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Submission to the Senate Standing Committee on Legal and Constitutional Affairs on The Rights of the Terminally Ill (Euthanasia Laws Repeal) Bill 2008

Since I could not locate any "terms of reference" for the inquiry on the Parl Info website¹ to use as a guide for this submission, I submit my opposition to the "Rights of the Terminally Ill (Euthanasia Laws Repeal) Bill 2008"², based on this broad outline:

- A. A response to the Rights of the Terminally Ill (Euthanasia Laws Repeal) Bill 2008 [hereafter referred to as the RTIE 2008]
- B. "The Application" of RTIE 2008 to the *Rights of the Terminally Ill Act 1995* (Northern Territory)³ [hereafter the NT legislation is referred to as RTNT 1995]. My written submission against the NT legislation is submission no. 657.⁴
- C. A response to Senator Bob Brown's "Second Reading"⁵ of this Bill.

Summary

The case for euthanasia is based on the following:

- Intentionally killing or assisting in the killing of innocent human beings.
- Repudiation of the doctor-patient relationship that is meant to promote life.
- It flies in the face of the medical advances made in the treatment of pain and is at odds with compassionate methods of care.
- It does not fully consider the historical examples that show euthanasia cannot be legislatively controlled (as in the Netherlands).
- It rests on presuppositions that do not respect human life.
- It plays God.
- Human beings are not animals, but unique beings made in the image of God.
- Ethically, it rests on self-defeating assertions.
- It is not in the patient's or society's best interests.
- It eliminates the sufferer, rather than treating the suffering.

- Opinion polls are an unreliable indicator of support for euthanasia.

Therefore, I urge the Parliament of the Commonwealth of Australia not to support the legalisation of euthanasia.

A. My response to the RTIE 2008

This Bill lacks content, except to rescind the Commonwealth of Australia *Euthanasia Laws Act 1997*⁶, and with the passage of the Bill to permit the Australian Capital Territory (ACT), Northern Territory (NT) and Norfolk Island (NI) to legislate for euthanasia. The ACT did this in 1993 and the NT in 1995.

Therefore, to address the content of RTIE Bill 2008, I need to refer to . . .

B. The application of the RTIE Bill 2008

The application of RTIE Bill 2008 states:

To avoid doubt, the enactment of the Legislative Assembly of the Northern Territory called the *Rights of the Terminally Ill Act 1995* has the same effect after the commencement of this Act as it had before the commencement of the *Euthanasia Laws Act 1997*.⁷

Since RTIE 2008 defers the application of the practice of euthanasia to the RTNT 1995 and to give the ACT and Norfolk Island also the rights to practise euthanasia. I will address this submission primarily to the ACT (1993) and NT (1995) euthanasia legislation.

C. A response to Senator Bob Brown's Second Reading of the RTIE Bill 2008

Senator Brown's statements will be assessed in the body of the following submission. In his "Second Reading" of the Bill he stated:

In 1995 the Northern Territory Assembly led the way in Australia by giving its citizens the option to end their suffering with dignity and medical support. In 1997, Canberra removed that right. This bill would redress that action. It reflects the heartfelt views of the majority of Australians on this important issue.⁸

Some of these statements will be challenged in what follows.

D. Definition of euthanasia

Euthanasia is "the intentional killing of a person, for compassionate motives, whether the killing is by a direct action, such as a lethal injection, or by failing to perform an

action necessary to maintain life. For euthanasia to occur, there must be an intention to kill."⁹

When I use the terminology, "voluntary active euthanasia," I mean that the person asks to be killed. It must be realised however that those who promote euthanasia do not generally use the word "kill." I note that in Senator Brown's "Second Reading" of the Bill that he did not describe euthanasia as killing a person. However, "to kill" is the only accurate word to describe the reality of what happens. It is not natural death.

I contend that voluntary active euthanasia advocates such as Senator Brown are not promoting "the legal right to die with dignity,"¹⁰ or as the RTNT 1995 stated, "to voluntarily terminate his or her life in a humane manner,"¹¹ but are supporting the right to be assisted with suicide, to be killed, and the right to kill. These rights currently do not lawfully exist in Australia, and they should not. To remain a civilised country with law and order, we must continue to support the view that murder (active killing of another person) and assisted suicide are wrong.

