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PARLIAMENT OF TASMANIA

COMMUNITY DEVELOPMENT COMMITTEE

REPORT

ON

THE NEED FOR LEGISLATION ON

VOLUNTARY EUTHANASIA

REPORT NO. 6

Report of the Community Development Committee House of Assembly

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In particular the Committee would like to recognise the efforts

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(Whom the Committee engaged to provide an analysis of the legislative reform required to facilitate the Committee's recommendations on advance directives as presented in Section 6 of the report)

> Ms Amanda Adrian Mr. John Blackwood Ms Margaret Brown

Dr. Paul Dunne and the Staff of the Whittle Ward

Ms Deborah Frith Ms Lisa Huber Mr. John Lebreton Professor Norelle Lickiss Dr. Janine Liddle Ms Vicki Lindner Professor Ray Lowenthal Professor Ian Maddox Dr. Margaret Otlowski Ms Lisa Warner Ms Sally Williams and The staff of the Committee Secretariat

THE COMMUNITY DEVELOPMENT COMMITTEE

Inquiry into the Need for Legislation in

Tasmania on Voluntary Euthanasia for the Terminally Ill

TERMS OF REFERENCE

In accordance with its establishing terms of reference, the Community Development Committee resolved to undertake an inquiry into the need for legislation in Tasmania to allow for voluntary euthanasia or assisted suicide for the terminally ill, having regard for:

- (a) social;
- (b) ethical; and
- (c) legal implications of such legislation.

EXECUTIVE SUMMARY

In considering the need for legislation allowing active voluntary euthanasia and assisted suicide the Committee made the following findings and recommendations:

FINDINGS OF THE COMMITTEE

- 1. The Committee found that whilst many of the moral arguments put by both sides of the debate were persuasive, a determination of the need for legalisation on voluntary euthanasia cannot be made on the basis of a subjective moral choice.
- 2. The Committee found that the polarised character of the moral debate for and against voluntary euthanasia limited its utility as a determinant for legal reform. Euthanasia legislation would have to be based on a general principle that treated all individuals equally.
- **3.** Anecdotal evidence presented to the Committee identified a need for patients' rights to be affirmed. The Committee found that in some cases patients had difficulty ensuring that their wishes would be respected in regard to their medical treatment when they became incompetent.
- 4. The Committee found that whilst individual cases may present a strong case for reform the obligation of the state to protect the right to life of all individuals equally could not be delivered by legislation that is based on subjective principles.
- 5. The Committee found that there is evidence to suggest that abuses of the current prohibition on active voluntary euthanasia do occur and Tasmania may not be immune to such abuses.
- **6.** The Committee does not consider the legalisation of voluntary euthanasia as an appropriate solution to abuses that may be occurring in the current system.
- 7. The Committee found that the codification of voluntary euthanasia legislation could not adequately provide the necessary safeguards against abuse.
- 8. The Committee found that common law rights exist for a competent patient to refuse any medical treatment, including life-sustaining treatment. Likewise legal recognition is given to a competent patient's anticipatory consent in the form of an advance directive or through an advocate in the event of becoming incompetent.
- **9.** The Committee found that a doctor was not legally culpable for manslaughter or murder if his intent in withholding or withdrawing medical treatment from a patient who subsequently died was to relieve the patient of the burden of futile treatment in accordance with prudent medical treatment. Likewise the administration of sedative and analgesic drugs to terminally ill patients for the

relief of pain and suffering even when it is foreseeable that such action will shorten life is not illegal whilst the intent is to provide palliation and not to deliberately kill the patient.

- **10.** The Committee found that the legalisation of voluntary euthanasia would pose a serious threat to the more vulnerable members of society and that the obligation of the state to protect all its members equally outweighs the individual's freedom to choose voluntary euthanasia.
- **11.** From the evidence presented the Committee found that in the majority of cases palliative care was able to provide optimum care for suffering patients.
- **12.** The Committee recognises that in a small percentage of cases palliative care is ineffective in relieving all pain, however whilst regrettable this is not sufficient cause to legalise voluntary euthanasia.
- **13.** The Committee found that there is a need for greater resources to expand and improve the quality of palliative care services.
- **14.** There was a demonstrated need for increased education on several levels to improve the delivery and efficacy of palliative care.
 - To provide for greater public awareness of the services available and their benefits;
 - To familiarise general practitioners with the availability of specialist palliative care and encourage them to access it for their patients; and
 - To provide greater palliative care training for health care workers in undergraduate and postgraduate settings.

RECOMMENDATIONS OF THE COMMITTEE

Legislation

- 1. The *Guardianship and Administration Act* 1995 (Tasmania) be amended to include express provisions dealing with the ability to give advance directives relating to medical treatment to an appointed guardian. The model and scope of provisions adopted in Queensland should be used as a guide. These provisions should include:
 - (a) the ability to appoint an alternative enduring guardian, in the case of the first being unable or unwilling to act; and
 - (b) amendments to the witnessing requirements and forms, such that independent witnessing of the appointment and acceptance parts of the appointment instrument (Form 11) is possible.
- **2.** The power of a guardian to request withdrawal of treatment (in addition to the ability, currently under s39, to consent to treatment) pursuant to directives should be clarified.
- **3.** Any legislative provisions should not derogate from, or impose undue limitations upon, a patient's common law rights. In particular:
 - (a) express provisions should be included which preserve the rights of patients under any other law to consent to, or to refuse, treatment; and
 - (b) no provision should be included which allows doctors not to comply with a valid directive on the basis of their own judgement of its soundness or certainty. Rather, the substituted judgement of the enduring guardian should be respected, subject to review by the Guardianship Board in appropriate cases (as is the case under current provisions).
- 4. Legislative reform should be coupled with a programme to promote the understanding and use of advance directives amongst the general public and the legal and medical professions.
- **5.** Adequate resources should be provided to effect registration and promotion of advance directives

Monitoring and Evaluation

6. The Committee recommends that patients have greater access to information about their rights regarding medical treatment.

- 7. The Committee recommends that patient's request and wishes are noted and documented in accordance with the 'Dying with Dignity' guidelines, followed by Tasmanian health care workers.
- **8.** Whilst the Committee found the Dying with Dignity Guidelines to be of a high standard, evidence suggests that breaches may occur and thus compliance should be monitored through a system of audit.
- **9.** The Committee recommends the establishment of some form of ongoing monitoring, evaluation and quality assurance of all health services to the terminally ill throughout the state. Resources should be made available to facilitate standardisation and equity in services and distribution. The Office of the Health Complaints Commissioner may be the appropriate vehicle for the administration of this function.

Palliative Care

- **10.** The Committee found palliative care in Tasmania to be of a high standard and effective where it is readily available. The combination of specialist units and the community-based service provide flexibility and efficiency in meeting patients' needs. However distribution of these services across the state is patchy. Greater resources are needed to ensure that high quality palliative care is available to all those who require it at any time of day.
- 11. The Committee strongly recommends that the principle be adopted by government that high quality palliative care be made available and accessible to all who may need it and would benefit from it. The provision of palliative care should be demand driven and not limited by available financial resources. The analogy is drawn with childbirth where it is now accepted that all women are entitled to care during childbirth. Similarly the Committee believes there is an inherent obligation to ensure that everyone has the right to appropriate palliative care.
- 12. The Committee recommends that resources be made available to fund public education to dispel misconceptions about palliative care and to alert patients to its benefits. In tandem with public education the Committee recommends that programs for doctors be devised to promote the use of specialist palliative care for their patients.
- **13.** The Committee recommends a greater emphasis on palliative care in the training of health care workers in undergraduate and postgraduate settings.

SECTION 1 – INTRODUCTION

CONDUCT OF THE INQUIRY

- **1.0** The Committee initiated this inquiry in response to the level of public debate prompted by the enactment of the Northern Territory's *Rights of the Terminally Ill Act 1995* and the subsequent repealing legislation, the *Euthanasia Laws Act 1996*.
- **1.1** Dr. Richard Herr, of the University of Tasmania conducted the most recent Tasmanian poll of public opinion on the issue of voluntary euthanasia for the Mercury newspaper.¹ The survey asked participants the following question:
- **1.2** "Would you like to see Tasmania legalise voluntary euthanasia as the Northern Territory has done?"
- **1.3** 54% of respondents answered yes, 34% of respondents answered no and 10.8% were undecided.
- **1.4** This result is indicative of national polls conducted over many years that have consistently demonstrated a majority of people in favour of legalising voluntary euthanasia for the terminally ill.
- **1.5** The Committee saw the need to evaluate the merit of this public dissatisfaction with the present position on the practice of euthanasia through a public inquiry.
- **1.6** The Committee placed advertisements in all major newspapers asking for public submissions, to which there was an overwhelming response. A total of 1,162 written submissions were received from organisations and individuals. The submissions came from a broad cross-section of the community, including academics, doctors, nurses, lawyers, religious leaders, terminally ill patients, social organisations, politicians and private individuals.
- **1.7** The Committee held public hearings in all major centres around Tasmania and travelled to Sydney and Adelaide to evaluate legislation and practices adopted in those jurisdictions in relation to palliative care and advance directives. A total of 91 witnesses responded to the opportunity to present evidence before to the Committee.

¹ The Mercury, 13 January 1997

TERMINOLOGY

- **1.8** The appropriateness of legalising voluntary euthanasia can only be meaningfully debated if participants share a common definition of the object of the debate.
- **1.9** The term euthanasia is derived from the Greek words 'eu' and 'thanatos', which mean a good or gentle death.
- **1.10** In its contemporary use 'euthanasia' has become difficult to define as advocates of opposing philosophies assign broad or narrow definitions to the term as required by their arguments.
- **1.11** When broadly defined, euthanasia may include both active and passive modes of deliberately hastening the death of a patient as a compassionate response to the patient's pain and suffering.
- **1.12** A narrow definition of euthanasia centres on the deliberate killing of the patient through active means; as with passive euthanasia this action is also motivated by compassion for the suffering of the patient.
- **1.13** In order to facilitate meaningful debate the Committee adopted the following working definitions of the concepts and issues expounded in this report.
- **1.14** *Active euthanasia* involves the intentional causing of death through a direct action such as administering a dose of lethal drugs.
- **1.15** *Passive euthanasia* may involve the withholding or withdrawal of medication and other medical procedures that may prolong life thus allowing the patient to die naturally as a consequence of their disease.
- **1.16** *Voluntary euthanasia* is the intentional causing of death of a competent patient through action or omission in response to a request from the patient in order to end pain and suffering.
- **1.17** *Non-voluntary euthanasia* involves the intentional causing of death of an incompetent patient through action or omission in the patient's best interest motivated by compassion for the condition of the patient.
- **1.18** The withholding or withdrawal of futile treatment or the administering of pain relieving drugs in quantities that may shorten life are not illegal or unethical practices when a doctor takes such action on the basis of prudent medical treatment with regard to the patient's condition.
- **1.19** Such medical end-of-life decisions appear to share many of the characteristics of euthanasia and produce a similar outcome; thus we may ask where is the moral difference?

1.20 In his submission to the Committee Dr. John Fleming, Director, Southern Cross Bioethics Institute answers this question by asserting that 'intent' is the differentiating moral that delineates medical end-of-life decisions from euthanasia.

What is morally and legally relevant in medical decisions at the end of life is whether in withholding or withdrawing the treatment the physician intends to kill his patient, or whether his non-treatment decision is based on his best clinical judgement that that treatment would either be futile or burdensome disproportionately to benefit.²

- **1.21** Thus a doctor withdrawing or withholding treatment is not legally culpable for the death of the patient if the doctor's intent was palliation of the patient's suffering. Even when the hastening of death is foreseen, the patient's death is seen as a natural consequence of his or her disease.
- **1.22** Some proponents of voluntary euthanasia see this distinction as artificial and claim that there is no moral difference between medical end-of-life decisions and euthanasia. It is simply a matter of time; on the one hand active voluntary euthanasia is quick and painless whilst the withholding or withdrawal of treatment has the same effect, but the patient may suffer a painful lingering death.
- **1.23** The legal doctrine of acts and omissions is another important dimension in the determination of what constitutes euthanasia. Under common law an individual is responsible for his or her actions; culpability for failure to act can only apply where an individual has a duty of care. Doctors have a professional responsibility or duty of care for their patients, thus the withholding or withdrawal of treatment may constitute a neglect of duty and invite prosecution under certain circumstances. A moral dilemma may arise in relation to this principle, as it is usually a medical determination that defines the moment at which the doctor's duty of care ceases and end-of-life decisions may proceed.
- **1.24** The complex inter-relationship between these concepts and the different emphasis that proponents and opponents of euthanasia place on them brings much ambiguity and confusion to the debate.
- **1.25** This was demonstrated in many of the public submissions received and may indicate the need for a comprehensive public education campaign to eliminate misconceptions and to differentiate legitimate medical practices such as palliative care from active euthanasia.

² Dr. John I. Fleming, Director, Southern Cross Bioethics Institute, submission 311

SECTION 2 – OVERVIEW OF THE DEBATE

BACKGROUND

- 2.0 Modern societies through the use of technology have increased life expectancy for the average person by some 25% since the turn of the century. Improvements in nutrition and the eradication of major diseases have ensured that a majority of the population will reach an old age. As a consequence of ageing populations most modern societies have seen increased levels of mortality associated with degenerative diseases such as cardiovascular disease and cancer.
- **2.1** Modern medical technology is making advances against these diseases and whilst curative treatments may not yet be fully realised the lives of patients can be prolonged for extended periods. Many patients that in the past would have long succumbed to their disease are kept alive through technological intervention such as artificial resuscitation and respiration.
- **2.2** The use of technology to prolong the life of terminally ill patients does not always coincide with an improvement to the quality of their lives and in the absence of a cure simply delays death.
- **2.3** Proponents of active voluntary euthanasia have argued that as quality of life is a subjective judgement, competent and informed terminally ill patients should be allowed to make a rational choice between a quick painless death and a painful lingering death.
- **2.4** A fundamental moral principle of civilised society is the recognition of individual freedom. This principle holds that when the behaviour of an individual does not threaten or harm other members of society or the public good, individual autonomy should be given full expression.
- **2.5** The dilemma highlighted by the euthanasia debate is that whilst society grants the individual self-determination to the extent that he or she may not be given even lifesaving treatment without consent, the same competent individual is denied the liberty to ask for euthanasia when he or she decides that they no longer wish to live.
- **2.6** The evidence presented to the Committee in this inquiry is polarised along this divide between those who argue for the ascendancy of individual autonomy and those who argue that a greater good is served if the individual is denied such a choice.

Other Jurisdictions

- 2.7 The legalisation of euthanasia is an issue that has been passionately debated in many jurisdictions besides Australia. The House of Lords, the Canadian Senate, the New York State Legislature and others have in recent years inquired into the possible legalisation of active voluntary euthanasia and assisted suicide for the terminally ill. All such inquiries have produced similar findings in favour of maintaining the prohibition on intentional killing.
- **2.8** The Northern Territory Government breached this universal prohibition on intentional killing with the introduction of the now repealed *Rights of the Terminally Ill Act 1995*. This legislation represented the only instance in the world of legally sanctioned active voluntary euthanasia and assisted suicide.
- **2.9** Active voluntary euthanasia is practised in the Netherlands but it has not been legalised by statute. Whilst active euthanasia and assisted suicide remain criminal offences, doctors performing active voluntary euthanasia may avoid prosecution by an appeal to the defence of 'necessity'. This defence arises as a consequence of the perceived irreconcilable obligations that confront a doctor when caring for a terminally ill patient. The doctor is forced to choose between his or her duty to relieve the patient's suffering and his or her duty to uphold the law.
- **2.10** This is the dilemma that encapsulates the essence of the euthanasia debate.

