

# TEN REASONS TO OPPOSE ASSISTED SUICIDE IN NSW

*Advocating against Euthanasia and on behalf of the sick and vulnerable, is especially important in today's climate. Having an array of grounds to oppose VAD laws is also very useful for encountering a variety of people. Below are some practical reasons why we should oppose Voluntary Assisted Dying, they can be used for conversations with others and are especially helpful for writing or contacting your local MP to let them know to oppose State sanctioned suicide.*

## 1. Palliative care is very effective

- Palliative care practice is highly effective at 98.5% success rate in pain control.
- Persons only die in pain when palliative care services are not funded.
- Funding palliative care in the regions is more important than funding suicide for persons who are unwilling to receive palliative.

Source: <https://righttolifensw.org.au/the-myth-of-bad-deaths/>

## 2. End of life care should focus on adequate funding of palliative care

- Palliative care is underfunded in NSW

NSW currently has approximately 91 FTE palliative care specialists for the state, or just 1.1 palliative medicine specialists per 100,000 population. To meet Palliative Care Australia's benchmark of 2 FTE specialist palliative medicine physicians per 100,000 population, NSW should have almost double the number of palliative care doctors it currently has. While this lack of available palliative care has significant effects in regional NSW, there is a lack of palliative care even in major hubs. For example, Westmead Hospital, which serves a population of 1.85 million and has almost 1000 beds has no dedicated palliative care beds.

- Palliative Care Australia states that there is large unmet need in palliative care.

"Investment at national, state and territory levels will be required to ensure that the systems and people are available to provide quality palliative care where and when it is needed. There is significant unmet need for high quality palliative care in Australia and forecasts indicate significant increases in need in the years ahead" 2019-VAD-position-statement-Final.pdf (palliativecare.org.au).

- Professor Stephen Duckett at the Grattan Institute says:

"But palliative care services throughout Australia are woefully underprovided. People are dying in hospitals when they want to die at home. In addition to being a personal tragedy, under-provision of palliative makes no economic sense." How to improve palliative care - Grattan Institute.



## 3. Many Doctors are opposed to the practice

- The majority of doctors do not support assisted suicide. Health Professionals Say No, a group of almost 900 health professionals— many in NSW, believe euthanasia can never be made safe. The links to statements of many medical organisations is here: **RESOURCES - [www.healthprofessionalsayno.info](http://www.healthprofessionalsayno.info)**
- The world medical association opposes assisted suicide.
- "The WMA reiterates its strong commitment to the principles of medical ethics and that utmost respect has to be maintained for human life. Therefore, the WMA is firmly opposed to euthanasia and physician-assisted suicide" (see 70th WMA General Assembly, Tbilisi, Georgia, October 2019)

## 4. Slippery slope

The international experience is that once these schemes are introduced there is pressure to relax safeguards and the scheme expand to include persons they were never intended to cover.

- Dr Long, from Charles Sturt University, now CEO of Right to Life NSW, estimated in 2017 that the average annual growth rate in people accessing these schemes was 17 per cent a year in 2017

Source: <https://www.theaustralian.com.au/nation/nation/its-projected-1000-people-a-year-will-access-assisted-dying-by-2030/news-story/1a39ed0cb57f6e2787bd2b1fe1c8f496>

- The massive expansion of the scope of the Canadian assisted suicide scheme is further evidence of the slippery slope. Canada only passed its legislation in 2018 but the recent report showed that there 7,595 assisted suicides in 2019, accounting for 2.5% of all deaths in Canada, rising at an annual rate of 34%. If this rate of assisted suicide applied in NSW their would be 1,400 assisted suicides per year. There we only 359 road fatalities in NSW in 2019 (Crash and casualty statistics – NSW general view – Interactive crash statistics – Statistics – NSW Centre for Road Safety).



