Supplementary question to Dr John I Fleming

Question 1

From the point of view of public policy decision making and providing legislative effect to it, in instances where a proposed law will apply to the citizenry, yet its intended application is for a very small cohort of people (e.g. Voluntary Assisted Dying laws) what are the potential concerns, threats, dangers and both intended and unintended consequences for the whole population?

Answer

Rarely, if ever, can public policy be enacted to implement law to satisfy the demands of a few without there being concomitant impacts on others. VAD laws are meant to satisfy the requirements/demands of the small group of people who experience refractory pain and suffering at the end of life. In making a law which provides exemptions to the criminal law prohibition against killing a fellow innocent citizen, even for very compassionate reasons, parliamentarians must consider the impact on the wider community. Much of the discussion in the hearing I attended was dominated by a member of the committee, the Hon Trevor Kahn, who was preoccupied with only one consideration, that is the implementation of laws to allow both assisted suicide and the direct killings of patients who ask to be killed.

Missing in the entire session was any consideration of the abundance of evidence which shows that such laws, where implemented in other jurisdictions, brings with it significant abuses involving the killings of patients who did not ask to be killed. The "unintended consequences" of VAD laws include the following:

1. laws allowing doctors (and nurses) to kill patients in some circumstances are always accompanied by large numbers of people being killed without their knowledge and concern. (see pages 6-13, and 15 of my submission)
2. that legalisation of voluntary euthanasia for some cases will lead to calls for euthanasia for increasing types of cases, and especially for those who are not terminally ill such as those with dementia, and children. (see pages 371-373, 401-402 of John Fleming, *To Kill or not To Kill*, London, Austin Macauley Publishers, 2021)
3. that attempts to circumscribe the practices of physician assisted suicide and euthanasia are universally ineffective since, in practice, these things are done unsupervised and in private and some doctors do not see themselves as bound by the law where medical practice is concerned.
4. that where indigenous Australians are concerned, after decades spent building trust with the medical profession, there will be a reduction in that trust. This was discovered to be the case by the Northern Territory government following the parliament passing the Rights of the Terminally Ill Act 1996 and subsequently overturned by the Federal Parliament in 1997. "The Report found that the level of fear and of hostility to the legislation is far more widespread than originally envisaged ... …which makes one wonder about the public opinion polling that suggests high support among the NT public for the legislation. One imagines that phone polling doesn't get to too many Aboriginal people." (see pages 479-481, John Fleming, *To Kill or not To Kill*, London, Austin Macauley Publishers, 2021)

Passing into law Voluntary Assisted Dying laws without regard for the consequences for the wider community, based upon the "belief" that Australian politicians can do what no one else has been able to achieve where safeguards are concerned, is not the way in which responsible parliamentarians should enact public policy laws. Legislating exceptions to the universal law against homicide in the face of the empirical evidence widely available, would be a significant derogation from the first duty of parliamentarians to secure the lives of its citizens, and the first duty of medical doctors not to kill their patients in any circumstances.

Supplementary question to Dr John I Fleming

Question 2

In evidence provided to the inquiry through submissions and oral evidence some witnesses supportive of the Voluntary Assisted Dying Bill 2021 have posed the question: "What would you say to the family members or relatives of a person experiencing intractable pain at the end of life?" Will you please comment on whether the basis of the question is always fair and reasonable?

Answer

In the session which I attended; witness Dr Casey was asked by the Hon Trevor Khan to specify that he was not a medical doctor but a sociologist. He then put this to Dr Casey:

> Dr Casey, does that mean that at the present time your answer for those terminally ill patients who, even with the assistance of the best palliative care, are suffering unbearable pain is **"You will just have to grin and bear it"?** That is the consequence of your proposition, is it not? [emphasis added]

This is a case of special pleading. What the Hon Trevor Khan is doing is defending his own personal position by contrasting it with the witness who, in his view, lacks the necessary medical perspective (experiences or credentials) to appreciate his position (or the arguments in support of physician assisted suicide and euthanasia). This lack allegedly makes the witness unqualified to critique the pro VAD position which he, the Hon Trevor Khan, strongly supports. In contrast the Hon Trevor Khan referred to his father being a medical practitioner which in no way establishes the superiority of the Hon Trevor Khan's qualifications.

