



Joint Select Committee on End of Life Choices  
Legislative Assembly of Western Australia  
4 Harvest Tce  
WEST PERTH WA 6004

## **Submission to Joint Select Committee on End of Life Choices**

Dear Committee

The Association for Reformed Political Action (ARPA) thanks you for the opportunity to lodge a submission as part of your inquiry into the need for laws in Western Australia to allow citizens to make informed decisions regarding their own end of life choices. We recognise that this is an important and sensitive issue which concerns all West Australians as they consider what options may be available to them in the closing chapter of their lives. We also acknowledge that there are a wide range of opinions in this area, many of which are passionately held. We appreciate your consultation with the community and hope that our submission contributes meaningfully to this process.

ARPA is a non-partisan Christian organisation affiliated with the Free Reformed Churches of Australia, a denomination with over 4000 members in 14 congregations across Western Australia. Our members have established a variety of organisations including schools as well as aged and disability-care homes.

Having monitored developments in the Eastern States, particularly Victoria, the possibility that your inquiry may lead to the recommendation of some form of legalised euthanasia or assisted suicide in Western Australia is of particular concern to us. There are two reasons for these concerns.

Firstly, the Bible teaches very clearly that both murder and suicide are morally wrong and that people should do everything in their power to prevent both. This teaching is based on the principal that human life has sanctity, meaning that it is 'set apart.' Humans are not the as other life forms, such as plants or animals. People are made in the image of God, having not only a body but also an eternal soul. The Bible teaches in numerous places that God is the one who numbers people's days, calling them out of this life at a time and in a manner of His choosing. The fact that deaths are painful and often caused by illness or accident is a result of sin, which brought death into what had been a perfect world. In this sense euthanasia does not give control over death; rather, it gives in to it. There is more that could be said, also in regards to how Christ's resurrection points to the ultimate end of death when He returns for the second time. It is unfortunate that this inquiry's terms of reference do not probe the moral dimension of this issue; however, ARPA is happy to provide the committee with further explanation about the Christian reasons against euthanasia in writing or in-person should the committee so desire.

Secondly, we have observed with great concern developments in the Netherlands, Canada and the United States of America, jurisdictions where euthanasia has been legalised in various forms. Stories coming out of these jurisdictions are cause for concern and reflection on whether the supposed benefits of euthanasia are really worth the costs.

These concerns about the legalisation of Euthanasia are relevant under parts (a) and (b) of your committee's Terms of Reference:

*(a) Assess the practices currently being utilised within the medical community to assist a person to exercise their preferences for the way they want to manage their end of life when experiencing chronic and/or terminal illnesses, including the role of palliative care;*

We respectfully submit that:

- i. Effective palliative care plays a crucial role in influencing the preferences patients will express regarding their care, including whether or not they desire assisted suicide. Effective, high-quality palliative care reduces patients' fears and alleviates the symptoms and pain associated with the dying process.<sup>1</sup> According to Professor Peter Hudson from St Vincent's centre for Palliative Care in Victoria, when quality palliative care is provided less than 1% of people desire euthanasia or assisted suicide.<sup>2</sup> Palliative Care Australia has called for more public awareness and engagement with palliative care.<sup>3</sup>
- ii. Elderly patients in particular are vulnerable when it comes to exercising their preferences in a range of areas, including 'end of life' matters. Current statistics on elder abuse in Australia are concerning. The 2014 Australian Longitudinal Study of Women's Health found that 8% of elderly women in Australia aged 85 and above had experienced abuse, that up to 20% had experienced neglect, and that most abuse was intergenerational and conducted by adult children.<sup>4</sup> Australian research into calls made to elder-abuse hotlines in VIC, NSW and QLD found that most prevalent forms of abuse reported to these hotlines were financial (40-61%) and psychological (35-59%), with children featuring highly as perpetrators of abuse in these categories.<sup>5</sup> Legalising euthanasia in any form creates a possibility that some vulnerable Australians could be manipulated into it for the financial gain of others, particularly family members. In that sense a choice could be 'voluntary' by the patient but in reality be made under pressure by family.

