

## Assisted suicide: the case from the Coroner's Court: Does it add up?

One significant argument being made for supporting the Andrews Labor Government plan legalise assisted suicide is being based on evidence given by Coroner John Olle to the End of Life Choices inquiry that there is a cohort of about 50 people per year who have experienced an irreversible deterioration in physical health due to disease or injury and who commit suicide by variety of means, some of them violent.

Coroner Olle maintains that *"The only assistance that could be offered [to such people] is to meet their wishes, not to prolong their life."*<sup>1</sup>

*But, is this really all we can offer? Do the facts support the argument?*

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The Coroner's argument, taken at face value, appears to be emotionally compelling: who could deny a change in the law that would stop a 82 year old woman slashing her wrists and bleeding to death alone?<sup>2</sup>

However, a careful examination of the evidence actually presented by the Coroner's Court to the inquiry shows that such a response would be unfounded.

### MANY IN THIS COHORT WOULD NOT QUALIFY

The Andrews Labor Government has accepted all the recommendations of the Ministerial Advisory Panel for an assisted suicide law.

A key recommendation of the Panel is that eligibility for assisted suicide would be restricted to person with an *"an incurable disease, illness or medical condition, that is expected to cause death within weeks or months, but not longer than 12 months"*<sup>3</sup>

Firstly out of the 240 cases of suicide between 2009 and 2013 included in the study by the Coroners Prevention Unit, 54 (22.5%) had chronic health issues resulting from injuries. None of this group would appear to self-evidently qualify for eligibility under the Andrews government's proposed criteria.

Secondly, of those with deteriorating health issues due to an illness, 30% (56) did "not actually have a terminal illness but" suffered from "a range of different physical illnesses". This group would also not qualify for eligibility under the Andrews government's proposed criteria.

Thirdly, another group (5%, 9 people) had chronic pain issues related to an illness which was not terminal.

Of the remaining 121 in the cohort, with cancer (93) or degenerative brain and nerve disorders (28), it is unclear

how many would have had less than 12 months to live at the time of their suicide.

So at most the number of suicides of people who might qualify under for assisted suicide under the Andrews government proposal would be 24 not 50 per year.

### NOTHING TO OFFER EXCEPT ASSISTED SUICIDE?

While Coroner John Olle is adamant in his counsel of despair that nothing could be offered to this group of people who commit suicide other than *"to meet their wishes"* by helping them commit suicide, Dr Jeremy Dwyer, Manager of the Coroners Prevention Unit which conducted the study is more reserved:

*Mr MULINO — So in some cases, by the sound of it, intervention earlier might have been possible.*

*Dr DWYER — I think so. In a lot of these suicides there is a trajectory over time. It is not like something suddenly happens and they make a decision. There is this trajectory, and there are attempts to engage in treatment. It would be interesting to get some kind of review of whether earlier and different treatment might have made a difference.*<sup>4</sup>

Claims by the coroner that no one in this cohort qualified for palliative care seem to be based on a very narrow concept of palliative care as only applying to the last days of life.

### DEPRESSION AND SUICIDAL IDEATION

Of the five case studies presented by the Coroners Court in its initial submission to the inquiry<sup>5</sup> four of them mention factors that could be a motive for suicide independent of the physical health issues.

In Case 2 a young man with quadriplegia is said to have “suffered with depression and anxiety in addition to his numerous physical concerns”. Was he given the proper psychiatric help with these mental health issues?

In Case 3 an elderly widowed lady “lived alone and was socially isolated”. She lamented (to a neighbour) her inability to read due to loss of vision. Did anyone introduce her to talking books? Did anyone encourage her adult children to visit her more frequently?

In Case 4 an elderly man suffered depression and expressed resentment over his inability to pursue his hobbies. Was he referred for psychiatric help? Did an occupational therapist explore new hobbies he might be able to enjoy?

In Case 5 a man with a spinal injury struggled with obesity and with a strained relationship with his family.

In cases 1-4 the person expressed suicidal ideation to either family, neighbours or a doctor or had already attempted suicide. It is not clear that in any of these cases appropriate action was initiated to respond to this disclosure.

