



## Factsheet 43: Voluntary Assisted Dying is not assisted suicide

(January 2022)

Voluntary Assisted Dying is the term used in Australia to describe the choice available to terminally ill people to end their suffering and seek medical assistance to die. The term voluntary assisted dying (VAD) was nominated by the 2016 Victorian Parliament Inquiry into end of life choices as the preferred description. VAD includes both self administration and medical administration (eg if the person is no longer able to swallow). All Australian states which have subsequently passed a voluntary assisted dying law have used the words 'voluntary assisted dying' in the title of their Act.

Apart from the nine months in 1996-97 when the Northern Territory *Rights of the Terminally Ill Act* was in operation, the USA state of Oregon is recognised as the first jurisdiction with an enduring law allowing a terminally ill person to seek medical assistance to die. The *Death with Dignity Act* (DWDA) came into effect in 1997. In the first of their annual reports on the operation of the DWDA, the Oregon Department of Health used the term 'physician assisted suicide'. In 2006, the Department of Health recognised that the term physician assisted suicide had been inappropriate from the beginning. The DWDA states

*Actions taken in accordance with ORS 127.800 to 127.897 shall not, for any purpose, constitute suicide, assisted suicide, mercy killing or homicide, under the law.<sup>1</sup>*

Oregon no longer uses the term 'physician assisted suicide' and reports all deaths as DWDA deaths.

Those jurisdictions with more recent campaigns to allow a terminally ill person to seek medical assistance to die have experienced the impact of opponents using value laden terms such as 'state sanctioned

killing', 'suicide' and 'euthanasia' to generate fear and opposition to the legislation.

Dr Roger Hunt, a South Australian Palliative Medicine Consultant, with 35 years of experience in palliative medicine, described the difference between VAD and suicide in a 2021 letter published in the *Medical Journal of Australia*:

- Voluntary assisted dying mandates two independent medical assessments by specially trained doctors to advise on the person's decision making capacity, diagnosis, prognosis, suffering, and possible treatments; suicide has no such pathway of medical scrutiny and support
- The request for voluntary assisted dying must be from a person with decision making capacity, who does not have a mental illness or major depression; suicide frequently involves mental health disorders, such as depression, bipolar disorder, schizophrenia
- Suicide is usually undertaken alone, as an act of desperation, sometimes impulsively, and often violently; voluntary assisted dying involves an enduring decision and a gentle, peaceful death, with the person usually surrounded by loved ones
- Suicide incurs awful bereavement for loved ones; the family and friends of those who use voluntary assisted dying report less grief symptoms and post-traumatic stress reactions
- Suicide is tragic and society makes every effort to prevent it; the majority of the Australian community supports legislative reform for voluntary assisted dying.

Legal scholars have similarly recognised the inappropriateness of the word suicide:

The word 'suicide' is well suited to the description of a distraught individual with their whole life ahead of them, who in a moment of despair, commits a completely senseless and utterly tragic act. In contrast, "suicide" is not well suited to describe an elderly cancer patient who in the final days of a horrible and agonizing struggle simply

<sup>1</sup> Kathryn L. Tucker J.D. & Fred B. Steele M.P.H. (2007) Patient Choice at the End of Life:

Getting the Language Right, *Journal of Legal Medicine*, 28:3, 305-325

wishes to avoid more needless suffering and indignity. The first individual's act destroys what could be a long and productive life. The elderly cancer patient does not extinguish the hope of a bright future, but rather avoids the last painful and undignified moments of a life already fully lived.<sup>2</sup>

The difference between VAD and suicide is summarised in the table below, provided in evidence by Dr Roger Hunt to the South Australian Parliamentary Inquiry into End of Life Choices (July 2019).

## VAD is not Suicide

Voluntary assisted dying	Suicide
Person is dying with a terminal illness	Person not otherwise dying
Requires two medical assessments of the person's capacity, illness, prognosis, suffering and treatment options	No medical pathway or scrutiny
Person must have decision-making capacity; the decision must be enduring, and not be the result of mental illness	Often impulsive, with mental illness usually involved: depression, schizophrenia, bipolar illness, substance abuse, personality disorder
Death is peaceful, reliable, with the person surrounded by loved ones	Suicide is generally done alone, often 'botched' and violent
Good bereavement outcomes	Terrible bereavement outcomes
Our community overwhelmingly wants VAD to be available	Our community overwhelmingly wants to prevent suicide

## Conclusion

There are two main critiques of the use of the word 'suicide' in a discussion of the act of empowering a mentally competent, terminally ill patient to choose to hasten death: firstly, it is inaccurate; secondly, it is adopted by opponents to mislead and confuse the debate and build fear of the legislation.

- Various professional bodies have recognised the inaccuracy of the word 'suicide' being used in the debate over an informed end of life choice for a terminally ill person
- Language and terminology are important in framing the debate, with value laden terms such as 'killing' and 'suicide' consistently used by opponents to frame the debate negatively
- Accurate language facilitates an informed debate
- Value neutral terms such as aid in dying, voluntary assisted dying, physician assisted dying more accurately describe the process of a terminally ill person seeking medical assistance to end their suffering.

## The stark difference between suicide and VAD

During the debate over VAD legislation in South Australia, the suicide of 19 year old Rhys Habermann from Wudinna, on Eyre Peninsula, was raised by many MPs and run on the ABC 7.30 Report. Rhys was diagnosed with bone cancer two years earlier. Following his death, his parents, Liz and Geoff, spent 18 months under police investigation related to his death. Liz and Geoff became active campaigners for VAD after Rhys's death. The award winning 7.30 Report program was run on April 29, 2021 and can be viewed at <https://www.facebook.com/watch/?v=471470870756190>

<sup>2</sup> ibid p318