*(b) review the current framework of legislation, proposed legislation and other relevant reports and materials in other Australian States and Territories and overseas jurisdictions;*

We draw your attention to the following:

- i. Despite the impression that euthanasia is commonly sought for people in unbearable pain, statistics in jurisdictions where euthanasia is legal show that pain relief is not the primary motivation. Oregon, USA, is often cited as an example of how euthanasia laws have operated "successfully" to exclusively assist the terminally ill. However, government data from the US state of Oregon over a 17-year period shows that less than 33% of patients who were given assisted suicide did so due to either experienced or feared pain. Instead, the overwhelming reasons cited were loss of autonomy (90% of patients), loss of ability to engage in activities that made life enjoyable (70%) and loss of dignity (70%).<sup>6</sup>

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<sup>1</sup> British Medical Association (BMA). "BMA - Physician-Assisted Dying." Accessed June 7, 2017. <https://www.bma.org.uk/advice/employment/ethics/ethics-a-to-z/physician-assisted-dying>.

<sup>2</sup> Nightingale, Tom. "Doctors Warn Victoria against Legalising Euthanasia." Text. ABC News, December 5, 2016. <http://www.abc.net.au/news/2016-12-05/doctors-warn-against-euthanasia-move/8091718>.

<sup>3</sup> Palliative Care Australia (PCA). "Euthanasia and Physician Assisted Suicide: Position Statement," August 2016. <http://palliativecare.org.au/download/2448/>.

<sup>4</sup> Australian Longitudinal Study on Women's Health. (2014). *1921–26 cohort: Summary 1996–2013*. Callaghan, NSW & Herston, Qld: University of Newcastle and the University of Queensland, cited in pp 9, 10 of Kaspiew, Rae, Rachel Carson, and Helen Rhoades.

"Elder Abuse: Understanding Issues, Frameworks and Responses." Australian Institute of Family Studies, February 2016. <https://aifs.gov.au/publications/elder-abuse/1-introduction>.

<sup>5</sup> Kaspiew, Rae, Rachel Carson, and Helen Rhoades. "Elder Abuse: Understanding Issues, Frameworks and Responses." Australian Institute of Family Studies, February 2016. <https://aifs.gov.au/publications/elder-abuse/1-introduction>.

<sup>6</sup> Emanuel, Ezekiel. "Euthanasia and Physician-Assisted Suicide: Focus on the Data." *Medical Journal of Australia* 206, no. 8 (2017), p. 1. <https://www.mja.com.au/journal/2017/206/8/euthanasia-and-physician-assisted-suicide-focus-data#5>

- ii. Safeguards on euthanasia require enforcement in order to be effective, but overseas examples show that enforcement and prosecution rarely occurs. In Quebec, Canada, a review by that province's college of physicians found 21 of 262 patients euthanized during an eight month period in 2016 were euthanised in breach of the legal requirements. In 18 cases the second doctor was not considered independent, in two cases patients were not considered at the "end of life" and in one case there was a failure to prove the patient had a serious and incurable illness.<sup>7</sup> Despite the breaches and the possibility of homicide, no doctor has faced discipline and no police investigations have occurred into any of the deaths.<sup>8</sup> Belgium simply classifies euthanasia deaths as "natural deaths," and its Euthanasia Control Commission has not reviewed any deaths in 13 years.<sup>9</sup> Even if breaches are reviewed under a rigorous system, such reviews by definition only take place *after* the patient has already died, meaning that even if it is found to be wrongful the act of euthanasia can never be undone.
- iii. Euthanasia does not guarantee a pain-free or 'dignified' death. A study of euthanasia and assisted-suicide deaths in the Netherlands since the year 2000 found that 5.5% of euthanasia and assisted-suicide cases had some form of technical problem, 3.7% had a complication and 6.9% of cases had an issue with completing the procedure. Complications included nausea, vomiting and muscle spasms. 1.1% of patients did not even die but awoke from a coma.<sup>10</sup> In the United States, an Oregon patient who took his legally-prescribed euthanasia dose woke up after three days in a coma and spent another 13 days in extreme pain.<sup>11</sup>
- iv. Participating in euthanasia has a negative effect on doctors. In Ontario (Canada), one in three doctors who were willing to administer euthanasia when it was legalised in June 2016 had asked to be removed from the registry by February 2017 or have their names put on hold. Of the 29,898 registered physicians in the province, only 107 physicians are currently willing to administer euthanasia.<sup>12</sup>
- v. Euthanasia is not proven to lower suicide rates. Submissions by Victoria's Coroner's Court into that state's current euthanasia debate have opened up the horrific reality that many people experiencing "irreversible decline" in their physical health are taking their own lives. Between 2009 and 2013 an estimated 240 people are believed to have suicided in that state because of deteriorating health.<sup>13</sup> While these situations are incredibly tragic, and highlight an urgent need to keep supporting suicide prevention strategies, making euthanasia available will not reduce these figures. A comprehensive study of state-level suicide rates in the US between 1990 and 2013 found that legalising euthanasia and physician-assisted suicide caused a 6.3% increase in total non-assisted suicides, with a larger effect in individuals older than 65.<sup>14</sup>