## 5. Wrongful deaths

- Assisted suicide can never be made safe – there is always the risk that people will access the scheme without meeting the tests. The Australian Care Alliance, the peak community group against euthanasia after Right to Life NSW and Right to Life Australia, shows that overseas there have been many examples of wrongful deaths from assisted suicide. (**see TWELVE CATEGORIES OF WRONGFUL DEATHS – Australian Care Alliance**)

New data from Canada shows a shocking number of wrongful deaths:

- 4,120 Canadians were euthanised because they had cancer but with no discussion with an oncologist about this course of action;
- 2,650 people were euthanised who perceived they were a burden on their family, friends or caregivers;
- 1,373 people were euthanised who requested that their lives be ended because they felt isolated and lonely;
- 1,253 were euthanised with non-terminal conditions
- 227 people were euthanised because they were frail;
- 322 people were euthanised who needed disability support services but did not receive them;
- 126 people who needed, but could not access, palliative care were given access to euthanasia;
- 59 people who the practitioner assessed as requesting a lethal injection "voluntarily" determined 'informed consent' without directly consulting with the person.

## 6. Voluntary euthanasia is a threshold moment for Australia, and one we should not cross

Former Prime Minister Paul Keating referring to the Victorian legislation that Alex Greenwich's bill is modelled on stated in the Sydney Morning Herald October 19, 2017



- "There is probably no more important issue in contemporary bioethics or a more serious ethical decision for our parliaments than that raised by the Voluntary Assisted Dying Bill 2017 being debated this week in the Victorian Parliament. Under this bill, conditions and safeguards are outlined that will allow physicians to terminate the life of patients and to assist patients to take their own life. This is a threshold moment for the country. No matter what justifications are offered for the bill, it constitutes an unacceptable departure in our approach to human existence and the irrevocable sanctity that should govern our understanding of what it means to be human." **Paul Keating: Voluntary euthanasia is a threshold moment for Australia, and one we should not cross (smh.com.au)**

## 7. Elder abuse

There is a real risk that persons who are elderly and dying might activate the assisted suicide process out of a sense of being a burden to their family. There is also the risk that some family members might encourage such a perception for financial motives.

- The report by the Australian Law Reform Commission (ALRC) in relation to elder abuse used data from the World Health Organisation the ALRC suggests that elder abuse can occur in 2 to 14 percent of relevant cases. (Australian Law Reform Commission, Elder Abuse –Final Report p.17, referring to WHO publication The Toronto Declaration on the Global Prevention of Elder Abuse.) <https://www.alrc.gov.au/publications/elder-abuse-report>. It recommended a detailed study into the prevalence of elder abuse in this country, and a national plan to combat elder abuse to be agreed between federal, state and territory governments. This has not yet happened.
- In recent years, it has become apparent that elder abuse and the risk of elder abuse are increasing threats in Australia. If an individual is unable to take care of themselves, has reduced decision-making capabilities and/or financial management issues, their vulnerability to be pressured into euthanasia by family members or others responsible for their care increases. A 2015 NSW Parliamentary inquiry revealed shocking accounts of elder abuse. The Committee Chair, Hon. Greg Donnelly MLC, wrote:

“Within the context of the many priorities that governments juggle, abuse of older people can be overlooked, perhaps because elder abuse tends to be hidden away. Perhaps it is because of the ageism that exists in our culture, that allows us to disrespect our elders and tacitly accept disempowerment as an inevitable outcome of frailty. Perhaps it is too threatening for many of us – because we ourselves will one day be old and frail – to see this abuse for what it is: exploitation of and in some cases violence towards people who are vulnerable, people who in many cases are the least able to protect and defend themselves.”

- Elder abuse can take many forms through subtle emotional pressure, to direct coercion. In the case of the situation of a vulnerable person experiencing a terminal illness, the incentives of the suffering person and the beneficiaries of their estate are in direct conflict. The beneficiaries, usually family members, have a strong financial incentive to expedite release of assets that might flow from a will. The interests of the suffering persons are protected when they are relieved of any emotional pressure, or sense of guilt for still being alive, or of holding up the financial benefit they will provide when they die to the people they love. It is a complex emotional situation, and one that is very difficult to manage through a regulatory regime.
- There is an important issue of gaining consent from older Australians. As the ALRC report indicates (p.18) one third of all persons over the age of 75 have ‘severe or profound’ core activity limitations. The report continues:

"The prevalence of cognitive impairment also increases with age. From age 65, the prevalence of dementia doubles every 5 or 6 years. 30% of people aged over 85 have dementia ..."

- This data seems to indicate that high levels of safeguards are required to prevent elder abuse. However, no effective direct safeguards have been legislated in Australia to combat elder abuse in assisted suicide regimes.