Competing Arguments

- **2.11** The euthanasia debate is in the main contended on the basis of moral philosophy. Proponents and opponents of voluntary euthanasia argue the primacy of the fundamental moral principles on which society is based. The resulting moral dichotomy places the sanctity of life in opposition to individual autonomy. The debate however is more complex than a simplistic choice between competing moral principles. The arguments of moral principle are accompanied by issues relating to the practicalities of implementing voluntary euthanasia, including medical and legal ethics, and these are superimposed by public policy questions on the appropriate balance of individual rights against the greater good of society.
- **2.12** In broad terms the euthanasia debate centres on the question whether it can ever be right to deliberately kill a human being with or without their consent, and the moral, legal and social implications of adopting that position.

ARGUMENTS FOR VOLUNTARY EUTHANASIA

- **2.13** The proponents of active voluntary euthanasia argue that as an individual has a right to life then logically he or she has the right to give up that right. Furthermore they argue that a compassionate society would acknowledge this in respect to competent terminally ill patients who seek to die and require the assistance of a doctor.
- **2.14** Substantially the pro-euthanasia argument rests on the principles of self-determination, individual autonomy and human dignity.

Individual autonomy and choice

2.15 Respect for life cannot be fully realised without allowing the expression of individual autonomy and choice in how that life is lived. This principle must be extended to the choice of when life may be ended. The protection of the right to life is the base on which society and the legal system are founded. The proponents of voluntary euthanasia uphold this principle. However they contend that a competent terminally ill patient seeking a quick painless death does not represent any harm to others in society and in the absence of such a threat the state does not have the right to subjugate the individual's autonomy.

Death with dignity

- **2.16** The sanctity of life is not an absolute principle as acknowledged in the case *Airedale NHS Trust* v. *Bland* considered by the House of Lords. It was decided that doctors could legally withdraw artificial nutrition and hydration from Anthony Bland, a patient in a permanently vegetative state, allowing him to die. Here the sanctity of life principle yielded to the principle of autonomous best interest.
- **2.17** Implicit in this is that the quality of life, and not simply living, is of intrinsic importance. Thus it is argued an individual should be at liberty to decide for him or herself when their quality of life is no longer acceptable. Unrelenting pain may only be of secondary importance for some patients. Patients may seek active voluntary euthanasia on the basis of subjective quality of life issues. The loss of control and independence in the final stages of a terminal illness may for some constitute an intolerable indignity, and given the choice they would avoid it.

Existing Practice

2.18 Proponents of active voluntary euthanasia argue that there is a strong case for legalisation based on the need to regulate the existing practice of euthanasia. This proposition is supported by the work of Kuhse, Singer and Baume, 'End-of-Life Decisions in Australian Medical Practice'.³ Their study into medical

³ H. Kuhse, P. Singer and P. Baume Medical Journal of Australia, 166, 191-196, 1997

end-of-life decisions has indicated that 1.8% of all deaths in Australia are the result of active euthanasia. It was submitted to the Committee that in an environment where medical ethics and the law proscribe the practice of euthanasia and yet it occurs with few if any prosecutions there is a real danger of abuse and a risk of the law coming into disrepute. It was argued that the legalisation of active voluntary euthanasia accompanied with strict guidelines would lead to a safer, more ethical system with less risk of involuntary euthanasia.

Moral Equivalence

2.19 Furthermore it was submitted that the legalisation of active voluntary euthanasia would bring equity to the present system that allows medical end-of-life decisions for some whilst others, by virtue of their circumstances, suffer a lingering death.

Public Opinion

- **2.20** The case for the legalisation of voluntary euthanasia is strongly supported by public opinion. National surveys conducted by Newspoll and Morgan over many years have shown a consistent majority of people in support of active voluntary euthanasia. Proponents of euthanasia argue that the state should give effect to the will of the people and legalise voluntary euthanasia.
- **2.21** Evidence presented by those opposing active voluntary euthanasia suggests that public polling in relation to this issue is not representative of informed opinion as the yes / no questions put in such surveys do not convey the depth and complexity of the issues. It can also be argued that popularity does not make something morally or ethically correct nor appropriate public policy.

ARGUMENTS AGAINST VOLUNTARY EUTHANASIA

- **2.22** The opponents of euthanasia submit that there is no circumstance that can justify the deliberate taking of life.
- **2.23** This proposition is supported by an appeal to fundamental moral principles such as the sanctity of life and religious beliefs on which ethics, law and social cohesion are predicated and by the 'slippery slope' thesis that identifies the possible negative consequences that would result if active voluntary euthanasia were legalised.
- **2.24** The religious significance of the sanctity of life was noted in many submissions. The Anglican Church of Australia in its submission made the following points as the basis of the religious argument against voluntary euthanasia.
 - Christians affirm that life comes from and belongs to God. ... Human beings are understood to be stewards of God's creation

... Humanity has a duty to care for and nurture creation, not dominating and exploiting it, as we so often have, but preserving and enriching life which is God's gift;

- Nothing exists in isolation from everything else. Christian theology has long affirmed this idea in relation to humanity; This affirmation stands in stark contrast to views which assert a fundamental individualism and a radical autonomy;
- Christian theology recognises that in spite of suffering and indeed through suffering, God can and does accomplish good.⁴
- **2.25** The House of Lords Report of the Select Committee on Medical Ethics also noted the importance of the sanctity of life principle:

Belief in the special worth of human life is at the heart of civilised society. It is the fundamental value on which all others are based, and is the foundation of both law and medical practice. The intentional taking of human life is therefore the offence which society condemns most strongly.⁵

- **2.26** Dr. Anthony Fisher of the Australian Catholic University in opposing voluntary euthanasia suggested that:
 - The sanctity or inviolability of human life is a fundamental principle in law, ethics and social cohesion;
 - The so-called right to die is only a right not to be involuntarily or inappropriately treated and a right to such palliative and other care as can reasonably be provided, not a right to be killed by others or assisted by others to commit suicide;
 - A genuinely compassionate response to situations of intractable suffering or indignity need not and would not require the killing or assisting in the suicide of a patient;
 - The legalisation and practice of voluntary euthanasia in Tasmania would have a corrupting and uncontrollable effect on health professions and the broader community.

He further suggests that:

It might be contended that those who support the 'right' to voluntary euthanasia need not deny the sanctity of life doctrine: they merely leave to each individual to decide when they have ... 'had enough'. But since others are being asked to cooperate in euthanasia they inevitably will ... make their own judgement about whether any particular request should be complied with: no one in the present debate is proposing assisted suicide on demand. And if a judgement is to be made about the reasonableness of a particular request for euthanasia, then any

⁴ Anglican Church of Australia, Diocese of Tasmania, submission 949

⁵ House of Lords, Report of the Select Committee on Medical Ethics, Vol 1, p. 13 (1994)

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person responding positively to such a request must have come to the view that that particular person's life is not inviolable.⁶

- **2.27** Proponents of voluntary euthanasia however point to the fact that the sanctity of life principle is not an absolute principle and exceptions to the rule are permitted in special cases such as self-defence, capital punishment and war.
- **2.28** However the position is not that these are necessarily exceptions to the rule of sanctity of life, they are legal defences given by the State to killing another person. If the defence was not available then the person could be charged with murder just as anybody else could who killed someone with the intent to do so.
- **2.29** Proponents of voluntary euthanasia argue that voluntary euthanasia should also be included in this category. They contend that the request of a competent, terminally ill patient with unrelenting pain to be released from his or her suffering does not compromise the right to life principle but affirms human dignity and autonomy.
- **2.30** This subjective perspective however ignores the fact that individuals are part of a society. Whilst the individual case is compelling and engenders our sympathy, social policy must consider the weak and vulnerable to whom society has an equal duty to protect. To make an exception in an individual case would introduce a corrupting element into the social relations of the community and threaten the safety of all individuals.

The Slippery Slope

- **2.31** The inherent dangers of legalised voluntary euthanasia as identified by its opponents are collectively known as the 'slippery slope' argument which entails the following:
 - The acceptance of voluntary euthanasia for the terminally ill would lead to acceptance of voluntary euthanasia for non-terminal conditions;
 - The acceptance of voluntary euthanasia will lead to involuntary euthanasia;
 - The weaker members of society would be made more vulnerable through a diminishing of the value of human life and a subtle pressure would be brought to bear making the 'choice to die' a 'duty to die';
 - Economic burdens both personal and social would encourage the euthanasia option for the weak and vulnerable;
 - Suicide would become more prevalent in society as death is established as a 'quick fix' solution;
 - Medical ethics and trust in doctors would diminish.
- **2.32** The New York State Task Force on Life and the Law noted that if voluntary euthanasia were legalised:

⁶ Dr. A. Fisher, Australian Catholic University, submission 538

[T]he potential for abuse would be profound. This risk does not presume that physicians will act malevolently. On the contrary, this risk is substantial precisely because physicians will act with benevolent motives. Once euthanasia is established as a "therapeutic" alternative, the line between patients competent to consent and those who are not will seem arbitrary to some doctors. To others, it will seem outright discriminatory or unjust to deny a therapy because of the patient's incapacity to consent.⁷

Palliative Care

- **2.33** The opponents of euthanasia also stress the importance and value of palliative care in reducing suffering for terminally ill patients and argue that in most cases this alone would diminish any claim for the legalisation of active euthanasia.
- **2.34** Professor Ravenscroft of the University of Newcastle submitted to the Committee that:

In my experience it is far more often existential pain that moves people to consider euthanasia than the physical pain or physical distress. The observations in our service are that physical pain may not necessarily be controlled - in less than 5 per cent of patients we do not achieve complete control, but it can be reduced to manageable levels. But the management of existential distress is far less successful. It requires the skill of different members of a palliative care team and can seldom be done by one person, such as a general practitioner, in the time generally available in a working day. This is something that is not well addressed in the training of medical students and in doctors in the post-graduate situation, and it is something that we need to focus on.⁸

- **2.35** In acknowledging that palliative care will not alleviate all pain, it is argued that pain has physical and emotional or spiritual dimensions. The spiritual suffering experienced by the terminally ill patient requires special care to assist the patient in reconciling and resolving their emotional issues. Voluntary euthanasia would eliminate this important step in the dying process and have a negative effect for the patient, family and friends.
- **2.36** Effective palliative care requires a multidisciplinary team working together on all aspects of a patient's pain including emotional and physical dimensions.
- **2.37** Developments in pharmaceutical analgesics and pain management techniques are also helping to reduce the number of 'hard cases' that previously did not respond to traditional treatment regimes.

⁷ The New York State Task Force on Life and the Law, 'When Death is Sought', 1994, p 133.

⁸ Professor Peter Ravenscroft, transcript, 19/6/97, p. 7

2.38 Evidence was given of the need for greater resources for palliative care including better training of doctors and health workers. Terminally ill patients placed in acute care settings in Tasmania are not always given appropriate palliative care. The lack of palliative care trained doctors means that patients are suffering unnecessarily. It was also put to the Committee that doctors who do not appreciate the full potential of palliative care treatments may be more amenable to requests for voluntary euthanasia from their suffering patients.

Common Law Rights

- **2.39** Despite its focus on general principles, the law does recognise the individual's right to self-determination. All patients have a common law right to refuse unwanted treatment, even life-sustaining treatment, and doctors imposing treatment on a competent patient, in circumstances other than an emergency, without consent are liable to prosecution.
- **2.40** There is also common law recognition of the patient's anticipatory consent in the form of an advance directive, which would be acted upon in a situation where the patient is incompetent.
- **2.41** Several witnesses noted that whilst assisted suicide was illegal, suicide was not. A patient wishing to die is legally at liberty to commit suicide. Suicide does not involve a second person having to decide that someone's life is not worth living and thus does not jeopardise public safety and social cohesion.

SUMMARY

- **2.42** Having outlined the main arguments proposed by those on both sides of the debate it is clear that questions of moral social principles and individual autonomy dominate the debate.
- **2.43** The practical considerations of implementing safe legislation to allow active voluntary euthanasia are also matters of debate. Proponents suggest that the Northern Territory legislation demonstrated the feasibility of safe implementation. Opponents however argue that there is no foolproof way to guarantee free consent has been given, nor can the inherent corrupting effects of voluntary euthanasia be contained.
- **2.44** Furthermore opponents argue that it is ironic for advocates of voluntary euthanasia to campaign for its legalisation on the grounds that it is already a common practice and then suggest that it could be safely regulated to prevent abuse.
- **2.45** Overarching this debate is the necessity to balance the rights of the individual against those of society for the protection of the public good.

- **2.46** The Committee heard anecdotal evidence illustrating the desperate plight of many individual cases where prolonged suffering could not be alleviated with palliative care and patients were forced to endure painful lingering deaths. When confronted with such instances of human suffering we feel empathy and compassion for our fellow human beings, but the Committee had to consider whether public policy can be based on individual cases. It can be argued that if the general principle of prohibition against intentional killing is qualified by exceptions for individual cases there is a risk of compromising the safety of all individuals in society, especially those on the margins such as people with disabilities, the aged and vulnerable minorities.
- **2.47** Individuals presently enjoy equality as participants of society with equal protection under the law. If voluntary euthanasia were to be legalised an inequality would arise where one category of individual is deemed to be of less value than another and could therefore be killed.