Confusion enters this debate when people fail to differentiate: (a) the legality of disconnecting mechanical life support systems for those who have been comatose for long periods of time or the patient's right to request the cessation of extraordinary means used to keep that person alive, and (b) voluntary active euthanasia. Ceasing extraordinary means to keep a person alive, is not voluntary active euthanasia as indicated in the RTIE Bill 2008 and its support in RTNT 1995.

Registered nurse, Leah Curtin, rightly stated:

It must be made abundantly clear that the humane practice of medicine has always allowed the physician and patient (or his family) to decide what measures if any should be employed to prolong the patient's life. There is absolutely no need for legislation to protect either the physician or patient in this regard. If [euthanasia] legislation is passed, it must inevitably affect a) the right of the patient to demand of the state the means by which to commit suicide, or b) the right of a physician to directly terminate (kill) the patient.¹²

E. My concerns with Senator Brown's Proposed Bill

The RTIE 2008 gives rights to the Australian Capital Territory, the Northern Territory and Norfolk Island to legislate bills to promote euthanasia. In the ACT in 1993, the Bill was called the "Voluntary and Natural Death Bill 1993."¹³ In the NT, the Bill was called, "Rights of the Terminally Ill Act 1995." These Bills gave the right to perform voluntary active euthanasia by "medical practitioners" (NT legislation) and "health professionals" (ACT legislation). In the ACT legislation, "health professionals" included medical practitioners, registered nurses, and registered physiotherapists.

Euthanasia advocate, Dr. Philip Nitschke, who was an ardent promoter of the Northern Territory legislation (1995), according to a newspaper report, confirmed that his patient for euthanasia, Mrs Nancy Crick, who died in 2002 at the age of 69 after drinking poison, was not terminally ill when she committed suicide in front of family

and friends. She did not have bowel cancer. The same newspaper report quoted the then Queensland Premier, Peter Beattie, "If you're going to have a debate about euthanasia let's do it honestly."¹⁴ Premier Beattie added, according to *Time* magazine, that there was a "straightforward" reason why his Queensland government would not legalise euthanasia: "It's to protect people from being murdered."¹⁵ Another report stated

The coroner [for the Nancy Crick inquest] has said that a post-mortem showed no signs of active bowel cancer. Although the media had consistently described her as suffering from bowel cancer, Dr Nitschke knew this to be false. "It didn't seem a point to go into at the time," he commented.¹⁶

My objections to legalising voluntary, active euthanasia are:

1. Differences between euthanasia and refusing medical treatment

Voluntary, active euthanasia and natural death should not be confused. Natural death is not euthanasia. The patient has a common law right to refuse medical treatment. This does not need euthanasia legislation. I support the right of patients to reject extraordinary measures to keep them alive and to reject other medical treatment.

2. Definition of terminal illness

The ACT Bill's **definition of "terminal illness** meant any illness, injury or degeneration of mental or physical faculties such that--

- (a) "death would, if extraordinary measures were not undertaken, be imminent; or
- (b) "there is an absence of thought or perception; from which there is no reasonable prospect of a temporary or permanent recovery, even if extraordinary measures were undertaken."¹⁷

Please note the phrase, "temporary or permanent recovery". This leaves the decision wide open to various interpretations, particularly when even "temporary" recovery is eliminated.

3. Euphemisms for killing and assisted suicide

Euphemisms for assisted suicide, killing (murder) are used. Section 4 of the ACT legislation speaks of a "person who is of sound mind" and is at least 18 years old who can request when he/she is suffering a terminal illness that "a drug for the purpose of inducing his or her death shall be administered or provided to him or her."¹⁸

For this to happen it will be needful to overturn Section 17 of the ACT Crimes Act 1900 which was effective in December 2007, which deals with "Suicide - aiding". It reads:

1. A person who aids or abets the suicide or attempted suicide of another person is guilty of an offense, punishable on conviction by imprisonment for 10 years.
2. Where (a) a person incites or counsels another person to commit suicide, and (b) the other person commits or attempts to commit suicide as a consequence of that incitement or counselling, the first mentioned person is guilty of an offense.¹⁹

Section 18 of the ACT Crimes Act 1900, "Prevention of suicide," presently reads: "It is lawful for a person to use such force as is reasonable to prevent the suicide of another person or any act which the person believes on reasonable grounds would, if committed, result in suicide of another person."²⁰

In the Northern Territory legislation, RTNT 1995, it states that for this euthanasia Act, to kill or assist in the suicide of the person, "assist" means "in relation to the death or proposed death of a patient, includes the prescribing of a substance, the preparation of a substance and the giving of a substance to the patient for self administration, and the administration of a substance to the patient."²¹ RTNT 1995 also states that "the patient indicates to the medical practitioner that the patient has decided to end his or her life."²² What this means is that the medical practitioner will assist the patient to commit suicide or kill himself/herself. Euphemisms abound!