<sup>7</sup> Peritz, Ingrid. "Quebec's Assisted-Death Requests to Top 300 by 2017." *The Globe And Mail*, October 27, 2016. <https://www.theglobeandmail.com/news/national/quebecs-assisted-death-requests-to-top-300---three-times-governments-forecast/article32561209/>.

<sup>8</sup> Kirkey, Sharon. "'Take My Name off the List, I Can't Do Any More': Some Doctors Backing out of Assisted Death." *National Post*, February 26, 2017. <http://news.nationalpost.com/news/0227-na-euthanasia>.

<sup>9</sup> Mason, Brett, and Calliste Weitenberg. "Allow Me To Die." *SBS Dateline*, November 24, 2015. <http://www.sbs.com.au/news/datetime/story/allow-me-die>.

<sup>10</sup> Emanuel, Ezekiel. "Euthanasia and Physician-Assisted Suicide: Focus on the Data." *Medical Journal of Australia* 206, no. 8 (2017), p. 2. <https://www.mja.com.au/journal/2017/206/8/euthanasia-and-physician-assisted-suicide-focus-data#5>.

<sup>11</sup> Rawstorne, Tom. "The Chilling Truth about the City Where They Pay People to Die." *Mail Online*, August 10, 2009. <http://www.dailymail.co.uk/debate/article-1205138/The-chilling-truth-city-pay-people-die.html>.

<sup>12</sup> Kirkey, Sharon. "'Take My Name off the List, I Can't Do Any More': Some Doctors Backing out of Assisted Death." *National Post*, February 26, 2017. <http://news.nationalpost.com/news/0227-na-euthanasia> and Canadian Medical Association. "Physicians by Province/Territory and Speciality." Accessed June 7, 2017. <https://www.cma.ca/En/Pages/canadian-physician-statistics.aspx>.

<sup>13</sup> Tomazin, Farrah. "Dying with Dignity: Coroners Court Weighs in to Euthanasia Debate ahead of Historic Report." *The Age*, May 28, 2016. <http://www.theage.com.au/victoria/dying-with-dignity-coroners-court-weighs-in-to-euthanasia-debate-ahead-of-historic-report-20160527-gp62c7.html>.

<sup>14</sup> Jones, David Albert, and David Paton. "How Does Legalization of Physician-Assisted Suicide Affect Rates of Suicide?" *Southern Medical Association* 108, no. 10 October 2015 (October 10, 2015): 599–604.