Special pleading is an informal fallacy wherein one cites something as an exception to a general or universal principle, without justifying the special exception. In this case, It was down to the Hon Trevor Khan, not Dr Casey, to justify his special exception to the universal law against homicide. The Hon Trevor Khan was indulging in a logical fallacy.

A fair retort to the Hon Trevor Khan would go something like this:

> Given the uncontested evidence that legalising any form of euthanasia brings with it a very large number of patients who will be killed without their knowledge and consent, **what would you say, the Hon Trevor Khan, to the hundreds of relatives whose loved ones were killed without their consent because of the law you have advocated and voted for? What will you say to the community at large when they come to understand that your belief that you can surround these killings with effective safeguards was delusional given the overwhelming evidence already available to you that this will not be the consequence?**

Here the Hon Trevor Khan would be invited to justify why he would be willing to pass a law which would put the lives of many others at risk. The approach chosen, "What would you say to the family members or relatives of a person experiencing intractable pain at the end of life?", is an attempt to bypass the rules of logic to exclude consideration of material arguments to avoid having to justify his "belief" that people should have the legal right to get a doctor to assist them to kill themselves or to kill them directly.

Moreover, the Hon Trevor Khan was indulging in a crudely inaccurate caricature of Dr Casey's responses to questions with his accusation that Dr Casey would "**agree with the proposition that it just means that some people will have to grin and bear it?"** and that "**that is the natural outcome of your proposition."** In this way he not only refuses to confront the legitimate public policy concerns which he, as a politician, is obliged to consider, but by his special pleading wants to make his personal response to suffering the only issue which should be considered.

This approach not only exhibits serious errors in logic, a crude caricature of another person's position, putting words into the mouth of a witness, but also the unjust accusation that Dr Casey cared more about defending his moral position than caring about those who may be dying in unrelieved pain. But, in fact, Dr Casey's entire evidence was about the necessity for good palliative care to be provided in rural and remote areas which are badly served at this time.

Moreover, this kind of approach is a classic example of the way political argument is carried on in what political scientists describe as the "post truth" age. As the Oxford Dictionary defines it, post truth "relates to or denotes circumstances in which objective facts are less influential in shaping public opinion than appeals to emotion and personal belief." It is a sad reflection on our parliaments that the euthanasia debate has been hostage to "post truth" political activism.

Supplementary question to Dr John I Fleming

Question 3

With respect to the Voluntary Assisted Dying Bill 2021, in submissions and evidence provided to hearings, the issue of the use of euphemisms regarding specific terminology and language in the Bill itself and the broader debate about assisted suicide and euthanasia have been raised. Can you please comment on the use of euphemisms regarding specific terminology and language in the Bill? What concerns, threats, dangers, and both intended and unintended consequences arise from using euphemisms, with respect to "Voluntary Assisted Dying"?

Answer

Generally understood, a euphemism is an indirect word or phrase that people often use to refer to something embarrassing or unpleasant, sometimes to make it seem more acceptable than it really is. There are some circumstances in which the use of a euphemism is useful, especially when both sides of the discussion understand what the euphemism really means. The doctor saying "passed away" or "passed on" or "has left us" can be a kindness when the doctor has to tell someone that their loved one is dead.

In other circumstances the use of euphemisms can be seriously misleading even devious. It can be a device intended to obscure reality, to get people to think that what is proposed is morally good or at least neutral.

Euphemisms should play no part in public policy decision making where there is a necessity that everyone can understand the reality of what is being proposed in plain English.

So, it was disappointing to hear politicians insisting their euphemisms be used in what is meant to be an objective discussion. It is a clear abuse of the English language to deny that "voluntary assisted dying" is really about suicide, doctors assisting patients to commit suicide, and doctors directly killing patients. And it insults the intelligence of us all for lawmakers to seek to impose this deliberate abuse of the English language.

The title of the Bill, "Voluntary Assisted Dying" is a case in point. Many of us assist people who are dying. That assistance can be the love and friendship of close relatives and friends, the ministrations of a clergyman, and good palliative care. Assisting someone to die is not the same as killing someone, that is bringing on death immediately. The language used for this Bill should be physician assisted suicide and direct medical killing at the free and voluntary request of the patient.

Euthanasia supporters have, over the years, developed the use of euphemisms to cultivate the political ground to enable such legislation to be passed.