## CONCLUSION

Rather than using the 240 tragic deaths by suicide between 2009 and 2013 of Victorians suffering deteriorating physical health to justify offering Victorians state approved assisted suicide by lethal drugs, a more careful examination of these cases suggest that more needs to be done to:

- Ensure all Victorians have equitable access to gold standard palliative care;
- Improve early intervention for people suffering chronic pain to ensure that best practice pain management is provided;
- Train doctors to better identify depression and other mental health issues in persons with deteriorating physical health and refer to psychiatric specialist for appropriate treatment;
- Ensure that appropriate follow-up, in accordance with the Victorian Suicide Prevention Framework 2016-2025<sup>6</sup>, be given to all people who attempt suicide, including those with deteriorating physical health;
- Continue community campaigns such as R U OK? Day to broaden community knowledge of mental health issues, including suicidal ideation, and increase the likelihood that a person who expresses suicidal ideation to a family member or

neighbour will be given appropriate, expert help; and

- Reaffirm that the Victorian Suicide Prevention Framework 2016-2025 applies to all Victorians including those with physical health issues due to illness, injury or disability and consider adding “people with deteriorating physical health” as a particular risk category in the next revision of the Framework.

It would be appalling if the Victorian Parliament affirmed the counsel of despair offered by Coroner John Olle to Victorians suffering from depression, anxiety, social isolation, strained family relationships, disability such as loss of vision or mobility in combination with deteriorating physical health that there was nothing we could do except give them some lethal drugs to take to kill themselves.

### We can and must do better than that.

*Note: For further information see Fact Sheets on [Assisted suicide and suicide prevention - confusing messages](#) and [Assisted Suicide - is it really for 'enduring and unbearable suffering'?](#)*

<sup>1</sup> Coroner John Olle, Coroner, Coroners Court of Victoria, Transcript of evidence, 7 October 2015, p. 9, [http://www.parliament.vic.gov.au/images/stories/committees/SCLSI/ELC\\_Transcripts/SCLSI\\_-\\_Coroners\\_Court\\_-\\_FINAL\\_-\\_End-of-life\\_choices\\_7\\_October\\_2015.pdf](http://www.parliament.vic.gov.au/images/stories/committees/SCLSI/ELC_Transcripts/SCLSI_-_Coroners_Court_-_FINAL_-_End-of-life_choices_7_October_2015.pdf)

<sup>2</sup> Case Study 3, Coroners Court of Victoria, Submission 755, p. 4-5, [http://www.parliament.vic.gov.au/images/Submission\\_755\\_-\\_Coroners\\_Court\\_of\\_Victoria.pdf](http://www.parliament.vic.gov.au/images/Submission_755_-_Coroners_Court_of_Victoria.pdf)

<sup>3</sup> Ministerial Advisory Panel on Voluntary Assisted Dying, *Final Report*, 2017, p. 22, <https://www2.health.vic.gov.au/about/publications/researchandreports/ministerial-advisory-panel-on-voluntary-assisted-dying-final-report>

<sup>4</sup> TRANSCRIPT STANDING COMMITTEE ON LEGAL AND SOCIAL ISSUES Inquiry into end-of-life choices Melbourne — 7 October 2015, p. 9, [http://www.parliament.vic.gov.au/images/stories/committees/SCLSI/ELC\\_Transcripts/SCLSI\\_-\\_Coroners\\_Court\\_-\\_FINAL\\_-\\_End-of-life\\_choices\\_7\\_October\\_2015.pdf](http://www.parliament.vic.gov.au/images/stories/committees/SCLSI/ELC_Transcripts/SCLSI_-_Coroners_Court_-_FINAL_-_End-of-life_choices_7_October_2015.pdf)

<sup>5</sup> Coroners Court of Victoria, Submission 755, p. 4-5, [http://www.parliament.vic.gov.au/images/Submission\\_755\\_-\\_Coroners\\_Court\\_of\\_Victoria.pdf](http://www.parliament.vic.gov.au/images/Submission_755_-_Coroners_Court_of_Victoria.pdf)

<sup>6</sup> Victorian Suicide Prevention Framework 2016–25, July 2016, p. 10, <https://www2.health.vic.gov.au/Api/downloadmedia/%7B20D93A86-861E-4711-AA07-AFCA8B411504%7D>

For more FACT SHEETS on Assisted Suicide go to the HOPE website