- vi. Once legalised in a limited form, euthanasia increases in scope in every jurisdiction where it has been legalised. No euthanasia proposals presented in Australia to date have addressed how Australia will not follow the trends of overseas countries where the supply of euthanasia has stirred its demand. Once adopted in a restricted form, there is always the possibility of an amendment to expand euthanasia and remove or amend the restrictions. The Netherlands legalised euthanasia in 2002. At that time the Netherlands required explicit patient consent prior to administration of medication, but in 2015 the law was changed to allow the euthanasia of dementia patients if they had requested it prior to their dementia.<sup>15</sup> Former supporters of the law, including some high-ranking professors, are alarmed at how quickly a method seen as an option of last resort is now being demanded as a right, placing pressure on doctors.<sup>16</sup> In 2017, the Netherlands is considering a change to the law which would allow anybody over the age of 75 the right to assisted suicide by virtue of their age.<sup>17</sup> In Belgium, euthanasia was legalised only for adults in 2002 but was expanded to children of any age in 2014.<sup>18</sup> The scope of expansion there is the most alarming example of how setting up a mechanism for state-sanctioned killing in some form allows for the possibility that it will be expanded and legalised beyond the original intent. The US state of Oregon limits euthanasia to terminally-ill patients and for the last twenty years has required patients to self-administer their fatal dosage. As a result, it is often held up by Australian euthanasia advocates as a more desirable model than European jurisdictions. However, Oregon's legislature faced demands in 2015 to modify the definition of what constitutes a terminal disease and in 2017 a bill is being debated which would allow patients to make advance directives authorising others to administer the medication.<sup>19</sup> Similar demands for expansion have been made in other US states.

The potential for such expansion in Australia has already been demonstrated by the way the euthanasia debate is taking shape in Victoria. Dr Rodney Syme, a euthanasia campaigner and Australian Humanist of the Year 2017, has publicly written that limitations in Victoria's euthanasia model restricting the practice to those with "serious and incurable conditions" and "endurable and unbearable suffering" who have only "weeks or months to live" amounts to discrimination against those who have an "ill-defined trajectory to death," and thus the definitions should be broadened.<sup>20</sup> Suspicions of ulterior motives to expand euthanasia at a later date have also been fanned by Victoria's Health Minister, who stated that "*Politicians need to ask themselves: is it about being pure or is it about saying 'let's get the best result we can'?*"<sup>21</sup> If limited euthanasia is not "pure," it is hard to see how there could not be future demands for legislation to be 'purified' by expanding the illegibility criteria.

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<sup>15</sup> Pieters, Janene. "Euthanasia Rarely Approved for Advanced Dementia Patients, despite Lucid Requests." *NL Times*, January 6, 2017. <http://nltimes.nl/2017/01/06/euthanasia-rarely-approved-advanced-dementia-patients-despite-lucid-requests>.

<sup>16</sup> Miller, Barbara. "Euthanasia in the Netherlands: One Family's Experience of a Loved One's Assisted Suicide." Text. *ABC News*, April 10, 2015. <http://www.abc.net.au/news/2015-04-10/one-familys-experience-of-assisted-suicide/6381604>.

<sup>17</sup> "Assisted Dying Could Be Legalised for over-75s Who Have Had 'Enough of Life.'" *DutchNews.nl*, December 19, 2016. <http://www.dutchnews.nl/news/archives/2016/12/assisted-dying-could-be-legalised-for-over-75s-who-have-had-enough-of-life/>.

<sup>18</sup> White, Ben, and Lindy Willmott. "Belgium's Child Euthanasia Law – Implications for Australia." *The Conversation*. Accessed June 14, 2017. <http://theconversation.com/belgiums-child-euthanasia-law-implications-for-australia-23250>.

<sup>19</sup>2015: "Tracking House Bill 3337 in the Oregon Legislature." *Your Government :: The Oregonian*. Accessed June 14, 2017. <http://gov.oregonlive.com/bill/2015/HB3337/>.

2017: "Oregon Revised Statute." Accessed June 14, 2017.

<https://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Pages/ors.aspx>.

<sup>20</sup> Syme, Rodney. "New Legal Framework Needed for Assisted Dying." *The Age*, March 4, 2017.

<http://www.theage.com.au/comment/new-legal-framework-needed-for-assisted-dying-20170302-gup4ty.html>.

<sup>21</sup> Brown, Greg. "Go Softly Or Law Will Fail." *The Australian*, September 26, 2016. <http://www.theaustralian.com.au/national-affairs/state-politics/euthanasia-reform-go-softly-or-law-will-fail/news-story/dad2497a07412eb1af9166767dd2df6b>.