At one time, the euphemism of choice was "death with dignity", a euphemism not so much in favour now because it mentions the unmentionable, *death*. As Wesley J Smith points out, the founder of Hemlock Society, Derek Humphry, rejected the use of euphemisms in assisted suicide advocacy.

> In a 2006 letter to the editor published in the Register Guard of Eugene, Oregon, Humphry wrote against using the term "death with dignity" to describe the "lawful act [in Oregon] of a physician helping a terminally ill person to die by handing them a lethal overdose", as "an affront to the English language". The proper term should be physician-assisted suicide, Humphry opined, because, "'Physician' means a licensed M.D.; "assisted" means helping and "suicide" means deliberately ending life."

Supplementary question to Dr John I Fleming

> Humphry ended the letter with a plea to "call a spade, a spade". Indeed. Otherwise, we can't have an honest societal debate about one of the more consequential "and potentially culture-changing" issues of our time.[1]

Public debate on crucial public policy issues should not be encumbered by the devious use of euphemisms. If we really mean doctors should, in some circumstances, be able to kill a patient then we should face the fact that we would be changing the criminal law on homicide to permit killings of certain patients by some specified other persons (e.g. doctors) under certain conditions. This applies, too, for assisted suicide.

In an ABC *Lateline* television interview, Emma Alberici described euthanasia law as "a law [which] says it is OK to kill someone". Celebrity Andrew Denton, highly sensitised to the need to use only a euphemism in case the horses in the street take fright, objected to the use of that word "kill".

> EMMA ALBERICI: Now, once a law says it's OK to kill someone, can the terms, conditions, and safeguards around that ever entirely protect the vulnerable and entirely eradicate the possibility for abuse?
>
> ANDREW DENTON: Okay, secondly, let me talk about the use of the word kill. The vast majority of the people who these laws apply to are already dying. That's what it's about.
>
> The overwhelming majority of these people who these laws have applied to overseas are dying and have died of cancer. It is their disease that's killing them.
>
> What this law is for, a very strictly written law following very clear criteria to protect doctors from prosecution, should they follow the criteria, **what this law is for is to assist them to die in a merciful way, not to kill them, they are going to die anyway.**[2] [emphasis added]

The term "voluntary assisted dying" has the effect of seriously misleading the people for whom the law is being made, ie the citizens of NSW. A defendant in a criminal trial is not likely to impress the judge (or the jury) by claiming that it was not murder when he killed another person because that person was going to die anyway. Put another way, if a doctor gives a lethal dose or a lethal injection to a patient with the intention of getting the patient dead, the doctor is either committing a murder or assisting a suicide. The VAD Bill seeks to bracket out such activity in certain circumstances from being a crime. But that does not and cannot mean an act of killing has not occurred either by one person at the hand of another or suicide aided and abetted by a doctor.

It seems to be clear that the attempt to impose euphemistic language on witnesses and to employ that language in legislation is intended, and no doubt successfully, to obfuscate the reality of what is being proposed by the VAD Bill, to license the killings of innocent persons in at least some circumstances.

If Professor Peter Singer and John Harris, internationally renowned philosophers who strongly support legalised euthanasia and physician assisted suicide, can use clear language why cannot this Committee and this Parliament.

Here is just one of many examples from Peter Singer's writings.

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[1] Wesley J Smith, "Euphemisms as Political Manipulation", *First Things,* the 17th of May 2013, https://www.firstthings.com/web-exclusives/2013/05/euphemisms-as-political-manipulation

[2] "Andrew Denton, Assisted Dying Advocate", *Lateline Interview*, Australian Broadcasting Corporation, Broadcast: 10/08/2016. Reporter: Emma Alberici, http://www.abc.net.au/lateline/content/2016/s4515903.htm

> **If we do not wish to be killed, we simply do not consent. In fact, the argument from fear points in favour of voluntary euthanasia, for if voluntary euthanasia is not permitted we may, with good cause, be fearful that our deaths will be unnecessarily drawn out and distressing**. [3] [emphasis added]

Euthanasia advocate John Harris is Lord Alliance Professor of Bioethics and Director of the Institute for Science, Ethics and Innovation at the University of Manchester, UK.

