Submission No 37

INQUIRY INTO PROVISIONS OF THE VOLUNTARY ASSISTED DYING BILL 2021

Organisation: The Clem Jones Group

Date Received: 22 November 2021

Submission by the

Clem Jones Group to the

Standing Committee on Law and Justice

of the NSW Legislative Council on the

Voluntary Assisted Dying Bill 2021

22 November 2021

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INTRODUCTION:

The Hon Wes Fang MLC
Chair
Standing Committee on Law and Justice
NSW Legislative Council
Parliament House
6 Macquarie Street
Sydney
NSW 2000

Dear Mr Fang

On behalf of the Clem Jones Group I wish to lodge this submission to your Committee's inquiry into the provisions of the *Voluntary Assisted Dying Bill 2021* put forward by the Member for Sydney, Alex Greenwich MP.

The Clem Jones Group continues the community, business, and philanthropic works of Brisbane's longest-service Lord Mayor, Dr Clem Jones AO, including support for voluntary assisted dying (VAD) law reform across Australia.

VAD laws have in recent years been drafted, thoroughly researched, debated, and passed by MPs in the Victorian, West Australian, Tasmanian, South Australian, and Queensland parliaments.

At the heart of VAD laws is the granting to a terminally ill individual the ability to choose for themselves the timing of their imminent and inevitable death so as to avoid further unnecessary and intolerable suffering.

A VAD law – and those MPs who debate it – must focus on the needs and wishes of the dying individual. The proposed law and MPs must give them control over how and when their life is drawn to a close. In other words, the VAD debate is not about the personal beliefs of any individual MP. It is all about giving terminally ill people a choice for them to make for themselves.

We have argued in other jurisdictions for the passage and implementation of such laws as soon as possible to prevent further unnecessary suffering by dying individuals. We make a similar appeal to Members of the NSW Parliament.

We urge the Committee to adopt an evidence-based and non-partisan approach to examining the issues involved, and for MPs to listen to the views expressed on this issue by their constituents. We believe they will find overwhelmingly support for a VAD law that gives them the choice of accepting or rejecting the opportunity to access voluntary assisted dying at the end of life.

We believe that voluntary assisted dying laws, after being pioneered in the Northern Territory in 1995 but then brutally overridden by the Federal Parliament shortly afterwards, have been long overdue in Australian jurisdictions.

As we have done in other jurisdictions, we urge all participants to conduct themselves in a respectful manner regardless of their beliefs.

End–of-life issues must be discussed in a non-political way because they affect every single person. As we have told other inquiries, the issues being addressed should not just cross party lines, they should dissolve those lines entirely.

The issue of voluntary assisted dying is one in which the community looks to their elected representatives and asks them to conduct themselves and make decisions as true parliamentarians, not partisan politicians.

I advise that this submission may be released publicly and that I am willing to appear before the Committee if it so desires.

Best wishes for your deliberations.

David Muir
Chair
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SUMMARY OF RECOMMENDATIONS:

Below is a summary list of recommendations made in this submission by the Clem Jones Group to the Standing Committee on Law and Justice of the NSW Legislative Council:

- We urge the Committee to meet its stated reporting deadline or, if possible, to report earlier in order to give the people of NSW and other MPs in the NSW Parliament an opportunity to consider and assess the inquiry report which we hope can help inform them of the need to support the Bill and to help ensure its timely passage and implementation.

- We ask the Committee to consider the fact that current VAD laws here and overseas have overwhelmingly been developed according to expert medical, legal, and ethical evidence; extensive legislative scrutiny; the findings of public inquiries; and in some cases judicial rulings and that the end result has been appropriate, workable and safe laws giving terminally ill individuals a better choice at the end of life.

- We encourage the Committee to consider the values of life, autonomy, conscience, equality, rule of law, protecting the vulnerable, and reducing human suffering when considering a voluntary assisted dying law for NSW.

- We urge Committee Members to reject any "slippery slope" arguments against the proposed NSW VAD Bill and suggest that they waste no time in exploring them as such arguments have been comprehensively scrutinised and totally discredited by other inquiries and by a range of legislators of all political persuasions.

- We urge Committee Members to reject arguments which attempt to translate changes made in some European assisted dying laws into support for baseless arguments attempting to illustrate the presence of a non-existent "slippery slope".

- We ask the Committee to reject the inflammatory and misleading terminology employed by opponents of voluntary assisted dying.

- We urge the Committee to reject and expose any efforts to use of the term "suicide" in the context of a discussion of voluntary assisted dying as it is not only untrue and misleading but is also disrespectful to those impacted by genuine cases of suicide.

- We urge the Committee to reject any attempts by opponents of voluntary assisted dying to prosecute the false argument suggesting VAD laws spark a "suicide contagion" and to expose it as a false claim unsupported by evidence.

- We ask the Committee to reject out of hand any argument claiming that a VAD law would adversely impact NSW people with a disability by making them open to coercion.

- We urge Committee Members to reject arguments by VAD opponents claiming that a NSW voluntary assisted dying law would leave those seeking access to its provisions vulnerable to coercion as available evidence shows such claims are false.

- We ask the Committee to reject paternalistic arguments based on race that seek to argue that a VAD law would have a universally negative impact on First Nations people in NSW.

- We urge the Committee to consider the potential positive flow-on effects from a NSW VAD law for people diagnosed with a terminal illness who currently end their life prematurely and in often horrific and lonely circumstances as identified in other states by the National Coronial Information System.

- We further urge the Committee to recognise the impact such self-inflicted deaths currently have on a person's family and friends as well as first responders and to recognise that a VAD law could reduce the number of such deaths.

- We also ask the Committee to seek NSW-specific data from the NCIS on such self-inflicted deaths.

- We point out to the Committee the hypocrisy and shortcomings of the current system of terminal sedation and the doctrine of double effect, notably:
    - the fact that their inevitable end result is the death of a patient, and
    - their lack of a legal framework to protect the interests of those involved.

- We believe it is time, as has occurred in jurisdictions elsewhere, for the intention of the terminally ill to be given priority through well drafted VAD laws that protect the interest of patients, medical staff, and others.

- We urge the Committee to reject arguments by VAD opponents claiming the Bill contains insufficient safeguards and to recognise that even if amendments sponsored by opponents were passed, they would still not support a VAD Bill.

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SUMMARY OF RECOMMENDATIONS (continued):

- We encourage Committee Members to liaise with MPs who served on similar committees in other state parliaments who have previously dismissed as unfounded the common myths and misinformation peddled about VAD by law reform opponents.

- We ask the Committee to adopt an evidence-based approach in its inquiry and deliberations on the proposed NSW voluntary assisted dying Bill and to reject baseless and unsubstantiated scaremongering by opponents.

- We ask the Committee to recognise that many Australian medical professionals including doctors and nurses support voluntary assisted dying as a choice to be made by patients and that any opposition to a VAD Bill by the Australian Medical Association should not be taken as a unanimous or even majority view of doctors.

- We urge the Committee to reject claims that medical practitioners breach their oath of practice by being involved in voluntary assisted dying and that the principle to "do no harm" is met by offering the option to patients of choosing to seek access to VAD.

- We ask the Committee to note strong public support for VAD law reform but also declare our belief that regardless of the strength of community feeling in favour of VAD, the NSW Bill should be passed for the simple reason that giving terminally ill people a better end-of-life choice is the right thing to do.

- We suggest to the Committee that the consistently strong and growing community support for voluntary assisted dying should firm its Members' resolve to support VAD law reform in NSW and that such reforms would not be viewed as radical, offensive, unworkable, or unnecessary by the vast majority of voters.

- We ask the Committee to recognise:
    - that although the hierarchy of churches or faith-based groups will present arguments opposing voluntary assisted dying law reform, they do not necessarily speak for the followers of their church or faith,
    - that their documented arguments against a range of previous community-wide social reforms remain at odds with many of their followers who take advantage of those reforms, and
    - that the opposition to voluntary assisted dying by church or faith leaders should not prevent others from having access to it as an end-of-life option.

- We ask the Committee to acknowledge the strong public statements by a range of church identities and lawmakers who identify as people of faith who support laws giving individuals the option to seek access to voluntary assisted dying if needed at the end of life.

- We ask the Committee to recognise:
    - that advocates of voluntary assisted dying also support a better resourced palliative care sector,
    - that palliative care does not answer the needs of all dying patients who seek relief from what they judge to be unendurable pain or suffering,
    - that voluntary assisted dying would not supplant current palliative care services but would be another end-of-of-life option for people suffering a terminal illness or degenerative condition and experiencing unrelievable pain or suffering, and
    - that the palliative care sector should continue to play an important role in end-of-life service delivery alongside a regulated system of voluntary assisted dying.

- We urge Members of the Committee, as lawmakers, to listen to the majority of people in NSW supporting the need to be offered the choice of accessing VAD if and when they need it, as well as to listen to their own constituents and to consider the very personal stories presented to the inquiry through the submissions process and to recommend a voluntary assisted dying law for NSW that widens and improves end-of-life options and addresses the physical and emotional suffering and distress that terminally ill individuals currently experience.

- We believe the Committee should recognise that the position of any church, person of faith, or other organisation or individual opposing voluntary assisted dying can be accommodated totally in any new legislation for NSW, just as it is in legislation elsewhere — there is no need for anyone to make use of the law if they do not wish to do so but their personal views should not be allowed to remove voluntary assisted dying as an option for others to access or consider.

- We strongly urge the Committee Members to recommend that the *Voluntary Assisted Dying Bill 2021* proposed by the Member for Sydney be passed without amendment as it contains sufficiently strict yet workable eligibility criteria, operational requirements, safeguards, and protections such as conscientious objection provisions all of which have the potential to alleviate intolerable suffering for terminally ill people in NSW and those with neurodegenerative conditions.

- We ask the Committee to acknowledge the simple fact that the *Voluntary Assisted Dying Bill 2021* proposed by the Member for Sydney will not cause a single extra death but will mean a lot less suffering at the end of life for those individuals approved to access VAD.

BACKGROUND:

As noted above, the Clem Jones Group has been a longstanding supporter of voluntary assisted dying law reform across Australia.

Clem Jones (1918-2007) is best remembered as the longest-serving Lord Mayor of Brisbane from 1961 to 1975 and the many civic, cultural, sporting, and community projects that came to fruition and transformed the city under his leadership.

Support for voluntary assisted dying law reform was an express wish Clem made in his will and the Clem Jones Group has worked with organisations such as Dying With Dignity and Go Gentle in various states as well as other groups and individuals to successfully advocate law reforms.

In his own words in his will, Clem forcefully expressed his views on the need for voluntary assisted dying:

Sylvia and Clem Jones
Photo: The Courier-Mail

> *Having witnessed and experienced the trauma of death, I have become appalled that human beings can impose on their loved ones days, months and years of terrible pain and misery by preserving their life causing them not only to suffer that pain but to suffer too, the mental anguish that comes with it.*
>
> *Society generally has the unexplainable belief that its members may impose, without criticism and within the law, treatments aimed at preserving life which should in fact be regarded as criminal acts, in the same measure as acts of assault. What happens can only be described as human torture.*
>
> *If we have a definition of living of any sort, it cannot include the existence of people simply artificially kept alive against their will and in circumstances that can only be described as totally inhuman or barbaric.*
>
> *I do not of course criticise the splendid endeavours that the medical fraternity make to preserve the quality of human life but when that quality falls to a level where life is one of pain and suffering or where one's mind can no longer function, those self-same medical practitioners should have the right and the responsibility of releasing persons from that torture, misery, and indignity.*
>
> *Society has many strange behavioural patterns and rules which can only be changed by dedicated work of fine people who see the wrongs and seek to remedy them.*

Throughout his life, in politics and in retirement, Clem Jones played an active role in community and a philanthropic work, contributing his energy, ideas, and funds to a variety of causes. Directions left in his will ensure his philanthropic work continues.

Since his death in 2007 almost $30 million has been distributed by trustees of Clem's estate through the Clem Jones Foundation, the Clem Jones Estate, and from companies within the Clem Jones Group.

Medical research is a major focus and funds provided by the Clem Jones entities have helped research bodies to leverage financial support from governments and other sources to generate larger project budgets:

- The Clem Jones Centre for Ageing Dementia Research within the Queensland Brain Institute at the University of Queensland is undertaking promising work into finding a cure for Alzheimer's and ageing dementia.
- The Clem Jones Research Centre for Regenerative Medicine at Bond University focuses on the use of stem cells in the repair of human tissue and treatment of disease, including age-related macular degeneration.
- The Clem Jones Centre for Neurobiology and Stem Cell Research at Griffith University is conducting world-leading research into the transplantation of a patient's own stem cells to repair spinal cord damage. The research has the potential to deliver a cure for paralysis and brain injury.

The Wesley Hospital's palliative care service has also received financial support from the Clem Jones Trust.

In his lifetime Clem helped fund the expansion of Foodbank into Queensland in 1995 after its foundation in NSW in 1992 and helped meet the costs of establishing Foodbank in Townsville and the formation of a national overarching organisation, Foodbank Australia.

His estate supports a school breakfast program through the YMCA with almost 3 million meals served to schoolchildren across more than 80 schools in the past decade. A successful example of Clem's philosophy of engaging youth in sport to encourage them into positive not negative activities is the Clem Jones Centre at Carina founded and developed by him through the Camp Hill Carina Welfare Association over more than 50 years. The centre hosts a range of sporting clubs and communities organisations and activities on a 17ha site.

Another law reform wish by Clem was that Australia move to become a republic and the Real Republic Australia continues to campaign for a republic with a directly elected head of state and other Constitutional reforms.

This background information shows that the motives of entities within the Clem Jones Group in supporting medical research, community causes, and voluntary assisted dying law reform are true to those of Clem himself — to deliver real and meaningful change that helps ease adversity and suffering and widens the options available to individuals.

In line with that philosophy, voluntary assisted dying laws will give people more options about how they end their lives and will help ensure their lives come to a close in a way and at a time they choose and without unnecessary suffering.

