

VOLUNTARY ASSISTED DYING | TIPS FOR MEDIA

Voluntary Assisted Dying is a complex issue and at times both sides of the debate express strong views and emotions. However, in this debate, as in all debates about important public policy, facts matter.

Reliability of information

The reliability of information used by to back up both sides' respective arguments should be critically assessed.

Are the arguments based on facts and evidence? If so, what is this evidence? If evidence cannot be produced, the arguments or claims should be discounted.

Everyone is entitled to an opinion. But opinions are not facts, especially if they are based on value judgments or feelings. They are not as reliable as evidence drawn from research, meta-analyses and systematic reviews especially if these have been independently verified by peer review, and tested in courts, non-partisan parliamentary inquiries and expert panels.

The same applies to anecdotes. While anecdotes and second-hand stories can be illustrative, if they cannot be independently verified, they are of dubious reliability. Stories that can be verified, however, become something far more reliable, particularly if there are multiple examples and systemic occurrences.

Terminology

Words matter. It is inaccurate to refer to assisted dying in Australia as Euthanasia or even Voluntary Euthanasia. The preferred and most accurate term is Voluntary Assisted Dying. Euthanasia is a broad term and can mean a range of different things, most commonly the act of another person who intervenes to end someone else's life, whether at their request or otherwise.

Euthanasia, as described above, is not proposed in Australia.

In Australia, the person seeking assisted dying must make the request voluntarily and repeatedly. They

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must maintain the ability to make their own decisions throughout the process, including when it comes time to administer the lethal dose. This is a key safeguard in the legislation.

In Australia (and in the US) the lethal dose is generally administered via a drink that is swallowed **by the patient themselves**. No third-party need be involved after eligibility is assessed, and after the medication is dispensed (by the pharmacy).

This is why **Voluntary Assisted Dying is the preferred term in Australia** – it is more appropriate and accurately describes the process as it is proposed in Australia.

Imagery

Finding images and overlay to illustrate the process of Voluntary Assisted Dying can be difficult.

Please refrain from using images that show a hypodermic needle or an injection administered by a third party. This is not what happens in the process of Voluntary Assisted Dying and is inaccurate and inappropriate in the Australian context. Footage that illustrates the preparation of the legally prescribed drink used in Voluntary Assisted Dying in Australia can be freely downloaded and used [here](#), with credit to Go Gentle Australia.

Voluntary Assisted Dying is not suicide

Assisted dying is NOT suicide. Neither is it assisted suicide. There is no equivalence and conflating the two is dangerous.

This is not a case of 'political correctness' or a failure to 'tell it as it is'. To claim equivalence disrespects the many terminally ill people who desperately want to live but who have had that option taken away from them by their illness.

Their request for assistance to die at a time and a place of their choosing is a rational response from an already dying person who simply wants help to avoid the last, most distressing phase of their illness.

This point was underlined by the WA Parliamentary Committee:

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. ¹

The distinction between suicide and a considered and rational decision to end suffering was clearly understood by New York's chief medical examiner, Charles Hirsch, when investigating the deaths of office workers who jumped from the Twin Towers on 9/11.

Faced with a terrible choice – a slow, agonising death by fire, or a quick death by jumping – many chose to jump. Seeing this as a rational choice to avoid needless suffering, Hirsch refused to classify their deaths as 'suicides'.

¹ A Sanderson (MLA) and Hon. C J Holt (MLC), "Report 1 - My Life, My Choice: The Report of the Joint Select Committee on End of Life Choices: 'Distinguishing between suicide and assisted dying'", 40th Parliament, Parliament of Western Australia, August, 2018, p.177 – <https://apo.org.au/sites/default/files/resource-files/2018/08/apo-nid188761-1227101.pdf>

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