> Persons who want to live are wronged by being killed because they are thereby deprived of something they value. Persons who do not want to live are not on this account harmed by having their wish to die granted, for example, through voluntary euthanasia. Non-persons or potential persons cannot be wronged in this way because death does not deprive them of anything they can value. **If they cannot wish to live, they cannot have that wish frustrated by being killed**. **Creatures other than persons can, of course, be harmed in other ways, by being caused gratuitous suffering, for example, but not by being painlessly killed**.[4] [emphasis added]

It is absurd for Australian legislators to use euphemisms which cloak the real meaning of what they intend by this proposed legislation and is highly suggestive of deceptive behaviour.

Moreover, euphemisms can be more than deceptive. They can lead to the legislating of "legal fiction" or "legal lies.

This is exemplified in the second print of the Bill at Part I Division 4 at clause 12 where the text of the Bill denies that black is black and white.

> 12 Voluntary assisted dying not suicide
>
> (1)
>
> For the purposes of the law of the State, a person who dies as the result of the administration of a prescribed substance in accordance with this Act does not die by suicide.
>
> (2)
>
> Voluntary assisted dying action does not—
>
> (a) constitute an attempt by the person to cause serious physical harm to the person for the purposes of the Mental Health Act 2007, section 22, or
>
> (b) otherwise provide a ground for a police officer to take action under that section.
>
> (3)
>
> In this section—
>
> voluntary assisted dying action means any of the following done in accordance with
>
> this Act—
>
> (a) a request for access to voluntary assisted dying,

[3] Peter Singer, *Practical Ethics*, 3rd edition, *ibid.*, 170

[4] John Harris, Symposium on consent and confidentiality, "Consent and end of life decisions", J Med Ethics 2003;29:10-15 doi:10.1136/jme.29.1.10

(b) a self-administration decision or a practitioner administration decision, (c) self-administration by a person of a prescribed substance,

(d) asking an administering practitioner to administer a prescribed substance.

It is a public scandal that this section of the Bill should remain just as it has in other similar Acts around the country. This "legal lie" or "legal fiction" is telling the community that the whatever "voluntary assisted dying" is, it has nothing to do with self-killing (suicide) or the direct killing of one person by another (homicide). This a crime against truth which the Parliament of NSW should never endorse if the law is to be regarded as a trustworthy instrument of public policy. Voluntary assisted dying as described in this Bill is what it is, a removal of certain actions from the criminal law which have always been regarded as homicide.

That this is clearly the case may be seen by reference to Schedule 1A dealing with consequential amendments to other Acts of Parliament.

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Unauthorised administration of prescribed substance

(1)

A person commits a crime if—

(a) the person (the first person) administers a prescribed substance to another person, and

(b) the first person is not authorised by the Voluntary Assisted Dying Act 2021, section 60(6) to administer the prescribed substance to the other person.

Maximum penalty—imprisonment for life.

In this section—

prescribed substance has the same meaning as in the Voluntary Assisted Dying Act 2021. [emphasis added]

In the session I attended, the Chair of the Committee said this:

> Thank you very much, Dr Casey. Before I go to Dr Fleming, I did not want to interrupt you, Dr Casey, while you were making your opening statement, **but we had some discussion this morning about terminology and it was made clear that this bill is not euthanasia or suicide, it is voluntary assisted dying**. Some people may or may not understand the differences, but that is the terminology we have adopted. [emphasis added]

Apart from the fact that the assertion "this bill is not euthanasia or suicide" is manifestly untrue, it is eloquent testimony to the desire of some members of this Committee to seriously mislead the public as to the real intentions of this legislation. That cannot and should not be tolerated.

If the Bill was not about killing, then there would have been no need for the Bill to provide an amendment to the criminal law declaring that if someone is killed by one person (authorised under the Voluntary Assisted Dying Act 2021) administering a prescribed substance to another person then that person administering the substance would be excluded from what would otherwise be prosecution for a serious crime which, if he or she were found guilty, would attract a sentence of "imprisonment for life".

Supplementary question to Dr John I Fleming

If the Parliament wants to allow exceptions to the criminal law on homicide it should do so frankly and clearly. It can never be a service of the people to lie or to deceive them, nor can it be a service to the people for the Parliament to violate the first duty of government, to protect the lives of all citizens equally and impartially.

