

Committee Secretary
Senate Standing Committee on Legal and Constitutional Affairs
Department of the Senate
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

Dear Committee

Inquiry into the Rights of the Terminally Ill (Euthanasia Laws Repeal) Bill 2008

I have very elderly parents who sometimes say they think they've reached their 'use by date'. There is however no such thing as a 'use by date' with respect to life.

Although I am not a health care worker, for over 50 years I have seen and supported many people (and still do so) with medically incurable conditions, and in a few cases have contributed to their care. Only last weekend I visited a friend in hospital for several hours (to encourage him). He was a student of mine nearly 30 years ago. Although he has never been a smoker or done anything else to contribute to his own demise, he has in the last couple of years had to have three amputations, resulting in both of his legs now having been cut-off just below his pelvis. He also has a serious and very rare vision problem, medication for which has caused him to lose the use of his fingers, and is thus in continual distress. Nevertheless he has people around him who care, and this makes life worth living (both for him and us). Except for the fact that he can't afford it, he would be able to have prosthetics produced that would allow him to walk again. He has done the research, but now knows that the type of work he needs is not available in Australia. What an indictment on our society!

A few years ago I assisted a quadriplegic friend of mine to fit manual controls to his car. His condition arose when, as a vibrant teenager, he hit a rock whilst diving. He is now the proud and very active father of twins and another child. He cooks, cleans, and cares for his family – all from his wheelchair. He has also recently completed theological studies, and is now pastoring a church. It seems to me that if anyone had had the power to euthanize him whilst he was at his lowest ebb, the world and I would have been the big losers.

Last week, there was a lecture sponsored by the Institution of Engineers Australia, and presented by Sam Bailey an engineer who became a C6/C7 quadriplegic as the result of a car accident. He is paralyzed from the chest down with only limited use of his arms and hands, and is unable to regulate his body temperature. Sam was featured on ABC TV's Australian Story in 2000, and again in follow-up stories in 2004 and the ten year reunion program in 2006. Not only has Sam been able to work on his farm with special modifications to farming equipment and machinery which have enabled him to work 'hands on' on the land, but he is currently working with a group of engineers to modify a helicopter so that he can achieve his next goal – to be the first quadriplegic in the world to fly a helicopter. He hopes to achieve this dream within 18 months.

Because of such experiences, I am deeply concerned about attempts by some parties to 'legalize' euthanasia. I have also recently been forwarded some information issued by a body called the Australian Christian Lobby, and upon review, find it to be highly commendable. The points this group makes are reproduced below for your consideration:

- No-one wants to see someone they love endure pain but euthanasia is not the answer to this. Instead, we should put far greater resources into high quality, easily accessible palliative care so that people's last days can be made as comfortable as possible. Euthanasia emphasises a person's worthlessness and isolation. Instead we should emphasise community support and solidarity with those who are suffering.
- Once legalised, euthanasia cannot be adequately controlled and results in the murder of patients who have not requested to die. Three surveys over a ten-year period by Dutch researchers show that in Holland, where euthanasia has been legalised, around 1,000 patients are killed every year against their wishes, or without consent, by their doctors. These studies were published in the *Lancet* and the *New England Journal of Medicine* between 1991 and 2003.

- Euthanasia places increasing pressure on vulnerable people to agree to be killed. Whilst a tiny minority are lobbying for the right to die, if this law is passed, many more vulnerable people – those who are elderly, lonely, depressed, disabled or distressed – will feel pressure, whether real or imagined, to request an early death in order to avoid being a burden to others. The so-called 'right to die' inexorably becomes the 'duty to die' as economic pressures and other people's convenience begin to dominate decision-making. Our law should continue to protect the right to life: there is no right to die.
- Euthanasia makes killing the patient a form of treatment. This is a terrible perversion of medicine. We should aim to kill the pain not kill the patient. Furthermore, euthanasia severely reduces patient autonomy and gives doctors the power of life or death. Doctors may decide that a treatment is futile but they should never be allowed to determine that a life is futile. Disability rights groups have often led the campaign against euthanasia because they recognise the risk it poses to people whose lives are sometimes seen as worthless by others.
- It is always cheaper and quicker to kill than to treat. As a result, legalised euthanasia becomes the preferred treatment option of those concerned about health costs and, once legalised, it becomes an acceptable treatment for an ever-increasing list of treatable, non-terminal conditions such as depression. As a result, legalised euthanasia undermines medical care, especially palliative care. Where legalised euthanasia is available, as in Holland and Oregon, palliative care appears to be inadequate.
- The vulnerable newborn is also at risk from euthanasia. Belgium legalised euthanasia for competent adults in 2002. Though it remains illegal to kill babies, by 2005, 7% of deaths of newborn babies were due to lethal injection because they were premature or malformed at birth (*Lancet* 2005). In the Netherlands, 9% of deaths of newborn babies occurred following the administration of drugs designed to hasten death (*Lancet* 2005, *Archives of Pediatrics & Adolescent Medicine* 2005).
- Legalised euthanasia adversely affects the doctor-patient relationship. As the British Medical Association has noted, where legalised euthanasia is available, patients will never be sure whether their doctor is wearing the white coat of the healer or the black hood of the executioner.
- The second part of the Rights of the Terminally Ill (Euthanasia Laws Repeal) Bill 2008 gives the ACT and the NT the right to legislate on euthanasia. These are small territory assemblies with no upper house of review and only 17 members in the ACT and 25 in the NT. Such small legislatures with no upper house should not be given the power to make decisions on a life and death issue such as euthanasia which would radically change the social air we all breathe by severely undermining respect for life.

I would encourage and implore you to carefully consider these and any other arguments AGAINST euthanasia, and to not succumb to the wailings of an un-caring minority, or to cave-in to the pleas of those who would find it easier or more convenient to simply 'put suffering souls out of mind' by 'putting them out of their misery', rather than taking the more responsible, caring and rewarding approach of providing more support, encouragement and assistance to those who are suffering.

Yours faithfully



Ian Hooley

Saturday, 29 March 2008
