

VOLUNTARY ASSISTED DYING

TIPS FOR MEDIA

Voluntary Assisted Dying is a complex issue and, at times, both sides of the debate can express strong views and emotions.

However, in this debate, as in all debates on important public policy, facts matter.

Key points:

- Terminology is important – The most accurate and preferred term is Voluntary Assisted Dying
 - Choose images carefully - the lethal dose is a drink, not a needle
 - Opponents often use inflammatory and misleading language – don't parrot their propaganda
 - Opinions are not facts – to be reliable, arguments should be based on evidence
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Terminology

Words have power. It is inaccurate to refer to assisted dying in Australia as assisted suicide or even euthanasia. The preferred wording is Voluntary Assisted Dying. Euthanasia is a broad term and can mean a range of different things, most commonly the act of a person, motivated by compassion, who intervenes to end the life of another, whether at their request or otherwise.

Euthanasia, as described above, is not legal in Australia and is not proposed in any legislation.

In Australia (and in the US) the lethal dose is administered via a drink that is swallowed voluntarily by the patient. No other party need be involved after eligibility is assessed and after the medication is dispensed (by the pharmacy).

This is why the term Voluntary Assisted Dying is preferred – it is more accurate and more appropriate – to describe the process as it is proposed in Australia.

Voluntary Assisted Dying is not suicide

Assisted dying is NOT suicide or 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 own choosing is a reasonable 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 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'.

Imagery

Finding images and overlay to illustrate the process of Voluntary Assisted Dying is notoriously difficult.

Please refrain from using images that show a hypodermic needle or an injection administered by another person. This is not what usually 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.

Also, think about what messages an image conveys – avoid images that imply frailty, vulnerability and a lack of agency on the part of the people requesting assisted dying.

Reliability of information

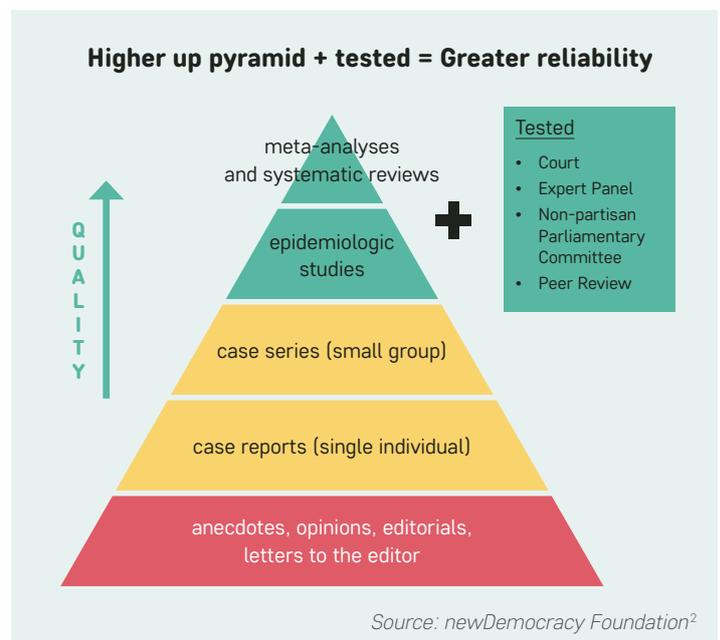
The reliability of information offered by both sides to support their respective arguments needs to be critically assessed. Be rigorous in your assessment and don't repeat claims unless verified.

Yes, everyone is entitled to an opinion. But opinions – especially those based on value judgments – are not as reliable as evidence drawn from research, meta-analyses and systematic reviews. The most reliable information

has been independently verified by peer review, and tested in courts, non-partisan parliamentary inquiries and expert panels

The same rigour should be applied to anecdotes. While anecdotes and second-hand stories can be illustrative, if they can't be independently verified, they should not be repeated.

Stories that can be independently verified, however, become something far more reliable, especially if there are multiple examples of similar occurrences. These are then evidence of a systemic phenomenon.



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: 5.103 '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>

2. Ben White, Andrew McGee and Lindy Willmott, "As Victorian MPs debate assisted dying, it is vital they examine the evidence, not just the rhetoric", *The Conversation*, 20 September, 2017 – <https://theconversation.com/as-victorian-mps-debate-assisted-dying-it-is-vital-they-examine-the-evidence-not-just-the-rhetoric-84195>