Supplementary question to Dr John I Fleming

Question 4

With respect to evidence provided to the inquiry regarding the Voluntary Assisted Dying Bill 2021 via submissions and oral testimony it has been asserted that "public opinion polls", if not definitive, should be significantly influential in terms of persuading elected representatives to support Voluntary Assisted Dying laws. Can you please comment on whether or not "public opinion polls" should be definitive or significantly influential in terms of persuading elected representatives to support Voluntary Assisted Dying laws?

Answer

The translation of single-question opinion polls into legislation is problematic. Fair criticism of opinion polls points to the following problems:

1. Opinion polls often record preferences rather than settled opinions.
2. Opinion polls tell us nothing about how well-informed subjects are on the issues upon which they are giving an "opinion".
3. Opinion polls may guide subjects to an answer by the way a question is expressed; and
4. Opinion poll answers may be unduly influenced by hard cases.

Take for example capital punishment. Approval for capital punishment varies greatly depending upon what is put to people, and how afraid you can make people feel when confronted with a particularly extreme situation. For example:

> A special snap SMS Morgan Poll today [2014] shows a small majority of Australians (52.5%) favour the death penalty for deadly terrorist acts in Australia while 47.5% don't. This is a significant increase from 2009 when only 23% of Australians supported the death penalty being imposed for convicted murderers. Today's special SMS Morgan Poll was conducted with a cross-section of 1,307 Australians who were asked "If a person is convicted of a terrorist act in Australia which kills someone should the penalty be death?"

Although terrorism strikes fear into the hearts of many Australians parliaments will not bring back capital punishment no matter what the polls say because, from a public policy point of view, one cannot, despite all the safeguards in the law, remove the possibility of a miscarriage of justice when innocent persons are killed for a crime they did not commit. Such an error would be an intolerable side-effect given the first duty of parliamentarians is to protect impartially the lives of all innocent citizens.

Moreover, as in polls about capital punishment so also in polls about euthanasia, emotionally loaded questions which strike fear in the hearts of citizens are put to people and outside of a full context (unwanted side-effects) within which a change in the law will prevail. Ask a question which strikes fear into people's hearts, and you will, no doubt, get the answer you want.

> Thinking now about voluntary euthanasia, if a hopelessly ill patient, experiencing un-relievable suffering, with absolutely no chance of recovering asks for a lethal dose, should a doctor be allowed to provide a lethal dose?" [Newspoll]

The patient must have all the following issues present at one and the same time. The patient is:

1. "hopelessly ill", and
2. is experiencing suffering that cannot be relieved, and
3. has no chance of surviving the illness, and
4. asks for a lethal dose.

No wonder 82.5% of responders answered "yes".

Supplementary question to Dr John I Fleming

And crucially, note also that respondents

1. were not asked what they knew about palliative care and palliative sedation
2. were not asked what was meant by "hopelessly ill"
3. were not asked about the efficacy of safeguards as far as the community is concerned. "
4. were not asked what they knew about the large numbers of people killed without their knowledge and consent.

People's opinions on a loaded question have been accepted without any effort to ascertain how considered and well-informed the persons were giving those opinions. In short, such opinion polls are worthless as a source of information about community attitudes and therefore must not be used by parliamentarians to influence the way public policy is formulated.

In jurisdictions where euthanasia is legally provided, a very large number of persons are routinely killed without their knowledge and consent and despite the strict safeguards put in place in the law. (see my submission to *The Law and Justice Committee of the NSW Legislative Council Submission on Provisions of the Voluntary Assisted Dying Bill 2021* at pages 6-17)

Compare those sorts of polls dealing with euthanasia to research on public attitudes to making the abortion drug RU486 generally available for use.

1. The research by the Sexton Marketing Group revealed that **52% of Australians initially said they favoured making RU486 available in Australia.**
2. The respondents were then asked how good was their knowledge about RU486. **75% of the sample indicated they had little to no knowledge of this drug** about which they were expressing an opinion.
3. Respondents were given the **8 main arguments in favour of RU486** and asked to identify the most persuasive arguments.
4. Respondents were given the **8 main arguments against RU486** and asked to identify the most persuasive arguments.
5. The sample was then asked to revisit the original question about whether RU486 should be made available now (i.e. 2006) or the decision be delayed until more information was available. **77% of the sample did not want RU-486 to be made available at this time. Those most opposed were adult women of reproductive years and males of a comparable age.**[1]

What people may say in answer to a single question on a social/legal issue may be very different from the answer they might give when asked several questions in the context of being provided with necessary information to assist them to give a more informed opinion.

