier Steven Miles that “Church-run hospitals and nursing homes must allow voluntary euthanasia for terminally ill patients who can’t or won’t be moved....That Catholic Health Australia - which provides 10,000 hospital beds and 25,000 aged-care places across the country- said legislation before Queensland parliament would “crush’ conscientious objection....and that the bill allows for doctors to perform euthanasia on patients or residents of Catholic facilities without asking for permission or notifying the facility”.

Euthanasia Creep and the Slippery Slope: In Belgium children can be euthanised as well as people who suffer from addictions, loneliness and despair. In Oregon, where euthanasia was legalised twenty years ago, the top five reasons given for those seeking assisted suicide have been: losing autonomy, less ability to engage in activities making life enjoyable, loss of dignity, losing control of bodily functions, burden on family, friends and caregivers. The same top five reasons for requesting assisted suicide were given in Washington State.

Insurance companies in the U.S. in states where euthanasia is legalised, are known to have refused to cover chemotherapy treatment for cancer patients, instead offering them assisted suicide drugs. And in all states and countries where euthanasia was introduced, there has been a significant increase in the number of people accessing so-called “death with dignity”.

As the Archbishop of Sydney, Anthony Fisher, said in a speech a few years ago: “If compassionately relieving suffering is what euthanasia is all about, we have to be honest with ourselves about where that leads. If the suffering of some people is to be resolved by killing them or assisting them to kill

themselves, why not the chronically but not terminally ill, the mentally but not physically ill, those unable to consent because they are unconscious, too disabled, or infants? Why restrict this mercy to consenting adults? Once we start deciding that death is in the best interests of some people, then, of course, there'll be others in the queue."

Legalising assisted suicide is not progress but a regression to a poorer standard of medicine, focused on quick solutions and convenience (from the AFA). The sick and elderly deserve much better.