For the RTIE 2008 to become law, it would radically change the face of our society because it promotes assistance in the killing of another person, all under the euphemism, "inducing his or her death."²³

4. Violation of the Hippocratic Oath

For medical practitioners to submit to this active killing, they would **have to break the Hippocratic Oath** which many of them swear to keep upon graduation from medical school. The standard form of the Hippocratic Oath, dating back to the time of the Greeks, states:

I WILL FOLLOW that method of treatment which according to my ability and judgment, I consider for the benefit of my patient and abstain from whatever is harmful or mischievous. I will neither prescribe nor administer a lethal dose of medicine to any patient even if asked nor counsel any such thing nor perform the utmost respect for every human life from fertilization to natural death and reject abortion that deliberately takes a unique human life.²⁴

However the RTNT 1995 stated that "a medical practitioner shall be guided by appropriate medical standards."²⁵ Appropriate medical standards are to "abstain from whatever is harmful or mischievous. I will neither prescribe nor administer a lethal dose of medicine to any patient even if asked . . ."²⁶

5. Medical practitioner "satisfied"

Another concern, Section 23 (p. 9) of the ACT Bill stated that if a **medical practitioner "is satisfied that the person has not made a direction** [I presume this means, e.g. a living will] or created a power of attorney, or any such direction or power of attorney has been revoked", section 21 of the Bill says "a medical practitioner may withhold or withdraw medical treatment from a person who is suffering from a terminal illness such that there is an absence of thought or perception in the person."²⁷ The RTNT 1995 gives a similar emphasis (with conditions):

If a patient . . . is unable to sign the certificate of request, any person who has attained the age of 18 years, other than the medical practitioner or the medical practitioner referred to in section 7(1)(c), or a person who is likely to receive a financial benefit directly or indirectly as a result of the death of the patient, may, at the patient's request and in the presence of the patient and both the medical practitioner witnesses . . . sign the certificate on behalf of the patient.²⁸

This gives enormous power to the doctors to make life/death decisions. No matter how many precautionary conditions are placed in the legislation, the Holland experience demonstrates that euthanasia cannot be limited to the legislative parameters.

6. Medical practitioner not guilty of professional misconduct

Section 29²⁹ of the ACT legislation stated that **a medical practitioner is not guilty of unsatisfactory professional conduct, an offence against any Territory law, nor is liable for any civil proceedings** if he/she "in good faith and in reliance on a decision that he or she believes on reasonable grounds complies with this Act", in withholding or withdrawing treatment, or administering or providing "a drug to induce the death of a person". RTNT 1995 provides similar immunity.³⁰

What are "reasonable grounds"? This is open to wide interpretation and potential abuse.

F. Other reasons why I oppose voluntary, active euthanasia.

1. We know the consequences of euthanasia

We already know the consequences of a permissive approach to euthanasia. We have glaring examples before us of where permissive euthanasia laws will lead us. (e.g. Germany, before and during World War II, and currently in Holland).

In *The Canberra Times*, 11th June, 1993, there was a report from Amsterdam, Holland: "A senior citizens' group has warned that the nation's liberal euthanasia

policy has many elderly people [in Holland] scared that their lives could be terminated without their request".³¹

It was reported in 2004 that the Groningen Academic Hospital hospital in the Netherlands (the first nation to permit euthanasia) "recently proposed guidelines for mercy killings of terminally ill newborns, and then made a startling revelation: It has already begun carrying out such procedures, which include administering a lethal dose of sedatives."³²

Dr. Brian Pollard has summarised what legalisation of euthanasia has led to in the Netherlands:

Euthanasia in the Netherlands has gone from requiring terminal illness to no physical illness at all, from physical suffering to depression only, from conscious patients to unconscious, from those who can consent to those who cannot, and from being a measure of last resort to one of early intervention.³³

The British Medical Journal reported:

The Royal Dutch Medical Association (KNMG) and the Dutch Commission for the Acceptability of Life Terminating Action "recommend in a new report that the active termination of the life of a patient suffering from severe dementia is morally acceptable only when symptoms of a severe physical nature occur and when a living will has been made and signed. . .