SECTION 3 – ETHICAL AND MORAL ISSUES

SANCTITY OF LIFE

- **3.0** The moral dimension of the euthanasia debate centres on the principle of the 'sanctity of life', a principle that encompasses the inviolability, inalienability and, intrinsic worth and equality of the human person.
- **3.1** The 'sanctity of life' is universally adopted as the paramount social principle, all societies and legal systems are predicated on the sustenance and protection of the right to life. To allow the intentional killing of innocent individuals would prejudice the common good.
- **3.2** The Committee heard evidence from the leaders of the Catholic and Anglican Church and representatives of several other Christian denominations. All stated the belief that is shared with Judaism and Islam, that life is a God-given gift and that the deliberate termination of human life is an offence against its creator.
- **3.3** It was argued that the sanctity of life principle transcends religious boundaries and is not only a theological doctrine but a basic human value and fundamental principle of law:

We have strong feelings that there is an intrinsic value in human life, irrespective of whether it is valuable to the person concerned or indeed to anyone else. Those who adhere to religious faiths which believe in the sanctity of all God's creation and in particular that human life was created in the image of God himself will have no difficulty with the concept of the intrinsic value of life. But even those without any religious belief think in the same way ... we should not try to analyse the rationality of such feelings. What matters is that, in one form or another, they form part of almost everyone's intuitive values. No law which ignores them can possibly hope to be acceptable.⁹

3.4 A central theological theme expressed by the Anglican Church was the interconnected character of all creation.

> Nothing is in isolation from everything else. Christian theology has long affirmed this idea in relation to humanity. ...Once people recognise their relatedness to each other it follows that we can affirm in life and death, our individual existence is part of the life of the cosmos itself. This is a reality, which overrides any preoccupation with individuality. ... In this context there is no

⁹ Submission 538

straightforward individual right to die. Such a right sits uneasily with other basic values and rights which effectively negate it.¹⁰

- **3.5** A further theological argument in opposition to the legalisation of active voluntary euthanasia is the notion of suffering as a cathartic life process that can have a positive outcome.
- **3.6** Dr. David Boadle takes up this point in his submission:

From my many interactions with seriously ill people and their families and friends, I strongly believe that the final stages of a person's life are a time of great healing within social networks (be they of family or friends) ... During that time, old memories are exchanged, tears and laughter are shared, and the grieving process is initiated. This is a fundamental part of the human condition, and I believe that the arbitrary decision that a fellow human being's life has no further meaning (and in so doing terminate that life) will rob our society of one of the essential parts of its fabric.¹¹

3.7 Dr. Margaret Otlowski questioned the weight and significance that should be afforded to religious beliefs in the formulation of public policy in a pluralist society and submits that:

Whilst the convictions of believers must obviously be respected, it must be recognised that in a pluralistic and largely secular society, the freedom of conviction of non-believers must also be upheld ... [P]rohibitions on active voluntary euthanasia based purely on religious beliefs should not be applied by the law to those who do not share that belief ... Only if the legal prohibition on active voluntary euthanasia is removed will everybody be able to live according to his or her convictions; those who oppose active voluntary euthanasia could reject it for themselves, and those who are in favour of the practice are not forced to live against their convictions.¹²

3.8 Senator Dr. Bob Brown in assessing the relationship of the sanctity of life principle with other competing principles notes that:

The sanctity of life is a very important ethical principle, but it is not absolute. Recognised exceptions to the principle already exist. These exceptions arise where the sanctity of life principle conflicts with other important ethical principles which we apply to decisions about how we should live. These other principles include respect for the individual's right to choose how to live his or her own life in accordance with his or her own personal values ... The law strongly protects this right as central to ensuring

¹⁰ Submission 949

¹¹ Dr. David Boadle, submission 1106

¹² Dr. Margaret Otlowski, Senior Lecturer in Law, University of Tasmania, submission 1102

respect for the dignity and liberty of the individual. In the medical context, the law already recognises a competent adult patient's right to refuse any kind of medical treatment, even if death will certainly result from this refusal. In this situation the individual's right to self-determination defeats the sanctity of life principle.¹³

- **3.9** Proponents of euthanasia uphold the sanctity of life as a fundamental principle, but recognise that it is not an absolute principle. It is argued that society presently exempts certain categories of deliberate killing, such as self-defence, capital punishment and war, and as active voluntary euthanasia is consensual and no harm is done to others it too belongs in the category of exempt special cases.
- **3.10** Professor Ronald Dworkin as cited in Dr. Otlowski's submission suggests that:

[T]his very sacredness of human life is a crucial argument for rather than against euthanasia. The essence of Dworkin's thesis is that in order to respect individual patient's dignity and the intrinsic value of their lives, we must allow individuals freedom of conscience to make mortal decisions for themselves; that ultimate respect for life is shown by respecting individual choice.¹⁴

- **3.11** Secular moral argument in support of the sanctity of life principle was put to the Committee by reference to international law, the Universal Declaration of Human Rights. The individual's right to life is recognised by international law as an inviolable and inalienable right that cannot be taken arbitrarily without serious social consequences.
- **3.12** Dr. John Fleming submitted to the Committee that:

Australia has committed itself to the Universal Declaration of Human Rights ... and... the recognition of the inherent dignity and of the equality and inalienable rights of all members of the human family. Inalienable human rights are rights of which an individual may not be deprived and of which the individual may not even deprive him or herself ... If fundamental human rights are not inalienable, if citizens are permitted to give up their fundamental human rights then it undermines the ability of the government or the state to protect the fundamental rights of others, especially the weak and the vulnerable.¹⁵

¹³ Senator Dr. Bob Brown, submission 355

¹⁴ Submission 1102

¹⁵ Submission 311

SELF-DETERMINATION AND AUTONOMY

3.13 Individual self-determination and autonomy is the fundamental moral principle on which the proponents of active voluntary euthanasia rest their case. Individual freedom and self-determination is considered an inherent human right and is recognised in international law. The philosophical underpinning of this proposition is found in the words of John Stuart Mill in his essay 'On Liberty':

The only purpose for which power can be rightfully exercised over any member of a civilised community, against his will, is to prevent harm to others ... over himself, over his own body and mind, the individual is sovereign.¹⁶

- **3.14** It follows from this that a competent terminally ill patient asking for help in ending his or her life should be at liberty to do so whilst no harm is done to others.
- **3.15** The Committee received submissions from many strong-minded, wellinformed individuals who found it intolerable to have their decision-making capacity curtailed in the profoundly personal matter of how and when one should die.
- **3.16** One such submission came form a former nurse who stated:

Whether admitted openly or not, practitioners constantly make decisions in care settings that end lives ... Often without consultation practitioners will decide who will be resuscitated, rehabilitated, given antibiotics or narcotics, and whose life machine will be turned off and at what time.

However as a client rather than a practitioner, opportunities to exercise these judgements for one's self become extremely limited. To do so also requires a fair degree of confidence, knowledge, strength of mind and will, energy, determination and persistence. Even to obtain accurate, honest information is a difficult chore. To initiate and have recorded on one's medical chart 'not for CPR' is a monumental achievement ... With the diagnosis of cancer, or any other condition, we do not become suddenly unable to function, or incapable of exercising considered judgement ... What we need is to be treated as rational human beings, to have free access to accurate information about our conditions, choice in terms of treatment and a full range of death or exit options available to us ... We are the best judges of the quality of life acceptable to us, of the manner we choose to die and the timing of that death.¹⁷

¹⁶ Cited in Voluntary Euthanasia, Morality and the Law, H. Kushse, P. Singer et al, Journal of Law and Medicine, Vol. 3 No. 2, Nov.1995

¹⁷ S. Donaghue, submission 763

3.17 E. Walker writes in support of individual autonomy:

My greatest concern is that I, as a thinking individual, am not allowed to make a personal decision. That upsets me since we are living in a democracy where the rights of the individual are, generally speaking declared to be of some importance.¹⁸

3.18 L. Heathorn concurs with this sentiment:

Our decisions about the whole of our lives are of little use or no value if we are not permitted to make the only one that really matters – the decision to die, when and with dignity.¹⁹

- **3.19** There was a great deal of argument presented to the Committee refuting the notion of individualism and autonomy as a justification for legalising euthanasia.
- **3.20** Dr. Fisher rebuts these claims by pointing out:

[The] ... problem with a one-sided stress on autonomy is that it is radically asocial even anti-social: all that matters is that people 'get their own way'. But human beings are social creatures and human freedom is always exercised within a web of relationships. In any choice agents must respect others; they must consider the implications of their choices for the lives of particular persons and for the common good. If we want to 'be put out of our misery' someone else must be involved: so someone else's 'autonomy' is unavoidably affected ... Individual autonomy cannot be absolute because individuals need each other in order to realise their goals, and likewise the actions of individuals have an impact on other people close to them and on society as a whole. Individual rights must be limited to the extent that they cause harm to other persons. While disallowing assisted suicide may seem unfair or harsh in an individual circumstance, this is outweighed by the negative impacts that decriminalisation would have on the popular conscience.²⁰

3.21 Dr. Boadle writes in support of this sentiment:

It is all very well for some to speak of lofty notions of autonomy, but as social beings, we are only truly defined as 'self' by our interactions with others, as they define and redefine themselves by their social interactions with us.²¹

¹⁸ E. Walker, transcript, 19/6/97, p38

¹⁹ L. Heathorn, submission 359

²⁰ Submission 538

²¹ Submission 1106

- **3.22** The case was put that the chronically ill and frail elderly, terminally ill and disabled people have the same worth and dignity as everyone else and so deserve the equal protection of our laws. Opponents of euthanasia argue that legalised active voluntary euthanasia may serve the interests of capable individuals with a desire to end their life, but it also exposes the weak and vulnerable members of society to any abuse that may arise from the liberal application of this legislation.
- **3.23** In this context Dr. Fisher suggests that:

[If personal autonomy or self-determination] entails the right of competent free and informed adults to decide if, when and how they will live and die. It should be noted from the outset that any such claim, if it is warranted, cannot reasonably be restricted to the terminally ill, or even to the physically sick: if autonomy entails a right to die then this must apply to every competent free and informed person, sick or well.

... [F]ar from expanding patient self-determination, legalised euthanasia actually undermines it: in the very name of 'autonomy' many people's real freedom would in fact be narrowed further and their lives – the premise for all autonomy – put at risk ... Instead of multiplying choice for the sick and dying, euthanasia may limit the availability of medical nursing, counselling and other options for those people and become a great 'cop-out' for their society."²²

3.24 The argument for euthanasia based on individual autonomy hinges on the premise that it is a matter of individual choice and that such choices are personal and do not impinge on the rights or freedoms of others. This notion ignores the disproportionate power relations in society and the inequality and vulnerability of the marginalised. In his submission Dr. Christopher Newell noted that Australians with disabilities are already disadvantaged, stigmatised and under-valued in our society and that social attitudes not only shape the individual's wish to live or die but also influence the allocation of resources. He notes that:

The insidious thing about legislation similar to the Northern Territory legislation is that it creates a category of people who are deemed as "better off dead", sending a powerful message and the creation of social policy and structures which affirm that.²³

3.25 Tasmanians with Disabilities Inc. illustrated this point in its submission noting the difficulties faced by people with disabilities to even make submissions to the Committee and have their views heard.

²² Submission 538

²³ Dr. Christopher Newell, Senior Lecturer, Division of Community and Rural Health, University of Tasmania, submission 1101

It is important that the Parliament recognise that people with disabilities are some of the most disadvantaged citizens, and some of the most marginalised in this nation ... We have deep concern that the measures put in place associated with submissions and public hearings on the inquiry will not provide for the access needs of Tasmanians with a diversity of disabilities, let alone those who require interpreters, or indeed those who can only address this highly stressful and emotional issue while supported by resource workers." ²⁴

3.26 The impact of individual choice and autonomy on the rights and liberties of others in society was also noted in the House of Lords report:

[D]ying is not only a personal or individual affair. The death of a person affects the lives of others, often in ways and to an extent which cannot be foreseen. We believe that the issue of euthanasia is one in which the interest of the individual cannot be separated from the interest of society as a whole.²⁵

3.27 Dr. Newell questions the appropriateness of the use of terms such as 'human rights' and 'human dignity' in support of voluntary euthanasia. He views this juxtaposition as antithetic and irreconcilable.

[T]he debate with regard to medical killing revolves around contested notions of 'rights', 'human rights' and 'human dignity'. Yet the use of human rights approach, upon which values rest many of our community oriented moral and legal norms, stresses the inalienable dignity of people. Medical killing violates that notion of inalienable dignity rather than enabling it. The different interpretations of 'autonomy' is of course the reason for such differing opinions in this debate. Further, this is clearly an issue for people in community, rather than just an issue of individuals doing what they want.²⁶

FINDINGS

- **3.28** The Committee found that whilst many of the moral arguments put by both sides of the debate were persuasive, a determination of the need for legalisation on voluntary euthanasia cannot be made on the basis of a subjective moral choice.
- **3.29** The Committee found that the polarised character of the moral debate for and against voluntary euthanasia limited its utility as a determinant for legal reform. Euthanasia legislation would have to be based on a general principle that treated all individuals equally.

²⁴ Tasmanians with Disabilities Inc., submission 381

²⁵ House of Lords op cit, p.48

²⁶ Submission 1101

- **3.30** Anecdotal evidence presented to the Committee identified a need for patients' rights to be affirmed. The Committee found that in some cases patients had difficulty ensuring that their wishes would be respected in regard to their medical treatment when they became incompetent.
- **3.31** The Committee found that whilst individual cases may present a strong case for reform the obligation of the state to protect the right to life of all individuals equally could not be delivered by legislation that is based on subjective principles.

RECOMMENDATIONS

- **3.32** The Committee recommends that patients have greater access to information about their rights regarding medical treatment.
- **3.32** The Committee recommends that patient's request and wishes are noted and documented in accordance with the 'Dying with Dignity' guidelines, followed by Tasmanian health care workers.

SECTION 4 - LEGAL ISSUES

- **4.0** Legal issues raised in relation to the legalisation of active voluntary euthanasia include:
 - The problems associated with codifying voluntary euthanasia legislation.
 - The incongruity between current practices and the law.
 - The common law rights of patients to consensual treatment and the right to refuse treatment.
 - The issues surrounding end-of-life decisions and the doctrine of acts and omissions and double effect.
 - The restraints of international law.

SAFE LEGISLATION

- **4.1** Proponents of legalised active voluntary euthanasia have suggested that it is not beyond reason to envisage legislation that would ensure safe, informed and consensual application. The Northern Territory legislation is cited as an example of what is possible. It provided safeguards to ensure that a patient's request for euthanasia was entirely voluntary and informed and that the patient was mentally competent to make such a decision. Opponents of voluntary euthanasia however submit that it is simply not possible to anticipate all the circumstances involved and to define them in legislation.
- **4.2** The Committee heard evidence from Dr. Brian Pollard who identified three main areas of concern where euthanasia legislation would be subject to abuse: the provision of equal justice; patient autonomy; and free consent.

[T]he evidence is now abundant ... three substantial committees ... have investigated the consequences and the difficulties of legalising euthanasia and every committee of inquiry that has taken a broad approach has come to the same conclusion that safe law would not be possible in this area ...

Pain and suffering are subjective phenomena ...they cannot be quantified, and they cannot be measured and compared. They are not the kinds of things about which objective criteria can be made so that you can set out standards for their investigation ... So the patient's subjective description of what is going on is met by another person's subjective response and neither of them would be capable of being investigated by a euthanasia law so at once you have a great big area of subjectivity and subjectivity or arbitrariness are matters of opinion not able to be subject to the equal application of justice.²⁷

4.3 Dr. Pollard goes on to question the motivation of doctors participating in voluntary euthanasia and whether it is possible to legislate for *bona fide* motives.

[A]lthough euthanasia is presented as being a matter of personal autonomy, there is always another party ... Euthanasia is actually more critically dependent upon the autonomy of the doctor or other person who makes the final decision whether or not to agree to the request ...We do not know the circumstances under which doctors carry out euthanasia illegally, as they do at present in Australia ... the presumption must be that at least sometimes it was simply on account of the fact that the doctor did not know what else to do.²⁸

4.4 Dr. Pollard also noted that euthanasia law could not guarantee the patient had given informed consent.

[I]t would be next to impossible to guarantee that anybody's request for euthanasia was in fact freely made. Coercion can be so subtle it can even be unintended. A form of coercion that is not really intended and not very often paid attention to is the coercion that resides in the enormity of the difference in power between a doctor and a patient ... So the inevitable consequence would be that the lives of people would be at risk. People who did not want to die or people whose request had been coerced ... There would be no certainty that a patient's request was the result of having received the proper information on which a good judgement could be made.²⁹

4.5 The difficulty of formulating workable euthanasia legislation was a theme taken up in Dr. Brendan Nelson's submission.

I ... feel that there are some exceptional circumstances in which it might not be an unreasonable course for a doctor to assist a person to die but I find it impossible to define them ... It is very difficult, if not impossible, to get even a set of principles, a code of ethics and certainly not a piece of legislation that will cover all the situations in which we inevitably find ourselves ... I have found that the law is a blunt instrument; it does not have the finesse to deal with issues in relation to decision-making that doctors and nurses and family members make with a person who is dying. It is not always possible that all of the problems that we face in life are going to be solved by statutes ... Those who think

²⁷ Dr. Brian Pollard, transcript, 22/7/97 p.38

²⁸ Dr. Pollard, transcript, 22/7/97 p. 39

²⁹ Dr. Pollard, transcript, 22/7/97 p.39

that all human pain and suffering will be resolved by sanctioning euthanasia I feel are sadly misguided.³⁰

- **4.6** A related argument posited by those opposing the legalisation of voluntary euthanasia is the notion of the 'slippery slope'. It is contended that the inability to provide adequate safeguards in the codification of such legislation will inevitably lead to corruption and abuse.
- **4.7** The Tasmanian Branch of the Australian Medical Association directed the Committee's attention to the findings of the House of Lords report to highlight this problem. The association's submission quotes:

We do not think it is possible to set safe limits on voluntary euthanasia ...We took account of the present situation in the Netherlands; indeed some of us visited that country and talked to doctors, lawyers and others. We returned feeling uncomfortable, especially in the light of evidence indicating that non-voluntary euthanasia ... was commonly performed ...