Bizarrely, many politicians seem to think that Australian parliaments will achieve what no other parliament has achieved, the assurance that the safeguards they put in place will be effective. And polls are no evidence of what public policy should be.

[1] Cf Nicholas Tonti-Filippini and John Fleming, *Common Ground?*, Strathfield, NSW, St Paul's Publications, 2007, 133-144

Supplementary question to Dr John I Fleming

Question 5

Are appeals to what may be described as medical hard cases an appropriate way of deciding, in full or part, whether or not Voluntary Assisted Dying (assisted suicide and euthanasia) should be legislated for?

Answer

Hard cases make bad law is an adage or legal maxim. Appeals to medical hard cases are insufficient, by themselves, to justify undermining a foundational law of a democratic society by allowing private persons to do things which hithertofore have always been illegal. There is nothing more foundational to civil society than the protection of the right to life of every innocent human being.

The Hon Trevor Khan advanced the evidence of a previous witness to propose what he considered to be a compelling reason to allow physician assisted suicide and mercy killings. He suggested that in reading the whole of what that witness had said was sufficient to provide context. But that was untrue. He did not provide any evidence that the facts of the case upon which he relied had been independently verified, that good palliative care was offered and accepted but did not help, or whether palliative sedation had also been offered. It is not lacking in compassion to test the evidence given by a witness because what legislators are being asked to do is to make good public policy and the facts in so far as they can be determined need to be made available.

Moreover, in making sound public policy politicians must have regard not only to ascertaining all the facts of a particular hard case cited, but also what will certainly be the consequences of legalising what has always been previously acknowledged as a crime. Good public policy is best made not based on an emotional response to hard cases, but based on what, in all the circumstances, is best for the whole community.

Protecting the lives of innocent persons is universally regarded as fundamental to peace and good order in society. The Universal Declaration of Human Rights, by which Australia is bound, states

> Whereas recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world … [1]

Moreover, the International Covenant on Civil and Political Rights, to which Australia is a signatory, declares that human right derive from the inherent dignity of the Human person.

> Considering that, in accordance with the principles proclaimed in the Charter of the United Nations, recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world,
>
> Recognizing that these rights derive from the inherent dignity of the human person, …[2]

That being the case, the NSW State Parliament is obligated to maintain the exceptionless legal and moral norm that the killing of an innocent persons, even at their own request, cannot be the answer to the problem of those dying with refractory suffering. The proper administration of palliative care and where necessary palliative sedation, remain the best practical options within the obligatory legal framework of protecting the lives of all innocent citizens. In this way the assurance of "justice and

[1] Preamble, *Universal Declaration on Human Rights*, 1948

[2] Preamble, *International Covenant on Civil and Political Rights*, UN. Passed the UN General Assembly 16 December 1966 and entered into force 23 March 1976.

peace" in service of the common good is protected and maintained. Legalising euthanasia and assisted suicide undermines the ability of the State to protect impartially the right to live of all citizens.

Supplementary question to Dr John I Fleming

Question 6

In evidence provided to the inquiry hearing on 8th December, Ms Penny Hackett, President, Dying With Dignity NSW said: “Dying With Dignity NSW is a registered charity. Our principal aim is to have voluntary assisted dying laws passed in New South Wales, and we have been lobbying for this reform since the 1970s.” And: “We are not medical or legal experts or professional campaigners, and we have no ideology.” (Hansard, page 2)

Can you please comment on the evidence of Ms Penny Hackett that there is no “ideology” that underpins the advocacy work undertaken by Dying With Dignity NSW specifically, and more generally in the broader debate about Voluntary Assisted Dying?

Answer

The term "ideology" (*idéologie*) itself is comparatively modern. It was first coined by the French Enlightenment minor intellectual Destutt de Tracy (1754 - 1836). He derived the word by putting together two Greek words, ίδεα (ie *idea* meaning form or pattern) and λογος (ie *logos* denoting discourse or compilation). Tracy wanted a word which would establish a perspective from which to see ideas based on sense experience and perception, as opposed to a theological and metaphysical perspective. He tried to establish a "science of ideas" and called it "ideology."

In the end, though, the term came to mean a system of philosophical ideas, contrary to what Destutt de Tracy intended.