The laws we seek will mean the difference between a good and bad death for many Australians.

TERMS OF REFERENCE:

The NSW Legislative Council's Standing Committee On Law And Justice has published the following terms of reference for its inquiry into the *Voluntary Assisted Dying Bill 2021*:

> *That:*
>
> *a. the provisions of the Voluntary Assisted Dying Bill 2021 be referred to the Standing Committee on Law and Justice for inquiry and report,*
>
> *b. the Bill be referred to the committee upon receipt of the message on the Bill from the Legislative Assembly, and*
>
> *c. the committee report by the first sitting day in 2022.*

We welcome the opportunity this inquiry presents to publicly and formally advocate directly to Committee Members the need for a voluntary assisted dying law in NSW.

We note the terms of reference for the inquiry require a report by the Committee to be furnished to the Legislative Council by the first sitting day of 2022.

At the time of preparing this submission no sitting calendar for the NSW Parliament for 2022 has been published.

However, we take this opportunity to stress our belief that while any voluntary assisted dying law must of course be given suitable scrutiny, the timing of its implementation if passed will be affected by the time devoted to its consideration and debate.

We urge the Committee to meet its stated reporting deadline or, if possible, to report earlier in order to give the people of NSW and other MPs in the NSW Parliament an opportunity to consider and assess the inquiry report which we hope can help inform them of the need to support the Bill and to help ensure its timely passage and implementation.

EXPERIENCE ELSEWHERE:

Many Australians may not know that the world's first voluntary assisted dying law – the *Rights of the Terminally Ill Bill* – was passed by the Northern Territory Parliament in 1995 after the legislation was introduced as a Private Member's Bill by the then NT Chief Minister Marshall Perron, leader of the Country Liberal Party.

After extensive community consultation through a parliamentary inquiry, MPs debated the Bill, made 50 amendments to its original form, and voted 15-10 in support with the law taking effect in 1996.

However, only four people were able to access VAD under the NT law before it was overturned by a federal law passed with support from MPs on both sides of Federal Parliament. There is currently growing bipartisan support for the scrapping of the federal laws prohibiting both the NT and the Australian Capital Territory governments from considering their own VAD laws.

Marshall Perron, now living in retirement on the Sunshine Coast in Queensland, continues to campaign for VAD laws around Australia.

He was a key advocate in the recent campaign that saw the *Voluntary Assisted Dying Bill 2021* passed by the Queensland Parliament on a vote of 60/31 in September this year. He also continues to campaign for the restoration of the rights of the NT and ACT to legislate on VAD if they wish.

Parliaments in all Australian states except NSW have in recent years debated and passed voluntary assisted dying laws:

- Victoria – law passed November 2017 and effective from June 2019
- Western Australia– law passed December 2019 and effective from July 2021
- Tasmania – law passed April 2021 and effective from October 2022
- South Australia – law passed June 2021 with an 18-24 month implementation period
- Queensland – law passed September 2021 and effective from January 2023.

Victorian, Western Australian, and Queensland Parliaments all authorised full public inquiries into VAD laws. In Queensland the issue was the subject of three in-depth examinations:

- an inquiry by the Health Committee of the 56th Queensland Parliament into end-of-life issues including VAD which recommended VAD laws be introduced,
- an extensive examination of the issue and a comprehensive report running to almost 900 pages by the independent and expert Queensland Law Reform Commission which included a draft *Voluntary Assisted Dying Bill 2021*, and
- a second Health Committee inquiry of the 57th Queensland Parliament into the QLRC's draft legislation which recommended it be passed without amendment.

Voluntary assisted dying or a similar procedure is an option at the end of life by virtue of specific laws or court rulings in a number of overseas jurisdictions including:

- Belgium
- Canada
- Colombia
- France
- Luxembourg
- The Netherlands
- New Zealand
- Spain
- Switzerland
- VAD, or medical aid in dying (MAID) is legal under specific laws or court ruling in the American states of: Oregon, Washington, Vermont, California, Colorado, Washington DC, Hawaii, New Jersey, Maine, Montana, New Mexico, and Vermont.

EXPERIENCE ELSEWHERE (continued):

We draw the Committee's attention to the legislative efforts in the NT almost three decades ago and the existence of VAD laws in multiple other jurisdictions both within Australia and overseas to illustrate the point that such laws are now neither novel nor risky in a medical, administrative, operational, or political sense.

There is a considerable body of work in the form of official public inquiries; expert medical, legal, and ethical opinions; and decisions by numerous courts when laws have been challenged that support our contention.

On occasion, as happened earlier this year in Portugal, a court ruling has stymied the progression of a VAD law. But in the majority of instances laws have been proposed, drafted, scrutinised, amended according to legislative processes, and approved for implementation.

We ask the Committee to consider the fact that current VAD laws here and overseas have overwhelmingly been developed according to expert medical, legal, and ethical evidence; extensive legislative scrutiny; the findings of public inquiries; and in some cases judicial rulings and that the end result has been appropriate, workable and safe laws giving terminally ill individuals a better choice at the end of life.

PRINCIPLES AND VALUES:

We believe that any voluntary assisted dying law considered or enacted in any jurisdictions must reflect key basic human values.

The values that we believe should be paramount when the Committee considers the *Voluntary Assisted Dying Bill 2021* can be identified as:

- life,
- autonomy,
- conscience,
- equality,
- rule of law,
- protecting the vulnerable, and
- reducing human suffering.

Prof Lindy Willmott

Prof Ben White

These values have been outlined by experts in end-of-life law, Professor Ben White and Professor Lindy Willmott of the Australian Centre for Health Law Research at QUT in Brisbane.

They are discussed in the chapter *Assisted dying in Australia: A values-based model for reform* they supplied for the 2017 book *Tensions and traumas in health law*.

Professors White and Willmott drafted a model VAD Bill which was examined by the 56th Queensland Parliament's Health Committee which recommended it as the basis of subsequent work by the Queensland Law Reform Commission which drafted the final Bill passed in September.

We make the following submissions in relation to the individual values:

Life:

We ask the Committee to recognise that competent adult individuals can judge the value of their life and its diminution through terminal or untreatable physical ailments and consequent suffering and that our laws already take this fact into account and provide for occasions where actions and decisions can be taken by an individual in the full knowledge that the outcome will be that their life will be ended.

Autonomy:

The Committee should acknowledge that it is essential for autonomy to be recognised as a competent adult individual's ability to request access to a regulated voluntary assisted dying regime. Further, the Committee should ensure that any new law guarantees that no person, persons, or organisation may make a decision relating to assisted dying on behalf of someone else.

Conscience:

We ask the Committee to ensure that any recommended voluntary assisted dying law in NSW contains clear provisions for accommodating the conscientious objections of those otherwise required to be involved, such as institutions providing health services and medical professionals including nurses and doctors, but also to ensure that any such objections do not prevent an individual from seeking advice on or access to voluntary assisted dying.

Equality:

We ask the Committee to ensure that any new law regulating access to voluntary assisted dying does not discriminate against eligible individuals seeking or granted access based on their physical disability.

Rule of law:

We ask the Committee to ensure any recommended new voluntary assisted dying law for NSW clearly enunciates the rights and obligations of those is designed to cover including conscientious objectors, relatives of the person seeking access to voluntary assisted dying, as well as clear penalties for breaches, and an effective oversight framework.

We encourage the Committee to consider the values of life, autonomy, conscience, equality, rule of law, protecting the vulnerable, and reducing human suffering when considering a voluntary assisted dying law for NSW.

MYTHS AND MISINFORMATION:

Unfortunately, opponents of voluntary assisted dying invariably resort to spreading myths and misinformation in their efforts to stymie the adoption of VAD laws such as the one proposed for NSW.

All such attempts made in recent years here in Australia to employ such tactics to sway a succession of parliamentary public inquiries have failed. Such inquiries have presented opportunities to sift fact from the fictions peddle by VAD opponents.

We wish to take this opportunity to outline to the Committee some of the more common claims and techniques used by VAD opponents.

THERE IS NO 'SLIPPERY SLOPE'

The "slippery slope" argument attempts to assert that the introduction of voluntary assisted dying laws will inevitably see them widened and eligibility requirements eroded. It is usually accompanied by claims that somehow the widened laws will automatically cover children, people with a disability, or those without a terminal illness or neurodegenerative condition, and can even include claims that such individuals will undergo assisted dying against their will.

The fact is that any VAD law in any jurisdiction can be changed only in the full glare of public exposure and debate, and in accordance with the legislative processes of that jurisdiction.

The "slippery slope" arguments by opponents don't stack up. Findings by extensive, public, cross-party party parliamentary inquires held across Australia in the past few years could not be clearer.

Put simply: there is no slippery slope when it comes to VAD laws.

- The 2016 report of the Victorian Parliamentary Inquiry stated:

  > *"The slippery slope scenario has not materialised. Studies in jurisdictions which permit assisted dying have shown that vulnerable people are not more likely to receive assisted dying and suicide rates have not increased."*

- The 2018 report of the WA Parliamentary Inquiry said:

  > *"The Committee finds no evidence to suggest [the 'slippery slope'] has occurred in the jurisdictions that have legislated for VAD. The Oregon legislation for example has never been amended in its 20 years of operation."*

- The 2020 report of the Queensland Parliamentary Inquiry said:

  > *"The [Health] Committee notes there is no clear evidence that legalisation of assisted dying results in an inevitable move toward the erosion of safeguards and an increase of non-voluntary euthanasia."*

- The 2020 report of the South Australian Parliament's Inquiry found:

  > *"The 'slippery slope' or 'floodgate' fears..... have not been realised anywhere."*

Other experts and professional bodies have similarly found no evidence of a "slippery slope".

In 2018 national peak body Palliative Care Australia dismissed claims of a "slippery slope". In a report on the impact of VAD laws overseas on the palliative care sector, the PCA said:

> *"A common concern across various jurisdictions has been that access to assisted dying pathways is a 'slippery slope' whereby vulnerable people may be at risk should safeguards fail. Whilst it is noted there have been amendments to legislated eligibility criteria over time, there is no evidence that assisted dying has substituted for palliative care due to erosion of safeguards."*

In November 2017 at the height of public debate over what were then proposed VAD laws in Victoria, the ABC's Fact Check website assessed the "slippery slope" argument. Its finding was clear — there is no slippery slope.

A European authority on VAD, Professor Luc Deliens, has challenged those who push the "slippery slope" argument to deliver their proof.

Professor Deliens, Director of the End-of-Life Care Research Group and Professor of Palliative Care Research, Vrije Universiteit Brussel and Ghent University, Belgium, appeared before and gave evidence to the Queensland Parliament's VAD Inquiry in Brisbane in October 2019. He told the Health Committee Inquiry:

> *"Show me the evidence. What is a slippery slope and show me the evidence for a slippery slope. We have done 20 years of studies now and we have never found any evidence for a slippery slope. A 'slippery slope' means that you are applying a health law towards a group that might not need this kind of health law. I never found a group like that."*

A US-based expert in voluntary assisted dying – widely known as medical aid in dying (MAID) in North America – has also rejected the "slippery slope" concept.

Dr David Grube, Medical Director of US-based VAD advocacy group Compassion and Choices, has stated:

> *"The concept of a slippery slope implies that, over time, the statutory guidelines for [voluntary assisted dying] will be either liberalised by elected officials or disregarded with impunity by practitioners. Both assumptions are incorrect. Since Oregon's law took effect in 1997, there has been no attempt to broaden the scope of the law and no physician has been disciplined for practising outside the scope of the law."*

MYTHS AND MISINFORMATION (continued):

After the Victorian VAD law was passed, two academics dismissed the "slippery slope" argument.

David Copolov, Professor of Psychiatry and Monash University Pro Vice-Chancellor, and Julian Savulescu, Uehiro Chair in Practical Ethics at the University of Oxford, wrote:

> *"Any liberalisation of that law would have to go through a protracted parliamentary process. There's no reason to believe that our politicians will wish to compromise their concern for the protection and safety of our state's citizens by undertaking such a liberalisation. There's no slippery slope in sight for VAD legislation in Victoria."*

Members of Parliament in other Australian states have rejected the idea of a "slippery slope" when discussing their own voluntary assisted dying laws.

Shortly before the South Australian Parliament passed its voluntary assisted dying law in June 2021, the state's Liberal Party Premier, Steve Marshall, alluded to the argument pushed by opponents, saying:

> *"It is also important to recognise that with the passage of these laws we will not be entering on the so-called slippery slope."*

Also in the SA Parliament in June, the Labor Party Member for Giles, Eddie Hughes, pointed out the facts in relation to the "slippery slope" argument when he said:

> "*It should also be noted that the real-world examples of the jurisdictions that have had assisted dying for many years show that there is no evidence of the slippery slope and no evidence of abuse or coercion."*

Another SA Labor MP, Nat Cook, the Member for Hurtle Vale, said towards the end of debate on the VAD Bill:

> "*We come now, I feel in my heart, from a position of absolute strength, empathy and understanding, in a way that we and the community can support each other to make this decision with all the safeguards we have in place and the knowledge that so many have now gone before us and the slippery slope simply is not happening."*

Similar views dismissing the "slippery slope" were aired by Victorian MPs in a VAD debate in October 2017:

Brad Battin, the Liberal Party MP for Gembrook, said:

> *"I know there are mentions from some people that these changes are a slippery slope. I do not buy into that. I do not buy into the belief that if you bring this legislation in, there is going to be this massive slippery slope and all of a sudden anybody will be able to take their own life."*

Nick Staikos, the Labor Party MP for Bentleigh said:

> *"Opponents of the Bill refer to the slippery slope, an argument I have never subscribed to — not when it is used on this issue and not when it is used on other moral questions. It is an argument that has not been borne out in the experience in Oregon, where its legislation has been in place unchanged for 20 years."*

During debate in the New Zealand Parliament on the *End of Life Choices Bill* passed in 2019 the legislation's sponsor, ACT Party leader David Seymour said:

> *"Opponents who run out of sound objections to this Bill try arguing against some other Bill, a hypothetical one. They call it the slippery-slope fallacy, and they say: 'Ah, but it will change.' Well, let's look at what that would require in context.*
>
> *"An MP would have to bring a new Bill to this House. A majority would have to agree to any changes, and all the same arguments that led to the narrowing of this Bill would emerge again.*
>
> *"That's one of the reasons those who have studied assisted dying laws overseas, the Supreme Court of Canada, and the Western Australian and Victorian parliaments have roundly rejected the slippery slope fallacy.*
>
> *"The objections to this Bill hold no water even with endless repetition. They evaporate when confronted with the details of the Bill and the reality of overseas experience."*

A New Zealand Labour Party MP, Marja Lubeck, took a similar approach in her contribution to the debate.

