

Online questionnaire report: Inquiry into the provisions of the Voluntary Assisted Dying Bill 2021

As part of its inquiry into the provisions of the Voluntary Assisted Dying Bill 2021, the Standing Committee on Law and Justice conducted an online questionnaire to encourage public participation in an efficient and accessible way.

The questionnaire was not intended as a statistically valid, random survey. Respondents self-selected in choosing to participate. This means that respondents are unlikely to be a representative sample of the New South Wales population. Instead, the responses represent a sample of interested members of the public who volunteered their time to have a say. It should be noted that the committee resolved not to accept questionnaire responses from any participants residing outside of New South Wales.

The questionnaire asked respondents for their position on the provisions of the Voluntary Assisted Dying Bill 2021 and to explain their views on the issue.

This report summarises the results of the questionnaire. Due to the large volume of responses received, the analysis of the free-text responses is based on a sample of views in support of and opposition to the bill, from responses from New South Wales residents.

The questionnaire consisted of two administrative questions collecting participants' basic details (questions 1 and 2); one multiple choice (controlled input) question (question 3); and two open answer (free text) questions. Questions one through four were mandatory. The remaining question could be skipped if the participants chose to do so.

The full list of questions is at Appendix 1.

Responses to questions

The online questionnaire was open from 21 October 2021 to 22 November 2021 and received 39,315 responses from New South Wales residents. A sample of answers and summaries of responses from New South Wales residents are provided for each question below.

Question 3. Position on the bill

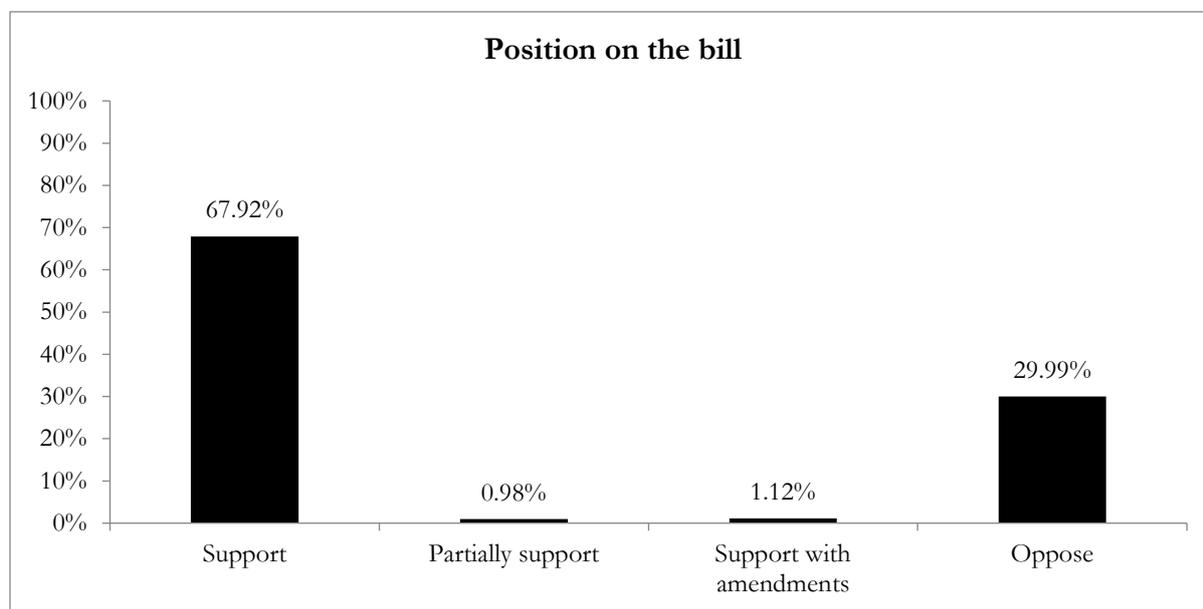
The objects of the Voluntary Assisted Dying Bill 2021, as set out in the explanatory note, are to:

- (a) enable eligible persons with a terminal illness to access voluntary assisted dying, and*
- (b) establish a procedure for, and regulate access to, voluntary assisted dying, and*
- (c) establish the Voluntary Assisted Dying Board and provide for the appointment of members and functions of the Board.*

Based on your own understanding and the description above, what is your position on the Voluntary Assisted Dying Bill 2021?

