



COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



**THE SENATE**

**BILLS**

**Restoring Territory Rights (Assisted  
Suicide Legislation) Bill 2015**

**Second Reading**

**SPEECH**

**Tuesday, 14 August 2018**

BY AUTHORITY OF THE SENATE

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## SPEECH

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<b>Questioner</b>	<b>Responder</b>
<b>Speaker</b> Stoker, Sen Amanda	<b>Question No.</b>

**Senator STOKER** (Queensland) (19:08): I rise to speak in opposition to the Restoring Territory Rights (Assisted Suicide Legislation) Bill, and I would like to start by telling a story. David Williams was 35, a husband and father of three, with a career as a car service manager, when he began suffering severe back pain. He was eventually diagnosed with a tumour on the spine. David was told that he would be in a wheelchair by 37 and most likely dead by the time he was 40. He had surgery just as his third child was born. Bedridden, in terrible pain and fearful of the distress he was causing his family, David asked his doctor about assisted suicide because he didn't want his family to watch him die. He was eventually admitted to a hospice, but he still thought about ending his life. With good palliative care, his pain was eventually made bearable. He expected the imminent end of his life, but the cancer went into remission. David now believes he was probably depressed by the experience of his illness. In his world prior, he had a good job, a nice house, three lovely children and a happy marriage. Everything was great, and then it all went wrong. He now believes that, under the pressure of severe illness, he felt so depressed and thought that euthanasia was the easy way out. It's a decision, he now states publicly, that he's glad he didn't take.

David's story is not unique. I hear from many people in our community that during times of severe pain, when it seemed like it would never end, they have been in the position of feeling that there was no way out. But, upon the end of that pain or at least upon its management, upon reflection those same people tell me how grateful they are that they did not make a decision to end their life whilst their otherwise sound judgement was clouded by the kind of incredible pain that would make almost any person falter.

This bill and the policy of euthanasia represents a defining moment in who we are as a people. If passed, it is a fundamental change in the way that we approach human existence, the essence of life. It sends a disturbing message that there are some people in our community who are better off dead. The impact of that message goes beyond that which can be mitigated by what are often referred to as 'safeguards to assisted suicide'. It means that when a person becomes dependent because of their age, their illness or their disability, a social pressure will inevitably emerge for that person to, as an act of compassion for their families, end their life, lest they become a burden on others. That culture of dying will permeate our medical and social frameworks leading to a subtle expectation that those who require care should choose not to be resource intensive by volunteering to die.

Respect for human life cannot be dismissed as a mere matter of religion, although I confess that my faith is an important factor in my opposition to euthanasia. It's about our ethic as a civil society; it's about who we are. This bill has been framed in a dual sense as being about both euthanasia and federalism. It is no doubt an effort to cleverly wedge those people who, like me, are enthusiastic proponents of states' rights and the different but also important rights of territories.

I regard this bill as an inappropriate and insufficient opportunity for a proper consideration of the scope of the territories' rights of self-government. If a real debate were designed about the differences between the powers of territory and state governments, or about whether territories wish to seek the status of states then let's have it properly. But that important issue should not be used as a Trojan horse by which to sneak in euthanasia, a dramatic change to our social, medical and institutional values. If I'm forced to choose between my respect for the territories and my respect for life itself, I'll choose life every day of the week.

Often proponents of euthanasia frame this issue as a mere matter of personal freedom, of choice. That argument is attractive, particularly to someone approaching this in a secular way, as many people do. But it's overly simplistic. It fails to take into account the ways in which extreme pain, mental illness, depression and the anguish of facing the unknown trials that lie ahead when in receipt of a negative prognosis can affect an individual's disposition to the point of clouding judgement. In this place, sometimes slippery slope arguments are dismissed as though they're not logical. That's a mistake. The notion of a slippery slope is that one starts with a clear-cut case and, by a sequence of many small choices, one ends up accepting a practice in circumstances where, had they been considered at the outset, they would have been strongly opposed.

If you take the case of Holland, where right-to-die legislation has been in place since 2002, there are more examples than I would like to point to about how corruptible euthanasia is, despite efforts to build protections into the details. It is evidence in practice of the slippery slope we face. Let me give just a few examples of the circumstances in which Holland's regime has facilitated suicides that seem a far cry from the circumstances of terminal illness that are usually conjured in this debate. A 54-year-old woman with a personality and eating disorder was able to end her life, and Holland's health minister is on the public record to say that multiple psychiatric patients have been euthanised. A 47-year-old mother of two teenaged children was euthanised because she found her tinnitus—the ringing in her ears—so unbearable that she wished to die. It's chilling to think that any mother of young children would choose to die, particularly when she wasn't terminally ill. It makes a mockery of the sanctity of human life that this was not a matter of public outcry. In Holland, it is permissible to kill a child on the grounds that it is distressing for a parent to watch that child in pain, whether or not that child might have a prospect of being saved. Still, there is no public outcry.

It says a great deal about the way in which the crossing of this important threshold changes the way that a society values human life. There is, then, not much more ground to be travelled before chronic but non-life threatening illnesses, disabilities or mere age become reasons to end one's life. Here, we can and we must do better. We must invest in palliative care and health care that provide hope and comfort for those who are suffering from pain and fear.

Assisted suicide does not offer real choice or freedom, as some might argue. It doesn't alleviate suffering or address its causes. Some might say that it provides an easy way out of suffering, but the only people I can see that it provides an easy way out for are those politicians who are unwilling to invest in meaningful health and palliative care. We cannot in one breath pour our resources into efforts to stop suicide in our community, particularly among our young people and in the next breath provide state-sanctioned death. We cannot train doctors to heal and then ask them to kill. There is a world of difference between making a natural death more comfortable and giving a right to kill those who, as the proposer of this bill has put it, find their life 'unsatisfactory'.

It's easy to think of this subject in the context of loving families wanting to help a loved one fulfil their desire not to suffer, and that will be true for some families. But it is also the reality that that is not the situation in all families and that there are many vulnerable people in our community who require protection from family members whose personal financial interests, convenience or impatience would see them push to end the life of that vulnerable or dependent person. If the measure of our society is how we treat the vulnerable, then we must not turn away on this occasion.

As former Prime Minister Paul Keating put it:

The issue is not how many people will choose to die under this proposed law. It is how many people may die when otherwise they wouldn't.

He might be from a different political tradition to me, but I am grateful that this is an issue on which we can cross party lines because there is a sanctity to life that goes beyond today, beyond politics and, for those of faith, beyond our understanding. To have the opportunity that is life, we've already more than won the lottery. Our chances of being born are one in 400 trillion, speaking in pure biological terms. What we get as our prize in this lottery is the human experience in all of its complexity—the happiness, the sadness, the victory and the suffering. It all has meaning and it all has value. Even the hardest parts can teach us and those we love new things, can build relationships and can grow our understanding of the meaning of life and our place within it. I, for one, will not put my name to a law that would see us cross the ethical threshold from fostering life to sanctioning death.