> *"Two decades of research on [VAD] in the Netherlands have resulted in valuable insights into frequency and characteristics of [VAD] and other medical end-of-life decisions in that country.*
>
> *"These studies have contributed significantly to the quality of the public debate and the regulating and public control of euthanasia and assisted dying.*
>
> *"Those studies show that no slippery slope seems to have occurred. A lot of the scaremongering about the law in the Netherlands is just that.*
>
> *"It is not based on facts and it saddens me. It saddens me that so much misinformation has become part of the campaigning by those against the Bill."*

It is clear that the "slippery slope" argument against voluntary assisted dying has absolutely no basis in fact.

We urge Committee Members to reject any "slippery slope" arguments against the proposed NSW VAD Bill and suggest that they waste no time in exploring them as such arguments have been comprehensively scrutinised and totally discredited by other inquiries and by a range of legislators of all political persuasions.

MYTHS AND MISINFORMATION (continued):

MISREPRESENTING EUROPEAN LAWS

Opponents using the "slippery slope" argument often cite the type of assisted dying laws operating in the Netherlands and Belgium to claim the scope of were originally intended only for the terminally ill but now cover people with mental illness and dementia or children.

This is a gross and deliberate distortion of the fact that in 2014 legislators in Belgium debated and enacted changes to eligibility criteria to enable "competent minors" to request access to VAD if they are "in a hopeless medical situation of constant and unbearable suffering that cannot be eased and which will cause death in the short term".

Opponents also deliberately omit the fact that legislators in Belgium and the Netherlands originally passed their laws with criteria based on patients experiencing unbearable suffering, not a terminal illness as is the case in laws proposed or passed by Australian states and elsewhere.

So claims that Dutch and Belgian laws have been "extended" beyond the terminally ill fail to acknowledge that such a limitation never applied.

As the chair of the West Australian Parliament's Inquiry, Amber-Jade Sanderson MLA, said in the inquiry's report:

> *"Each jurisdiction has its own unique legal framework resulting from considered legislative processes and court rulings in those countries. The Oregon legislation for example has never been amended in its 20 years of operation.*
>
> *"I caution against drawing the wrong conclusions and lessons from international experiences. There are aspects of these overseas models which the Committee has rejected.*
>
> *"The model which our [WA] Parliament is asked to consider should be in line with the expectations of our community and reflect the values and safeguards we deem appropriate."*

The WA report by the WA Parliament's Joint Select Committee on End of Life Choices made several relevant finings in relation to this issue:

- Finding 37: It is incorrect to describe the availability of euthanasia for mentally unwell persons in the Netherlands and Belgium as eventuating as a type of slippery slope through which an initially conservative approach to euthanasia was eroded over time. Since the practice was legislated for in both countries, eligibility for assisted dying has included persons suffering from mental illness.
- Finding 38: Although Belgium expanded its law to make euthanasia available to legally competent minors in 2014, this should not be seen as supporting the slippery slope argument that further expansion of the assisted dying laws is somehow an inevitability. The experience in Oregon, where the law has undergone no change or expansion since its introduction in 1997, demonstrates the invalidity of any attempt to apply a universal slippery slope argument.

To put it bluntly, we say that what happens in Belgium and The Netherlands stays in Belgium and The Netherlands.

No legislator from those nations has a say in the shape or form of the proposed NSW voluntary assisted dying law which, unlike laws in Belgium and The Netherlands and in line with other Australian VAD laws, is predicated in individuals with a terminal illness.

We urge Committee Members to reject arguments which attempt to translate changes made in some European assisted dying laws into support for baseless arguments attempting to illustrate the presence of a non-existent "slippery slope".

MISLEADING TERMINOLOGY – VAD IS NOT SUICIDE

Sadly, opponents of voluntary assisted dying invariably resort to peddling misinformation and using emotive language and scare tactics in their efforts to encourage lawmakers to vote against VAD laws.

The fact is they don't have the facts on their side so instead they attempt to use highly emotive language to describe voluntary assisted dying such as "state sanctioned killing" or "assisted suicide".

They even claim that VAD will cause more deaths when logic means there will be no additional deaths. But there will be fewer people who suffer at the end of life.

Their claims have been proved wrong by successive parliamentary inquires.

We ask Committee to reject the inflammatory and misleading terminology employed by opponents of voluntary assisted dying.

The tactics used by VAD law opponents include repeated and misleading efforts to conflate voluntary assisted dying with suicide.

But voluntary assisted dying is not suicide.

Tragically, most people would know or know of individuals who have taken their own lives. Suicide usually involves an irrational action by someone who may otherwise have their life ahead of them but who tragically decides to cut it short.

VAD on the other hand involves a decision by a rational person whose life is ending soon through a terminal illness or neurological disorder and who wants to control the time and manner of their death and to avoid pointless suffering.

Former Victorian premier and former Beyond Blue chair, Jeff Kennett, has made a clear distinction between suicide and VAD.

"This issue [VAD] is totally different from the issue of suicide within our community," Mr Kennett has stated.

During debate in December 2020 in the Tasmania Parliament on that state's VAD law, Jennifer Houston the Labor Party MP for Bass said: "I find it disturbing that VAD has been likened to suicide.

MYTHS AND MISINFORMATION (continued):

"Suicide is a choice between life and death, whereas VAD is a choice between two deaths – a prolonged, agonising death, or a dignified death," Ms Houston said.

Claims by opponents equating VAD with suicide have been examined and rejected by parliamentary inquiries.

In its 2018 final report the WA Parliamentary Inquiry stated: "It is important not to conflate suicide with assisted dying. It is possible to distinguish temporary suicidal ideation from an enduring, considered and rational decision to end one's life in the face of unbearable suffering."

The 2020 final report by the Queensland Parliamentary Inquiry that recommended a VAD law for the state said: "The [Health] Committee notes that temporary suicidal ideation is quite distinct from an enduring, considered and rational decision to end one's life in the face of unbearable suffering."

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In 2017 the American Association of Suicidology issued a statement clearly distinguishing suicide from VAD, or physician aid in dying as it is often known in the USA.

Its lengthy statement said in summary: "Suicide is not the same as physician aid in dying." It also said: "Unlike most cases of suicide, the person who has requested and receives aid in dying does not typically die alone and in despair, but, most frequently, where they wish, at home, with the comfort of his or her family."

Charles Hirsch

The difference between VAD and genuine cases of suicide may be better understood by considering a ruling made by New York City's Chief Medical Examiner, Charles Hirsch, who investigated the deaths of people who jumped from the Twin Towers in New York at the time of the September 11 terror attacks in 2001.

He found that those people realised they had no escape and that they faced an imminent death. He said that when they were confronted by a terrible choice between a slow, agonising death by fire or a quick death by jumping, many people chose to jump.

Hirsch found that this was a rational choice by those who jumped from the towers as a way to avoid needless suffering.

In his findings, Hirsch refused to classify the deaths of those who jumped as suicides.

Most VAD laws elsewhere also specifically state that VAD is never to be regarded as suicide.

We urge the Committee to reject and expose any efforts to use of the term "suicide" in the context of a discussion of voluntary assisted dying as it is not only untrue and misleading but is also disrespectful to those impacted by genuine cases of suicide.

THE NON-EXISTENT 'SUICIDE CONTAGION'

After wrongly equating voluntary assisted dying with suicide opponents of VAD often go on to make another false claim – that the passage of VAD laws creates a "suicide contagion".

They argue that VAD laws cause suicide to become acceptable, leading to more cases of suicide in the community.

None of their claims is true and parliamentary inquiries have found no link between VAD and any trends in suicide figures.

The 2018 final report of the WA Parliamentary Inquiry stated: "Suggestions of suicide contagion are not supported in the evidence."

No evidence of a "suicide contagion" can be found because none exists.

But that has never stopped the misinformation peddled by VAD opponents.

Even as late as July this year a hearing by the cross-party Health Committee of the Queensland Parliament on the state's then proposed VAD Bill was subjected to the deceptive tactics employed by those who were fighting a sensible, compassionate, and overdue law reform.

The anti-VAD group Cherish Life claimed that "suicide rates go up when we introduce VAD".

They alleged that "since VAD was introduced in Victoria the suicide rate has gone up over 20%".

MYTHS AND MISINFORMATION (continued):

The claim is wrong. It has been shown to be wrong, yet opponents still try to use the false and misleading assertion which has no basis in fact.

The reputable online website Dying for Choice operated by VAD proponent and researcher Neil Francis has discredited and debunked the claim.

The website exposed how Cherish Life and others achieve the 20%-plus figure by picking 2017 coronial statistics from Victoria, supposedly as the last full year before the state's VAD law took effect in June 2019.

They then take figures for 2020 as the first full year under the VAD law to show a rise in suicide numbers from 694 to 698.

But that is not enough to achieve a 20% rise.

So they dishonestly add in 144 deaths in 2020 under the Victorian *VAD Act* and treat them as suicides.

This helps to deliver their fake figure of 842 suicides in 2020 and their dishonest 20%-plus rise.

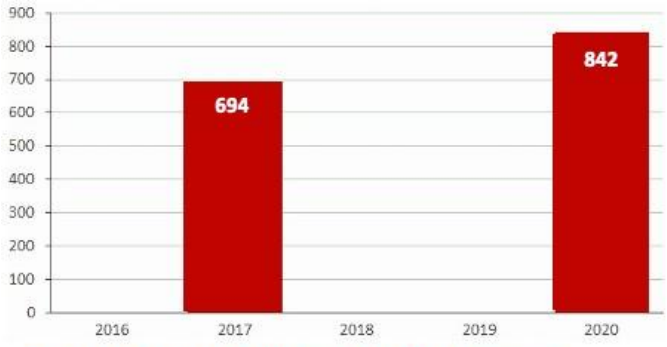
As the Dying for Choice website points out, the only way the 20%-plus figure can be achieved is to "shamefully and humiliatingly disrespect Victoria's terminally ill who died peacefully under its VAD law in 2020".

But the website points out more dishonesty in other steps along the way.

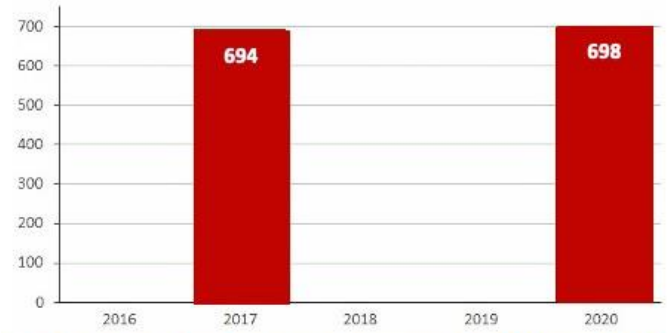
For example, Cherish Life uses 2017 as the last full year without VAD in Victoria, although 2018 was actually the year they should have chosen since the *VAD Act* did not take effect until mid-2019.

But if they had chosen the correct year of 2018 it would have showed a drop in suicide numbers which clearly didn't suit their bogus argument.

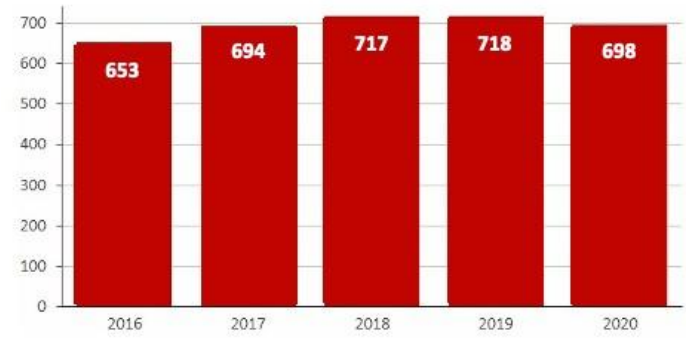
Cherish Life cited other Victorian coronial figures in an attempt to muddy the waters, but these were only part-year figures.



The faked figure for 2020 including 144 VAD cases



The figures for 2017 (not the last year without VAD) and 2020



The figures since 2016 showing a drop from 2018 to 2020

Another statistic that regularly crops up in the arguments mounted by VAD opponents comes from the USA. Opponents often claim the suicide rate for the US state of Oregon rose to be 42% above the US national average after VAD was legalised in the state in 1997.

This is part of the discredited "suicide contagion" argument – a false claim suggesting that VAD laws somehow give permission to others to take their own lives.

Neil Francis's Dying for Choice website has also previously demolished the claim with detailed analysis from as far back as 2016 which shows that Oregon's suicide rate was indeed a little more than 41% higher than the US national average in the years 2010 and 2012.

But official data sources had reported a general rise in the national US suicide rate since 2000 attributed to a range of factors such as personal financial stress arising from job losses and a US-wide economic downturn. VAD or an alleged VAD-induced suicide was not cited as a contributing cause – because such a link does not exist.

Francis considered data from other states such as Vermont which, for the period around 2010 had a suicide rate 44% higher than the US average. But he found there is big problem for those trying to claim a "suicide contagion" in the wake of the implementation of VAD laws.

Vermont did not have VAD laws at the time Oregon's suicide rate was 41% above the national average. Vermont's VAD law took effect in 2013. So how could VAD be linked to an above-average suicide rate in Oregon while an even higher comparative rate was shown in a state without VAD?