Question 3 was a mandatory question presented in multiple choice format. It received 39,003 responses. The highest vote was for 'Support', which received 67.92 per cent of responses.

Answer Choices	Responses	
Support	67.92%	26,490
Partially support	0.98%	381
Support with amendments	1.12%	436
Oppose	29.99%	11,696
	Answered	39,003



Question 4. Explanation of position on the bill

Based on the response selected at question 3, the respondent was directed to a customised question asking them to explain their position on the bill:

- (a) Please explain why you support the bill (max 300 words)*
- (b) Please explain why you partially support the bill (max 300 words)*
- (c) What amendments would you like incorporated? (max 300 words)*
- (d) Please explain why you oppose the bill (max 300 words)*

Question 4a. Please explain why you support the bill

Question 4a was presented as a mandatory, open answer question. This question was presented to the respondents who selected 'Support' as their answer for question 3. The responder was instructed to limit their answer to 300 words.

25,244 responses to this question were received. A sample of 30 responses to this question is provided below.

- "As a health care professional for 40+ years, I have seen the loss of meaningful life conditions too many times. It is distressing to everyone - patient, family. Life is not endless and should be valued and also decisions of those terminally ill patients respected."
- "People should have the right to die with dignity and pain free - not be forced to suffer or take drastic measures. It is a humane and much needed piece of legislation."
- "A person should have the right to determine when to die if very ill."
- "It gives the person some dignity and relieves the pain they should not have to endure considering the outcome will still be the same".
- "Having lost members of family to terminal illness when there was no help for us at the end of life I think this bill will let the average person have their own decision about the way their life should end under these circumstances."
- "To watch someone you love die is hard enough but to watch them suffer in pain is worse asking yourself I wish there was something I could do to help. This bill would help so I'm signing it in hope it helps others when there time comes or maybe mine who knows. But we should have the choice to decide."
- "I have been following this idea internationally and here for years now. There are sufficient arguments in favour of such a bill and sufficient protections to mitigate the concerns. I want this option for all who strongly want this choice available. People who do not want to be assisted to die, are not impacted by this bill. It is voluntary assisted dying."
- "This is compassionate and necessary to let the person who is terminally ill have the right to decide when they have endured enough. It is not ok for others who are not in that horrible position to force someone to suffer. If you think suffering is good for people then you can choose not to use this option but have no right to impose your views on someone else."
- "I believe that it is important that this be set up properly for the residents of NSW."

- "I have had 3 family members die in agony from terminal cancer they all had palliative care which I know didn't help any of them. I myself have had breast cancer and I do not want to go through what they went through, seeing them in constant pain and agony 24/7 is so heart breaking. My dad BEGGED me to help him die he pleaded with me to get him a gun. I ask you all to please support this bill."
- "People who are terminally ill should have a choice about their end of life and should be able to choose when they die and under what circumstances. My late mother did not have this choice, although she wanted to and supported VAD."
- "I would like to have the choice and be able to die with dignity and end suffering."
- "I am a nurse and I deal with palliative patients and their families all the time. The level of physical and psychological pain associated with dying is extreme. It is cruel. It is also heartbreaking for families to see their loved ones so sick and in pain and to feel so useless. I know this first hand after losing my husband and father. Assisted dying in the right circumstances is a compassionate and humane alternative to a horrific and inhumane process that is avoidable."
- "Every human being is entitled to choose to die with dignity, without prolonged suffering."
- "Individuals choice, for when there's no hope of recovery. Pointless to prolong pain and suffering, and defer grieving; all while private and public cash spent."
- "I believe that a terminally ill person should have the voluntary choice to end their life by a health practitioner if they have the capacity to do so. This should reduce the trauma and suffering of the terminally ill person and bring closure for their families."
- "If you have a terminal illness and you are no longer willing to suffer the pain and anguish then you should have the right to end your suffering. It is our life, our bodies, our choice."
- "A person with a terminal illness should have the right to end their life so reducing their suffering/pain. Available palliative care is not adequate and indeed not available to everyone who need it."
- "Humans deserve the right to choose how they want to die. A sick animal is put down straight away. Why do sick humans have to suffer until their last breath."
- "I feel every human has a right to choose their life path. I have witnessed several close family members die with somewhat of help due to being in hospital but there are many cases where this does not happen. It's every single persons own choice. Nobody else should judge this choice."
- "I am a Registered Nurse. While I feel privileged over the years to help patients and their families through the palliative stage of their life journey I have met many terminally ill individuals that wished that they could access a service like this. Sometimes they have been suffering for a long time and death will not be fast and maybe drawn out. Sometimes no matter how hard you try with drugs and therapy available death may be quite unpleasant and