> An ideology is a set of ideas, beliefs and attitudes, consciously or unconsciously held, which reflects or shapes understandings or misconceptions of the social and political world. It serves to recommend, justify or endorse collective action aimed at preserving or changing political practices and institutions. [Routledge Encyclopedia of Philosophy]

So, prescinding from physical reality, ideologies in the modern sense describe convictions, beliefs, aspirations, and moral precepts such that their adherents seek to reshape society in a way that would reflect their ideology.

Many ideologies have a necessary political component.

Ideologues describe a world not always based in reality, how things really are, *but based on the way they would like things to be*. Some ideologues are so intensely committed to their belief system that they seek to restrict the right of competing ideologies to be heard, and to impose their ideology on society by force of the law.

As professor of political science, James V Schall, observed, “The ideological world does not conform to reality. It dares not. It must conform only to itself and strive with all its might to prevent anyone from even hinting that something objective is really out there, something we choose not to know in order that we can, without worry, do what we want.”

Ideology as a word, at least after the early decades of the 20th century, is used to identify systems of belief whose adherents seek to change society to conform to those ideas, and even if those ideas do not themselves conform to reality.

What then of Dying with Dignity NSW and its claim not to be ideological?

> Dying with Dignity NSW was incorporated as a not-for-profit company limited by guarantee in 1983. From 1983 until 2009 we were called The Voluntary Euthanasia Society of NSW. In 2009 we changed our name to Dying with Dignity

> NSW, to reflect our concern for the dignity and autonomy of those who suffer needlessly at the end of their life.[1]

In one sense its name is duplicitous, hiding the ideas it really supports by changing its name to a euphemism not connected with the killing of patients. Curious, then, the claim of certain members of parliament that voluntary assisted dying is not "voluntary euthanasia" or "assisted suicide".

Moreover, Dying with Dignity NSW

> … is an advocacy organisation pursuing a change in the law to enhance choice at the end of life. We seek legislation that enables competent adults experiencing unrelievable suffering, from a terminal or incurable illness, to receive medical assistance to end their life peacefully, at the time of their choosing.[2]

Dying With Dignity NSW by its own admission is an "advocacy organisation" promoting an ideological campaign to change society at its very base. The ideology of Dying with Dignity NSW is the euthanasia ideology, based upon "beliefs", beliefs which do not correspond to reality. These beliefs are that in some circumstances:

1. People have the right to kill themselves.
2. People have the right to get other people to help them kill themselves.
3. People have the right to get other people to kill them.

They set out their two most basic "beliefs" in this way:

> **A basic human right**. For individuals who face intolerable and unrelievable suffering, the option of a peaceful and dignified death should be the most fundamental of human rights.[3]
>
> **Compassion**. Lack of legal options leads some people to take desperate and violent measures to end their life, when they are forced to endure futile treatment or pointless suffering.[4]

In no human rights charter anywhere in the world is there recognised a natural "right to die" (a right to be killed or to kill oneself). This belief is an assertion of the way these people would like society to be, not based on evidence but purely on a "belief". In any case it is philosophically incoherent. The right to life is the *sine qua non* of all other rights. You need to have that right to exercise other rights. How then can the right to exercise an option to be assisted to kill yourself be more fundamental than the right to life?

Then Dying with Dignity makes the untruthful claim that:

> Voluntary assisted dying is legal in parts of Europe and several states of America. **The evidence from these jurisdictions demonstrates that the laws will work safely and effectively**.[5] [emphasis added]

Here the "beliefs" of this organisation become detached from reality. To deny the reality of the superabundance of documented abuses in nations which have legalised physician assisted suicide and euthanasia is an ideological belief in the worst sense of the word. It is just another example of the way that the euthanasia argument seems to have been captured by participants in the "post truth" method of debate. As the Oxford Dictionary defines it, post truth "relates to or denotes circumstances in which objective facts are less influential in shaping public opinion than appeals to emotion and personal belief."

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[1] https://dwdnsw.org.au/support-change-in-nsw/
[2] *Ibid.*
[3] *Ibid.*
[4] *Ibid.*
[5] *Ibid.*

Supplementary question to Dr John I Fleming

Dying with Dignity NSW, contrary to its statement about itself, is clearly an ideological organisation whose beliefs do not correspond with reality but who want NSW to be, not what it is at present, but some other kind of society made in the image of their non-evidence-based ideological beliefs.