The very simple answer is it can't.

Francis concluded that while the 41% figure cited by opponents of VAD was factual, it was also "profoundly misleading in isolation". He also found that the trend in the increase of suicides in Oregon over 16 years since its VAD law came into effect was not statistically different from the national rate of increase.

Francis's analysis looked at other claims made by VAD opponents about the effect of Oregon's laws and concluded that claims about VAD causing "suicide contagion" were "false, misleading or highly selective — omitting key facts".

MYTHS AND MISINFORMATION (continued):

He also examined the assisted dying regime in Switzerland and asked why VAD opponents never cited the Swiss experience when peddling "suicide contagion" claims.

Francis says since 1942 an exception in the Swiss Criminal Code has permitted assisted dying provided it is delivered for non-selfish motives and notes: "There's no legislated (or even government-regulated) requirements for age, illness or condition, decisional capacity, cooling off periods, or anything else."

In the 1980s assisted dying associations were formed to deliver assisted dying services to Swiss residents. Their number has since grown to include those such as Dignitas which provide services to foreigners.

Francis says that Switzerland has an abundance of the ingredients that VAD opponents claim lead to "suicide contagion". So, if their claims are correct, opponents should be able to point to a "suicide contagion" in Switzerland.

"But they don't mention Switzerland," he explains. "There's a powerful reason why: the data is not only unhelpful to their 'contagion' theory, but actively hostile to it."

Francis says official statistics show that the Swiss general suicide rate "has dropped massively and consistently since the two main assistance societies were formed in the early 1980s" and it has continued to drop "even as the rate of assistance, and public discussion, has increased over the most recent three decades".

He says in the 1990s, the Swiss general suicide rate, although falling, was significantly higher than Australia's until 2010, when the rates were the same. Since 2010, the Swiss suicide rate (with no legislated procedures for its permitted assisted dying) has continued to drop, while Australia's (at that time with no assisted dying law at all), began to rise.

Francis says the difference highlights the way VAD opponents cherry-pick data with the aim of trying to promote the myth of a "suicide contagion".

"Further, the Swiss rate has continued to drop even with a significant increase in assisted dying," he says. "Of course, general suicide is a serious issue. It has numerous well-known risk factors (eg: mental health, substance abuse, unemployment, relationship breakdown, opportunity) and protective factors (eg: hotlines, funding mental health programs, unemployment benefits, removing opportunity), none of which assisted dying opponents mention while cherry-picking their statistics," he says.

We urge the Committee to reject any attempts by opponents of voluntary assisted dying to prosecute the false argument suggesting VAD laws spark a "suicide contagion" and to expose it as a false claim unsupported by evidence.

PEOPLE WITH A DISABILITY – CHEAP SCARE TACTICS

Opponents of VAD consciously and deliberately sink to unseemly depths in their efforts to attack reasonable law reform. There is no argument they will not entertain, no matter how patently false, and no group they will not hesitate to use in their baseless arguments.

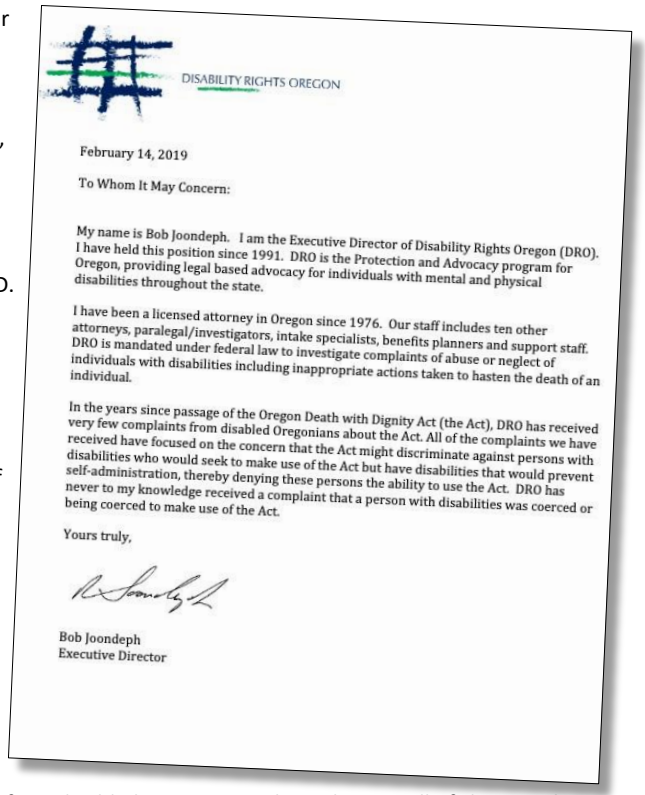
An example is the false but often-repeated claim related to the "slippery slope" anti-VAD argument that people with a disability will eventually be coerced to accept assisted dying against their will simply because they have a disability.

Voluntary assisted dying laws passed in Australia so far do not discriminate against people with a disability who also meet criteria for seeking access to VAD.

People with a disability and who experience intolerable suffering from a terminal illness or neurodegenerative condition can seek access to VAD. But simply having a disability is not enough to qualify.

In fact provisions exist to ensure people with a disability that might prevent them from self-administering a VAD substance can still use the law – but only if they meet other strict criteria.

While VAD laws in Australia have operated for only a few years there is still no sign of any issues or concerns of the kind VAD opponents claim. But places such as the US state of Oregon have been applying their own laws for several decades and they too have never recorded problems or complaints from people with a disability feeling threatened.



DISABILITY RIGHTS OREGON

February 14, 2019

To Whom It May Concern:

My name is Bob Joondeph. I am the Executive Director of Disability Rights Oregon (DRO). I have held this position since 1991. DRO is the Protection and Advocacy program for Oregon, providing legal based advocacy for individuals with mental and physical disabilities throughout the state.

I have been a licensed attorney in Oregon since 1976. Our staff includes ten other attorneys, paralegal/investigators, intake specialists, benefits planners and support staff. DRO is mandated under federal law to investigate complaints of abuse or neglect of individuals with disabilities including inappropriate actions taken to hasten the death of an individual.

In the years since passage of the Oregon Death with Dignity Act (the Act), DRO has received very few complaints from disabled Oregonians about the Act. All of the complaints we have received have focused on the concern that the Act might discriminate against persons with disabilities who would seek to make use of the Act but have disabilities that would prevent self-administration, thereby denying these persons the ability to use the Act. DRO has never to my knowledge received a complaint that a person with disabilities was coerced or being coerced to make use of the Act.

Yours truly,

Bob Joondeph
Executive Director

In a 2019 open letter Bob Joondeph, the head of the advocacy group for people in Oregon with a disability, the Disability Rights Organisation (DRO), set the record straight when he wrote: *"In the years since passage of the Oregon Death with Dignity Act (the Act), DRO has received very few complaints from disabled Oregonians about the Act. All of the complaints we have received have focused on the concern that the Act might discriminate against persons with disabilities who would seek to make use of the Act but have disabilities that would prevent self-administration, thereby denying these persons the ability to use the Act. DRO has never to my knowledge received a complaint that a person with disabilities was coerced or being coerced to make use of the Act."*

We ask the Committee to reject out of hand any argument claiming that a VAD law would adversely impact NSW people with a disability by making them open to coercion.

MYTHS AND MISINFORMATION (continued):

NO EVIDENCE OF COERCION

VAD opponents constantly claim that innocent individuals are open to coercion, especially by unscrupulous relatives supposedly eager to inherit their wealth or property. But experience in Australia and elsewhere shows no support for such claims.

Victoria's *Voluntary Assisted Dying Act* has been operating for more than two years and its provisions safeguarding against coercion have worked.

Betty King is a former Supreme Court judge who was the inaugural chair of Victoria's VAD Review Board which examines every single VAD case since the law took effect in June 2019.

Ms King, now retired as chair, told the ABC: *"I have not seen one example so far of anyone who has been pushed, coerced, or inveigled in any way into taking the assisted dying medication."*

The Review Board's latest report shows that there has not been a single example in 331 VAD cases since the law took effect in June 2019.

US advocacy group Compassion and Choices has looked at data from American states with VAD laws – what they call "medical aid in dying".

It says: *"In more than 20 years of experience since the first law was enacted in Oregon, and an additional 40-plus years of combined evidence and cumulative data from the laws passed in other jurisdictions there is not a single substantiated case of abuse or coercion nor any civil or criminal charges filed related to the practice. Not one."*

We urge Committee Members to reject arguments by VAD opponents claiming that a NSW voluntary assisted dying law would leave those seeking access to its provisions vulnerable to coercion as available evidence shows such claims are false.

FIRST NATIONS – AN INSULTING ARGUMENT

VAD opponents claim that cultural attitudes to death mean there is already a level of mistrust of the health system among some Aboriginal and Torres Strait Islander communities which would increase under a VAD law.

This type of broad-brush and paternalistic argument is an insult to First Nations people.

During debate in the WA Parliament on that state's VAD law the WA Greens upper house MP, Robin Chapple, exposed this claim as a myth by citing findings from a Senate inquiry conducted at the time Federal Parliament passed a Private Member's Bill sponsored by then Victorian Liberal Party backbencher Kevin Andrews to overturn the *Northern Territory Rights of the Terminally Ill Act 1995.*

"Some have suggested that the mere existence of such a [VAD] law will have a negative effect on Aboriginal people accessing health services. That is demonstrated by the experience in the Northern Territory," Mr Chapple said. "This claim is not borne out by hard evidence; in fact, it is contradicted by it."

Mr Chapple went on to state that the 1997 report to the Senate Legal and Constitutional Affairs Committee into the federal *Euthanasia Laws Bill* that was passed and became known as the Andrews Act, had considered evidence about the of the *Northern Territory Rights of the Terminally Ill Act.*

He said the Senate report noted the following at paragraph 5.65 on page 52: *"The Northern Territory Government denied that there had been any decrease in the use of medical facilities by Aborigines, and provided the Committee with statistics in support of this assertion. This information related to hospital separations, emergency evacuations to hospital from remote communities and non-emergency travel to hospital under the Patient Accommodation Travel Scheme. No clear decrease was shown in relation to any of these categories since 1995."*

We ask the Committee to reject paternalistic arguments based on race that seek to argue that a VAD law would have a universally negative impact on First Nations people in NSW.

HYPOCRISY – GENUINE SUICIDES

At present in NSW those treating someone with a terminal illness or incurable condition can make a decision that further treatment of their patient is futile.

At present a competent adult with a terminal illness or incurable condition who reaches a stage where they are experiencing what to them is intolerable suffering can themselves declare they do not want further treatment, in the full knowledge such a decision will mean their death.

They can legally seek terminal sedation — to be drugged so that they avoid suffering but may ultimately die from those drugs, or starvation, or dehydration.

Or in some circumstances terminal sedation can be administered to them even without their consent.

Another option for a patient determined to end their life is a self-inflicted death — suicide, which can occur by horrific methods and in lonely and isolated circumstances with devastating ripple effects impacting family, friends, and first responders.

Many of these types of deaths occur before the full impact of a terminal illness is evident because the person concerned is fearful they may not have the physical or mental capacity to end their life at a later date.

In other words, many such deaths happen prematurely compared with the possible time frame to the end of life a VAD law could offer.

These types of deaths and their impacts have been identified by coroners or police at parliamentary inquiries in states which have considered or passed VAD laws.

MYTHS AND MISINFORMATION (continued):

In Queensland the previous Committee's inquiry was given data from the National Coronial Information System showing an average of 84 such deaths per year, or seven a month, and often in lonely and isolated circumstances and by sometimes horrific means which have devastating impacts on family members as well as first responders such as police officers who attend the death scenes. Similar deaths were identified through the NCIS system in Victoria (50 per year on average) and in WA (41 per year).

We are not aware of corresponding NSW-specific data compiled by the NCIS but suggest the figures would be of a scale to justify support for a VAD law.

But these deaths are real and have devastating impacts. Yet VAD opponents never address this real problem, preferring to peddle fake claims about VAD equating suicide.

While it is difficult to make a direct linkage, one effect of a VAD law could be to reduce the number of self-inflicted deaths by people with a terminal condition who take steps themselves to end their lives in a bid to avoid future intolerable suffering.

The mere existence of a VAD law being available could relieve anxiety by offering a legislated option if a person needs and wants it.

We urge the Committee to consider the potential positive flow-on effects from a NSW VAD law for people diagnosed with a terminal illness who currently end their life prematurely and in often horrific and lonely circumstances as identified in other states by the National Coronial Information System.

We further urge the Committee to recognise the impact such self-inflicted deaths currently have on a person's family and friends as well as first responders and to recognise that a VAD law could reduce the number of such deaths.

We also ask the Committee to seek NSW-specific data from the National Coronial Information System on such self-inflicted deaths.

HYPOCRISY – TERMINAL SEDATION

As mentioned above, a terminally ill person under treatment may choose to refuse further treatment or access – or have imposed on them – terminal sedation in which tranquilising drugs are administered and doses increased with the end result being death.

After refusing treatment or accessing terminal sedation a person's life may move very slowly to an end during which time enormous emotional strain can be imposed on families — a pressure the dying person would never intend nor countenance.

There is no legal scaffolding around these options similar to the legislated safeguards and protections present in voluntary assisted dying laws that are designed to protect the rights and interests of the dying person, as well as protecting medical professionals, or others around them.

VAD opponents claims to be concerned about pressure being applied to a terminally ill individual to accept VAD.

But right now in NSW when it comes to the refusal of treatment, there are no safeguards against pressure being applied by family members or others who may be motivated by personal gain to see the life of their relative end.

But medical practitioners who agree to a request for the withholding of treatment or the delivery of terminal sedation rely on the doctrine of "double effect" — their intent is to relieve pain but the end result is death nonetheless.

Opponents of VAD laws also claim terminal sedation is acceptable to them because the intention is not to end the life of a patient.