out of our control. Voluntary assisted death as an option to discuss in advance should the need arise would take a lot of the worry off the patient who knows they have options."

- "I used to be an aged care nursing assistant and I have nursed many elderly people in great pain, who have liquid morphine which does not adequately reduce their pain. Some of those people choose to stop taking medications, such as blood pressure medication, in order to speed their death as they have no quality of life and suffer greatly. Please support legislation that allows people who are terminally ill to end their life with dignity. I would not, however, support a bill that extends beyond the terminally ill. Many thanks for listening to my views."
- "An educated society should be able to show compassion for our dying relatives and be able to assist them so they do not have pain filled end of life."
- "NSW is the only state where people can't decide when they want to end their life because their suffering is unendurable. Other people's religions can't play any part in such a personal, medical decision. There are more than enough safeguards in the draft bill to ensure that there is no coercion."
- "Simply - in a modern society, where health care is second to none - I believe this care should be used in such a way as to maintain the rights of the individual to make a choice. Politicians, health care professionals and family do not and should not have the right to impose their will, personal opinions and beliefs on those suffering and deny them the choice."
- "It is a basic human right to be able to choose the right to die at ones end stage of life when confronted with nil quality of life outcomes."
- "I believe we deserve to have the right to choose a dignified death when facing terminal illness. It shouldn't be against the law to have assistance to enact this. Thank you."
- "My mother passed away this year - aged 98. It is not easy to die from old age - everything shuts down - it is a slow and agonising process. I think it should be easier to die - there needs to be a way people can pass away without the starvation and pain."
- "Having watched both of my parents die over an extended period of time, when both were very vocal and positive towards assisted dying, I do not want anyone else to have to go through this pain and anguish. Unfortunately extending life is not always a positive outcome."
- "I believe that a person should have the legal right to choose to end their life as quickly and painlessly as possible, when they are experiencing severe and prolonged suffering, with no reasonable likelihood of recovery or relief from their suffering. However, the choice must be made by the person who is suffering, with no duress from any other person."

Question 4b. Please explain why you partially support the bill.

Question 4b was presented as a mandatory, open answer question. This question was presented to the respondents who selected 'Partially support' as their answer for question 3. The responder was instructed to limit their answer to 300 words.

324 questionnaire participants provided a response to this question. A sample of 30 responses is provided below.

- "I do not want it to be the "thin end of the wedge" that would then begin to look at societal value as a means of deciding on euthanasia. It should purely be used for people with end stage medically diagnosed terminal illness, and with inbuilt protections."
- "The decision to die with dignity is not addressed. The intervention of the "professionals" takes away the privacy of individuals. I do not trust the format and the suggested idea of a review board. It would need more guts to stop the board being politically connected."
- "I do not have enough information about the role of the "board". I hope it does not have the power to override the wishes of the person or to delay access to a peaceful death of a person. Members of the board should not hold views that do not support a person's right to choose."
- "I would like to know more information, but I feel that this should be an option available in certain circumstances."
- "This needs to be done with clear understanding that there should be no opportunity to be misused for assisting people who are just tired of living, depressed or misdiagnosed but an insistence that every other possible way to help the person live until nothing more can be done. There are already places where people are assisted to die with dignity so I suspect this bill is proposing going next level and this is highly questionable."
- "I personally believe that dying with dignity can be achieved through palliative care in hospices. However, it may be appropriate for people in advance to sign a request/instruction that allows medical staff to turn off life support or administer a lethal injection or whatever is appropriate in the case of brain death where the person is no longer able to express a previously held belief and wish to die in such circumstances."
- "I think if someone has zero chance of getting well e.g. late stage cancer etc. and they have extensive pain and no quality of life and they are begging for release, then it is their decision."
- "I am concerned about safeguards for people who do not understand what they are agreeing to."
- "Patients should either be in refractory pain or unconscious before any life ending pathways are applied."
- "I believe our hospitals are already assisting the death of ill and elderly people regardless of the wishes of the patient or family. I am worried hospitals will use this bill to do so more frequently."
- "No two cases are the same, all people are inherently different. I am Christian I do not see this as a suicide! Some consideration must be afforded to the chronically ill who have serious constant pain that cannot be alleviated without destroying the persons persona and cognisance of life. Sustaining the life of critically ill people is, in a way, torture, as a Christian I cannot condone this either. This leave the choice in the hands of the person, their next of kin and loved ones. The criteria needs to be a medical one but must remain flexible to allow