We concluded that, if legalised, it would be virtually impossible to ensure that all acts of euthanasia were truly voluntary and hence that any liberalization of the law in the UK could not be abused.³¹

4.8 Dr. Otlowski rebutted these arguments asserting that the claim that euthanasia legislation is unsafe fails to address the risks associated with the current legal position where euthanasia occurs in a hidden and unregulated manner.

EXISTING PRACTICE

4.9 In evidence presented to the Committee Dr Otlowski argued that there is an incongruity between current medical practices and the response of the legal system. Dr. Otlowski submits that whilst euthanasia remains illegal its practice remains covert and unregulated thus placing patients in danger of abuse and the law in disrepute.

Despite the strict legal prohibition of the practice, with the threat of the most serious criminal liability (i.e. for murder) the reality of the matter is that not infrequently, requests for active voluntary euthanasia are made by patients, and a significant proportion of doctors are responding to such requests.³²

³⁰ Dr. Brendan Nelson MHR, transcript, 22/7/97 p.22

³¹ The Tasmanian Branch of The Australian Medical Association, submission 146

³² Submission 1102

4.10 The level of active euthanasia practised by Australian doctors was highlighted in the recent study by Kuhse, Singer and Baume, 'End-of-Life Decisions in Australian Medical Practice'.³³

With regard to doctor's practices, these studies indicate that in excess of one quarter of doctors have performed active voluntary euthanasia ... The recent [Kuhse et al]study tried to provide an estimate of the incidence of euthanasia as a percentage of all deaths in Australia. (Euthanasia there defined as the administration of drugs with the explicit intention of ending the patient's life at the patient's request.) According to this study, it is estimated that 1.8% of all Australian deaths are the result of euthanasia of which .1% comprise cases of physician-assisted suicide.³⁴

4.11 Several witnesses refuted these findings. The Caroline Chisholm Centre for Health Ethics questioned the definition of euthanasia used in the study and claimed that ambiguous and misleading conclusions were drawn.

The adoption of consequential logic renders the recent euthanasia survey misleading. A doctor who withholds or withdraws burdensome or futile treatment from a terminally ill patient knowingly allows the natural dying process to proceed unimpeded. Although death comes sooner it is neither caused nor necessarily intended by the doctor. The administration of drugs to alleviate pain is justifiable even if the doctor foresees this may hasten death ... It is misleading to label such justifiable medical omissions and actions as medical "end-of-life decisions" or euthanasia. A failure to distinguish between foreseeing the outcomes of medical actions and omissions and intending to cause the same outcomes fatally flaws the survey's conclusion ³⁵

- **4.12** Whilst the extent of active voluntary euthanasia may be contested there is sufficient evidence including anecdotal accounts given by witnesses to the Committee to suggest that it is a current practice.
- **4.13** This becomes problematic when in theory the medical profession and the legal system both reject active voluntary euthanasia and doctor assisted suicide as acceptable practices, yet these practices occur.
- **4.14** Dr. Otlowski suggests the legalisation of active voluntary euthanasia is vital if it is to be regulated and controlled to ensure the safety of patients and prevent the law from falling into disrepute.

³³ H. Kuhse et al, Medical Journal of Australia 191, 166 (1997)

³⁴ Submission 1102

³⁵ Caroline Chisholm Centre for Health Ethics, submission 1098

The illegality of assisted suicide and voluntary euthanasia may be the reason why there are a significant number of cases of euthanasia without patient consent thus violating the patient's rights and self-determination.³⁶

4.15 Another related issue identified by Dr. Otlowski as problematic is the fact that the law establishes culpability for murder only on the basis of intent. Mitigating circumstances such as the motive of compassion and the terminal condition of the patient are not relevant. In practice however few cases of assisted suicide or active euthanasia have attracted sentences for murder.

The gap between the law in theory and the law in practice creates enormous problems. Although questions of motive are strictly speaking irrelevant for the purposes of establishing criminal liability, in practice they will often be decisive in determining the outcome of cases of active euthanasia and doctor-assisted suicide.³⁷

4.16 The House of Lords report noted that in 22 cases of mercy killing between 1982 and 1991 proceedings were begun on a charge of murder, but in only one case was a conviction for murder recorded. The other cases were reduced to lesser offences and most sentences were either probation or suspended imprisonment.

These statistics suggest two possible conclusions: on the one hand it might appear that existing provisions are sufficiently flexible to allow appropriate outcomes to be achieved; on the other hand it might be suggested that the inadequacy of existing provisions is shown by the way in which the courts and prosecuting authorities apply them.³⁸

- **4.17** It is recognised that this outcome may be influenced by the mandatory life sentences which apply in the United Kingdom in such cases. In Tasmania judicial discretion in sentencing has been extended to capital crimes.
- **4.18** The Caroline Chisholm Centre for Health Ethics in acknowledging the dilemma of inconsistency between the practice and letter of the law suggested that:

Euthanasia does not warrant the social approval inherent in its legalisation. Rather than legalise euthanasia for a few hard cases it is better to tolerate the present untidy situation \dots^{39}

4.19 Senator Abetz found the claim that existing practice justifies a change in the prohibition of intentional killing illogical:

³⁶ Submission 1102

³⁷ Submission 1102

³⁸ House of Lords op cit p30

³⁹ Submission 1098

This argument is logically weak. Whether euthanasia is a "common practice" is widely disputed. Even if it were it would not of itself provide a justification. Indeed, if it is widely practised, although it is against the law, it highlights the real concerns of many opponents of euthanasia who argue that the illegal excesses of a minority of doctors will simply become commensurately worse with pro-euthanasia legislation.⁴⁰

COMMON LAW RIGHTS

4.20 The central plank of the pro-voluntary euthanasia case is the right of the individual to self-determination and autonomy, especially in relation to his or her body. This right is recognised in common law which denies interference from others without consent.

Central to this right to bodily integrity is the common law doctrine of consent. Strictly speaking, every unauthorised touching of a person constitutes an assault and battery and it is only the fact of consent which renders it lawful.⁴¹

4.21 The requirement for a doctor to receive the informed consent of a patient prior to any medical intervention gives rise to the corresponding right to refuse treatment. Judgements in several common law jurisdictions have confirmed these rights. Notably the judgement in the English case of *Re T (Adult: Refusal of Treatment)*:

An adult patient who ... suffers no mental incapacity has an absolute right to choose whether to consent to medical treatment, to refuse it or to choose one rather than another of the treatments being offered. ... This right of choice is not limited to decisions others might regard as sensible. It exists notwithstanding that the reasons for making the choice are rational, irrational, unknown or even non-existent. The law requires that an adult who is mentally and physically capable of exercising a choice must consent if medical treatment of him is to be lawful, although the consent need not be in writing an may sometimes be inferred from the patient's conduct in the context of the surrounding circumstances. Treating him without his consent or despite a refusal of consent will constitute a civil wrong of trespass to the person and may constitute a crime.⁴²

4.22 The common law right for competent patients may be extended to situations where the patient is incompetent through the use of an advance directive that gives anticipatory consent.

⁴⁰ Senator Eric Abetz, submission 5

⁴¹ Margaret Otlowski, Voluntary Euthanasia and the Common Law, Oxford University Press 1997 p.35

⁴² Margaret Otlowski, op cit, p. 38

4.23 Common law recognition of advance directives was affirmed in the *Re T* (*Adult: Refusal of Treatment*) case.

The judges in the Court of Appeal made it clear that they considered an anticipatory refusal of treatment to be binding, providing it fulfilled certain conditions. They were that the person concerned was competent, had contemplated the situation which later arose appreciated the consequences of refusing treatment and was not unduly influenced by another.⁴³

4.24 The Canadian case of *Malette v Shulman* further strengthens this claim. The patient involved in this case had sustained serious injuries requiring a blood transfusion, however as a Jehovah's Witness her beliefs prohibited such a procedure and in anticipation of being treated whilst unconscious she carried an advance directive instructing that no blood products should be administered. This directive was ignored by her doctors leading her to sue for damages. The court found in her favour and said that:

A doctor is not free to disregard a patient's advance instructions any more than he would be free to disregard instructions given at the time of the emergency. The law does not prohibit a patient from withholding consent to emergency medical treatment, nor does the law prohibit a doctor from following his patient's instructions. While the law may disregard the absence of consent in limited emergency circumstances, it otherwise supports the right of competent adults to make decisions concerning their own health care by imposing civil liability on those who perform medical treatment without consent.⁴⁴

4.25 In recent years several jurisdictions have moved to confirm these common law rights in statute. The Committee believes that such an affirmation of the individual's common law rights will give reassurance to patients and control in the determination of their treatment.

END-OF-LIFE DECISIONS

4.26 The legal doctrine of acts and omissions helps to distinguish between killing and letting die. An ethical debate arises in the context of whether there is a moral difference between intending to hasten death and foreseeing that a patient's life will be shortened. In discussing the legal duty of the medical profession Margaret Otlowski notes that:

⁴³ House of Lords op cit, p.39

⁴⁴ Mr. John Blackwood, President Guardianship and Administration Board, 'The Status and Legality of Advance Directives in Australia', document No.

It is generally accepted that a doctor's duty to his or her patient is not absolute. The law does not require that all possible treatments and procedures be used in every case. The patient's prognosis may be so poor that the continuation is futile, and the artificial prolongation of the dying process may in fact be seen as being contrary to the patient's best interests. In such circumstances, where the patient is unlikely to benefit from further treatment, a doctor would not be under a legal duty to provide that treatment.⁴⁵

4.27 Proponents of active voluntary euthanasia have charged that active and passive euthanasia is morally equivalent. However it is recognised in common law that in the absence of intent to kill and when acting in accordance with prudent medical practice a doctor withdrawing or withholding treatment is not legally culpable for the subsequent death of the patient. The patient is simply allowed to die from his or her disease. The prolonging of treatment that will not benefit the patient or that is burdensome is deemed to be against the best interest of the patient.

... [there is a] long established view that there are strong intuitive moral and clinical distinctions between stopping futile treatment and giving a lethal injection. To try to equate the two is disingenuous. As is the blurring of the concepts of not prolonging the life of, and killing, a patient.⁴⁶

- **4.28** The concept of acts and omissions was central to the decision taken in the *Bland* case where the removal of artificial nutrition and hydration from the patient in a vegetative condition was deemed to be an omission which was not intended to hasten death but rather a refusal to persist with futile treatment in the best interest of the patient.
- **4.29** The administration of treatment that will relieve symptoms of illness but may hasten death is known as the double effect principle. Again the matter of intent is the crucial factor in determining the ethical justification of certain treatments which usually involve the use of opiate and sedative drugs to relieve cancer pain.

The obligation to relieve pain is so overriding that, where medically indicated, analgesics should be administered even if they may shorten life, so long as this is not the intended purpose ... The administering of pain killing through life-shortening drugs to terminally ill patients is rendered lawful if the doctor is acting in the best interests of the patient, despite the fact that the patient will die as a consequence.⁴⁷

⁴⁵ Margaret Otlowski, op cit, p. 33

⁴⁶ Submission 5

⁴⁷ House of Lords op cit p.20

INTERNATIONAL LAW

4.30 A number of submissions to this inquiry made the point that the legalisation of active voluntary euthanasia would violate numerous international treaties and covenants to which Australia is a signatory. These include the *International Covenant on Civil and Political Rights* and the *Universal Declaration of Human Rights*, quoted by Dr. John Fleming in his submission:

The foundation of freedom, justice and peace in the world is the recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family.⁴⁸

- **4.31** The recognition of this principle is manifest in the international codes of practice governing medical practice.
- **4.32** The Tasmania Branch of the Australian Medical Association and the Federation of Nurses adhere to the precepts of international codes of practice such as the World Medical Association.
- **4.33** The World Medical Association Statement on Physician Assisted Suicide, 1992 states:

Physician-assisted suicide like euthanasia is unethical and must be condemned by the medical profession. Where the assistance of the physician is intentionally and deliberately directed at enabling the individual to end his or her own life, the physician acts unethically. However the right to decline medical treatment is a basic right of the patient and the physician does not act unethically even if respecting such a wish results in the death of the patient.⁴⁹

4.34 Archbishop Eric D'Arcy notes in his submission that international law recognises the inherent dignity of human life as unconditional. He states that:

International instruments confirm this principle as foundational to international law. By it we understand the international community to say that human beings cannot be divested, or divest themselves, of their inherent dignity for any reason; it is inalienable. Age, or disability, do not derogate from a person's dignity. A principal object of law, international or domestic, is to protect the most vulnerable in the community ... If the precept of universal protection is not foundational to the legal system as society generally, certain categories of persons, such as the terminally ill, will find themselves relegated to a condition entitled to less than the utmost protection of the law.⁵⁰

⁴⁸ Submission 311

⁴⁹ Submission 146

⁵⁰ Dr. Eric D'Arcy, Archbishop of Hobart, submission

FINDINGS

- **4.35** The Committee found that there is evidence to suggest that abuses of the current prohibition on active voluntary euthanasia do occur and Tasmania may not be immune to such abuses.
- **4.36** The Committee does not consider the legalisation of voluntary euthanasia as an appropriate solution to abuses that may be occurring in the current system.
- **4.37** The Committee found that the codification of voluntary euthanasia legislation could not adequately provide the necessary safeguards against abuse.
- **4.38** The Committee found that common law rights exist for a competent patient to refuse any medical treatment, including life-sustaining treatment. Likewise legal recognition is given to a competent patient's anticipatory consent in the form of an advance directive or through an advocate in the event of becoming incompetent.
- **4.39** The Committee found that a doctor was not legally culpable for manslaughter or murder if his intent in withholding or withdrawing medical treatment from a patient who subsequently died was to relieve the patient of the burden of futile treatment in accordance with prudent medical treatment. Likewise the administration of sedative and analgesic drugs to terminally ill patients for the relief of pain and suffering even when it is foreseeable that such action will shorten life is not illegal whilst the intent is to provide palliation and not to deliberately kill the patient.

SECTION 5 – SOCIAL ISSUES

SOCIAL ISSUES

5.0 The social impact of legalised voluntary euthanasia was predominantly presented in negative terms. Voluntary euthanasia was presented in many submissions as a corrupting influence that would undermine social values and initiate a 'slide' from voluntary to non-voluntary euthanasia. On a philosophical level the subjective status of voluntary euthanasia was challenged with the assertion that the death of an individual affects all in society.