However, the end result is invariably death and the "intention" they talk about is the intention of medical staff, not the patient's intention.

It is legal for a competent adult who is dying to seek to end treatment or to seek terminal sedation knowing the result is to be their death at some stage and that they will be in no condition to make arrangements or say goodbye to family and friends.

Yet it is not legal for them to seek to end their life at a time of their choosing as can occur under a legal and strictly regulated voluntary assisted dying regime.

We point out to the Committee the hypocrisy and shortcomings of the current system of terminal sedation and the doctrine of double effect, notably:

- **the fact that their inevitable end result is the death of a patient, and**
- **their lack of a legal framework to protect the interests of those involved.**

We believe it is time, as has occurred in jurisdictions elsewhere, for the intention of the terminally ill to be given priority through well drafted VAD laws that protect the interest of patients, medical staff, and others.

SAFEGUARDS OR SABOTAGE?

VAD opponents employ the type of false or hypocritical arguments outlined above in their attempts to convince, or scare, lawmakers into inserting additional "safeguards" into a VAD Bill.

In reality the only safeguard opponents will support is to have no VAD law, which is no safeguard at all when it comes to the current unregulated practice of terminal sedation.

Their approach is to raise unfounded concerns about non-existent "problems" with a VAD Bill, often using false arguments and grossly manipulated statistics, or citing irrelevant or distorted information from overseas jurisdictions in an effort to back their claims.

This tactic has been observed in parliaments elsewhere in Australia. Most recently it was attempted in the Queensland Parliament when MPs there debated that state's VAD Bill.

MYTHS AND MISINFORMATION (continued):

During debate a Liberal National Party MP opposed to VAD tabled 54 proposed amendments to the VAD Bill that had been drafted by the independent and expert Queensland Law Reform Commission, and recommended to be passed without amendment by the Queensland Parliament's Health Committee following public feedback.

Another LNP MP, the Member for Clayfield, Tim Nicholls, used his speech to rebut the need for any amendments, and to expose the tactics behind them.

Mr Nicholls told the parliament:

> *"For some opponents of this Bill there will never be enough [amendments] to satisfy their concerns. For some, amendments ad nauseam could be made and they would still oppose the Bill.*
>
> *"We should be wary of amendments that seek to frustrate, delay and deny and should scrutinise carefully changes suggested under the cloak of patient protection.*
>
> *"I am especially wary of amendments that seek to elevate the opinions of others, no matter who they may be, above the informed decision freely made of a patient who is dying.*
>
> *"Right now in Queensland a dying patient can refuse medication or sustenance, and no-one says that person needs a plethora of experts prying, prodding and second-guessing before that decision is made.*
>
> *"To suggest otherwise for a decision made under this bill is I believe absurd, lacks consistency, logic and compassion."*

We urge the Committee to reject arguments by VAD opponents claiming the Bill contains insufficient safeguards and to recognise that even if amendments sponsored by opponents were passed, they would still not support a VAD Bill.

FINDING THE FACTS

Edward O'Donohue

The final word in this Myths and Misinformation section of this submission should go to Edward O'Donohue the Liberal Party MLC who chaired the parliamentary inquiry that recommended Victoria enact VAD laws.

Speaking in the Victorian Parliament on 2 November 2017 he said: "For me the most important part of the inquiry was the overseas trip.

"Personally I have never been a fan of parliamentary committee trips," he said. "They mean more time away from home, and I am aware of the community's scepticism about the benefits that such trips bring.

"However, to meet with doctors, legislators, peak bodies, departmental officials and both opponents and supporters in jurisdictions where assisted dying is legal, the impact on my views and understanding was for me profound.

"It demonstrated to me that the worst-case scenarios pointed to by opponents of this legislation have not eventuated in practice."

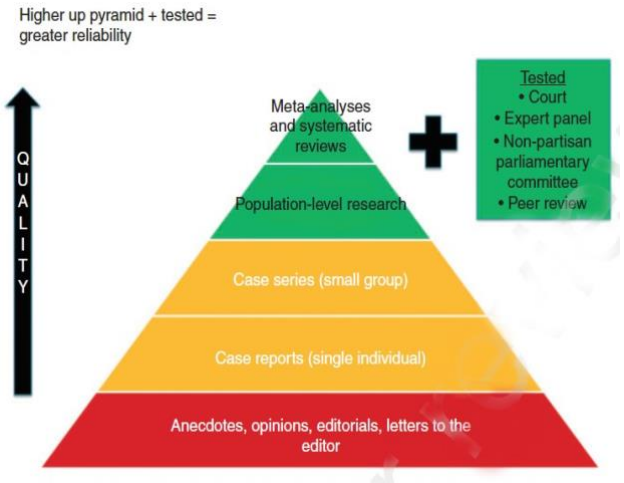
We encourage Committee Members to liaise with MPs who served on similar committees in other state parliaments who have previously dismissed as unfounded the common myths and misinformation peddled about VAD by law reform opponents.

EVIDENCE-BASED DECISION-MAKING:

The VAD law experts cited earlier in this submission, Professor Ben White and Professor Lindy Willmott of QUT in Brisbane, have stressed the need for evidence-based lawmaking when it comes to an issue as sensitive and complex as voluntary assisted dying.

In a paper they published at the time Victoria was the only state with a VAD law, the two end-of-life legal experts stressed the need for lawmakers to prioritise tested fact-based evidence over opinions and value judgements even if they are based on facts and to reject unsubstantiated anecdotal claims.

Their paper references a "reliability of evidence" pyramid *(pictured)* providing a hierarchy of information based on its reliability.



"Decisions about our laws must reflect the state of available evidence, so these claims must be rigorously evaluated. Accordingly, we call on parliaments to engage in evidence-based law making that includes careful deliberation informed by reliable evidence," they say.

We agree and support the need for focussing on reliable and tested evidence when making decisions on a VAD law.

If such an approach is applied, many of the claims made by VAD opponents will not be substantiated and should therefore be ignored.

We ask the Committee to adopt an evidence-based approach in its inquiry and deliberations on the proposed NSW voluntary assisted dying Bill and to reject baseless and unsubstantiated scaremongering by opponents.

MEDICAL PROFESSIONALS SUPPORT VAD:

Opponents of voluntary assisted dying often cite the anti-VAD stand taken by the executive of the Australian Medical Association at federal and state levels to suggest that all doctors oppose VAD laws and therefore a VAD Bill should not proceed. This argument has been run without success in all states where VAD has now been legalised.

But the AMA's official policy does not represent the views of all of its member doctors and across Australia fewer than one in every three doctors chooses to be an AMA member.

In October 2016 leading medical publication *Australian Doctor* reported poll findings showing majority support for VAD law reform. Even the AMA's own internal polling found more than half of its members believed VAD could form a legitimate part of medical care.

Where VAD laws have been proposed, the AMA's executive has opposed them but has also sensibly said that changes to the law are ultimately a matter for the community. This means that, as now is happening in Victoria, WA, Tasmania, SA, and Queensland, doctors who are AMA members are working within their state's legislative framework to deliver VAD and comply with the requests of their terminally ill patients or are undergoing training to be prepared to do so.

Unlike the AMA, the Royal Australian College of General Practitioners does not take a position for or against VAD but also recognises "that if assisted dying becomes a legal option, some patients will request it, and that such a request requires a respectful and compassionate response".

The Australian College of Rural and Remote Medicine, essential in the training and qualification of doctors in large states such as NSW, now includes patient orientated ethical aspects of VAD in its teaching curriculum.

The Australian Medical Students' Association gives in-principle support for VAD with specific criteria for supporting individual Bills. It believes individuals with an incurable physical illness creating unbearable suffering should be able to choose to die with dignity in a manner that is acceptable to them.

The Australian Nursing and Midwifery Federation backs VAD laws "that are completely voluntary; help people who face a terrible, lingering death; have strong checks and balances; and have doctors and nursing professionals at the centre of the process".

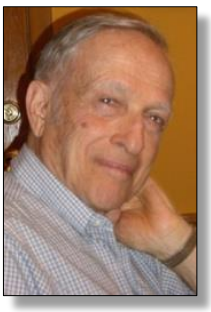
Professional organisations supporting voluntary assisted dying all recognise that VAD laws give their members the protections that are currently missing when dealing with patients at the end of life, including the ability to not be involved in any VAD system if they have genuine conscientious objections.

Doctors for Assisted Dying Choice is a national body committed to providing the option of VAD to rational adults with intolerable suffering, for which there is no realistic chance of cure or relief, who wish to end their lives at a time of their choosing and in the presence of those whom they choose. The organisation has been actively involved in advocating for VAD laws in other states, proving that AMA opposition is not the view of all medical professionals.

We ask the Committee to recognise that many Australian medical professionals including doctors and nurses support voluntary assisted dying as a choice to be made by patients and that any opposition to a VAD Bill by the Australian Medical Association should not be taken as a unanimous or even majority view of doctors.

VAD opponents invariably cite the Hippocratic Oath supposedly taken by doctors as a reason to oppose law reform because it requires medical practitioners to "do no harm". Leaving aside the fact that the Hippocratic Oath is no longer used by the medical profession in Australia, the "do no harm" principle is still widely accepted.

Opponents use this principle to claim doctors that should never be involved in VAD — they should heal people rather than help them to die. But many doctors cite the same principle of "do no harm" as a sound reason for supporting VAD. They say that leaving a dying patient to die in intolerable suffering is doing harm.



Dr Peter Rogatz

VAD advocate, Dr Peter Rogatz, the former director Long Island Jewish Medical Centre and vice-president of End of Life Choices New York supports this view.

In a letter to the *Times Union* newspaper in July 2015 he wrote:

> *"The physician who complies with a patient's plea for final release from dying under unbearable conditions is doing good, not harm, and his or her actions are surely consonant with the Hippocratic tradition [to 'do no harm'].*
>
> *"Harm may result not only from the commission of a wrongful act but also from the omission of an act of mercy. The world is changing and most physicians support aid in dying.*
>
> *"Doctors who provide life-ending medicines to dying patients to end suffering are practising gentle, caring patient-centred medicine."*

Marcia Angell MD, former editor-in-chief of *New England Journal of Medicine,* also backs the idea that the concept of doing no harm is a reason to support VAD laws. She wrote in the *New York Review* in October 2012:

> *"It seems to me that, as with opposition [to VAD] based on whether the physician is 'active,' the argument that physicians should be only 'healers' focuses too much on the physician, and not enough on the patient.*
>
> *"When healing is no longer possible, when death is imminent and patients find their suffering unbearable, then the physician's role should shift from healing to relieving suffering in accord with the patient's wishes.*
>
> *"Still, no physician should have to comply with a request to assist a terminally ill patient to die, just as no patient should be coerced into making such a request. It must be a choice for both patient and physician."*

MEDICAL PROFESSIONALS SUPPORT VAD (continued) :

VAD laws such as the one proposed for NSW can accommodate both interpretations of "do no harm" because they contain provisions allowing medical staff with a conscientious objection to VAD have the right not to be involved.

The code of ethics of the Australian Medical Association can already accommodate any of its members wanting to register and train to deliver VAD services to their patients. The sections of the code reproduced below require doctors to respect a patient's right to make decisions about their treatment and also ensure that any conscientious objections held by its member doctors are respected.

Extracts from the AMA's code of ethics

> ***2.1.5*** *Respect the patient's right to make their own health care decisions. This includes the right toaccept, or reject, advice regarding treatments and procedures including life-sustaining treatments.*

> ***2.1.13*** *If you refuse to provide or participate in some form of diagnosis or treatment based on a conscientious objection, inform the patient so that they may seek care elsewhere. Do not use your conscientious objection to impede patients' access to medical treatments including in an emergency situation.*

> ***2.1.15*** *Respect the right of a terminally ill patient to receive relief from pain and suffering, even where that may shorten their life.*

Oregon medical practitioner and VAD advocate, Dr David Grube, regularly exposes myths peddled by those opposing better end-of-life choices including false claims about the Hippocratic Oath.

In a newspaper opinion piece he wrote in March 2019 Dr Grube – medical director with US organisation Compassion and Choices – said of VAD, or medical aid in dying as it is often know in North America:

> *"[VAD] is not unethical (no US medical school, including John Hopkins, has used the Hippocratic Oath for decades). This medical practice may be against a physician's religious or personal beliefs, but no Oregon doctor is required to participate in it.*
>
> *"The reality is that since Oregon's Death with Dignity Act took effect..... more Oregonians have not died (they were all about to die), but fewer Oregonians have suffered. They got the comfort and respect we all deserve at life's inevitable end."*

In the debate on VAD in the WA Parliament in December 2019, Jacqui Boydell MLC the deputy leader of the WA Nationals, put the relative positions of doctors and their patients into perspective when she said:

Jacqui Boydell

> *"The decision [on VAD] rests with the patient, not the doctor. That is why I have struggled with many of the points of view that have been put to me by the Australian Medical Association of WA or doctors.*
>
> *"It has been put to me that I will be giving [doctors] the opportunity to kill a patient. I say to those doctors who have said that to me that they misunderstand entirely the intent of VAD.*
>
> *"This is not their decision. During the transition of this process, should it pass, the medical profession need to honour the rights and choices of patients and continue to treat them, whether it is palliative care, alternative therapies or oncology. There is a suite of treatments that patients can choose to accept or not. Voluntary assisted dying will purely be one of those.*
>
> *"It is not about doctors saying, 'You are giving me the right'. It is not — we are giving the right to the patient. The doctor is duty-bound to deliver on what the patient wants."*

We urge the Committee to reject claims that medical practitioners breach their oath of practice by being involved in voluntary assisted dying and that the principle to "do no harm" is met by offering the option to patients of choosing to seek access to VAD.

PUBLIC SUPPORT:

Reliable research and opinion polling consistently shows community support for voluntary assisted dying law reform at more than 70% and sometimes higher than 80%.

