

## About the Voluntary Assisted Dying Bill 2017 (New South Wales)

**Note:** These observations are based upon the draft bill only. This is not a comprehensive analysis of the bill and is provided as a guide. Please check against the bill that is tabled!

### What's in a name?

Persons who request and qualify under this bill will be provided with a lethal dose which they can take themselves or they can be assisted by a 'nominated person' (more on that later). If unable to 'self-administer' a doctor can do it for them.

**Comment:** *This is an assisted suicide bill and a euthanasia bill - but you wouldn't know it. The word 'suicide' is mentioned only twice and then only in reference to a clause that says that the death is not a suicide! (one other reference to suicide will be dealt with later) Euthanasia is not mentioned at all.*

### Who can qualify?

To qualify for assisted suicide or euthanasia under this bill a person must be:

- 25 years of age
- A resident of New South Wales
- suffering from a terminal illness
- experiencing severe pain, suffering or physical incapacity to the extent unacceptable to the patient.

They must be examined by two doctors who certify as to the nature of the illness and the prognosis and by a psychiatrist or psychologist who attests to their soundness of mind, decision-making capacity and that the decision is made freely and voluntarily.

**Comments:** *Prognostication as far out as 12 months from death is, at best, guess work. More than that, a 'compassionate' doctor, subject to incessant pleading from a patient might be willing to 'fudge' a little here. If his colleague agrees, who would ever know? A significant number of people in Oregon have survived well past their six month qualification (see Fact Sheet)*

*Why age 25? Why not from birth as in Holland and Belgium? This seems more about the designers trying to look responsible and thoughtful than anything else. Besides, how long will that 'line in the sand' hold?*

*'Terminal Illness' is not defined. It could therefore apply to, for example, an insulin dependent person who refuses to take their insulin medication!*

*The 'pain and suffering' qualifier is entirely subjective. A person may refuse quite reasonable and effective treatment.*

*Psychiatrists have noted their own uncertainty in detecting subtle depression or suicidal thoughts in a person. The evidence from the Northern Territory experiment in the 1990s points clearly to the psychiatric assessment being seen as simply a hurdle to jump over. (see Fact Sheet)*

### What next?

After seven (7) days of the person making the initial request they can ask to complete a formal 'Request Certificate'. The person may, when completing the certificate, nominate a person to whom the lethal dose will be given who will then 'administer' the substance to the person at some later

time. Absent a nominee, the doctor provides the lethal dose to the person themselves or, if the person is physically incapable of 'self-administering', the doctor administering it to them.

**Comment:** *The idea of giving responsibility to a 'nominee' is scary! No-one would ever know if the nominee forced the patient to swallow the lethal dose! Moreover, the nominee is listed as a 'protected person' (along with medical staff), making any prosecution for homicide even more unlikely. Generally, no-one will likely ever know if anyone else forces the death of the person. The opportunities for abuse in this model are extreme.*

### **The death certificate**

The cause of death is to be listed as the underlying 'terminal illness' and the bill stipulates that the death is not to be recorded as suicide or homicide.

**Comment:** *On top of making doctors into killers and suicide enablers, this bill now wants them to lie.*

### **Additional note on suicide:**

The New South Wales Crimes Act provides that it is lawful to use force to stop a person from committing suicide. This bill negates that provision in respect to assisted suicide (under the provisions of the bill). The intention of this change is not entirely clear but it could mean that a person who finds another person about to ingest a lethal dose provided under this bill is not protected in law if they try to stop the person. A form of legitimate suicide prevention therefore does not apply to people who have qualified and received a lethal dose - even if they were not of sound mind at the time!

For further information, visit the HOPE website at <http://www.no euthanasia.org.au> and download the assisted suicide fact sheets available [HERE](#).



*The most natural thing in the world is to have HOPE.*

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