Society itself is affected by euthanasia legislation. It devalues all of us as human beings both by its introduction and its acceptance.⁵¹

There will always be differences of opinion on profound matters in a free society, but being put to death with one's consent is not a private matter, for it strikes at the foundations of what we are, and affects not only the one put to death, but the one who carries it out. Our acts shape us, and the act of putting another person to death must change us. If we are doctors, it strikes at the core of what we should be in society: bringers of life, of hope, of healing, of comfort ... but not bringers of death.⁵²

Slippery Slope Arguments

- **5.1** It was argued that legalised voluntary euthanasia would erode the trust between doctors and patient, it would lead to less investment in community health services and palliative care, and it would negate the effort being made to reduce suicide. The most vulnerable members of society, the seriously ill, those with disabilities, the aged and minority groups would be made to feel that they were a burden and had a duty to die.
- **5.2** The Caroline Chisholm Centre for Bioethics submission envisaged that the legalisation of voluntary euthanasia would seriously impact on society:

... It would undermine the respect due to human life in the community as a whole. It would enable subtle and unspoken pressure to be exerted on the sick and elderly to choose death at the hand of doctors as a convenience for themselves, and others or for saving costs. The legalising of the right to choose to be

⁵¹ Submission 1098

⁵² Submission 146

painlessly killed generates an invasive obligation for all the dying to choose one way or the other, e.g. those who feel they are a burden to society may feel a duty or pressure to request euthanasia.⁵³

5.3 The British Medical Association submission to the House of Lords inquiry also noted the corrupting effect of voluntary euthanasia and suggested that:

... By removing the barriers to the previously 'unthinkable' and permitting people to be killed, society would open up new possibilities of action ... Any moral stance founded on the permissibility of active termination of life in some circumstances may lead to a climate of opinion where euthanasia becomes not just permissible but desirable. Once active termination of life is a matter of choice for competent people, the grounds for excluding non-competent people from such treatment become harder to defend.⁵⁴

5.4 Professor Ravenscroft also made the point that, once legalised, voluntary euthanasia could not be contained and would place the wider community at risk:

Why restrict euthanasia to patients with pain, suffering and distress? Why should healthy people, who find life no longer tolerable, not have the right to die and ask medical practitioners to assist with it? This is certainly the case with youth suicide, which is a major problem in our society. How will we contain the logical progression of this legislation into wide-spread accommodation of euthanasia? What message will we be conveying to people in this country who are attempting suicide at record rates?⁵⁵

- **5.5** The proponents of voluntary euthanasia dismiss the claims of corruption and 'slippery slopes' as 'scaremongering' that cannot be substantiated.
- **5.6** Senator Bob Brown suggested that there is no evidence to believe that changing the law will increase the incidence of non-voluntary euthanasia.

There is however evidence, that the current legal prohibition in Australia on active voluntary euthanasia does not effectively prevent doctors from practising active voluntary euthanasia. The only empirical research on end-of-life medical decisions that has been conducted in Australia indicates that 1.8% of deaths in this country are the result of active voluntary euthanasia. The same research suggests that Australian medical practice has to some extent already "slid down the slippery slope" despite the current

⁵³ Submission 1098

⁵⁴ House of Lords op cit p. 26

⁵⁵ Transcript, Ravenscroft 19/6/97 p.10

legal prohibition on doctors killing their patients. The research indicates that 3.5% of deaths in this country involve a doctor administering drugs with the explicit intention of ending the patient's life, without a concurrent explicit request by the patient. ... Empirical research from the Netherlands [where euthanasia has a quasi legal status] indicates that only 0.7% of deaths in that country involve the ending of life without the patient's explicit request.⁵⁶

5.7 The Hobart Community Legal Service also questioned the validity of the 'slippery slope' argument and submitted that the legalisation of voluntary euthanasia would improve the existing situation rather than undermine it.

... Involuntary euthanasia already exists. Legislation for voluntary euthanasia has the capacity to ensure that such a trend is not the case: that sufficient safeguards and provisions are put in place to reduce any inappropriate resort to involuntary euthanasia. This may act to curtail some autonomous medical decision-making in the absence of the person's explicit consent.⁵⁷

- **5.8** As noted elsewhere in this report the pro-euthanasia argument rests predominantly on the notion of autonomy and the quality of life.
- **5.9** The proponents of active voluntary euthanasia argue that the subjective needs of those suffering pain and distress at the final stages of a terminal illness should be the primary determinant for allowing voluntary euthanasia. They suggest that the diminishing quality of life experienced under such circumstances is sufficient justification for an individual to choose euthanasia.
- **5.10** Those opposing the legalisation of euthanasia argue that far from being a subjective act, voluntary euthanasia affects all of society.
- **5.11** The tension between the rights of the individual and the broader interest of society are noted by Professor Lowenthal. He suggests that:

Lawmakers and the medical profession share a common goal of the protecting the weak and vulnerable. If active voluntary euthanasia were legalised, the frail, the very elderly and the severely handicapped would be at great risk ... The community recognises the importance of personal autonomy and rightly only restricts it by law when this is required by policy for the common good (eg speed limits), to protect the autonomy of others or to protect the individual from harm ... The duty to protect human life from direct lethal assault requires limits to autonomy and freedom to forbid the intentional killing of persons.⁵⁸

⁵⁶ Submission 355

⁵⁷ Hobart Community Legal Service, submission 1090

⁵⁸ Submission 146

5.12 Senator Abetz drew the Committee's attention to the shortcomings of the assertion that the quality of individual's life should be the determinant for allowing voluntary euthanasia.

The dignity or otherwise of death is not to be determined by the physical circumstances or degree of pain in which the patient finds themselves ... A disturbing equation is ... drawn between having "dignity" and being "without dignity". The term has been used as though there is a loss of dignity if somebody who was previously without disability takes on a disability in the course of a terminal illness.

Whilst it is those concerned about the impact on people with disabilities who have highlighted this issue it needs to be noted that the impact is even broader. Any notion that those who choose the path of natural death or those who choose to live with disabilities are in some way taking the less dignified path should be abhorrent to any caring society. The attitude ... that dying with dignity demands that life ends before such circumstances begin carries a message which only serves to devalue those who live in such circumstances.⁵⁹

5.13 In an environment where human value is measured by utility the weak and vulnerable would be seriously disadvantaged. This position was put by Dr. Hassed:

If we value people because of their utility it is not too hard to see that people soon feel that they have a duty to die when they are no longer valuable. Being in an unfortunate situation only appears undignified, but neglecting the intrinsic worth of our fellow human beings is undignified.⁶⁰

5.14 The need to uphold the interests of society and curtail the actions of individuals that would compromise the 'greater good' was also recognised in the report of The House of Lords Select Committee on Medical Ethics.

Ultimately, however, we do not believe that these arguments are sufficient to weaken society's prohibition on intentional killing. That prohibition is the cornerstone of law and social relationships. It protects each one of us impartially, embodying the belief that all are equal. We do not wish that protection to be diminished and we therefore recommend that there should be no change in the law to permit euthanasia. We acknowledge that there are individual cases in which euthanasia may be seen by some to be appropriate. But individual cases cannot reasonably establish the foundation of a policy, which would have such serious and widespread repercussions. ... We believe that the

⁵⁹ Submission 5

⁶⁰ Submission 358

issue of euthanasia is one in which the interest of the individual cannot be separated from the interest of society as a whole.⁶¹

5.15 Society's interest in the protection of human life and the maintenance of collective security outweighs the rights of the individual to take autonomous action that would harm society.

A positive choice has to be make by society in favour of protecting the interests of its vulnerable members even if this means limiting the freedom of others to determine their end.⁶²

5.16 It is in this social context that the Committee supports the provision of quality palliative care for the terminally ill.

PALLIATIVE CARE

- **5.17** The Committee heard a great deal of evidence on the management of the terminally ill through palliative care services. Generally it was submitted that palliative care was successful in greatly reducing the suffering of terminally ill patients in the majority of cases and ensuring a peaceful and comfortable death.
- **5.18** The Australian and New Zealand Society of Palliative Medicine defines palliative care as:

the study and management of patients with active, progressive, far advanced disease for whom the prognosis is limited and the focus of care is in the quality of life ... Palliative care is the active total care of patients whose disease is not responding to curative treatment. Control of pain, of other symptoms, and psychological, social and spiritual problems is paramount. The goal of palliative care is the achievement of the best quality of life for patients and their families. Palliative care affirms life and regards dying as a normal process ... Palliative care has always operated on the premise ... that it neither hastens nor postpones death.⁶³

5.19 Professor Peter Ravenscroft argues that a significant component of the suffering experienced by dying patients is existential mental suffering that requires a multidisciplinary approach to treatment. Professor Ravenscroft submitted that there is a prevalence of major depression in up to 30 % of patients admitted to palliative care. He further suggests that in many cases requests for euthanasia are largely a consequence of untreated depression.

In my experience it is far more often that the existential pain moves people to consider euthanasia than the physical pain or

⁶¹ House of Lords Report, op cit p. 48

⁶² House of Lords Report cited in Right to Life, submission 383

⁶³ S. Boyes, submission 886

physical distress. The observations in our service are that physical pain may not necessarily be controlled – say, in less than 5 per cent of patients we do not achieve complete control, but it can be reduced to manageable levels. But the management of existential distress is far less successful ... This is something that is not well addressed in the training of medical students and in the doctors in the postgraduate situation, and it is something that we need to focus on.⁶⁴

5.20 The Tasmanian Association of Hospice and Palliative Care (TAHPC) submitted to the Committee that:

As an association we believe that hospice and palliative care is essential in the mainstream practice of health care and it should be available to all who would be able to make use of its services [and]... that legalisation of voluntary euthanasia is not a substitute for proper provision of palliative care services to Australians.⁶⁵

- **5.21** At the invitation of Dr. Paul Dunne (the only palliative care specialist practising in Tasmania) the Committee visited the Whittle Ward palliative care clinic and sat in on the weekly case management meeting of the palliative care team. The Committee was appreciative of this opportunity and was most impressed with the high standards of patient care provided by the multidisciplinary team. The Committee was also impressed with the quality of the physical amenities and by the effort made to create a more 'homely' environment for the patients.
- **5.22** Whilst the Whittle Ward was impressive the TAHPC submission highlighted some of the shortcomings in the provision of palliative care services in Tasmania that need redress.

The provision of palliative care in Tasmania is not uniform and the resources are inequitably distributed around the State ... Tasmania has only one identified Medical Specialist in Palliative care within the state and by nature of the workload specialist medical services in palliative care are only available in the south of the State. The State is fortunate in having Community Palliative Care Services in the regions and there are strong Hospice Care Associations in the north west and south. There is a palliative care unit in the south at the Repatriation General Hospital. The north has a hospice unit at the Manor Nursing Home and the Gibson Unit at St Johns Hospital, South Hobart has developed a focus for palliative care. In the rest of the State patient care is managed in Acute Care settings by medical and

⁶⁴ Professor Ravenscroft, transcript 19/6/97 p.9

⁶⁵ Tasmanian Association of Hospice and Palliative Care, submission 1105

nursing staff who have very differing levels of palliative care expertise.⁶⁶

5.23 Dr. Dunne further states that:

The Tasmanian Association for Hospice and Palliative Care is concerned that the patchy nature of palliative care in Tasmania has the potential to lead to some patients receiving less than adequate symptom control during their dying process and as a result can understand the calls for voluntary active euthanasia as a means to overcome the level of suffering that some people endure. The Association would wish to recommend to the Committee that the need for increased development and resources of hospice and palliative care services, both medically and nursing, within Tasmania is a matter of great urgency.⁶⁷

5.24 Making a submission as President of the Tasmanian Branch of the Australian Medical Association Professor Ray Lowenthal made the following comments on the state of palliative care in Tasmania:

The Tasmania model follows that generally regarded as desirable in that it integrates home care, hospital consultation and inpatient care in a hospice setting, where appropriate for each individual patient. The nursing and medical staff who operate Tasmania's Palliative Care Services have been widely praised for their ability to deliver effective palliative care in a wide variety of settings in both urban and rural areas of the state. However more funding is desperately needed to fill gaps in the provision of 24hour cover, and to provide education for general practitioners, other medical practitioners and general nursing staff.⁶⁸

5.25 The theme of education in palliative care practices is also noted in the submission from Dr. Craig Hassed, Department of Community Medicine, Monash University.

Training for medical students and doctors in the area of palliative care is terribly deficient. For example, in the medical course at Monash University there are just 9 hours of formal palliative care teaching spanning the six years. Doctors, even those in teaching hospitals let alone GPs, are often unaware of what treatments are available.⁶⁹

5.26 The Tasmanian Aids Council contends that palliative care should not be seen as a substitute for voluntary euthanasia, but rather as another choice in a full range of therapies. This stems from a concern for the terminally ill patients for

⁶⁶ Submission 1105

⁶⁷ Submission 1105

⁶⁸ Submission 1117

⁶⁹ Dr. C. Hassed, Senior Lecturer, Department of Community Medicine, Monash University, submission 358

whom palliative care fails to provide adequate relief. The Aids Council submission notes:

Unfortunately there is a lack of consistency between specialised palliative care units, hospitals and the treatment given to those who choose to die at home. General practitioners who attend patients at home often have little or no expertise in the care of the dying and their knowledge of drug regimes for palliative care is often limited ... Patients in a hospital setting where a palliative care unit is not available are also frequently subjected to doctors with poor knowledge in this area.⁷⁰

5.27 Senator Dr. Bob Brown's submission in favour of active voluntary euthanasia did not preclude the need for universally available quality palliative care. In his comments on the Senate Inquiry into the Euthanasia Laws Bill 1996 he suggests that:

Palliative care and active voluntary euthanasia should be seen as part of a continuum of possible treatment options rather than as mutually exclusive alternatives. Suffering patients should not be offered "palliative care or euthanasia". They should be provided with proper information about all the different ways in which their particular suffering might be managed. They should be allowed to choose active voluntary euthanasia if and when palliative care does not meet their personal needs. ...[However] suffering patients cannot make real choices about their medical treatment unless good quality palliative care services are available throughout Australia. Regardless of whether active voluntary euthanasia is legalised, both Federal and State governments have a clear obligation to ensure more resources are devoted to research, training and service provision in the palliative care area.⁷¹

5.28 Mr. Ben Marris, President of the Hospice Care Association of Southern Tasmania, referred the Committee to a statement made to the Senate inquiry into euthanasia, pointing to the need for continued funding commitment and a better level of professional awareness:

Funding of palliative care in Australia is a complex mix of Commonwealth, State and private funds that is not well understood by many of the players ... the development of palliative care services across Australia is now at a critical stage as it is still incomplete. For palliative care services to mature and be funded as a mainstream health service a number of milestones are yet to be achieved. [Another] area of concern is that of professional confusion. It is true to say that there still remains considerable confusion and at times downright ignorance, of

⁷⁰ Tasmanian Aids Council, submission 1108

⁷¹ Submission 355

many of the details of how palliative care is provided or what it can achieve.⁷²

FINDINGS

- **5.29** The Committee found that the legalisation of voluntary euthanasia would pose a serious threat to the more vulnerable members of society and that the obligation of the state to protect all its members equally outweighs the individual's freedom to choose voluntary euthanasia.
- **5.30** From the evidence presented the Committee found that in the majority of cases palliative care was able to provide optimum care for suffering patients.
- **5.31** The Committee recognises that in a small percentage of cases palliative care is ineffective in relieving all pain, however whilst regrettable this is not sufficient cause to legalise voluntary euthanasia.
- **5.32** The Committee found that there is a need for greater resources to expand and improve the quality of palliative care services.
- **5.33** There was a demonstrated need for increased education on several levels to improve the delivery and efficacy of palliative care.

RECOMMENDATIONS

- **5.34** The Committee strongly recommends universal access to palliative care for all patients who require it.
- **5.35** The Committee recommends that greater resources be made available to assist in improving the efficacy of palliative care. Such resources should include technical/medical and the ancillary services that focus on relieving the emotional distress of terminally ill patients.
- **5.36** The Committee recommends that specialist palliative care services be equitably distributed throughout the state.
- **5.37** Greater resources should be made available for education of medical practitioners in undergraduate and postgraduate settings. Education of general practitioners, patients and the general public is also necessary to ensure that the benefits of currently available palliative care services are understood and accessed.