Most professional opinion poll results have a margin of error that is accepted to be roughly 3%, meaning a 50/50 outcome in a "two horse race" might well be 47/53 or 53/47. So, for the many polls that regularly show approval of VAD at around 80%, the margin of error would need to be 30% — 10 times the usual figure — for any doubt to exist about community approval of VAD laws.

The ability to choose VAD at the end of life has for many years had consistently strong support in the Australian community as measured by major opinion polling organisations such as Newspoll and Roy Morgan Research. Those polling organisations have also shown a steady rise community approval of VAD over time.

For example, since 1946 Roy Morgan Research has conducted numerous polls on end-of-life choices since 1946. From 1962 onwards it has asked a specific question: *"If a hopelessly ill patient with no chance of recovering asks for a lethal dose, should a doctor be allowed to give a lethal dose, or not?*"

When first asked in 1962 those polled were split with 47% supporting a lethal dose, 39% opposed, and 14% undecided. When the question was asked in a 2017 poll 85% supported the administration of a lethal dose with 15% opposed and no respondent was undecided. The 2017 Roy Morgan poll showed high levels of support for voluntary assisted dying between male and female respondents, across age groups, and among voters of all political persuasions.

PUBLIC SUPPORT (continued):

The Clem Jones Group itself commissioned market research in Queensland in the lead-up to the release of the VAD Bill eventually passed by the Queensland Parliament.

The polling showed similar high levels of public support across Queensland for VAD as a better end-of-life choice.

That Queensland-specific polling also showed, as have previous polling in other states, very high levels of support for VAD law reform by people of all political allegiances.

Similar high levels of support exist for the currently proposed NSW voluntary assisted dying law.

Polling by the Australia Institute of 1,008 NSW voters in July this year *(tables at right)* asked respondents: *"If someone with a terminal illness who is experiencing unrelievable suffering asks to die, should a doctor be allowed to assist them to die?"*

The results showed 70% of overall respondents support voluntary assisted dying laws.

Only 15% say it should not be legalised.

The same proportion of Coalition voters (Liberal and National parties) support a VAD law – 70% in favour and 15% against.

A significant majority of voters across all parties said they support a VAD law including Labor (71%), Greens (78%), One Nation (66%) and "other" voters (57%).

There was also strong majority levels of support for a VAD law in NSW across all age groups, not just among older respondents.

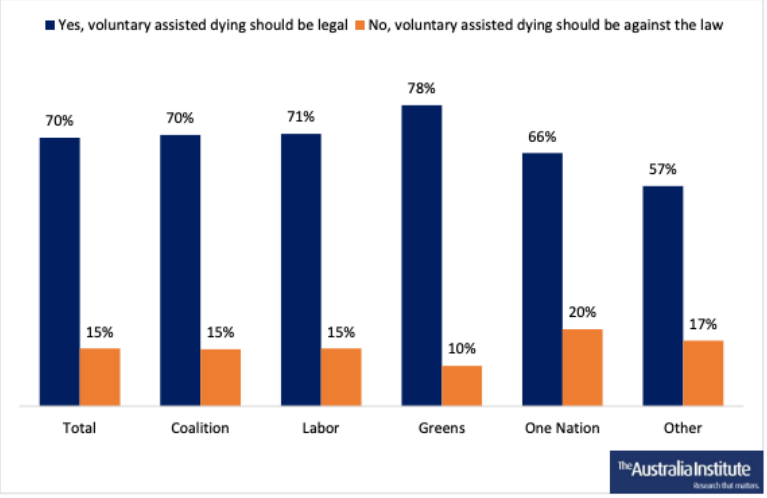
In both the 18-29 and 30-39 age bracket 66% of respondents backed a VAD law while the highest level of support was identified in the 50-59 age group at 77%.

The Australia Institute polling also found strong support for a NSW VAD law among people of faith. *(See next section ISSUES OF FAITH)*

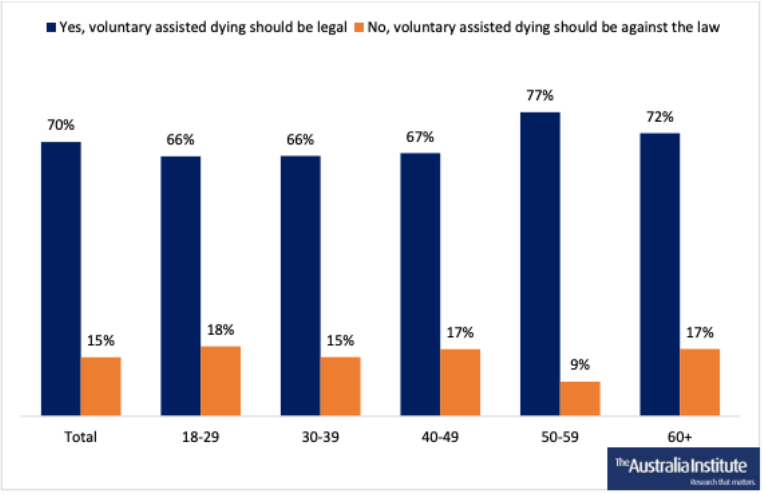
The Australia Institute polling is another reliable indicator of strong and broadly based community support for voluntary assisted dying and a NSW VAD law in particular.

However, we do not suggest that strong community support is by itself a reason to implement a VAD law in NSW.

Support for voluntary assisted dying to be legal, by voting intention



Support for voluntary assisted dying to be legal, by age group



We support the view of former Northern Territory chief minister Marshall Perron, who introduced the world's first VAD laws in 1995 and which were later overturned by federal legislation.

Giving evidence to the Queensland Parliamentary VAD Inquiry in July 2019, Mr Perron told MPs that popularity was not the best reason to support voluntary assisted dying laws.

He said even if the laws had just a fraction of the community backing them, they should be enacted because they were the right thing to do:

> "*People have said that politicians should act on this issue because 85% of the community wants them to. I consider the 85% simply a political bonus.*
>
> *"I believe this legislation should pass if 5% of the community wants it because it is an option to be taken by those people who want the option. We legislate for minorities all the time."*

We ask the Committee to note strong public support for VAD law reform but also declare our belief that regardless of the strength of community feeling in favour of VAD, the NSW Bill should be passed for the simple reason that giving terminally ill people a better end-of-life choice is the right thing to do.

We suggest to the Committee that the consistently strong and growing community support for voluntary assisted dying should firm its Members' resolve to support VAD law reform in NSW and that such reforms would not be viewed as radical, offensive, unworkable, or unnecessary by the vast majority of voters.

ISSUES OF FAITH:

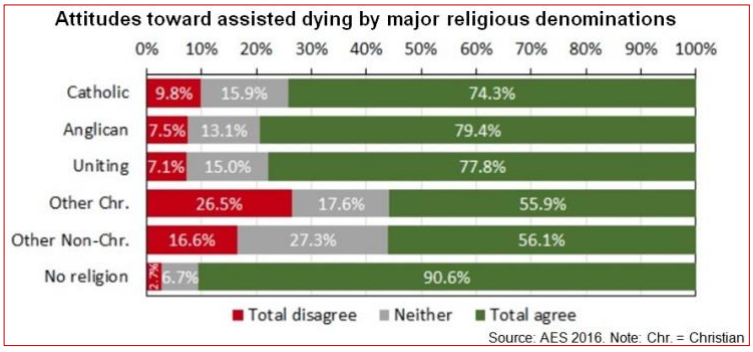
Many church leaders and people of faith support voluntary assisted dying even if others in the hierarchy of their own church do not.

With public support for voluntary assisted dying (VAD) law reform across Australia and in individual states like NSW continuing to be measured at around 70-80% as referenced in the previous section of this submission, the leaders of some churches are showing they are out of step with the attitudes of the wider community and out of step with many in their own congregations.

Research reported in 2016 by the Australian Election Study *(at right)* — conducted through the Australian National University — found very similar high rates of support for VAD among respondents identifying as people of faith.

The polling found 74% of Catholics and 79% of Anglicans backed VAD.

The Clem Jones Group conducted polling in the period preceding parliamentary debate on Queensland's VAD Bill which, as expected, also showed strong support for law reform among people of faith. *(below)*



RELIGION	% SUPPORT VAD	% OPPOSE VAD	% DON'T KNOW
No religion	85	5	10
Catholic	68	16	16
Anglican	79	11	11
Uniting Church /Presbyterian	83	6	11
Other Christian	57	31	13
Other religion	72	7	21

PRACTISING OR NON-PRACTISING	% SUPPORT VAD	% OPPOSE VAD	% DON'T KNOW
Practising Catholic	60	24	16
Non-practising Catholic	73	11	16
Practising non-Catholic Christian	54	33	13
Non-practising non-Catholic Christian	83	6	11

Polling of 1,020 Queenslanders for the Clem Jones Group by YouGov from 31 January to 5 February 2020. Some figures rounded.

The polling revealed very high levels of support among people of faith, well above a simple majority, for voluntary assisted dying. Majority support remained when respondents were broken down into those who identified as actively practising their faith.

It showed that even 60% of those identifying as practising, church-going Catholics wanted a VAD law.

Polling of 899 Queenslanders conducted for the Clem Jones Group on Thursday 22 August 2019 by uCommunications Pty Ltd as part of a wider poll on voluntary assisted dying.

The Clem Jones separately conducted research in Queensland seeking views of people of faith on statements opposing VAD by some church leaders. *(at right)*

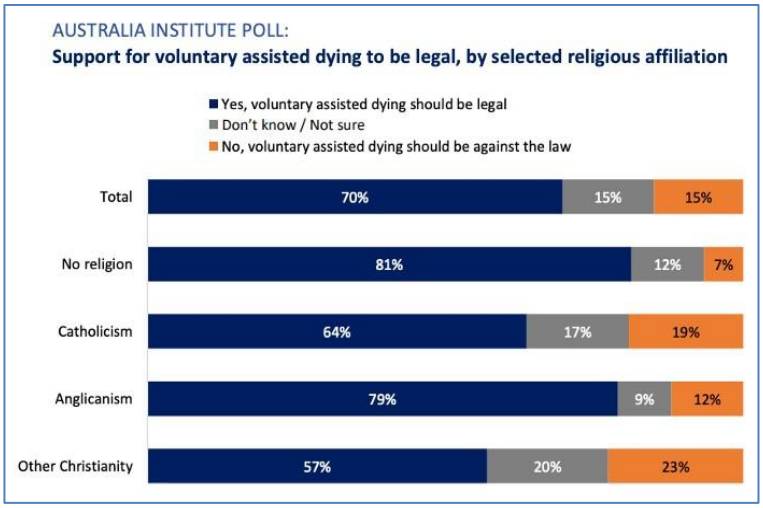
It showed almost 60% of respondents did not agree with the anti-VAD views of church hierarchies.

It is no surprise that similar results have been found through polling in NSW.

	TOTAL %	FEMALE %	MALE %	18—34 %	35—50 %	51—65 %	65+ %
Strongly agree	14.1	14.4	13.8	13.1	13.0	15.2	16.7
Agree	15.8	14.0	17.6	17.5	11.2	15.2	21.5
Disagree	33.9	32.2	35.7	27.0	33.5	39.5	39.6
Strongly disagree	24.3	26.3	22.3	29.9	28.3	21.9	9.7
Unsure/Don't know	11.9	13.1	10.6	12.4	14.1	8.1	12.5
THE QUESTION: The leaders of a number of major churches have expressed their opposition to voluntary assisted dying laws. Would you agree or disagree that their views against VAD reflect the views of the wider community?							

A July 2021 poll of 1,008 NSW voters by the Australia Institute *(right)* showed support for VAD by a majority of people of faith as well as those of "no religion". It included 64% of Catholics and 79% of Anglicans.

Other polls show similar results, but again – as detailed in the Public Support section of this submission – our aim is not to convince NSW MPs to support a VAD Bill based on the popularity of voluntary assisted dying alone.



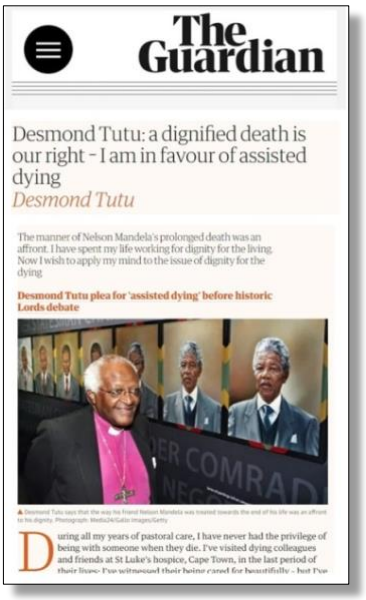
We ask the Committee to recognise:

- **that although the hierarchy of churches or faith-based groups will present arguments opposing voluntary assisted dying law reform, they do not necessarily speak for the followers of their church or faith,**
- **that their documented arguments against a range of previous community-wide social reforms remain at odds with many of their followers who take advantage of those reforms, and**
- **that the opposition to voluntary assisted dying by church or faith leaders should not prevent others from having access to it as an end-of-life option.**

ISSUES OF FAITH (continued):

Despite the public statements of opposition to VAD by some church leaders, their views are not shared by many prominent church figures, some of whom have changed their minds on the issue over time.

For example Desmond Tutu, Anglican Archbishop Emeritus of Cape Town and Nobel peace laureate, spent most of his career opposing VAD but now urges lawmakers and other religious leaders to support its legalisation.