- vii. Belgium, the Netherlands and Canada all allow for the harvesting of organs from euthanasia patients who have consented to the practice. Euthanasia patients are desirable organ donors because their death is quick and the timing can be controlled, allowing for organ transfer to be planned in advance.<sup>22</sup> It is possible that having the recipient of an organ arranged (and perhaps medically prepared for organ transfer) could induce a sense of obligation on both the person considering assisted-suicide and the medical staff providing it to continue the procedure which has been set in motion.
- viii. In June 2017 a Canadian nurse was forced to resign from her position as a homecare coordinator because she could not comply with laws in the province of Ontario which make it mandatory for doctors and nurses to assist patients who request euthanasia.<sup>23</sup> Consideration needs to be given to conscientious objectors, including doctors, nurses, pharmacy staff and organ donation recipients. For many, their beliefs will prevent them from even referring a patient to a euthanasia provider.
- ix. Examples exist in overseas jurisdictions of individuals being denied chemotherapy for cancer as it is deemed too expensive in relation to the cheaper cost of euthanasia medication.<sup>24</sup>

### Recommendations:

ARPA recommends that the Joint Select Committee On End of Life Choices:

- i. Rejects euthanasia as an acceptable 'end of life' choice.
- ii. Acknowledges in its report that a significant proportion of the Western Australian population hold a moral objection to any form of assisted suicide or euthanasia and recommends that the rights of such individuals and organisations should be protected.
- iii. Makes recommendations to increase the funding of and access to palliative care, so that every West Australian understands its effectiveness in managing pain, preserving dignity and alleviating fears associated with dying.
- iv. Acknowledges that the prevalence of elder abuse means elderly patients could be pressured into making detrimental 'end of life choices' by family members or others who may stand to gain financially or otherwise from those choices.
- v. Rigorously examines the arguments made by euthanasia advocates and acknowledges that there is evidence which contradicts their claims that euthanasia is primarily sought to alleviate pain, is a uniformly successful procedure, lowers suicide rates and can be contained to a limited form.
- vi. Reports to the WA Parliament that safeguards on euthanasia do not completely protect people from wrongful deaths or abuse, even in jurisdictions such as Canada where access to euthanasia is tightly controlled.

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<sup>22</sup> "If somebody has organs that would be appropriate to donate, you'll never get better organs than you would by this process" - Dr James Downar, a Toronto-based critical-care doctor who is co-chair of a Canadian Blood Services Committee developing organ donation guidelines for "conscious competent patients." See Kirkey, Sharon. "Doctors Harvesting Organs from Canadian Patients Who Underwent Medically Assisted Death." *National Post*. Accessed June 14, 2017. <http://news.nationalpost.com/health/doctors-harvesting-organs-from-canadian-patients-who-underwent-medically-assisted-death>.

<sup>23</sup>Baklinski, Pete. "Canadian Nurse Forced out for Refusing to Participate in Euthanasia | NRL News Today," June 15, 2017.

<http://www.nationalrighttolifeneews.org/news/2017/06/canadian-nurse-forced-out-for-refusing-to-participate-in-euthanasia/>

<sup>24</sup> Rawstorne, Tom. "The Chilling Truth about the City Where They Pay People to Die." Mail Online, August 10, 2009. <http://www.dailymail.co.uk/debate/article-1205138/The-chilling-truth-city-pay-people-die.html>

- vii. Undertakes a risk-assessment of euthanasia as an end of life choice to demonstrate that the best possible outcome (a peaceful death) is the same regardless of whether or not euthanasia is legalised, but that the worst possible outcome is far worse if it is (namely, that vulnerable people who do not need to die may be pressured into doing so).
- viii. Acknowledges in its report that if euthanasia is allowed as an end of life choice it will open a Pandora's box of other dilemmas which will require the parliament to debate further ethical issues. These will not only include inevitable calls for its expansion, but also protocols for organ donation by euthanized individuals and procedures for doctors and patients who do not want to participate in such organ donations.

We thank you for the opportunity to make this submission and are willing to respond or appear before you in-person to address any questions you may have. We wish you strength and wisdom as you consider these important matters for the benefit of the Western Australian community.

On behalf of ARPA,

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