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⁷² Mr. Ben Marris, Hospice Care Association of Southern Tasmania, submission 357

SECTION 6 - ADVANCE DIRECTIVES AND LEGISLATIVE REFORM

6.0 In light of the Committee's recommendation that legislative recognition be given to the common law rights of patients⁷³, two issues arise:

1. what is the nature and scope of a patient's common law rights in Australia; and

2. what form should legislative recognition of these rights take?

Common Law

Right to consent to / refuse treatment

- 6.1 Generally, an *adult* person who is *competent* has the common law right to:
 - 1. consent to medical treatment; and
 - 2. refuse any medical treatment.
- **6.2** The source of these rights is to be found in case law, both from Australia, and from other jurisdictions which are considered persuasive in Australia⁷⁴. The requirement for informed consent for medical treatment gives legal recognition to the notions of self-determination and bodily autonomy:

It is the central thesis of the common law doctrine of trespass to the person that the voluntary choices and decisions of an adult person of sound mind concerning what is or is not done to his or her body must be respected and accepted, irrespective of what others, including doctors, may think is in the best interests of that particular person. ...[T]he common law respects and preserves the autonomy of adult persons of sound mind with respect to their bodies. By doing so, the common law accepts that a person has rights of control and self-determination in respect of his or her body which other persons must respect. Those rights can only be altered with the consent of the person concerned. Thus, the legal requirement of consent to bodily interference protects the autonomy and dignity of the individual and limits the power of others to interfere with that person's body.⁷⁵

⁷³ See p12, Recommendations: Legislation

⁷⁴ In particular, England, Canada and the USA.

⁷⁵ Secretary, Department of Health and Community Services (NT) v JWB and SMB (Re Marion) (1992) 175 CLR 218 at 309, per McHugh J (HCA)

- **6.3** It follows from this that a competent patient can refuse any treatment, including life-saving or life-prolonging treatment.⁷⁶ This right extends to refusing to continue treatment which is currently being administered. That is, a patient may require the withdrawal of treatment.⁷⁷
- **6.4** Importantly, if a patient is no longer competent, or is unable to express his or her consent to / refusal of treatment, the common law gives recognition and effect to such wishes of the patient as are:
 - 1. clear and competently given; and
 - 2. applicable to the current circumstances.
- **6.5** Therefore, a competent person may give directions as to the medical treatment they will consent to or refuse in circumstances which have not yet arisen⁷⁸. Thus:

... an anticipatory choice which, if clearly established and applicable in the circumstances - two big "ifs" - *would bind the practitioner*. ...

Neither the personal circumstances of the patient nor a speculative answer to the question "What would the patient have chosen?" can bind the practitioner in his choice of whether of not to treat or not to treat or justify him in acting contrary to a clearly established anticipatory refusal to accept treatment ...⁷⁹

- **6.6** If however, the patient's wishes are not either clear or applicable, then factors such as personal circumstances, or inquiries into what they might have chosen, become useful (although not binding) tools in making decisions about treatment⁸⁰.
- **6.7** The Courts have accepted that there is a legitimate interest of the State in preserving life (that interest reflecting the notions of the respect for, and the sanctity of, human life). However, this interest must be balanced against the individual patient's autonomy. Where the patient's wishes are clear and

⁷⁶ Australia: *Rogers v Whitaker* (1992) 175 CLR 479 (HCA)

England: Sidaway v Bethlehem Royal Hospital and Maudsley Hospital [1985] AC 871 (HL); Re T (Adult: Refusal of Treatment) [1993] Fam 96 (CA); Re C (Adult: Refusal of Medical Treatment) [1994] 1 FLR 31 (CA); Re JT (Adult: Refusal of Treatment) [1998] 1 FLR 48

Canada: *Malette v Schulman* (1990) 72 OR (2d) 417 (CA); *Nancy B v Hotel Dieu de Quebec* (1992) 86 DLR (4th) 385 (Que. SC).

⁷⁷ Although there is no Australian authority directly on point, the position seems clear from the following:

Re T (Adult: Refusal of Treatment) [1993] Fam 96 (CA); *Airdale National Health Service Trust v Bland* [1993] AC 789 (HL); *Nancy B v Hotel Dieu de Quebec* (1992) 86 DLR (4th) 385 (Que. SC).⁷⁸ This position is clearly established under English authority, and likely to be the case in Australia on

⁷⁸ This position is clearly established under English authority, and likely to be the case in Australia on the basis of the persuasive value of the authority.

⁷⁹ *Re T (Adult: Refusal of Treatment)* [1993] Fam 96 (CA), per Lord Donald of Lymington MR. See also *Re C (Adult: Refusal of Medical Treatment)* [1994] 1 FLR 31 (CA).

⁸⁰ See for example, *Dying with Dignity: Draft Interim Guidelines on Management* (Community & Health Services, Tasmania, November 1994), p2 (Consultation).

applicable, the principle of sanctity of life yields to that of self-determination. 81

6.8 This is not to say that a patient can *require* a doctor to assist him/her to die by taking active steps to end his/her life. A person cannot demand treatment that would conflict with the doctor's duty to preserve life, but s/he can demand that existing treatment be discontinued.

Competence

- 6.9 It has been seen that an important pre-requisite to the exercise of either actual or anticipatory refusal of / consent to treatment, is that the person be competent. The likely test to be applied in Australia is that referred to in the leading English case of $Re C^{82}$. Accordingly, a competent person must be able to:
 - 1. comprehend and retain information regarding treatment;
 - 2. believe that information; and
 - 3. weigh it in the balance to arrive at a choice.⁸³
- **6.10** One of the standards that has been applied in determining whether the patient comprehends the relevant information, is to say that s/he needs to understand in broad terms the nature of the treatment, and the consequences of refusing it.⁸⁴
- **6.11** Temporary factors (such as pain, shock or the influence of drugs) may impair or remove a person's capacity, but it will be a question of degree whether or not those factors operate sufficiently to limit or remove capacity in the circumstances.⁸⁵
- **6.12** Importantly, at common law, every adult person is *presumed competent*.⁸⁶ It is for anyone seeking to challenge that person's capacity to show that that presumption is rebutted by his/her failure to meet the above three criteria. It is of critical importance to note that a decision to refuse treatment may not in and of itself be used to rebut the presumption of competence. A decision to refuse treatment is valid even where the reason for refusal is irrational, unknown or

⁸¹ Secretary of State for the Home Department v Robb [1995] Fam 127 (FD); Re T (Adult: Refusal of Treatment) [1993] Fam 96 (CA).

⁸² [1994] 1 FLR 31 (CA)

⁸³ id at 36. Applied in Secretary of State for the Home Department v Robb [1995] Fam 127 (FD); Re MB (Medical Treatment) [1997] 2 FLR 426; Re JT (Adult: Refusal of Treatment) [1998] 1 FLR 48; R v Collin & Ors, ex parte S (unreported, CA, 7 May 1998).

⁸⁴ Re T (Adult: Refusal of Treatment) [1993] Fam 96 (CA).

⁸⁵ Re MB (Medical Treatment) [1997] 2 FLR 426

⁸⁶ *Re MB* (*Medical Treatment*) [1997] 2 FLR 426; *Re JT* (*Adult: Refusal of Treatment*) [1998] 1 FLR 48; *R v Collins & Ors, ex parte S* (unreported, CA, 7 May 1998). Note that general mental impairment is not sufficient to rebut the presumption. In both *Re C* and *Re JT*, the patient suffered from a mental disability which required institutionalisation, but was competent to make treatment decisions (in each case the patient was likely to die without treatment and the refusal was upheld).

morally repugnant.⁸⁷ One may not compel a competent patient refusing treatment to undergo medical intervention to benefit another person.⁸⁸

6.13 If a person is incompetent or has not made an anticipatory decision about treatment, then the common law requires that the person be treated in accordance with his/her own best interests⁸⁹. Few legal guidelines exist which provide criteria for determining what 'best interests' means⁹⁰. Generally, as far as possible, the person's wishes or attitudes should be determined, and their personal circumstances taken into account. However, there is legal authority for the fact that other parties' interests are not directly relevant. If treatment of the incapacitated patient would benefit another person, this is only relevant to the extent that helping the other person would directly benefit the patient.⁹¹

Legislative Provisions in Other Jurisdictions

- **6.14** Throughout Australia, legislation exists which allows the appointment of a substitute decision-maker. These decision-makers may variously be termed guardians, attorneys or medical agents and they are empowered to make substituted judgements for the patient. Guardians may be appointed by a competent adult, or they may be appointed by a Guardianship Board once the Board is satisfied that the patient cannot make decisions for him/herself. Generally, decisions made by a guardian must accord with the patient's best interests and are reviewable by a Guardianship Board.
- **6.15** Additionally, several States have enacted legislation which allows a patient to specify in advance whether there are treatments which s/he refuses no have, or specifying certain conditions under which certain treatment is not to be provided.⁹²

Limitations

- **6.16** Advance directive legislation in Australia tends to be limited to treatment decisions concerning refusal of treatment, rather than specifying which treatments the person would request and will consent to.
- **6.17** To some extent, this has been dealt with in the Queensland legislation which provides, *inter alia*, for "Ulysses agreements" (which give advance consent to

⁸⁷ *Re MB (Medical Treatment)* [1997] 2 FLR 426; *R v Collins & Ors, ex parte S* (unreported, CA, 7 May 1998).

⁸⁸ McFall v. Shimp (1978) 10 Pa. D. & C. 3d 90 (Allegheny County Ct. 1978); *In Re AC* (1990) 573 A.2d 1235; 1990 D.C. App.

⁸⁹ Secretary, Department of Health and Community Services (NT) v JWB and SMB (Re Marion) (1992) 175 CLR 218.

⁹⁰ Id, per Brennan J.

⁹¹ In Re Y (Mental Patient: Bone Marrow Donation) [1997] Fam 110; Re GWW and CMW (1997) FLC 92-748.

⁹² Medical Treatment Act 1988 (Vic); Natural Death Act 1988 (NT); Medical Treatment Act 1994 (ACT); Consent to Medical Treatment and Palliative Care Act 1995 (SA); Powers of Attorney Act 1998 (Qld)

treatment, even when that treatment may be objected to later on under certain conditions). The Committee heard that this feature of the Queensland legislation was particularly useful and desirable.⁹³ However, another significant limitation to the usefulness of advance directives made under the Queensland scheme exists. This is to be found in the provision that doctors need not comply with a direction if s/he reasonably considers it is unsound or uncertain. It would be better to make any uncertainty subject to independent review (e.g. by a Guardianship Board), rather than give a doctor the discretion to ignore a directive based on his/her reading of it.

- **6.18** The legislation in the Northern Territory and in South Australia only applies when the patient is suffering a life-threatening illness, and the advance refusal relates only to life-sustaining measures. These restrictions are unduly narrow and pose unnecessary limitations on a patient's ability to make decisions about future treatment. In light of the Committee's recommendation to give effect to a patient's rights at common law, these limits are undesirable in any proposed Tasmanian legislation. Further, the practical difficulty of determining in any given situation the meaning a scope of terms such as "life-threatening illness", makes their inclusion undesirable.
- **6.19** The Victorian and ACT Acts provide a discrete mechanism for creating advance directives in health care. Although this method allows a person to express his or her own wishes, the evidence before the Committee⁹⁴ supports the view that combining the ability to give directives with a system of enduring guardianship is preferable. This ensures that there is a person who knows and is trusted by the patient to ensure compliance with his/her wishes and to speak for the patient when any directive is unclear.

...[An advance directive alone] is not particularly fluid, it is not really open to interpretation, whereas an enduring guardianship is far more fluid and far more responsive to the situation that occurs...⁹⁵

6.20 For this reason, a system such as that introduced in Queensland, which combines the functionality of advance directives with the flexibility of guardianship, is desirable.

Guardianship and Administration Act 1995 (Tasmania)

- **6.21** In Tasmania, the *Guardianship and Administration Act* 1995 provides for the appointment of a guardian, either by the Guardianship Board or by a competent adult person. In either case, the guardianship becomes effective upon the patient becoming incompetent to make his/her own decisions.
- **6.22** Where a person appoints their own enduring guardian (under s32), s/he may state as part of that appointment, any conditions to which the guardianship

⁹³ Mr John Burns Blackwood, 19 May 1998 (Transcript, p3-4).

⁹⁴ See for example, Dr Margaret Otlowski, 28 April 1998 (Transcript, p2, 5); Mr John Burns

Blackwood, 19 May 1998 (Transcript p5) and Ms Deborah Firth, 3 November 1997 (Transcript p3).

⁹⁵ Ms Deborah Firth, 3 November 1997 (Transcript p3).

powers are subject. The appointment must be made in writing in a prescribed form, witnessed and registered with the Board. The actions of an enduring guardian are reviewable by the Board and the appointment may be revoked.

- **6.23** The Act only allows the appointment of one enduring guardian, and the prescribed form of appointment (Form 11) provides only for simultaneous witnessing of both the appointment and acceptance portions of the appointment instrument.
- **6.24** The Act authorises an enduring guardian to consent to dental or medical treatment (s39), and it is arguable, but not clear, that this could extend to withdrawing treatment⁹⁶. Further limitations exist in relation to decisions about particular types of treatment ('special treatment', defined in s4). In its current form, these limitations would extend to the conditions specified in the appointment.

Implementation

6.25 The Committee heard that the existing *Guardianship and Administration Act* 1995 (Tasmania) is sufficient to give some effect to a patient's right to make advance directives by appointing a guardian and expressing conditions on that appointment relating to medical treatment.⁹⁷ However, the Committee heard evidence that part of the problem with the non-use of advance directives, was the uncertainty as to their legal effect and the lack of knowledge about them:

There is certainly a perception, a very, very high perception, amongst the general community and professionals that advanced directives are not legal in Australia. Okay. Now in time that might change; you can change it overnight with legislation.⁹⁸

- **6.26** Thus, in the interests of giving legislative certainty to the binding nature of advance directives, specific recognition of advance directives would be beneficial.
- **6.27** In previous studies conducted to investigate perceptions of advance directives, the majority of community opinion thought they would be beneficial⁹⁹. However, overwhelmingly, the literature and evidence before the Committee indicated that one of the major obstacles to implementing a system of advance directives in health care, was the lack of professional and public awareness about them.¹⁰⁰ It would therefore be critical to combine any legislative reform

⁹⁶ See comments by Dr Margaret Otlowski, 28 April 1998 (Transcript, p4)

⁹⁷ Mr John Burns Blackwood, 19 May 1998 (Transcript p2) and Dr Margaret Otlowski, 28 April 1998 (Transcript, p2).

⁹⁸ Mr John Burns Blackwood, 19 May 1998 (Transcript p5)

⁹⁹ Ashby, M & Wakefield, M, "Attitudes to some aspects of death and dying, living wills and substituted health care decision-making in South Australia: public opinion survey for a parliamentary select committee" *Palliative Medicine* 1993; 7: 273-82.

¹⁰⁰ See for example: 'Advance directives rarely used' (1997) News in Brief, 16(3) *Monash Bioethics Review* 11; Ashby, M & Wakefield, M, "Attitudes to some aspects of death and dying, living wills and substituted health care decision-making in South Australia: public opinion survey for a parliamentary

with a programme designed to educate the public, as well as the medical and legal professions, about the existence of and uses for an advance directive. In particular, resources should be made available to promote awareness and offer advice to those wishing to make a directive. Possible avenues for promotion include: the Guardianship Board itself (materials and facilitator/s); promotion via the legal profession (information pamphlets, combine with advice on wills etc.; raise awareness by professional seminars); raised awareness through health care providers (informational pamphlets; seminars stressing legality).