the variances that such legislation will confront. NSW Health has a well-established palliative care program and should be involved. Patients must have efficient and free access to facilitate a 100% problem free process for such a decision to be made."

- "I believe that those who are terminally ill with no chance of recovery have the right to choose to end their own life with dignity. To avoid coercion and undue influence from family members, who may want the patient to pass earlier to suit their own needs, very clear criteria and a number of professionals need to be part of this process."
- "Because I do not want to see people in terrible ongoing pain or distress."
- "I do not have all the information I need to support the bill."
- "I believe this bill should also include non-terminal illnesses such as Parkinson's. In general I support this bill. Why are we kinder to animals than we are to humans? Why allow an animal to have peace while we make humans go on in pain even when they say they do not want to? Why do we make humans lose independence and basic function when they do not want to? Let those who wish to end their pain or suffering go on in peace and on their own terms."
- "My concern is that older vulnerable citizens will be railroaded into making decisions which turn out to be lucrative for their surviving relatives."
- "My sister was diagnosed with terminal cancer. She ended her life at her time in her way. This was a mature decision that suited her situation. I consider that this option should be available in similar circumstances."
- "This could bring up more issues around consent. There would need to be strict and unbiased regulation around it. Need to ensure there is no corruption or malpractice."
- "I remain unconvinced that the investment in the assisted dying structures would not be better spent on the (currently inadequate) palliative care services. Moreover, I don't trust the self-styled "progressives" not to push the boundaries beyond acceptable limits in the future."
- "Need to make sure relatives do not pressure and it is the dying person making a reasoned decision."
- "Being such a final stage in someone's life, the wording of this bill is significantly important to ensure that there are no loop holes for people to abuse this bill."
- "I believe that only people that have the agreement of at least three health professionals ie, psychologist, medical specialist, not a general practitioner, registered nurse involved in day to day care. Then two or more direct relatives hold the balance of power in the decision making if the person is unable or has no stand as in a living will, on their death."
- "This bill fails to provide any meaningful safeguards to protect our elderly, sick and vulnerable."
- "Suicide is not a "dignified" way to die and enlisting others to help take someone's life is wrong."

- "I feel I cannot make my mind up at this stage. I am undecided."
- "I believe it should not come into effect until the person is no longer able to have their pain readily controlled. But before the stage of organ shutdown. I am concerned a lot of people would select it out of depression and there it becomes assisted suicide."
- "The personal "end of life" decision is not one that should be infringed upon by outsiders. Government and medical overreach is tearing this country apart."
- "If it is regulated correctly without corrupt or self-serving benefit or too much power to make decisions on their own then why do we need a separate Board and what would they decide?"
- "I support the bills concept. I do however have concerns about the ability for people who could be pushed in this direction when it is not necessarily an option they would choose. I think there would need to be an extensive psychiatric evaluation carried out amongst other policies to try and negate the risk of coercion by those surrounding the person taking these steps."
- "As a Christian I believe that all life is sacred however as a health professional I have seen terminally ill people (including my own grandfather) suffering in pain and with all manner of symptoms so while I believe all life is sacred I also do not want to see people suffer. If this bill were to be introduced it would need to have clear parameters to ensure it was not misused."