It would be recklessly negligent of the NSW parliament to legalise euthanasia and assisted suicide in the state before putting in place a system to effectively address the scourge of elder abuse. If we cannot tackle elder abuse, there is no reason to believe that we can adequately safeguard against abuse when it comes to euthanasia and assisted suicide for our vulnerable elderly.



## 8. Fails to protect vulnerable people with mental illness

The last attempt to legislate euthanasia in NSW excluded people with mental illness. The Greenwich bill does not. There is a strong risk that dying people with mental illness will activate the assisted suicide process as a result of their mental infirmity rather than a decision relating solely to their primary medical condition. The evidence from the overseas jurisdiction is that demand for access to assisted suicide for those with mental illness has increased dramatically.

- As stated in the Victorian Parliament End of Life Choices Inquiry Report (p.414)

“The proportion of euthanasia deaths involving neuropsychiatric disorders has increased sharply in Belgium over the past decade, from 1.2% of cases in 2004/05 to 2.8% in 2010/11 (58 cases) and 3.7% of cases in 2013/14 (67 cases).”

**Table 4: Number of cases of euthanasia for neuropsychiatric conditions in Belgium**<sup>79</sup>

Source	Years covered by report	Number of cases of neuropsychiatric conditions
Second report	2004 and 2005	9 <sup>80</sup>
Third report	2006 and 2007	13 <sup>81</sup>
Fourth report	2008 and 2009	62
Fifth report	2010 and 2011	105

And on page 415 of the same report.

“In the Netherlands, recent data from reports of the Regional Euthanasia Review Committees points to a growing number of cases of euthanasia in cases of mental illness and dementia. Table 5 contains the number of cases of mental illness and dementia over the period 2012–2015.”

“There is no reason to think that growth rates in either category will taper off given what we observe in growth rates in the overall number of cases both in the Netherlands and other major jurisdictions.”

**Table 5: Number of cases of euthanasia for mental illness or dementia in Netherlands**<sup>82</sup>

Year	Mental Illness (Cases)	Dementia (Cases)
2012	14	42
2013	42	97
2014	41	81
2015	56	109
Growth rate: (CAGR 2012-2015)	59%	37%

- Part of this growth in the mental illness cohort is due to difficulties in assessing mental capacity for patients in end of life situations. Here is a quote from respected Australian medical professionals in a paper to Palliative and Supportive Care (2015), 13, 1399–1409. Cambridge University Press, 2015 1478–9515/15.

## 8. Fails to protect vulnerable people with mental illness (CONTINUED)

"Even when psychiatrists are involved, their capacity to confidently assess the existence and role of mental illness in EAS [assisted suicide] has been questioned

(see: <http://jme.bmj.com/content/37/4/205.short>).

Assessing mental capacity, a common requirement for jurisdictions where euthanasia and physician-assisted suicide are legalised, can also be problematic for doctors

(see <https://bmcmethics.biomedcentral.com/articles/10.1186/1472-6939-15-32>)."

David Kissane, Professor of Psychiatry, Monash University Professor of Palliative Care Research, University of Notre Dame Australia, has indicated the risks to persons with mental illness of assisted suicide. In his submission to the WA Parliamentary Inquiry he stated:

- "Depression and demoralization in the medically ill are common reasons that bring about a desire to die. This is confirmed by Australian studies. Depression and demoralization often pass underdiagnosed and undertreated in oncology and palliative care. Depression and demoralization have a significant impact on decision-making capacity, and if unrecognised, the vulnerable are put at grave risk by VAD legislation.
- Treatment of depression restores interest in life-sustaining treatments or living until natural death intervenes. An additional factor is that doctors do make errors in diagnosis and treatment. Furthermore, prognosis is not an exact science. Protection of the vulnerable, the frail elderly, the disabled and the mentally ill is a crucial responsibility of society and its legislators. Legislators ultimately must make a choice between autonomy sought by a few vocal advocates and the safety of the wider community, whose lives may be put at risk through the difficult regulation of state sanctioned death."