- **6.28** Another issue that was raised before the Committee was the requirement under Tasmanian legislation for registration of an instrument appointing an enduring guardian. Firstly, it should be made clear that failure to register will not invalidate the common law effect of an advance directive. However, registration with the Board is required under the Act to appoint a guardian, so the issue would become: do the conditions specified in an instrument remain valid, even if the appointment does not? This matter should be clarified, and the opinion expressed to the Committee was that the effect of a written directive regarding future treatment should still be respected as valid, even if not registered.¹⁰¹ Secondly, adequate resources must be made available to implement efficient systems to register and retrieve directives lodged with the Board.
- **6.29** It is desirable to allow the appointment of an alternative enduring guardian, in the event that one is unable or unwilling to act. Although both the appointment and acceptance of a guardian must be witnessed, provision should be made for separate witnessing (provided that the acceptance was signed after the appointment section¹⁰²). This would facilitate the appointment of a guardian who did not necessarily live in close proximity to the appointment, but who nevertheless was willing and able to accept the appointment.
- **6.30** Finally, if the intention is to give legislative recognition to a person's existing rights at common law, then any legislation should be careful not to place undue restrictions on those rights. It is as important to pay attention to what the proposed legislation *should not do*, as to what it should do. Therefore, it is important that any legislation introduced to achieve this purpose should expressly state that it is addition to, and does not derogate from, a patient's rights at common law.¹⁰³

Recommendations

6.31 The *Guardianship and Administration Act* 1995 (Tasmania) be amended to include express provisions dealing with the ability to give advance directives relating to medical treatment to an appointed guardian. The model and scope

select committee" *Palliative Medicine* 1993; 7: 273-82; Ms Margaret Brown, 5 November 1997 (Transcript p12-14).

¹⁰¹ Mr John Burns Blackwood, 19 May 1998 (Transcript p7)

¹⁰² See for example the provisions of the West Australian legislation on enduring guardianship.

¹⁰³ See for example the provisions in the Victorian legislation (s4(1) and s8(3)).

of provisions adopted in Queensland should be used as a guide. These provisions should include:

- **6.31.1** the ability to appoint an alternative enduring guardian, in the case of the first being unable or unwilling to act; and
- **6.31.2** amendments to the witnessing requirements and forms, such that independent witnessing of the appointment and acceptance parts of the appointment instrument (Form 11) is possible.
- **6.32** The power of a guardian to request withdrawal of treatment (in addition to the ability, currently under s39, to consent to treatment) pursuant to directives should be clarified.
- **6.33** Any legislative provisions should not derogate from, or impose undue limitations upon, a patient's common law rights. In particular
 - **6.33.1** express provisions should be included which preserve the rights of patients under any other law to consent to, or to refuse, treatment; and
 - **6.33.2** no provision should be included which allows doctors not to comply with a valid directive on the basis of their own judgement of its soundness or certainty. Rather, the substituted judgement of the enduring guardian should be respected, subject to review by the Guardianship Board in appropriate cases (as is the case under current provisions).
- **6.34** Legislative reform should be coupled with a programme to promote the understanding and use of advance directives amongst the general public and the legal and medical professions.
- **6.35** Adequate resources should be provided to effect registration and promotion of advance directives.

Parliament House, Hobart

Hon. J. L. Jackson MHA

2 June 1998

Chairperson.

APPENDIX 1

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- 224. Mr. C. Jamieson, emailed submission dated 12 June, 1997.
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- 235. Submission with 14 signatures, (only 11 to be accounted for, undated,

- with enclosure from Ms. Adrienne Petch, no address.
- 236. Mrs. R. G. Fawcett, 3/20 Glyndon Court, Norwood 7250
- 237. Miss. Lucia MacFarlane,3 York Street, Sandy Bay 7005
- 238. Mrs. P. McCann, 12 Toorak Avenue, Lenah Valley 7008
- 239. Mrs. E. Sherrin,42 Kerria Road, Risdon Vale 7016,
- 240. Mr. P. R. Zeeman, 52 Lyttleton Street, East Launceston 7250
- 241. Ms. J. Brooking, Secretary, St. Bernard's Parish, Box 51, Claremont 7011
- 242. Mr. P. D. Howard, President, Association of Catholic Parents, GPO Box 1411, Springwood, Qld 4127,
- 243. Mr. & Mrs. H. & E. Berger, 7 Summerhill Road, West Hobart 7000
- 244. Ms. J. Willey, 9 Kitchener Avenue, Beauty Point 7250
- 245. Mr. & Mrs. B. & S. Harding, 22 Emma Street, Bridport 7262
- 246. Letter containing 83 signatures, undated.
- 247. Mr. H. Knudsen, 17 Coffey Court, Binnalong Bay, St. Helens 7216
- 248. Mr. H. Kortekaas, 18 Riverdale Grove, Launceston 7250
- 249. Mrs. L. Dooley, 10 Newlands Avenue, Lenah Valley 7008
- 250. Miss. Margaret O'Keefe, 5 Karoola Road, Lindisfarne 7015
- 251. Mr. B. D. Cox, 5 Park Road, Lindisfarne 7015 submission dated 12 June, 1997.
- 252. Dr. J. Markos, PO Box 289, Launceston 7250,
- 253. Mr. C. Mulder,

9a Dyball Street, Hadspen 7290,

254.	Mr. & Mrs. G. & M. Price,
	13 Corinna Road, Lindisfarne 7015

- 255. Sister Mary Stephanie, Carmelite Monastery, Cambridge Street, Launceston 7250
- 256. Ms. J. Brown, 19 Wayne Avenue, Sandy Bay 7005
- 257. Ms. W. Smith, 5 Constance Avenue, Glenorchy 7010
- 258. Ms. M. J. Brufold, 1/37 Thorne Street, Burnie7320,
- 259. Ms. S. Kozuh,2/6 Capri Drive, Sandy Bay 7005
- 260. Mr. & Mrs. J. & A. Butterworth, 12 Harrow Place, Taroona 7053
- 261. Ms. P. Lewis, PO Box 308, Wynyard 7325,
- Mr. N. Heckscher, 4/314 Park Street, New Town 7008
- 263. Ms. T. Cahill, 20 Thirza Street, New Town 7008
- 264. Mrs. M. Green, 14 York Street, Sandy Bay 7005
- 265. Mrs. Amy Scoles, 2 Ewens Court, Glenorchy, 7010
- 266. Mr. & Mrs. E. Tague, 19 The Strand, George Town 7253
- 267. Dr. G. Gartlan,5 Dynnyrne Road, Dynnyrne 7005
- Mr. R. W. Frost,
 40 Charlton Street, Launceston 7250
 Submission with 8 signatures.
- 269. Mr. H. Puli, 15 Wirilda Drive, Burnie 7320
- 270. Mr. H. Catchpole, 9 Mills Road, Burnie 7320
- 271. Mr. & Mrs. E. Reilly, 10 King Edward Street, Ulverstone 7315
- 272. Ms. P. W. Parker, No address.
- 273. Mr. D. D. Lynch,7 Evelyn Crescent, Sandy Bay 7005
- 274. Mrs. N. Galea,

203 Churchill Ave, Sandy Bay 7005

- 275. Dr. J. Gartlan, 5 Dynnyrne Road, Dynnyrne 7005
- 276. Mr. J. Chambers, 27 Wyndella Street, Launceston7250
- 277. Ms. B. Benseman, 129 West Tamar Road, Riverside 7250
- 278. Mr. B. Van Galen, 99 Conway Street, Launceston 7250
- 279. Mrs. B. Glover, 3560 Lyell Highway, New Norfolk 7140
- 280. Signature unreadable,38 Futuna Ave, Burnie 7320
- 281. Sister Andrew Carroll,1 Davey Court, New Norfolk 7140
- 282. Sister Kathleen, St. Joseph's Convent, 20 Thirza Street, New Town 7008
- 283. Sister Maria Smith, St. Paul's Parish, PO Box 11, Oatlands 7120
- 284. Mr. D. M. Dowlman, PO Box 300, St. Helens 7216
- 285. Mrs. J. M. Dobson, PO Box 92, St. Helens 7216,
- 286. Mrs. O. Downey, PO Box 119, Currie, King Island 7256
- 287. Mr. J. Strawbridge, 1 Cheverton Parade, Sandy Bay 7005
- 288. Mr. H. G. Hodge, 21 Coniston Place, Trevallyn 7250
- 289. Ms. H. Strong, PO Box 222, Sorell 7172,
- 290. Mr. A. M. Young, 119 Abbotsfield Road, Claremont 7011
- 291. Mr. D. V. Galligan QC, 46 Moore Street, Enoggera Qld. 4051
- 292 Dr. A. W. Hartwig, Cnr. Creek & Stanley Rds., Carina East, QLD 4152
- 293. Ms. Lucy Jackman,

unaddressed and undated.

- 294. Latrobe Christian Ministers' Fraternal, St. Luke's Rectory, PO Box 46, Latrobe 7307 (three signatories).
- 295. Mr. T. Imison, 33 West Barrack Street, Deloraine 7304
- Mrs. A. M. Wieczorek,
 22 Binya Street, Glenorchy 7010
- 297. Mr. M. G. Hudson, 9 Haven Crescent, Ulverstone 7315
- 298. Mrs. D. M. Hudson,9 Haven Crescent, Ulverstone 7315
- 299. Mr. F. D. Morgan, 19 Elphinstone Road, Mount Stuart 7000
- 300. Mr. S. Mackrell,6 Guilford Road, Riverside 7250
- Mrs. C. Stanford, 386 Argyle Street, North Hobart 7000
- 302. Mr. B. Ortolan, 137 Springfield Avenue, West Moonah 7009
- 303. Mrs. P. McKay,98 Nelson Road, Sandy Bay 7005
- 304. Ms. D. Carey, 59 Mace Street, Montello, Burnie 7320
- 305. Mr. W. Byrne, 2/170 Trevor Street, Ulverstone, 7315
- 306. Mr. K. Kirkpatrick, 8 Sassafras Court, Burnie 7320
- 307. Mr. J. Mahony, 202 Lenah Valley Road, Lenah Valley 7008
- 308. Mr. & Mrs. D. & P. Clark, Directors, The Jewish Centre, 93 Lord Street, Sandy Bay
- Mr. J. J. McCarthy, 16 Kallaroo Road, Pialligo, ACT 2609
- 310. Dr. R. Kingston, 120 Augusta Road, Lenah Valley 7008

- 311. Dr. John Fleming, Director, Southern Cross Bioethics Institute, PO Box 206, Plympton, SA 5038,
- Mr. J. Sertori, 80 Magnus Street, Nelson Bay, NSW 2315,
- 313. Dr. J. Philip, Palliative Care Clinician, 455 George Street, Fitzroy, VIC 3065.
- 314. Mr. T. O'Rourke, 1 Turners Beach Road, Turners Beach 7315
- 315. Mr. D. H. Ingrouille,3 Maydena Place, Parklands,Burnie 7320
- 316. Mrs. P. M. Sharman, 175 Channel Highway, Taroona 7053
- 317. Mrs. J. Dillon,2 Maluka Street, Bellerive 7018,
- 318. Ms. K. L. Ross,5 Oxford Crescent, Glenorchy 7010,
- 319. Ms. R. A. McAuley, 31 Esplanade, Swan Point 7275,
- 320. Mrs. M. Trus, Unit 37, 131 Hill Street, West Hobart 7000
- 321. Mr. R. D. McAuley, 31 Esplanade, Swan Point, 7275
- 322. Mr. M. B. Fleming, 7/5 Valley Street, Riverside 7250
- 323. Dr. D. Welch, 33 Lyttleton Street, Launceston 7250
- 324. Mr. J. E. Cochrane, 40 Bradshaw Street, Latrobe 7307
- 325. Ms. E. M. Ryan, PO Box 585, Queenstown 7467
- 326. Mrs. S. Brock, 6 Goulburn Street, St. Leonards 7250
- 327. Mrs. Jean Harley, 76 Lawrence Vale Road, South Launceston, plus one other signature.
- 328. Mr. H. M. de Jonge, 1 Stammers Place, Burnie 7320
- 329. No name, address: 12/17 Armitage Crescent,

Burnie 7320

- Mr. J. Hocking, 27 Crosby Road, Rosetta 7010,
- Mrs. M. Triffett,
 263 Lenah Valley Road,
 Lenah Valley 7008
- 332. Ms. M. Hocking, 27 Crosby Road, Rosetta, 7010
- 333. Mr. G. P. R. Hocking,27 Crosby Road, Rosetta 7010
- 334. Mrs. B. Morgan, 1/122 King Street, Sandy Bay 7005
- 335. Ms. B. Judges,85 Benjamin Terrace,New Norfolk 7140
- Mrs. D. Prestage, 21 Trevor Terrace, New Norfolk, 7140
- 337. Mr. A. J. de Jongh,1 Stammers Place, Burnie 7320
- 338. Dr. J. H. Wilson, 60 Golconda Road, Lilydale 7254,
- 339. Mr. M. Wisoky, C/~ GPO Hobart, 7001
- 340. Mr. G. Dowling,22 Station Road, St. Leonards 7270
- 341. Mrs. Lorna Button, 23 Beach Road, Currie, King Island 7256
- 342. Mr. K. J. M. Davison, RA 928 Mengha Road, Smithton 7330
- 343. Mrs. N. Lefevre, 9 Kywong Crescent, Ulverstone 7315
- 344. Mrs. P. Barwick, 26/19 Hamilton Street, West Hobart 7000
- 345. Mr. J. Miller, PO Box 41, Fingal 7214
- 346. Sister Mary Peter of the Trinity ODC (Sharp), Carmelite Monastery, Cambridge Street, Launceston 7250
- 347. Mr. W. G. Wisoky, C/~ GPO Hobart 7001,

- 348. Mrs. J. Parker, 25 James Street, Latrobe 7307,
- 349. Mr. A. A. Horton, PO Box 674, Launceston 7250
- 350. Mr. S. Higgins,3/41 Walden Street, Newstead 7250
- 351. The Right Reverend S. J. Nicholson, Moderator, Presbyterian Church of Tasmania, 36 St. John Street, Launceston 7250
- 352. Mr. J. M. McGregor, AM, 107 Quarter Sessions Road, Westleigh NSW 2120
- 353. Mr. J. Gunn, "Kuranui", Low Head 7253,
- 354. Dr. N. Muirden, 10A Stroma Avenue, North Balwyn, Vic 3104
- 355. Senator Bob Brown, GPO Box 404, Hobart 7001,
- 356. Dr. J. N. Santamaria, PO Box 26, Red Hill South, Vic 3937
- 357. Mr. Ben Marris, President, Hospice Care Assoc. of Southern Tas. Inc., 17 Magnet Court, Sandy Bay, 7005
- 358. Dr. C. Hassed, Senior Lecturer, Department of Community Medicine, Monash University, 867 Centre Road, East Bentleigh, Vic. 3165
- 359. Mr. L. B. Heathorn, PO Box 8, Irishtown 7330,
- 360. Mr. I. Moncrieff, 3 Sanderson Place, Burnie 7320
- 361. Mr. T. McKenna, 42 Fairthorne Road, Trevallyn 7250
- 362. Mr. & Mrs. P. & J. Crouch, 10 Beech Road, Norwood 7250
- 363. Miss. G. MacFarlane, 3 York Street, Sandy Bay 7005
- 364 Ms. S. Goodwin,
 & 661 The Gawler Foundation, PO Box 775, Yarra Junction Vic 3797
- 365. Dr. J. R. Wilson, PO Box 692, Quoiba 7310