Question 4c. What amendments would you like incorporated?

Question 4c was presented as a mandatory, open answer question. This question was presented to the respondents who selected 'Support with amendments' as their answer for question 3. The responder was instructed to limit their answer to 300 words.

372 questionnaire participants provided a response to this question. A sample of 30 responses is provided below.

- "Concerned about the future changes that may be made once implemented to broaden criteria and the ability for abuse. I also believe medical professionals should have a choice about participating."
- "Voluntary Assisted Dying should also be available to the very elderly. Aging is not for the faint-hearted and, as in my father's final years, can be a time of horrendous suffering and a daily wish to go to sleep and never wake up."
- "Broaden the scope of "eligibility" and reduce requirements for onerous proof."
- "It should allow people that are in severe pain 24 hours a day. We should be able to make the decision as to when we cannot put up with the pain anymore, to be able to have voluntary assisted dying."
- "Replace 'people with a terminal illness' with 'people receiving palliative care'."

- "More clarity on 'terminal illness'. There are many conditions that make life insufferable (particularly when you age) that may not be terminal. Die with them, not from them."
- "The person MUST be coherent and able to make their OWN choice."
- "Doctors who sign off on someone need to meet the person. Each patient needs to have a mental health assessment done on themselves."
- "Dementia patients be included in the bill, if they have been diagnosed with dementia & feel like they wish to go out with dignity I would readily support this to be incorporated into the bill. If a life ahead is one of torment & slow death over years this should be available under the new laws."
- "Not sure why we need a Board. Just adds more bureaucracy and complicated the issue."
- "I think that there is insufficient discretion left to the medical experts in assessing whether a person is near death and whether the administration of drugs to prevent pain, which will probably led to death, can be left for them to assess."
- "A decision based on agreement by the patient, family and their doctors."
- "Some safeguards to ensure disaffected family members cannot use this to hasten their inheritance. I am also concerned about those living with dementia and how that might be manipulated."
- "Greater clarity is needed around provisions for conscientious objectors to ensure patient access to treatment is available regardless of a medical provider's personal beliefs."
- "Only in certain conditions that are known to be totally incurable. E.g. a stroke victim, that is kept alive with a feeding drip to stomach. I witnessed this for 3 years. How sad for family."
- "Not everyone has the luxury of time to wait for a decision if they are eligible for VAD, I would like to see, special case assessments for emergency cases."
- "As long as board members are not deciding in a religious manner. There should be no religious influence whatsoever."
- "Something should be put in place to ensure that greedy family members cannot just pick off a person for their own benefit."
- ""Terminally ill" as the sole criteria does not go far enough."
- "More safeguards needed."
- "Amend section (a) to include not only terminal illness but other severe illnesses and diseases that are of a terminal nature that bring pain and or suffering to the patient."
- "Less limitations on the access to assisted dying."

- "Death should be likely within 12 months and not 6. Or better still within 24 months."
- "Protection from elder abuse."
- "No Board, just two doctors to decide."
- "Disallow those who profess a belief in a religion from adjudicating on any panel or board to do with voluntary assisted dying."
- "People with severe dementia i.e. cannot recognise their spouse and children, should be given the same privilege to die with dignity as people with terminal illnesses. Obviously, the person with dementia must give their consent to end their life whilst they are still mentally capable."
- "Not only terminal illness but also consideration should be given to including permanent severe chronic illness."
- "Consideration should also be given to those who are in excruciating pain and experiencing prolonged suffering due to chronic but not terminal conditions."
- "Persons suffering from non-terminal but chronic and lifelong illnesses that severely limit their quality of life should also qualify."

Question 4d. Please explain why you oppose the bill

Question 4d was presented as a mandatory, open answer question. This question was presented to the respondents who selected 'Oppose' as their answer for question 3. The responder was instructed to limit their answer to 300 words.

10,798 responses to this question were received. A sample of 30 responses to this question is provided below.

