

**Submission
No 61**

**INQUIRY INTO PROVISIONS OF THE VOLUNTARY
ASSISTED DYING BILL 2021**

Organisation: Secular Association of NSW

Date Received: 20 November 2021

As a former nurse working in aged care, and former law lecturer, in health care and the law, I have considered the ethical, medical, social, and legal aspects of VAD. I wish to support for the proposed Voluntary Assisted Dying Bill.

When not rejected on purely religious grounds, arguments regarding VAD are in effect based on claims about facts: the effects of VAD in practice, and the extent to which they are true or not depends on evidence.

In NSW there is at least a 75% approval of voluntary assisted dying. Every other State in Australia has VAD law, and the Territories support it. This approval shows that VAD is a socially accepted form of democracy and human rights.

Currently, as a patient in NSW, the law says you cannot insist that a doctor gives you more, or faster, pain relief. That decision is entirely up to the doctor whose personal beliefs you may not share. Doctors moved to do so already provide means for assisted dying, but they do so without regulation, support, transparency, or accountability. VAD provides protection, guidance, and the opportunity to consult with colleagues and the patient's family, and go through their treatment options with them. With VAD, patients can die in loving and caring family surroundings, rather than languish in hospital or unfamiliar surroundings, or alone by suicide.

In 2019 101 (20.4%) suicides were by persons over 40 with a terminal illness or significant decline in health.

The Australian Medical Association does not oppose VAD. "Laws in relation to euthanasia and physician assisted suicide are ultimately a matter for society and government" with adequate safeguards. Also, doctors are not obliged to participate in VAD.

Calling VAD a choice between life and death, or 'state sanctioned killing' is to misrepresent the facts. It is the voluntary choice of a terminally ill person about the manner and timing of an imminent and inevitable death when their condition is terminal and their suffering intolerable. Only when the patient meets the extensive legal requirements for assistance to

die do they alone decide to use it. VAD does not 'kill' them, and no one is required to participate.

VAD has won't lead to a 'slippery slope', as demonstrated by a world study. Possible abuse of a legal right is not sufficient to justify withholding that right. If the likelihood of abuse were thought to be grounds for withholding a right, then much more than VAD would have to be banned. Adequate safeguards are required. Worldwide consultations and government studies have found no concerning evidence of vulnerable people being coerced to end their lives for other people's gain.

Voluntary assisted dying is not intended to replace palliative care, which is not always effective. It adds the end-of-life option to palliative care for doctors and patients. In Palliative Care Australia's own words "even with optimal care not all pain and suffering can be relieved" . And there is "no evidence to suggest that the palliative care sectors were adversely impacted by the introduction of the legislation. If anything, in jurisdictions where assisted dying is available, the palliative care sector has further advanced."

Evidence shows the need for VAD. Many terminally ill Australians are killing themselves violently. The presumption that the desire to die is abnormal has been challenged by the concept of rational suicide which argues that suicide can be a defensible choice, especially in the case of a terminal illness. Dying with dignity requires thoughtful and respectful debate.

Religious objections to VAD ignore the genuine suffering and trauma terminal illness can bring. Government, while respecting the right to personal religion and belief, should not impose the individual religious doctrines of lawmakers in a secular nation like Australia.

Meg Wallace,

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