"Perhaps more controversially, the commission says that signed wills can be altered after discussions with the family, but only when there are absolutely no doubts as to the contents of the will. . .

"The commission is calling for public debate in the Netherlands on whether the life of a patient suffering from severe dementia without serious physical symptoms may be terminated when such a request is present in the will."³⁴

The RTNT 1995 states that euthanasia will be offered to "a patient who, in the course of a terminal illness, is experiencing pain, suffering and/or distress to an extent unacceptable to the patient, may request the patient's medical practitioner to assist the patient to terminate the patient's life."³⁵

In spite of this stated restriction to "terminal illness," we know on a continuing basis from the Dutch experience that there is no way to limit euthanasia. Who will be next? Formerly it was the terminally ill, then the severely disabled newborn babies, then comatose patients, now those with dementia. The Dutch experience shows that the slide into death for an increasing number of maladies is inevitable. We know from an Australian example with Dr. Philip Nitschke and his patient, Nancy Crick (see above) that the coroner at her inquest said that "a post-mortem showed no signs of active bowel cancer."³⁶

Those who are elderly, disabled, and not suffering from a terminal illness, should be scared if RTIE 2008 is passed, allowing euthanasia legislation to be passed in the Australian territories.

2. No guarantee of limiting to terminal illness

There is no guarantee it will be limited to terminal illness for those in pain. The recent history of the euthanasia movement demonstrates this.

The official Dutch Government report on the practice of euthanasia in that country (The Rummelink Report, 1991) gave conclusive evidence of abuse.

Rummelink found that 49,000 of the 130,000 deaths in the Netherlands each year were not natural but involved a "medical decision at the end of life" or MDEL. 95% of these MDEL cases involve, in equal numbers, either withholding treatment/discontinuing life support or the alleviation of pain and symptoms through medication that might hasten death. This latter (alleviating pain and symptoms) category accounted for approx. 20,000 deaths that had been hastened by a physician's decision. Actual euthanasia, using the official Dutch definition, occurred in 2,300 cases or 2% of all Dutch deaths. Dutch physicians helped 400 patients who requested suicide, for either mental illness or discomfort, to kill themselves in 1990. The alarming statistics of the Rummelink Report indicate that in thousands of cases decisions that might or were intended to end a fully competent patient's life were made without consulting the patient.³⁷

The Dutch reports show clearly that "doctors kill more without their explicit request than with their explicit request, and that euthanasia is not restricted to the so-called 'strict medical guidelines' provided by the Dutch courts."³⁸

Dr. John Keown, Director of the Centre for Health Care Law, in the Faculty of Law in the University of Leicester, U.K., conducted research on euthanasia in Holland. He concluded:

It appears that the overwhelming majority of cases are falsely certified as death by natural causes and are never reported or investigated. . . . It is clear from the evidence set out [in Keown's research] that all that is known with certainty in the Netherlands is that euthanasia is being practised on a scale vastly exceeding the 'known' (truthfully reported and recorded) cases. There is little sense in which it can be said, in any of its forms, to be under control.³⁹

If the Dutch experience is that "the overwhelming majority of cases are falsely certified as death by natural causes and are never reported or investigated," how would the Northern Territory as a result of the RTNT 1995 legislation be able to guarantee what the Act states? RTNT 1995 states that "as soon as practicable after the end of each financial year the Coroner shall advise the Attorney-General of the number of patients who died as a result of assistance given under this Act."⁴⁰

Yet Senator Brown, contrary to Dr. John Keown's conclusions, claims:

Introduction of such laws has not led to a significant increase in the number of people choosing this option. For example in The Netherlands after an initial increase the percentage of deaths as a result of euthanasia, the number has

decreased from 2.6% in 2001 to 1.7% in 2005. In Oregon, according to the health department annual report, an average of 29 individuals has died each year as a result of their Death with Dignity Act - in a population of 3.5 million.⁴¹

Dr. Keown's research has indicated that "the overwhelming majority of cases [of euthanasia in Holland] are falsely certified as death by natural causes and are never reported or investigated."⁴² Therefore, for Senator Brown to affirm that "introduction of such laws [legalising euthanasia in the Netherlands] has not led to a significant increase in the number of people choosing this option," needs to be considered as questionable evidence.