- "The present circumstances are less open to abuse."
- "I oppose this bill simply because I believe it is wrong to facilitate the death of a human being. The bill will inevitably enable vulnerable individuals to be taken advantage of, instead of protecting them and their interests at one of their most vulnerable stages in life."
- "As a nurse I know there is excellent palliative care available in Australia. I also am a Christian who believes that God gives life and will guide when it ends."
- "Human life should be valued. It could be opening a very dangerous and tricky door if dying people are allowed to be poisoned to death. There must be other ways to help people who are suffering to feel less pain."
- "Believe relatives may exert pressure on older person to request death."

- "I am a consultant geriatrician (i.e. an Aged Care physician). The Aged Care Royal Commission showed that older people are a vulnerable group. It sounded the alarm on elder abuse, poor care and reliance on "quick fixes". VAD represents such a "quick fix". It does nothing to promote the dignity and value of older people. So-called "Voluntary Assisted Dying" (which is nothing more than physician-assisted suicide, which we used to call it before the term was sanitised to make it more likely to succeed politically) will target our frail elders. It is not the well-to-do, independent, robust middle-aged or retired person who will be "offered" euthanasia/assisted suicide. It will be frail, older people who will be at risk of coercion. Many such patients will have subtle cognitive/capacity problems, which most doctors lack the expertise to properly assess. "Safeguards" have proven no safeguard at all in overseas jurisdictions with legalised euthanasia or "assisted dying". The NSW VAD Bill safeguards are an excellent example of such poor safeguards. Besides, these so-called "safeguards" can be easily legislated away in the future with barely any debate once the main VAD Bill is passed. This VAD Bill, introduced at a time when our focus has been on protecting people from COVID-19, is bizarrely-timed and offensive to patients and health professionals who have dedicated their lives to providing expert Palliative or Geriatric care. Perhaps speak to the overwhelming number of geriatricians and palliative care physicians who are opposed to VAD. We will tell you that we DO NOT need VAD to give good care to our frail or dying patients. We can do it just fine with properly funded aged and palliative care services."
- "(1) God alone has the prerogative to give and take life. (2) Life is sacred and should be protected and supported by best practice palliative care. (3) VAD regimes are open to abusing very vulnerable people."
- "Life is precious and no one has a right to end their life."
- "I believe life is sacred and palliative care can be done well."
- "It is wrong to take someone's life even if they give permission."
- "Because human life is sacred and people and the medical profession should not be given the right to end another person's life."
- "Palliative care has come so far in this country. Wonderful facilities eliminates the need for euthanasia."
- "The intersection of "terminally ill" with "permanently disabled" I think poses a threat that people with disability may feel pressured to choose assisted dying."
- "People change their minds. There is a time for everything and humanity is better served if we do not put "self" above everything else."
- "The concept of voluntary assisted dying relies on the idea that some lives are not worth living."
- "Vulnerable people will be far more pressured to end their lives and also makes it acceptable to deem some lives less worthy than others (e.g. the elderly)."
- "Medical personnel take an oath to not harm life."