The Guardian

Desmond Tutu: a dignified death is our right - I am in favour of assisted dying

Desmond Tutu

The manner of Nelson Mandela's prolonged death was an affront. I have spent my life working for dignity for the living. Now I wish to apply my mind to the issue of dignity for the dying

Desmond Tutu plea for 'assisted dying' before historic Lords debate

In July 2014 Archbishop Tutu wrote an article for *The Guardian* to announce he was now a VAD supporter by saying:

> *"People should die a decent death. It means being able to say goodbye to loved ones – if possible, at home.*
>
> *"Some say that palliative care, including the giving of sedation to ensure freedom from pain, should be enough for the journeying towards an easeful death.*
>
> *"Others assert their right to autonomy and consciousness – why exit in the fog of sedation when there's the alternative of being alert and truly present with loved ones?"*

In October 2016 he wrote an article in *The Washington Post* saying he wanted voluntary assisted dying as an option for himself when the time came:

> *"Just as I have argued firmly for compassion and fairness in life, I believe that terminally ill people should be treated with the same compassion and fairness when it comes to their deaths.*
>
> *"Dying people should have the right to choose how and when they leave Mother Earth. I believe that, alongside the wonderful palliative care that exists, their choices should include a dignified assisted death.*
>
> *"I believe in the sanctity of life. I know that we will all die and that death is a part of life. Terminally ill people have control over their lives, so why should they be refused control over their deaths?*
>
> *"Why are so many instead forced to endure terrible pain and suffering against their wishes? Regardless of what you might choose for yourself, why should you deny others the right to make this choice?*
>
> *"For those suffering unbearably and coming to the end of their lives, merely knowing that an assisted death is open to them can provide immeasurable comfort. In refusing dying people the right to die with dignity, we fail to demonstrate the compassion that lies at the heart of Christian values."*

In August 2015 a number of UK bishops, priests and rabbis announced their support for voluntary assisted dying laws.

In an open letter they to the UK *Telegraph* newspaper they said that far from being a sin, helping terminally ill people to die through VAD should be viewed as helping them to "gracefully hand back" their lives to God.

Signatories including Lord Carey, the former Archbishop of Canterbury who announced in 2014 that he had changed his mind on the issue of voluntary assisted dying, said that rather than dissuading them from supporting VAD their faith encouraged them to support it. They wrote:

> *"We value life as a precious gift of God, but also uphold the right of individuals who are approaching their last few months to gracefully hand back that gift if they feel the quality of their life is about to deteriorate beyond the point at which they want to continue.*
>
> *"Those who intend carrying on until their very last breath should receive full support, but so too should those who are dying and want to let go of a life that they no longer wish to live."*

Writing in *Christian Today* in January 2018 Canon Rosie Harper, Chaplain to the Church of England's Bishop of Buckingham, *(pictured)* said:

> *"Don't tell me that the time of someone's death is purely God's business. That at the moment when all a human soul wants is for it to end, God stands at the end of the bed and says: 'No my child, it is my will that you suffer just a few more days.' That is pure fatalism and superstition."*

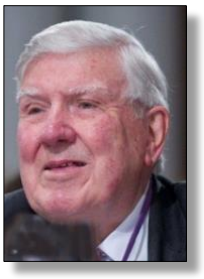
Rabbi Dr Jonathan Romain of Maidenhead Synagogue in Berkshire UK *(pictured)* has publicly called for voluntary assisted dying legislation to be enacted in Britain.

Writing in ***Prospect Magazine* in July 2017** he said:

> *"We assert that there is nothing sacred about suffering, nothing holy about agony and those who wish to avoid it should be able to do so—as a human right but also in keeping with religious ethics.*
>
> *"The right to live one's life to the very end does not imply the religious obligation to do so, especially if that end is a travesty of the person's life and everything that has gone beforehand.*
>
> *"If there is a right to die well—or at least to die as well as possible—it means having the option of assisted dying, whether or not it is taken up."*

ISSUES OF FAITH (continued):

Everald Compton, a long-serving Uniting Church elder, seniors' policy expert and VAD advocate formed Christians for Voluntary Assisted Dying Queensland to advocate for the VAD Bill recently approved by the Queensland Parliament.



Everald Compton

He told the parliament's Health Committee Inquiry hearing in September 2019 that he rejected the rigid anti-VAD views of church hierarchies, saying:

> *"I believe that as Christians we have to decide whether we want to operate by dogma and by doctrine or whether we going to operate by compassion.*
>
> *"My reading of the life of Jesus Christ is that, insofar as doctrine is concerned, he used to argue in the synagogues all day long about doctrine and tell them it was no good, so let's agree that it is no good.*
>
> *"What he did was to go out into the world where people were at the coalface and he showed compassion. He was with them in every part of life that counted.*
>
> *"I hope that we can get rid of dogma and doctrine, and that we can all live in an Australian society that is built on compassion and goodwill, and that is a great place to live and a great place to die."*

Everald has also previously criticised MPs who fear a voter backlash if they vote for VAD.

"Some MPs fear losing their seats over this issue. They won't. Politicians only lose when they sit on fences and forget about doing their job," he said.

Many MPs who identify as people of faith have supported voluntary assisted dying laws when they have been presented to their parliaments in other states.

Pierre Shuai Yang MLC

Pierre Shuai Yang, a Labor Party Member of the West Australian Legislative Council, said during debate on that state's VAD Bill in October 2019 that he was a Catholic but still supported voluntary assisted dying.

He said:

> *"I believe that our Lord loves us, that everyone of us is his son and daughter and he wants the best for us.*
>
> *"Imagine this scenario: you are lying in your sick bed, suffering from a terminal illness and unbearable pain that cannot be managed by modern medical intervention. The question that springs to my mind is: would our Lord want us to suffer or would our Lord have mercy on us and want to help take away the pain and suffering?*
>
> *"I believe that our Lord would prefer the latter. Our Lord is a force of good. Our Lord is a force of mercy. I am certain that our Lord wants us to have dignity, liberty and self-determination at any stage of our life."*

Kyran O'Donnell, the then Liberal Party Member for Kalgoorlie, also told the WA Parliament that he was Catholic and "a proud Waverley College boy and Aquinian". He added:

Kyran O'Donnell

> "I have received numerous emails both for and against voluntary assisted dying. What I noticed in a lot of the anti–VAD correspondence was the fact that people's loved ones died peacefully.
>
> "I did not get any correspondence from people saying that they were against VAD and that their partner or their loved one was in excruciating pain for months—that it was a debilitating disease and they were fading away, having to wear a nappy and suffering so much. "

Jerry Brown

In the United States, leading politicians who identify as Catholics have approved VAD laws, despite the fact they personally may never choose to use the laws themselves.

In October 2015 then Governor of California, Jerry Brown — a lifelong Catholic and former Jesuit seminarian — signed into law a VAD Bill passed by the state legislature, saying:

> "*I do not know what I would do if I were dying in prolonged and excruciating pain.*
>
> *"I am certain, however, that it would be a comfort to be able to consider the options afforded by this Bill. And I wouldn't deny that right to others."*

Phil Murphy

In March 2019 the US state of New Jersey passed a VAD law. When Governor Phil Murphy, also a strong Catholic, signed it into law, he said:

> *"I have concluded that, while my faith may lead me to a particular decision for myself, as a public official I cannot deny this alternative to those who may reach a different conclusion.*
>
> *"Allowing terminally ill and dying residents the dignity to make end-of-life decisions according to their own consciences is the right thing to do."*

We ask the Committee to acknowledge the strong public statements by a range of church identities and lawmakers who identify as people of faith who support laws giving individuals the option to seek access to voluntary assisted dying if needed at the end of life.

PALLIATIVE CARE AND VAD:

Advocacy for the delivery of a legislated and regulated system of voluntary assisted dying in NSW should not be viewed as an effort to erode, diminish, or criticise the palliative care sector.

Palliative care plays an important role in the Australian community and we would support any recommendations to enhance the quality and reach of palliative care in NSW that involved the allocation of additional funding and resources by the state and federal governments.

But we reject any argument that such enhancements discount the need for voluntary assisted dying law reform which is needed to offer people with a terminal illness or degenerative condition and with no hope of being cured another option at the end of life.

It is recognised that even the best palliative care will not always alleviate severe symptoms experienced by a dying person, causing intolerable suffering and distress at the end of life. In recent years palliative care organisations and individual medical experts have acknowledged this fact.

In its evidence to the Victorian Parliament's inquiry into VAD, Palliative Care Victoria said:

> *"In most cases, specialist palliative care teams are able to address the person's physical pain and other symptoms and to respond to their psycho-social, emotional, spiritual and cultural needs so that they are able to live and die well with dignity. However, a small minority of patients experience refractory symptoms such as agitated delirium, difficulties breathing, pain and convulsions."*

Dr Michelle Gold, Director of Palliative Care at Alfred Health, told the same inquiry:

> *"We can provide really excellent or very good levels of comfort for the majority of patients we care for. I could not honestly pretend to say that we are successful 100% of the time. I acknowledge that."*

In the report of the WA Parliament's Inquiry, its chair Ms Amber-Jade Sanderson MLA said:

> *"Palliative care aims to provide treatment to alleviate symptoms from diseases and illnesses that cannot be cured. However, it is clear from the evidence that even with access to the best quality palliative care, not all suffering can be alleviated. Palliative care physicians themselves acknowledge this.*
>
> *"There are many life-limiting conditions that cause profound suffering that cannot be completely palliated. The committee heard from individuals and health professionals about the terrible effects of some of those illnesses, such as motor neurone disease, Huntington's disease, Dementia, Parkinson's and some cancers."*

The WA inquiry's final report stated:

> *"Submitters [to the inquiry] were often forthcoming in their praise for those who choose to make caring for the dying their vocation, but the committee also heard from many people – including those in the medical profession – of situations where palliative care had not been able to alleviate the pain and distress caused by late-stage symptoms.*
>
> *"The percentage of patients for whom palliative care was ineffective in relieving their symptoms varied; however, somewhere in the range of 2–5% is consistent with the evidence. The committee also received evidence from some health professionals that the figure may be even higher, perhaps as high as 30%."*

Dr Edward Mantle, palliative care specialist at the Cairns and Hinterland Hospital and Health Service, gave evidence to the Queensland Parliament's Health Committee Inquiry hearing at Cairns in May 2019 arguing not for VAD but for better resourcing of palliative care services. But he also said:

> *"I will be very clear: I personally find the notion of voluntary assistance in dying to be somewhat abhorrent as a thought, as being engaged in that particular aspect of delivering medicine.*
>
> *"However, I completely support freedom of choice of individuals—completely.*
>
> *"I think it is disingenuous, and it is probably closer to a bald-faced lie, when palliative physicians say that they can relieve all suffering for all patients. It is simply not true."*

Another palliative care expert Dr Will Cairns – former leader of palliative care organisations at the state and federal levels and director of palliative care in Townsville from 1992 to 2016 – also gave evidence to the Queensland Health Committee's hearing in Townsville in July 2021 and stated:

> *"I think there are very few palliative care professionals who believe we can resolve all of the issues from which people are suffering from at the end of their life.*
>
> *"We are pretty good at controlling pain. But certainly not to 100%."*

Reflecting on those who argue that palliative care should be improved before VAD laws are considered, Dr Cairns said:

> *"I am not sure those who opposed voluntary assisted dying would accept voluntary assisted dying even if palliative care was available everywhere."*

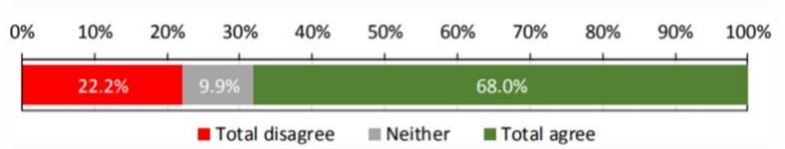
Dr Sandy Buchman of the Canadian Medical Association, gave evidence to the Queensland Parliamentary Inquiry and said:

> *"As passionate as I am about palliative care—you will not get a more passionate supporter—I recognise, like most of modern medicine, that palliative care cannot do it all and that there are situations or patient issues and problems and suffering that often cannot be addressed, even with all the best means that we have at our disposal."*

PALLIATIVE CARE AND VAD (continued):

A 2016 survey of almost 4,000 member doctors of the Australian Medical Association found the vast majority did not believe palliative care adequately addresses end-of-life suffering.

Respondents were asked: "To what extent do you agree with the following statement? *There are patients for whom palliative care or other end of life care services cannot adequately alleviate their suffering*."



The results *(above right)* showed almost 70% of respondents agreed there were shortfalls in the ability of palliative care to address end-of-life suffering.

Nurses with extensive experience in palliative care have also testified to the fact it cannot address all suffering at the end of life.

Susan Forday, retired registered nurse told the Queensland Parliament's Health Committee Inquiry hearing at Rockhampton in July 2019:

> *"Despite great advances in medical knowledge and treatment — and sometimes because of these — what should be the natural and dignified end of life is far too often a prolonged, painful and distressing experience.*
>
> *"Palliative care does not always alleviate a terminally ill patient's suffering."*

In her submission to the Queensland Health Committee Inquiry, Beverley Bailey, a former registered nurse for 47 years, said:

> *"There are people, claiming experience in palliative care, who express the opinion that all pain can be relieved by the available drugs, so there is no suffering experienced by the patient. Therefore no necessity for VAD. This is a long way from the truth."*

Former palliative care nurse, Anita Dow the Labor Party Member for Braddon, said in debate in December 2020 on Tasmania's VAD Bill:

> *"The ultimate goal of palliative care is to provide a dignified and compassionate death and a good quality of life. Unfortunately though, and many palliative care practitioners have acknowledged this, myself included, despite your best efforts you cannot always provide a dignified death for those in your care, and this can be heartbreaking at times."*

MPs in other states have also acknowledged that VAD is not a rival to or replacement for palliative care.

