**Speaking Points**

**Voluntary Assisted Dying Bill NSW (Assisted Suicide)**

* On Thursday 14th September, Trevor Khan MLC will introduce his 'Voluntary Assisted Dying' Bill to the New South Wales Parliament in the Legislative Assemble (Upper House). If passed, this would allow people with a terminal illness to be given the means to kill themselves or to be killed by a medical practitioner. The bill will be debated during September and may go to a vote in late September but more likely in October.
* The bill provides access to assisted suicide via lethal injection. To be eligible one must be 25yrs +, assessed by doctors to be suffering from terminal illness resulting in death within 12 months, in severe pain or physical incapacity deemed unacceptable.
* 2 doctors must sign off plus an independent psychiatrist or psychologist confirming the person is of sound mind, has decision making capacity and is choosing assisted death freely and voluntarily with due consideration. The patient also signs a form stating they meet these conditions.
* There is no way of preventing persons from being coerced into signing the forms.
* There is a mandatory 48 hour cooling off period and judicial review is available.
* This bill poses a particular danger to the frail, aged, sick, mentally impaired, vulnerable and disabled in our state.
* It is impossible for legislation to create and enforce safeguards. It cannot provide guarantees against potential abuse and exploitation of such laws as demonstrated in jurisdictions where assisted suicide and euthanasia have already been legalised. Financial considerations and feelings of being a burden on families are common reasons for vulnerable persons to be coerced into assisted suicide.
* The vulnerability of older people to suicide may be seen in the US state of Oregon, where assisted suicide is legal and where deaths under this law increased by 80% between 2013 and 2015.[[1]](#footnote-1) The median age of death by assisted suicide was 73 years.[[2]](#footnote-2) Almost half of those who died under Oregon’s assisted dying law nominated *“feeling a burden on family and friends”* as a reason for ending their lives.[[3]](#footnote-3)
* In the Netherlands we have witnessed a steady increase in the amount of involuntary deaths from euthanasia. In 2015 there were 7254 assisted deaths, 23% were not reported and 431 deaths were without explicit request.[[4]](#footnote-4)
* The elderly and those who are suffering a terminal illness need to know that their lives still have value and that they will never be regarded as a “burden” on the New South Wales community or on our health care system. We must assure them that the care which they may need at the end of their lives in no way deprives them of dignity, but, rather, is a reflection of their true dignity and of the gratitude and care which we as younger generations owe to them for all they have contributed to our community and our nation.
* We endorse the views of the World Medical Association that physician assisted suicide and euthanasia are unethical, even if made legal. We endorse the Australian Medical Association position that "doctors should not be involved in interventions that have as their primary intention the ending of a person’s life."
* We are especially concerned with protecting vulnerable people who can feel they have become a burden to others, and are committed to supporting those who find their own life situations a heavy burden. We believe assisted suicide laws would undermine the public perception of the dignity and value of human life in all its different stages and conditions. Government focus should be on the compassionate and equitable provision of Social Services, Health Care and Palliative Care.
* Doctors and Healthcare Professionals are not necessary for the legalisation or practice of assisted suicide. Their involvement is being sought only to provide a cloak of medical legitimacy.
* We endorse the World Health Organisation definition of Palliative Care, which has been re-affirmed by the Australia & New Zealand Society of Palliative Medicine, that Palliative Care aims to deliver impeccable holistic and person centred care without the aim of foreshortening life.
* Crossing the line to intentionally assist a person to suicide would fundamentally weaken the doctor-patient relationship, which is based on trust and respect.
1. #  A. Schadenberg, ‘Oregon 2015 Assisted Suicide Report Shows Another 26 Percent Increase in Assisted Suicide Deaths’, National Right to Life News, February 16, 2016. <http://www.nationalrighttolifenews.org/news/2016/02/oregon-2015-assisted-suicide-report-shows-another-26-increase-in-assisted-suicide-deaths/#.WV4KJ4SGNaR>.

 [↑](#footnote-ref-1)
2. Oregon Health Authority, *Oregon Death with Dignity Act: Data Summary 2016*. <http://www.oregon.gov/oha/ph/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year19.pdf>. [↑](#footnote-ref-2)
3. Ibid. [↑](#footnote-ref-3)
4. Centraal Bureau Voor de Statistiek May 24, 2017 http://statline.cbs.nl/Statweb/publication/?DM=SLNL&PA=81655NED&D1=a&D2=a&D3=a&D4=l&VW=T [↑](#footnote-ref-4)