- "I appreciate the is a very difficult and emotional bill. Once the cat is let out of the bag it cannot be put back in. The destructive messaging that this bill sends to especially teens and young people about death being a solution to suffering is extremely dangerous. Death is not the solution. Furthermore it cannot be contained with the current safeguards as evidenced by the many and inevitable expansions we have seen through countless jurisdictions. I would not want your job to decide on such a difficult and emotionally fraught issue. I would have great difficulty knowing that suffering is inevitable regardless of the passing or defeat of this bill and that this bill has the potential to cause more suffering. I would again assert that the suffering would be increased if passed due to the presentation as death as a solution to suffering. That moral must hold if we are to continue to fight for those who are suffering with suicide. Why are some to be cared for but not others? Why can some die but not others? The moral inconsistency will not hold long. My mother has less than 6 months to live. I have thought this through. I empathise with the arguments for this bill but appreciate that it will not ultimately solve the problem. The inevitable relaxation on eligibility and moral standards this bill would cause will just lead to even more suffering for more people. This bill is well-intentioned but wholly ineffective. Therefore please oppose this bill. I know this is difficult but as I have mentioned this is a job I would not want but it has fallen to you."
- "I believe that each day of our lives is of value. We need to live the length of days that God has allotted to us. Many people have said things on their death bed, words of love, or forgiveness, and they left this world in peace."
- "We were all created by God and therefore no life should be taken away by human but by the lord himself. People will make silly decisions and when it becomes too hard, we take the easy way out. This bill should never be agreed to."
- "We have no right to kill another person. When it is their time to die, they will die. Assisting someone to die is basically killing them."
- "The bill makes it clear that mental illness does not make a person ineligible to access euthanasia or assisted suicide. Treatable mental health conditions such as depression, which are known contributors to the decision to suicide, do not prevent lethal drugs being prescribed or administered. No requirement for psychological or psychiatric referral. There is no requirement for a doctor to refer a patient for psychiatric or psychological assessment or treatment before prescribing them lethal drugs. The last time a bill to legalise euthanasia and assisted suicide was debated in NSW was 2017. That bill (the "2017 Bill") required a qualified psychologist or psychiatrist to examine a patient before the patient was able to be given the means to kill themselves. This has been removed in the Greenwich Bill. No obligation to offer palliative care before deadly drugs. The Greenwich Bill does not require that palliative care first be offered and made available to a patient with a terminal illness. That 2017 Bill required doctors to offer a referral for palliative care that they could accept or decline. Alex Greenwich MP has removed this requirement, meaning a patient seeking end-of-life "choices" is not given the real choice of palliative care. The time between a patient's first and final request for death can be as short as 5 days. This condensed timeframe means that there is no time for serious reflection, for family to be notified, or for palliative care or mental health specialists to have time to step in and consult. In some circumstances (where the patient is expected to die or lose mental capacity within 5 days), the time period can be even shorter."

- "It is a slippery slope. What doctors do now with keeping people comfortable as they are dying with morphine has worked so leave it as it is. Stop playing God."
- "As a nurse of 50 years and a daughter who had medical guardianship of my parents I know no-one wants to die. Thankfully we had enough money to transfer our parents to facilities who provided amazing palliative care and they were able to enjoy their remaining months."
- "Doctors can already use their discretion. The bill can be abused and people may feel coerced by relatives."
- "No one has the right to end one's life. God gives us life and only God can decide."
- "Those most vulnerable, those who are patients for whom some may deem euthanasia appropriate, have the smallest, quietest or indeed no voice in the matter. How indeed can the elderly voice their opinion on whether their lives should be artificially, prematurely shortened? Or those literally incapable of speech or consent? Is it for someone else to decide their lives are not worth living? Or is it just 'easier' that way? Making euthanasia accessible offers so many avenues for abuse and wrongful death. New data from Canada shows a shocking number of wrongful deaths: for example 4,120 Canadians were euthanised because they had cancer but with no discussion with an oncologist about this course of action or 2,650 people were euthanised who perceived they were a burden on their family, friends or caregivers. How can this be deemed acceptable? Surely the 1,253 people who were euthanised with non-terminal conditions was just unnecessary? Perhaps in Canada they thought it was just easier to euthanise 227 people because they were frail or 322 people who needed disability support services but did not receive them or the 126 people who needed, but could not access, palliative care. What about those 1,373 people were euthanised because they felt isolated and lonely? Looking at the Canadian example once more: Canada passed 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 we applied this rate of assisted suicide in NSW, there would be 1,400 assisted suicides per year: completely eclipsing the total road fatalities for NSW in 2019 (359 deaths)."
- "Believe the process is open to manipulation and abuse. The system we have works well - people in palliative care seldom suffer. Why would we legislate a system open to abuse?"
- "It goes against the ultimate role of government which is to protect its citizens. It puts doctors in a difficult situation. It is open to abuse. It runs against the basic Christian belief that God is the author of life and has sole right to decree when life should end."
- "Liable to abuse and unethical termination of life."

Question 5. Do you have any other comments?

Question 5 was presented as an optional, open answer question. This question was presented to all questionnaire participants. The responder was instructed to limit their answer to 300 words.

10,798 responses to this question were received. A sample of responses to this question is provided below, noting that respondents reiterated their positions on the bill as articulated in answer to Question 4.