Steven Dawson a Labor Party Minister and MLC in the WA Parliament said during the VAD Bill debate:

> *"In the context of this debate, members will not be considering VAD instead of palliative care; we will be considering the compassion we should show those people for whom palliative care does not relieve their suffering.*
>
> *"Palliative Care Australia has acknowledged that although pain and other symptoms can be helped, complete relief from suffering is not always possible, even with optimal palliative care.*
>
> *"Palliative Care Australia has reported that, if anything, in jurisdictions where assisted dying is available, the palliative care sector has further advanced."*

In debate in the Victorian Parliament in November 2017, Jaala Pulford a Labor Party MLC, said:

> *"I am perplexed by the argument that this Bill represents a choice between voluntary assisted dying and palliative care. To me they are complementary; they can, and should, coexist. I find the assertion that [VAD] will undermine palliative care to be a curious one, because I am firmly of the view that voluntary assisted dying can only serve to strengthen it. You will find no bigger fan of palliative care than me."*

Eddie Hughes, the Labor Member for Giles told South Australia's House of Assembly in May this year:

> *"Contrary to what has been said by some, voluntary euthanasia does not undermine high-quality palliative care. It should be seen as one of the options available in what is a spectrum of approaches to assisting the dying and the families of the dying.*
>
> *"It should also be noted that the real-world examples of the jurisdictions that have had assisted dying for many years show that there is no evidence of the slippery slope and no evidence of abuse or coercion."*

Another SA Labor Party MP, Blair Boyer the Member for Wright, said in the same debate:

> *"My careful examination of the terms of this legislation has completely allayed my fears of any undue influence or pressure being brought to bear on anyone considering assisted dying.*
>
> *"My final point is that this legislation does not in any way detract from the wonderful work done by those incredibly selfless, compassionate people who work in palliative care. In fact, voluntary assisted dying is simply another path that could be taken."*

Prof Luke Deliens

Palliative care and a system of legislated and regulated voluntary assisted dying can work together.

In jurisdictions where both sectors have now operated over a period of time, they have begun to cooperate where they once viewed each other as opponents.

This has been the experience in Belgium, according to Professor Luc Deliens, Professor of Palliative Care Research, Member of the Royal Academy of Medicine of Belgium, and Founding Director of the End-of-Life Care Research Group of the VUB University and Ghent University.

Professor Deliens was referenced earlier in the Myths and Misinformation section of this submission.

PALLIATIVE CARE AND VAD (continued):

While in Brisbane as an Adjunct Professor at QUT in Brisbane he delivered the 6th annual oration of the university's Australian Centre for Health Law Research in September 2018.

He said both palliative care and voluntary assisted dying aimed to prevent harm or suffering, were focussed on the patients, and respected the patient's autonomy.

"Within two years [of its introduction] VAD and palliative care were integrated [in Belgium] even within Catholic health care institutions ….. Integration takes place at the patient's bedside. Patients will ask [their doctor for VAD]," he said.

We ask the Committee to recognise:

- **that advocates of voluntary assisted dying also support a better resourced palliative care sector,**
- **that palliative care does not answer the needs of all dying patients who seek relief from what they judge to be unendurable pain or suffering,**
- **that voluntary assisted dying would not supplant current palliative care services but would be another end-of-of-life option for people suffering a terminal illness or degenerative condition and experiencing unrelievable pain or suffering, and**
- **that the palliative care sector should continue to play an important role in end-of-life service delivery alongside a regulated system of voluntary assisted dying.**

A CHOICE FOR INDIVIDUALS:

Laws passed elsewhere mean voluntary assisted dying is a legal and regulated procedure that offers a better end-of-life option for terminally ill people or those with a neurological condition experiencing intolerable suffering.

No VAD law provides automatic access to voluntary assisted dying. None offers VAD as of right.

They all set out strict criteria that must be met and procedures that must be followed by competent adults in the process of seeking access to VAD, and further steps that must be taken if access is granted.

Therefore we believe that whether a person chooses to seek access to VAD and if approved to complete the VAD process resulting in their death must be a choice they make for themselves.

MPs who have debated VAD laws in other states have expressed the same principle. Some have even stated that their personal beliefs would prevent them from personally seeking access to VAD, but they would never deny the choice to their constituents or others.

They have therefore been willing to vote for VAD laws because they do not wish to deny the choice of a better end of life to any individual.

In the Victorian Parliament's upper house in November 2017, Mary Wooldridge a Liberal Party MLC said:

> *"I believe that Victorians should have that choice — that if a person is close to death with unbearable suffering they should be able to make a decision to end their life on their terms — and that is why I will be supporting this [VAD] Bill.*
>
> *"I do not believe [VAD] is about killing a person — the disease as already progressed is already doing that killing. It is about hastening an inevitable death but doing so in a humane and compassionate way."*

When the West Australian Parliament debated its VAD Bill in September 2019, Labor's MP for Warbro, Paul Papalio, also spoke of the priority he placed on offering individuals choice:

> *"We are enabling them that one decision while they are still strong enough to do it, while they are still coherent and have the cognitive capacity to do it, and while they are still able to say goodbye to their family and friends in a dignified fashion. I think that is the right thing to do."*

In the same debate Mia Davies the leader of the WA Nationals said:

Mia Davies

> *"I am pleased to offer my support for the Voluntary Assisted Dying Bill 2019. I do so knowing that I have been on the public record opposing VAD in the past……*
>
> *"However, I believe that my decision today reflects the wishes of the majority of my electorate and it is by their good grace and support that I stand here today."*

Roger Jaensch

When the Tasmanian Parliament debated its VAD Bill in December 2020, Liberal Party Minister and the Member for Braddon, Roger Jaensch outlined his position in favour of offering choice and for individuals to make up their own minds:

> *"I have arrived at the position that the only way to accommodate this diversity of deeply personal views in law is to give everybody the greatest possible chance to exercise their own choice, and not to make it for them.*
>
> *"That is why I am voting in support of this Bill today, and why I am proud to be part of a party that reflects the full spectrum of views held in the communities we represent, and puts freedom of conscience and individual choice above politics. When it is impossible to find compromise, the best approach is to offer choice. Choice and freedom."*

A CHOICE FOR INDIVIDUALS (continued):

Sarah Courtney

Tasmania's Liberal Party Premier, Peter Gutwein, designated Health Minister Sarah Courtney – acting as MP for Bass not as a member of cabinet – to take carriage of Mike Gaffney's VAD Bill when it was debated in the House of Assembly.

In the debate she said:

> *"I want it to be legal for an individual to have choice – the choice to access voluntary assisted dying, as well as the choice to say no.*
> *"The role of parliament is to put in legislation that protects our most vulnerable and ensures that the standards and protocols legislated reflect community expectations.*
>
> *"It is not our role to make legislation that removes choice."*

Dan Cregan

In the South Australia Parliament in May this year during a VAD Bill debate Dan Cregan, the Liberal Party Member for Kavel made it clear he was putting the views of his constituents and their right to choose ahead of his own beliefs.

He said:

> *"Importantly, I would not choose euthanasia for myself. If I were voting only for me, I would vote against this legislation because I believe we should never deal with a problem of suffering by eliminating those who suffer.*
>
> *"Even so, it is clear to me that the plain majority of my community wishes to see this legislation passed and wishes to see me vote for it as their representative.*
>
> *"I cannot in good conscience prefer my own private beliefs to the desire of my community to have the choice of [VAD] in face of pitiless and hopeless suffering."*

Rachel Sanderson

During the same debate Rachel Sanderson, a Liberal Party cabinet minister and Member for Adelaide, detailed her view that a conscience vote did not mean she voted on her personal beliefs but on those of her constituents. She said:

> *"One of the things I always hold in my mind is that when I am in this chamber I am the Member for Adelaide.*
>
> *"In fact, it is an offence to use my personal name in this chamber, which is a reminder that when I speak here I speak on behalf of those who elected me and those I represent.*
>
> *"So, for me, a conscience vote is determined by the conscience of the people I represent."*

The views of the MPs above reflect their belief that a VAD law should be enacted because of the need to allow individuals including their own constituents to make the choice about if they use the law or not.

The Committee's Inquiry will no doubt receive many personal submissions from NSW people citing their and their family's experiences with terminal illnesses or neurodegenerative conditions that justify the passage of a VAD law.

As the architect of the world's first voluntary assisted dying laws, former Chief Minister of the Northern Territory, Marshall Perron, said in May 1995 during debate on those laws:

> *"The terminally ill are mothers, fathers, brothers, sisters, sons, daughters, wives and husbands …. They are not just 'patients', they are people…. That is what we are talking about — real people. Let us allow each of them a personal choice."*

We urge Members of the Committee, as lawmakers, to listen to the majority of people in NSW supporting the need to be offered the choice of accessing VAD if and when they need it, as well as to listen to their own constituents and to consider the very personal stories presented to the inquiry through the submissions process and to recommend a voluntary assisted dying law for NSW that widens and improves end-of-life options and addresses the physical and emotional suffering and distress that terminally ill individuals currently experience.

ACCOMMODATING OPPOSITION:

An essential element of voluntary assisted dying is encapsulated in the word "voluntary" itself.

In jurisdictions around the world where it is legal, voluntary assisted dying is just that — voluntary.

We believe it should be a voluntary option available at the end of life for individuals who choose it for themselves, of their own volition, and who meet legislated criteria. Under laws such as those now in effect in other states, nobody can be forced or pressured to access or accept it.

It should be noted that specific provisions are made in voluntary assisted dying legislation to accommodate conscientious objections by medical staff.

Put simply, if voluntary assisted dying is made available in NSW under appropriate new laws and regulations, and if any individual does not support it, that person can choose to exclude it as an option for their consideration.

Even if such a person or any other person decides to explore the option but reaches the conclusion they cannot support voluntary assisted dying either in principle or for their specific personal case, they can always ultimately refuse to access it.

ACCOMMODATING OPPOSITION (continued):

However, in doing so, no individual should use their personal beliefs to prevent others from considering or seeking access to VAD.

We believe the Committee should recognise that the position of any church, person of faith, or other organisation or individual opposing voluntary assisted dying can be accommodated totally in any new legislation for NSW, just as it is in legislation elsewhere — there is no need for anyone to make use of the law if they do not wish to do so but their personal views should not be allowed to remove voluntary assisted dying as an option for others to access or consider.

THE NSW BILL:

The Voluntary Assisted Dying Bill 2021 proposed by the Independent Member for Sydney, Alex Greenwich MP, is the latest iteration of what some observers have described as "the Australian model" for voluntary assisted dying laws.

As detailed elsewhere in this submission in the 1990s Australia, through the actions of the then Northern Territory's chief minister Marshall perron and the majority of Members of the NT Parliament, was a world leader in VAD laws.

That was until MPs on all sides of the then Federal Parliament – using Constitutional powers applicable only to the territories – overturned the NT VAD law and prevented both the NT and ACT from even considering such laws.

However, no such action could be taken against states.

Indeed, it is very sobering to consider that if our Constitution had been written differently more than 120 years ago, the states may also have faced heavy-handed intervention by the Federal Parliament in relation to VAD laws and may have been in the same position as the NT and ACT today.

The VAD laws passed in more recent years – starting with Victoria's being approved by its parliament in 2017 and subsequently in Western Australia, Tasman, South Australia – and Queensland have been unique to each state.

They have been the end product of public debate and parliamentary processes that are also unique to each jurisdiction.

Therefore it is not feasible to argue for a template law to be adopted in each state. However, we believe that as each state's VAD law operates over time consideration may be given to the making of fine adjustments to their operation. Victoria is a case in point where the on-the-ground operation of its law has faced some criticism and ways to make it less onerous without weakening safeguards have been floated.

This is not to concede to any "slippery slope" argument. It is merely a statement of fact that each state parliament will in time make adjustments to its VAD law as it does to other laws.

Such potential adjustments will be undertaken through the usual public and parliamentary scrutiny processes applicable in each state and will likely be mechanical in nature. They will not be radical and will not happen covertly or automatically as wrongly suggested by proponents of the "slippery slope" fallacy.

We make these preliminary observations to reinforce the fact that the Greenwich VAD Bill is a proposed law arising from the NSW parliamentary system.

The Clem Jones Group was a leading voice in the debate on a Queensland VAD law, passed in September this year. We strongly advocate for VAD laws in all states and for the reinstatement of territory rights on the consideration and making of VAD laws.

However, at the same time we resist being prescriptive about the shape and form of such laws proposed in other jurisdictions, and take the view that activists, advocates, experts and elected lawmakers in each state and territory know what is needed and what may be possible to achieve in any VAD law through their own parliamentary processes.

Having said that, we can declare our belief that the Greenwich VAD Bill should be passed without amendment.

Once again, as we stated earlier in this submission, we caution against any moves to dilute or erase provisions on the excuse of inserting extra safeguards which in reality are not needed.

We especially warn against amendments that would create cruel and unnecessary obstacles to access for those seeking VAD at the end of life and experiencing intolerable suffering, such as extra medical consultations, longer waiting periods, or more bureaucracy in general. We believe the criteria for seeking access to VAD and the safeguards contained in the Greenwich Bill are workable and sufficient and broadly reflect the principles of safeguards in similar Bills in other states.

The so-called "Australian model" for VAD laws is, when compared with some overseas jurisdictions, is a conservative one.

There are tight criteria, conscientious objection provisions, and strong safeguards in all VAD laws passed by states in recent years.

The Greenwich VAD Bill continues that practice.

We strongly urge the Committee Members to recommend that the *Voluntary Assisted Dying Bill 2021* proposed by the Member for Sydney be passed without amendment as it contains sufficiently strict yet workable eligibility criteria, operational requirements, safeguards, and protections such as conscientious objection provisions all of which have the potential to alleviate intolerable suffering for terminally ill people in NSW and those with neurodegenerative conditions.

CONCLUSION – A SINGLE KEY FACT:

The process for approving voluntary assisted dying laws in all states has been characterised by sometimes strident debate.

As we have detailed elsewhere in this submission, the debate often involves inflammatory language and misleading statements and non-factual claims.

In this submission we have attempted to argue a case for NSW MPs to vote for a VAD Bill so that individuals who will most benefit have the chance to make the choice about whether to seek access to voluntary assisted dying if and when they may need it.

In doing so we remind the Committee that those who seek access to VAD are already dying.

Their terminal illness or neurological condition means death for them is inevitable and likely soon.

It is now a matter for NSW MPs whether those people are given a choice between a good death and a bad death.

We ask the Committee to acknowledge the simple fact that the *Voluntary Assisted Dying Bill 2021* proposed by the Member for Sydney will not cause a single extra death but will mean a lot less suffering at the end of life for those individuals approved to access VAD.