*Commentary\_on\_The\_Report\_of\_the\_JSC\_on\_End\_of\_Life\_Choices.pdf*  
([d3n8a8pro7vhmx.cloudfront.net](https://d3n8a8pro7vhmx.cloudfront.net))



## 9. Fails to protect vulnerable indigenous people

Indigenous people do not support assisted suicide. It goes against their spirituality and they feel threatened by it. This was a key reason why euthanasia legislation in the Northern Territory was overturned. The key advocate here is Senator Patrick Dodson: here are his views on the WA legislation on assisted suicide:

"As representatives and legislators, surely, we must be focusing our attention to enacting laws that help prolong life and restore the right to enjoy a healthy life. Our endeavours should be directed to enabling all citizens to access the highest quality of health care. It's about priorities, values and care. The duty of care we saddle those administering and prescribing this system is an onerous one and morally cannot be conveniently shoved off to Government legal drafters.

The Northern Territory experience in the 1990s suggests that the mere presence of this legislation may be a barrier to First Nations peoples receiving healthcare. Fears and suspicions of 'whitefella' medicine will only increase, and the capacity to ascertain informed consent will be difficult...

I admire the dignity with which many have cared for their loved ones to their end. I do not condemn anyone for the choices they make. However, I also believe in the dignity and sanctity of the individual and the importance of not allowing a state to make such a conclusive decision on our common humanity – the power to assist someone in taking their own life. Voluntary Assisted Dying – a First Nations perspective" – **Senator Patrick Dodson**

Source: <https://www.theaustralian.com.au/inquirer/aboriginal-people-do-not-need-a-new-avenue-to-death/news-story/354b3ae862397f5aae70788f9307b7d7>

## 8. Fails to protect vulnerable people with disabilities

Persons with severe disability facing a terminal illness of significant duration face extraordinary struggles which few of us can even imagine. There is a real risk that the assisted suicide process could exacerbate a co-morbid condition of latent depression or mental illness, with risks that persons with disability with ultimately terminal conditions might activate the assisted suicide process in an episodic moment of depression or anxiety. The other argument, for those with disability is the fear that doctors may consider their life not worth living because of their disability and offer them assisted suicide instead of sound medical treatment.

- Here is a link which highlights the view of key disability advocates on this legislation.  
[http://www.no euthanasia.org.au/disability\\_advocates\\_tell\\_victorian\\_mps\\_why\\_they\\_oppose\\_assisted\\_suicide\\_and\\_euthanasia](http://www.no euthanasia.org.au/disability_advocates_tell_victorian_mps_why_they_oppose_assisted_suicide_and_euthanasia)
- Liz Carr, a disabled BBC Actor, made a presentation to the Victorian Parliament on this issue stating:

"Maybe lots of us would feel happier, because people are not having good deaths now. People do not have choice in how they live, and the support that they might need in life. Ill and disabled and older people are not getting what they need now resource wise, health wise, pain wise, pain management, palliative care, housing, NDIS – that's in a mess.

Until those things are sorted, can we really trust that the reasons that people give for wanting to end their lives are the real reasons, or that really it is about pain and suffering, or is it because we're not doing what we should be doing to support those people in life. It's too easy to go: do you know what, if I couldn't do that A, B, and C, maybe I'd want to end my life. I can't imagine. I'm rubbish with pain. I wouldn't want that. It's too easy to therefore assume that that's why those people might want to die. Maybe they just need decent pain control and support, and we need to make sure first, all of that's dealt with. Absolutely."

**Liz Carr: address to Victorian Parliament on assisted suicide - Hope Australia (no euthanasia.org.au)**



## More Resources:

A list of all the current members of NSW Parliament, search here to find your local MP:

[https://www.parliament.nsw.gov.au/members/Pages/all-members.aspx?  
&house=la&tab=browse](https://www.parliament.nsw.gov.au/members/Pages/all-members.aspx?&house=la&tab=browse)

Sample Letter you can use to write to your local MP:

<https://righttolifensw.org.au/framework-for-writing-a-letter-to-a-politician/>

Here you can download these '10 Reasons to oppose Assisted Suicide' with the full attachments included:

<https://righttolifensw.org.au/framework-for-writing-a-letter-to-a-politician/>

Here you can find all the current positions of Medical Associations on VAD Laws as well as other educational resources on the topic:

<http://www.healthprofessionalsayno.info/resources.html>

Up to date news and resources on Euthanasia in Australia

<https://www.no euthanasia.org.au/>