Michael Moore MLA (ACT),⁴³ when the ACT Legislative Assembly enacted its euthanasia legislation in 1993, made his views clear. On the Matthew Abraham Show, Radio 2CN, Canberra, he was asked by

Matthew: What about an old married couple? Maybe in their 80s and they've been relatively independent in their own home, they don't want to be of trouble to their kids, they've had a good life and have both still got their health about them but they don't want to go to a nursing home, they don't want to suffer a slow deterioration, they don't want to be separated and so. They want to commit suicide as a couple and help each other do it and there are a lot of examples of that in the US and probably here in Australia as well. Or one partner wants to do it. You know, one partner starts to decline. Would that be covered in the act? Should that be covered in the act?

Michael: I think it should be covered in the act and I think that under certain circumstances, given appropriate counselling and appropriate time to make that kind of decision. I mean, it seems to me that if you look at the difference between free will and determinism we tend to favour free will, that a person has a basic human right to make their own decisions and this is really the crunch for making your own decision more than any other human right"

Matthew: "Now you talk about the black and white. What about the shades of grey where we do have a lot of problems?"

Michael: "Yes, the shades of grey are exactly why it's difficult and I think one of the reasons too why people have been reluctant to tackle this sort of legislation, it becomes much, much more difficult in trying to determine where you draw the line. . .

The case where we would say no is when somebody is a bit down, but depressed and suddenly decides yes, I'm going to do away with myself and what we know is people get over that and therefore they ought not be able to have the ability with the support of the law to be able to make a decision like that with assistance."⁴⁴

Therefore, because "the shades of grey are exactly why it's difficult . . . [and] it becomes much, much more difficult in trying to determine where you draw the line,"⁴⁵ the *Sydney Morning Herald's* editorial in 2007 rightly advocated the prohibition of euthanasia legislation for these reasons:

There is no knowing where euthanasia law would take us once it had a foothold in the statutes. Overwhelmingly, families wanting to hasten the death of loved ones are motivated by love and compassion. But removing existing

criminal sanctions could leave little to inhibit family members conniving with compliant doctors to end a patient's life for other, unacceptable motives such as greed or impatience. And cash-strapped health systems will surely find it cheaper to institutionalise death than care for the physical and emotional wellbeing of the old and frail.

So the law should remain, as a necessary check and safeguard. The prohibition of euthanasia, far from causing unnecessary suffering, protects those who most need protection - the elderly and vulnerable. How can the community be sure that voluntary euthanasia will not, almost inevitably, lead to non-voluntary mercy killing of the aged or the disabled? No one has been able to propose a law that would limit euthanasia unambiguously to those who definitely want it and who are terminally ill.⁴⁶

3. Paradox

It is a **strange paradox that euthanasia is being strongly promoted at a time when the medical profession has made great advances in the treatment of pain.** This is not the time to recommend assistance in the killing of the terminally ill or others. This is the time to advocate palliative care.

4. It debases the medical profession

Euthanasia debases the medical profession and has harmful effects on the doctor/patient relationship, which is supposed to promote life, not death.

Do you really think, if we were to legalise euthanasia, that doctors and nurses would stick to the rules? The Dutch experience defies such a conclusion. So does the Australian experience. In 1988, doctors surveyed in the State of Victoria (Australia) were asked, "Have you ever taken steps to bring about the death of a patient who asked you to do so?" 29% (of 369) replied "Yes."⁴⁷

The situation with nurses is just as alarming. In 1992, "of those nurses who had been asked by a patient to hasten death, 5% had taken active steps to do so without having been asked by a doctor. Almost all of the 25% who had been asked by a doctor to engage in active steps to end a patient's life had done so."⁴⁸

With euthanasia illegal, some doctors and nurses are breaking the law. Do you honestly think they will follow ACT, NT and Norfolk Island guidelines, if euthanasia becomes legal? Medical history defies such a conclusion.

There is a better alternative: promote life and become actively involved in compassionate care for the dying, persons who are disabled, and other sufferers in our society.