- "This legislation has been passed in every other state in Australia. It has been well researched, and has adequate safeguards, and a huge majority of people support the right to die a dignified death. The NSW government should pass this legislation without any further delay."
- "We provide dying animals in distress with such kind relief, surely a person with a painful, terminal illness has the right to decide when they cannot bear their suffering any longer. Please support this Bill."
- "We are a secular society and should not have our end of life decisions dictated to us by religious interests. Religion has not been part of my life and should not be part of my death."
- "Stop delaying and change the law!"
- "This is long overdue!"
- "Essentially I support people having true choice. However life has its ups and downs and it would be unethical to support such legislation unless it had checks and balances. For example, a depressed person could be given medication to lift them from their doldrums rather than pushed towards a 'permanent' solution."
- "Could as much effort be put into securing better care for the sick, dying, poor and lonely? Would there be a lesser desire to die if there were interactive, well maintained, well staffed facilities that nurtured people as human beings whilst giving proper medication, support and decent food?"
- "This would have to be managed very carefully in case someone uncaring just wants to get rid of someone who may be difficult to care for eg dementia or a disability."
- "Is there any restraint in place to prevent abuse of the system? Also, can non involved family, eg doctors only, take control and end peoples' lives without their permission?"
- "I understand that protection must be built in to obviate any mercenary relatives or bed seeking doctors from affecting the outcome. I believe religious pressures should be minimal."
- "Make it simple without the need for doctors or anyone else to be required to determine an individual has a terminal condition. If someone chooses voluntary assisted dying, it should be their right. We do this for our pets, it should be available to any individual."
- "Consent has to be taken or at least consulted with many family/ members/friends who would be affected – a life is a precious thing that shouldn't be taken so lightly; if anything, people usually put everything they have just so that they or other loved ones can live longer."
- "The dying person needs more power over how they die but this needs to be countered by the fact that they may not be able to make the best decision, allowing elder abuse to occur."

- "I believe the current bill, like the bills in other states, is far too restrictive. It should apply to anyone diagnosed with an incurable illness who is suffering insufferable pain despite taking prescribed opioids."
- "I think there should be something like a DNR created as some folk may have deep religious beliefs that they don't want others contradicting."
- "Please, for the sake of our parents, and of ourselves in the future, do not legalize this bill! It is dangerous!"
- "We should give greater funding to improve palliative care facilities and resources to areas within the state that need it most."
- "Dying with dignity is not an individual activity, but affects the whole community, the elderly to the young and easily influenced. I would put off whatever my perceived rights are, if I can save one young person from ending their life prematurely. Secondly, science is useful, but philosophically, we have lost our wonder at the things we do not understand and have no answer for. We have lost our ability to be shaped by grief and hardship and like we did not decide on the timing nor the origin of our birth, we ought to leave the other end alone as well."
- "Having been asked on numerous occasions to help someone die I have always asked why do they want to die? The answer has been "I don't want to suffer". When asked are you suffering now? The answer has been "Not now". The fear of suffering is real for many people so there needs to be more, much more information given about how suffering can be addressed to maintain human dignity and personhood."
- "We do not have full knowledge of life and need to have the humility to recognise this truth."
- "I believe the taking of any human life by a wilful act sets a dangerous precedent."

Appendix 1: List of questions

1. Please enter your contact details.

Name:

Email address:

Postcode:

2. Are you a resident of NSW? Select one of these options:
 - a. Yes
 - b. No

3. Position on the bill:

The objects of the Voluntary Assisted Dying Bill 2021, as set out in the explanatory note, are to:

- (a) enable eligible persons with a terminal illness to access voluntary assisted dying, and
- (b) establish a procedure for, and regulate access to, voluntary assisted dying, and
- (c) establish the Voluntary Assisted Dying Board and provide for the appointment of members and functions of the Board.'

Based on your own understanding and the description above, what is your position on the Voluntary Assisted Dying Bill 2021? Select one of these options:

- a. Support
 - b. Partially support
 - c. Support with amendments
 - d. Oppose
4. *Based on the response selected at question 3, the respondent will be directed to a customised question asking them to explain their position on the bill:*
 - a. Please explain why you support the bill (max 300 words)
 - b. Please explain why you partially support the bill (max 300 words)
 - c. What amendments would you like incorporated? (max 300 words)
 - d. Please explain why you oppose the bill (max 300 words)
 5. Do you have any other comments? (max 300 words)