5. Human beings are not animals

Human beings are not animals, but unique beings made in the image or likeness of God.⁴⁹

6. No need for expensive investigation

The Federal Government, ACT government, NT government and government of Norfolk Island **do not need an expensive investigation into euthanasia**. This has been done in other States of Australia and we would do well to take note of their conclusions on euthanasia. The Law Reform Commission of Victoria stated it in 1974 and re-affirmed it in 1988:

It is not practicable to devise any (re-) classification (of mercy killing) that will not be subjected to the gravest criticism. Further, any classification of degrees of murder based on relative heinousness must necessarily be extremely unsatisfactory and productive of anomalies.⁵⁰

Another review of the need for euthanasia in Australia was by the Social Development Committee of the Parliament of Victoria. The report on options for dying with dignity in 1987 concluded: "It is neither desirable or (sic) practicable for any legislative action to be taken establishing a right to die."⁵¹

In 1983 in South Australia and in 1987 in Victoria, legislation was passed to draw attention to the right of every person to refuse unwanted medical treatment (which I support) but euthanasia is not recommended. This is the kind of legislation we need in the Australia and not laws that encourage killing or assisted suicide.

7. Beware of opinion polls

What about opinion polls which seem to indicate a large percentage of Australians favour euthanasia? It is claimed that these polls provide indicators of majority "support" for euthanasia. Examples include:

- In 1946, 41-42% were in favour of euthanasia,
- In 1955, 53%,
- In 1983, 65%,
- A Morgan poll of 1452 people aged 14 and over found that 73% supported euthanasia in 1992.⁵²
- Senator Brown in his "Second Reading" of the RTIE 2008 stated that

the strongly held views of the majority of all Australians. Every opinion poll conducted over the last two decades has shown that approximately three-quarters of Australians support the concept of voluntary euthanasia. A poll conducted by Roy Morgan in June 2002 found that seventy percent of those surveyed thought the law should be changed to allow a hopelessly ill patient to seek assistance from a doctor to commit suicide; and seventy- eight percent thought the law should be changed so that it is no longer an offence to be present at such a suicide. A Newspoll in February 2007 found that eighty percent

of Australians believe that terminally ill people should have a right to choose a medically assisted death.⁵³

There are reasons to question these opinion polls, based on the wording and interpretation of the questions asked. Dr Brian Pollard has suggested these problems:

- terminology is confusing even for experts,
- emotional components are always present on this subject,
- misunderstandings of medical practices,
- it would be very difficult to frame questions in such a way to guarantee truly informed replies from an unselected group,
- the well known disposition of people to give misleading answers when they are not faced with an actual situation.⁵⁴

An example could be the Morgan poll in Victoria in 1986:⁵⁵

- a. One question asked: "should the terminally ill have the right to choose to die?" 85% answered "Yes".

But there is no way of knowing how the respondents reasonably interpreted the question: Was it the right to choose to allow an illness to run its course? Or was it the right to refuse unwanted treatment? Or was it the right to invite a medical professional to perform voluntary, active euthanasia?

The question might not have been about euthanasia at all.

- b. Another question: "If the terminally ill person asks for a lethal dose or asks for some other help to die, should that person be helped to die?" 74% said "Yes".

How did they interpret "some other help"? How many thought it meant no more than palliative care?

I suggest that public opinion polls about euthanasia are questionable because of these and other questions. Public opinion could be ill informed.

There are similar problems with polls of doctors and nurses, particularly in the use of euphemisms for killing.

If 75% of the population supported terrorism, lying and murder, would that make these crimes right? The Federal Government should continue to support ethical absolutes against killing and assisted suicide, ethics on which this country was founded. Voluntary, active euthanasia involves the killing of a human being and should always be prohibited.

Therefore, I conclude:

The case for euthanasia is based on the following:

- Intentionally killing or assisting in the killing of innocent human beings.
- Repudiation of the doctor-patient relationship that is meant to promote life.
- It flies in the face of the medical advances made in the treatment of pain and is at odds with compassionate methods of care.
- It does not fully consider the historical examples that show euthanasia cannot be legislatively controlled (e.g. Holland).
- It rests on presuppositions that do not respect human life.
- It plays God.
- Human beings are not animals, but unique beings made in the image of God.
- Ethically, it rests on self-defeating assertions.
- It is not in the patient's or society's best interests.
- It eliminates the sufferer rather than treating the suffering.
- Opinion polls are an unreliable indicator of support for euthanasia.
- Therefore, I urge the Parliament of the Commonwealth of Australia not to support the legalisation of euthanasia.

The End

¹ See "Rights of the Terminally Ill (Euthanasia Laws Repeal) Bill 2008," Parl Info Web at: [http://parlinfoweb.aph.gov.au/piweb/browse.aspx?path=Legislation%20%3E%20Current%20Bills%20by%20Title%20%3E%20Rights%20of%20the%20Terminally%20Ill%20\(Euthanasia%20Laws%20Repeal\)%20Bill%202008](http://parlinfoweb.aph.gov.au/piweb/browse.aspx?path=Legislation%20%3E%20Current%20Bills%20by%20Title%20%3E%20Rights%20of%20the%20Terminally%20Ill%20(Euthanasia%20Laws%20Repeal)%20Bill%202008) [cited 5 April 2008].

² "Text of the Bill" [i.e. RTIE 2008], available from: <http://parlinfoweb.aph.gov.au/piweb/Repository/Legis/Bills/Linked/14020848.pdf> [cited 5 April 2008].

³ Available from the Parliament of the Northern Territory of Australia, at: <http://www.nt.gov.au/lant/parliament/committees/rotti/rotti95.pdf> [cited 5 April 2008].

⁴ Legislative Assembly of the Northern Territory, "Report of the Inquiry by the Select Committee on Euthanasia: Volume Three –Written Submissions Part B: 305 to 664," May 1995, submission No. 657, p. 334ff, available from: <http://www.nt.gov.au/lant/parliament/committees/rotti/rottitrans/vol3b.pdf> [6 April 2008].

⁵ Senator Bob Brown, "Second Reading" of RTIE 2008, available from Commonwealth of Australia, Parl Info Web, at: http://parlinfoweb.aph.gov.au/piweb//view_document.aspx?TABLE=HANSARDS&ID=2514385 [cited 5 April 2008].

⁶ Commonwealth of Australia Law, "Euthanasia Laws Act 1997", available from: <http://parlinfoweb.aph.gov.au/piweb/Repository/Legis/Bills/Linked/14020848.pdf> [cited 5 April 2008].

⁷ "Text of the Bill" op. cit.

⁸ Senator Brown op. cit.

⁹ From "Euthanasia: killing the dying. 'It's OK - isn't it?'" Foundation for Human Development, Site 4A, 32 York Street, Sydney 2000 (GPO Box 2642, Sydney, NSW, 2001).

¹⁰ These are the words of Senator Brown in op. cit.

¹¹ Parliament of the Northern Territory of Australia, op. cit., introduction.

¹² Leah Curtin, R.N., *The Mask of Euthanasia* (Nurses Concerned for Life, Inc., 2400 Lehman Rd., Cincinnati, Ohio 45205, 1974), p. 4.

¹³ ACT Legislation Register, "Voluntary and Natural Death Bill 1993," available from: http://www.legislation.act.gov.au/b/db_15844/19930616-18130/pdf/db_15844.pdf [cited 6 April 2008].

¹⁴ Reported in the *Bundaberg News Mail*, May 31, 2002, p. 13

¹⁵ Reported in Daniel Williams 2004, "Peaceful End Fires Euthanasia Debate," *Time*, available from: <http://www.time.com/time/pacific/magazine/20020603/crick.html> [cited 6 April 2008].

¹⁶ *Australian Bioethics Information*, 24 May 2002, available from: <http://www.australasianbioethics.org/Newsletters/031-2002-05-24.html> [cited 6 April 2008].

- ¹⁷ ACT Legislation Register, "Voluntary and Natural Death Bill 1993," p. 3.
- ¹⁸ Ibid.
- ¹⁹ Australian Capital Territory, "Crimes Act 1900," effective 18 December 2007, Section 17, p. 8, available from: <http://www.legislation.act.gov.au/a/1900-40/current/pdf/1900-40.pdf> [cited 6 April 2008].
- ²⁰ Ibid., p. 9.
- ²¹ Parliament of the Northern Territory of Australia, op. cit., Part 1.3.
- ²² Ibid., Part 2.7(1)(f).
- ²³ ACT 1993 legislation loc. cit.
- ²⁴ The Hippocratic Oath (Modern Version), available from: <http://members.tripod.com/nktiuro/hippocra.htm> [6 April 2008].
- ²⁵ Parliament of the Northern Territory of Australia, op. cit., Part 2.7(2).
- ²⁶ The Hippocratic Oath op. cit.
- ²⁷ ACT Legislative Assembly, "Voluntary and Natural Death Bill 1993," p. 8, loc. cit.
- ²⁸ Parliament of the Northern Territory of Australia, op. cit., Part 2.9(1).
- ²⁹ ACT Legislative Assembly, "Voluntary and Natural Death Bill 1993," loc. cit., p. 11.
- ³⁰ Parliament of the Northern Territory of Australia, op. cit., Part 4.20(1), (2).
- ³¹ "Elderly Dutch afraid of euthanasia policy," *The Canberra Times* (Australia), 11 June 1993.
- ³² *USA Today*, 1 December 2004, available from: http://www.usatoday.com/news/world/2004-12-01-netherlands-newborns_x.htm [cited 6 April 2008].
- ³³ Dr. Brian Pollard, "Euthanasia Practices in the Netherlands," available from: <http://www.catholiceducation.org/articles/euthanasia/eu0014.html> [cited 6 April 2008]. Dr. Pollard, after a career as an anaesthetist for 30 years, then commenced and directed, from 1982, one of Australia's first palliative care services at Concord Hospital, Sydney. Dr. Pollard is also the author of *The Challenge of Euthanasia* (1994), Little Hills Press Pty Ltd, Crows Nest, NSW, Australia.
- ³⁴ *The British Medical Journal*, 22 May 1993, p. 1364.
- ³⁵ Parliament of the Northern Territory of Australia, op. cit., Part 2.4.
- ³⁶ *Australian Bioethics Information*, op. cit.
- ³⁷ Hermina Dykxhoorn n.d., "Euthanasia in the Netherlands," available from: <http://www.euthanasia.com/netherlands.html> [cited 6 April 2008].
- ³⁸ John Fleming, "Euthanasia, The Netherlands, and the Slippery Slopes", Bioethics Research Notes Occasional Paper No.1, June 1992, published by the Southern Cross Bioethics Institute, PO Box 206, Plympton SA 5038, Australia, available from: <http://209.85.173.104/search?q=cache:TpLpVhU1bW0J:www.bioethics.org.au/docs/Other%2520articles/Euthanasia%2520the%2520netherlands%2520and%2520slippery%2520slopes.doc+%22doctors+kill+more+without+their+explicit+request+than+with+their+explicit+request%22+fleming&hl=en&ct=clnk&cd=1&gl=au&client=firefox-a> [cited 6 April 2008].
- ³⁹ I.J. Keown 1992, "The Law and Practice of Euthanasia in The Netherlands", in *The Law Quarterly Review*, 108, January 1992, pp. 67, 78.
- ⁴⁰ Parliament of the Northern Territory of Australia, op. cit., Part 4(2).
- ⁴¹ Senator Brown op. cit.
- ⁴² Keown op. cit.
- ⁴³ I debated Michael Moore MLA on the topic, "Voluntary Active Euthanasia – a Compassionate Solution to Those in Pain?" at the Erindale Theatre, McBryde Cr., Wanniasa ACT, at 8pm, Thursday 10 June 1993. Approximately 500 people attended the debate.
- ⁴⁴ February 2, 1993, from a transcript of the program.
- ⁴⁵ Ibid.
- ⁴⁶ "The line that must never be crossed" (Editorial) *Sydney Morning Herald*, 27 January 2007, available from: <http://www.smh.com.au/news/editorial/the-line-that-must-never-be-crossed/2007/01/26/1169788690906.html?page=2> [cited 6 April 2008].
- ⁴⁷ Helga Kuhse and Peter Singer 1988, "Doctors' Practices and Attitudes Regarding Voluntary Euthanasia", *The Medical Journal of Australia*, 148:12, June 20, 1988, 623-627
- ⁴⁸ Helga Kuhse and Peter Singer 1992, "Euthanasia: A survey of nurses' attitudes and practices", *Australian Nurses' Journal*, 21:8, March 1992, pp. 21-22.
- ⁴⁹ This is the language in the Bible from verses such as Genesis 1:26-27; 5:1; 9:6; I Corinthians 11:7; Ephesians 4:24; Colossians 3:10 and James 3:9.
- ⁵⁰ In Brian Pollard 1989, *Euthanasia: Should We Kill the Dying?* Little Hills Press Pty. Ltd., Bedford, UK, p. 44.
- ⁵¹ Ibid., p. 45.

⁵² *The Canberra Times*, "Should we be able to end a painful life?" February 4, 1993, p. 9

⁵³ Senator Bob Brown, "Second Reading," loc. cit.

⁵⁴ Pollard op. cit., p. 60.

⁵⁵ The following questioning of opinion polls on euthanasia is based on *ibid.*, pp. 59-60.