- 366. Ms. R. Rowe,8 Downing Street, Riverside 7250
- 367. Dr. G. Flaherty,67 Hopkins Street, Moonah 7009
- 368. Mr. & Mrs. J. & K. Wielstra, 14 Kipling Crescent, Hadspen 7290
- 369. Mrs. A. Brush, 115 Nixon Street, Devonport 7310 submission dated 23 June, 1997
- 370. Mrs. I. Bingham, Catholic Women's League (Tas.) Inc., 199 Flinders Street, Beauty Point 7270
- 371. Mrs. V. Neal, Parish Council Secretary, Anglican Parish of Leongatha 3953
- 372. Ms. L. Kay, 21 Pauldon Drive, Sandy Bay 7005,
- 373. Mrs. L. Paulovics, 177 Nelson Road, Mount Nelson 7007
- 374. Mrs. J. Tucker,21 York Street, Sandy Bay 7005
- 375. Mr. M. Van der Velde, 153 South Esk Drive, Hadpsen 7250
- 376. Ms. B. Jarrett,16 Mirool Place, New Town 7008
- 377. Mr. T. E. Ward OAM,25 Bedford Street, New Town 7008
- 378. Mrs. L. Williams,31 Danina Street, Chigwell 7011
- Ms. M. Mulholland, 1/44 Redwood Rd., Kingston 7050
- 380. Sister L. Jarvis,20 Thirza Street, New Town 7008
- 381. Miss. Robin Wilkinson, AM, President, Tasmanians with Disabilities Inc., 1 St. Johns Avenue, New Town 7008
- 382. Dr. J. A. Gill,86 Hilton Street,Mount Waverley 3149
- Mrs. Margaret Tighe, Chairwoman, Right to Life Australia, PO Box 782, Brunswick Lower 3056.
- 384. Dr. R. Schneider, Department of Psychiatry,

PO Box 1963, Launceston 7250

- 385. Mr. Don Day, Chairman, Parish Council, Catholic Parish of Bellerive/Rokeby, 13 Myoora Street, Howrah 7018
- Ms. S. Mitchell,
 204 Nelson Road,
 Mount Nelson 7007
- 387. Ms. L. Weatherly, 188 Main Road, Austins Ferry 7011
- 388. Mr. R. W. Henning, 111 Mount Rumney Road, Mount Rumney 7170
- 389. Mr. & Mrs. T. & R. Brun,6 Innaloo Street,Waverley, Launceston 7250
- 390. Mrs. S. Darby, 1 Joynton Street, New Town 7008
- 391. Mrs. J. Lazaroff,5 Esplanade East, Coles Bay 7215
- 392. Mr. M. Loughhead, Hobart Heart Centre, 67 Davey Street, Hobart
- 393. Mr. J. VanderRos, 8 Negara Street, Norwood 7250,
- 394. Mr. T. Wisoky, 124 Marlyn Road, South Hobart 7004
- 395. Ms. H. Kent, 86 Cotton Street, Latrobe 7307,
- 396. Mr. & Mr. K. & J. Westcott, 502 Main Road, Montrose 7010
- 397. Ms. C. Hocking, 27 Crosby Road, Rosetta 7010
- 398. Mrs. L. Bromfield, 87 Abbotsfield Road, Claremont 7011
- 399. Ms. M. Wallace-Parnell, RSD 720, Devonport 7310,
- 400. Mr. Chan Fuan Cheang, 59A York Street, Sandy Bay 7005
- 401. Mrs. J. Letter, 76 Meredith Crescent, South Launceston 7249
- 402. Mrs. P. F. Gartlan, 4/10 Ellerslie Road, Battery Point 7004

403.	Miss M. Dunne, 13 Eady Street, Glenorchy 7010
404.	Miss D. L. Armstrong, 6 Kywong Crescent, Ulverstone 7315
405.	Sister Mary Monica, Carmelite Monastery, Cambridge Street, Launceston
406.	Mr. G. F. Batchelor, 122 Genora Road, New Norfolk
7140	
407.	Mr. A. Hinds, 21 Florence Street, Moonah 7009,
408.	Ms. M. Laver, 247 West Tamar Road, Launceston 7250
409.	Mr. B. Monks, North Motton 7315
410.	Ms. S. Pitt, 7 Bedford Street, New Town 7008,
411.	Ms. M. E. Galligan, 110 Montagu Street, New Town 7008
412.	Mr. E. Sims, 1/12 Vieste Drive, Glenorchy 7010
413.	Mr. J. H. Spencer, 11 Corranga Drive, Chigwell 7011
414.	Mrs. M. Summers, 18 Seaview Avenue, Burnie 7320
415.	Mr. & Mrs. K. & M. Tidey, 2/87 Riverside Drive, Riverside 7250
416.	Mrs. M. Malone,
7008	12 Oldham Avenue, New Town
417.	Ms. D. Street, 31 Ruth Drive, Lenah Valley 7008,
418.	Mr. T. Kroeze, 22 Pomona Road, Riverside 7250
419.	Ms. A. Cole, 2 Anfield Street, Glenorchy, 7010
420.	Ms. B. Stone, 16 Minallo Ave, West Hobart 7000
421.	Mr. D. Stone, 16 Minallo Ave, West Hobart 7000
422.	Mrs. B. Taylor, 39 Catherine Street, Berriedale 7011
423.	Mr. A. G. Willemsen,

11 Girvan Ave, New Town 7008

- 424. Ms. M. P. Ward, 31 Burnside Ave., New Town 7008
- 425. Ms. M. Griggs, PO Box 327, Sandy Bay, 7006
- 426. Mr. O. B. Dunne, 10 Pindos Drive, Tranmere 7018
- 427. Mrs. J. Marsh, 17 McGough Street, Glenorchy 7010
- 428. Mr. L. Allen, 26 Gibbons Street, Wynyard 7325,
- 429. Mr. D. Lane, 54 Payne Street, Burnie 7320
- 430. Mr. A. de Jonge, 30 Andrea Place, Launceston 7250
- 431. Mr. J. McKinnon, 4 Bulwer Street, Longford 7301
- 432. Mr. S. Lenon, emailed submission on 23 June, 1997, (slenonAida.tassie.net.au)
- 433. Mrs. M. Dixon, 20 Thirza Street, New Town 7008
- 434. Ms. M. Parsissons, 91 Chapel Street, Glenorchy 7010
- 435. Mr. M. Stone, 130 Wentworth Street, South Hobart 7004
- 436. Mr. K. A. Conner, 22 Pearsall Ave, Blackmans Bay 7052
- 437. Ms. E. D. Brigg, 11 Illawong Cres, Taroona 7053,
- 438. Mr. G. Fantini,7 Douglas Street, New Town 7008
- 439. Mr. D. Dressen, 207 Bakers Creek Road, Lucaston 7109
- 440. Mrs. I. P. Iles, 6 Devenish Drive, Sorell 7172,
- 441. Mr. A. L. Stephenson, 10 Broadwater Parade, Sandy Bay 7005
- 442. Ms. G. Hardy, PO Box 255, Geeveston 7116,
- 443. Sr. Marie Therese, Carmelite Monastery, Cambridge Street, Launceston 7250

- 444. Mrs. J. Elliott, 9 Seymour Street, Brighton 7030
- 445. Ms. M. A. Read, 48 Highfield Street, West Moonah 7009
- 446. Ms. A. Ballbe, 27 Red Chapel Ave, Sandy Bay 7005
- 447. Mrs. J. H. Jurasovic, 822 South Arm Road, Sandford 7020
- 448. Ms. M. L. McMahon, 4 King Street, Campbell Town 7210
- 449. Mr. H. P. Simco, 8 Long Street, Penguin 7316
- 450. Mr. P. O. Kane, 31/13 St. Canice Ave., Sandy Bay 7005
- 451. Ms. M. M. Littlejohn, 20 Thirza Street, New Town 7008
- 452. Mr. R. K. Flint, Rector, Anglican Parish of Sheffield 22 Nightingale Ave., Sheffield 7306 (plus 7 signatures)
- 453. Mr. P. R. Murray, PO Box 67, Newstead 7250,
- 454. Mr. D. P. H. O'Connor, 91 Steele Street, Devonport 7310
- 455. Mrs. W. M. Kingston, OAM, 2/16 Balmain Street, Glenorchy 7010
- 456. Mr. & Mrs. J. & B. Packham (no address supplied).
- 457. Mr. N. Ross, 9 Canberra Road, Claremont 7011
- 458. Mrs. P. R. Rushton, 35 Lord Street, Sandy Bay 7005
- 459. Mrs. L. Brereton,5 Pindo Drive, Tranmere 7018
- 460. Mr. & Mrs. P. Cotterill, PO Box 291, Latrobe 7307
- 461. Mr. Rick Waters, 38 Grinter Street, Riverside West 7250
- 462. Mrs. A. Hughes, 171 Tranmere Road, Howrah 7018

- 463. Ms. C. O'Dwyer,47 Merton Street, Glenorchy 7010
- 464. Mr. A. G. Purcell, 1 Bland Street, Rokeby 7019
- 465. Ms. M. Regan, Carmelite Monastery, Cambridge Street, Launceston 7250,
- 466. Mr. K. H. Gleich,521 Quamby Brook, Deloraine 7304
- 467. Mrs. A. Zacharek, 3/18 Auvergne Ave., Lenah Valley 7008
- 468. Ms. N. O'Halloran,32 Douglas Street, New Town 7008
- 469. Sr. G. Dooley, Emmanuel Pastoral and Spirituality Centre, 123 Abbott Street, Newstead 7250,
- 470. Ms. H. Morris, 4/21 Jackson Street, Wynyard 7321
- 471. Miss. M. M. Lewis, 13 David Street, Launceston 7250
- 472. Mrs. V. J. Rice, 20 Tudor Ave., Newstead 7250,
- 472. Sr. Margaret Smith, Presentation Convent, 57 Bourke Street, Launceston 7250,
- 473. Mrs. L. O'Halloran, 9 John Street, Wynyard 7325,
- 474. Ms. E. Warburton, 149 Elphin Road, Launceston 7250
- 475. Mrs. E. Carrabin, Paradise, Harlandrise Road, Sheffield 7305
- 476. Mrs. D. Peltzer, 812 Pateena Road, Longford. 7301
- 478. Mr. & Mrs. E. & T. Muilenburg, 4 Collins Street, South Launceston 7249
- 479. Ms. C. Gluich, 521 Quamby Brook, Deloraine 7304
- 480 Mr. and Mrs. J.C. Oud, 38 Winston Avenue, Seven Mile Beach 7170
- 481. Sister Mary Bernadette, 15 McFarlane Street, South Hobart 7004
- 482. Mr. P. Halton, 19 Fordham Street,

Mount Stuart 7000

- 483. Mr. & Mrs. H. & M. Jones, 9A Girvan Avenue, New Town 7008
- 484. Mrs. A. Rigoli, 121 Molle Street, West Hobart 7000,
- 485. Mr. M. W. Watson, 3 Cross Street, New Town 7008
- 486. Mr. S. Brush, 115 Nixon Street, Devonport 7310,
- 487. Mr. D. G. Couper, 5 Smith Street, Longford 7301,
- 488. Mr. and Mrs. Y. Winden, 12 Peel Street, South Launceston 7250
- 489. Mr. Y. Johnston, 15 Hendriks Street, Ulverstone 7315
- 490. Sister Elizabeth Finn, 6 Buscombe Street, Bellerive 7015
- 491. Mr. G. L. Breen, 45 Centenary Crescent, Claremont 7011
- 492. Ms. M. Isham, 115 Upper Van Morey Road, Margate 7054
- 493. Miss. D. Chandler, 4/51 Lincoln Street, Lindisfarne 7015
- 494. Mr. J. Medwin, Catholic Parish of Bellerive & Rokeby 2 Alma Street, Bellerive 7018
- 495. Ms. J. Russell,16 Merton Street, Glenorchy 7010
- 496. Miss M. M. Finnigan,7 Kullindi Court, Bellerive 7018
- 497. Mrs. A. M. Derrick, 104 Toffolis Road, Claremont 7011
- 498. Mr. J. C. Higgins, 33 Ripley Road, Moonah 7009
- 499. Mrs. A. Johnston, 1737 Greens Beach Road, Greens Beach 7270
- 500. Ms. M. Cleary, PO Box 4, Beaconsfield 7270,
- 501. Ms. B. Morgan, 19 Elphinstone Road, Mount Stuart 7000

- 502. Mrs. K. Cook, 20 Steeles Road, Nicholls Rivulet 7112
- 503. Mr. J. G. Byrne, PO Box 201, Mary Street, Cygnet 7112
- 504. Mr. K. F. Iles, 6 Devenish Drive, Sorell 7172
- 505. Ms. M. Virtue, Emmanuel Centre, 123 Abbott Street Newstead 7250
- 506. Mr. K. Tighe, 43 Mirrimar Park, Blackmans Bay 7052
- 507. Mrs. C. E. McInnes, Unit 24, 19 Hamilton Street West Hobart 7000
- 508. Ms. J. Jupe, (no address).
- 509. Mrs. M. Knight, 10 Barunga Place, Glenorchy 7010
- 510. Mr. A. S. Brigg, 11 Illawong Crescent, Taroona 7053
- 511. Mr. J. J. M. Kelly, 13 Carinya Street, Blackmans Bay 7052
- 512. Mr. F. Ortolan, 137 Springfield Avenue, West Moonah 7009
- 513. Mrs. J. Newell, 8 Lawley Crescent, South Hobart 7004
- 514. Ms. J. Hocking, 27 Crosby Road, Rosetta 7010,
- 515. Mr. & Mrs. F. & D. Streetland, Saunders Drive, Hadspen 7290
- 516. Mrs. M. Johnson, 6 Cleary Place, Brighton 7030,
- 517. Mr. & Mrs. R. Walsh, 21 Tilyard Street, Montrose 7010
- 518. Ms. J. Hooper, 2/49 O'Brien Street, Glenorchy 7010
- 519. Ms. A. Osuchowski, 3 Sherbourne Ave, West Hobart
- 7000
- 520. Misses. H. & H. Collyer, 6 Lawley Crescent, Cascades 7000
- 521. Ms. I. Bingham,

199 Flinders Street, Beauty Point 7270

- 522. Mr. T. E. A. Iwaszek, 2/21 Corinda Grove, West Moonah 7009
- 523. No name, 49 High Street, Oatlands 7120,
- 524. Mrs. P. Bell, PO Box 348, Wynyard 7325,
- 525. Ms. H. S. Johnston, PO Box 154, Wynyard 7325,
- 526. Mr. P. J. Clark, 547 Midland Highway, Brighton 7030
- 527. Ms. C. Ross, 9 Canberra Road, Claremont 7011
- 528. Mr. K. Haley, 5 Lissadell Court, New Town 7008
- 529. Ms. S. Parker, PO Box 4, Fingal 7214
- 530. Ms. M. Toohey, 2 Wakehurst Road, Austins Ferry 7011
- 531. Ms. J. Munthe, 30/100 Channel Highway, Taroona 7053
- 532. Mr. K. Kean (no address).
- 533. Ms. D. Willicombe, 2 Wakehurse Road, Austins Ferry 7011
- 534. Mr. M. Donnelly,25 Clare Street, New Town 7008
- 535. Mrs. B. Roberts OAM, 11 Sharps Road, Lenah Valley 7008
- 536. Dr. B. Pollard, 40 Chisholm Street, Greenwich, NSW 2065
- 537. Ms. K. Clark, 38 Croydon Road, Surrey Hills 3127,
- 538. Dr. A. Fisher, Australian Catholic University, Mercy Campus, 412 Alexander Road, Ascot Vale 3032,
- 539. Mrs. M. Hewitt, 144 Bally Park Road, Dodges Ferry 7173

- 540. Mr. D. Fitzgerald, 2/84 Clare Street, New Town 7008
- 541. Mr. J. Bleazby, 7/6 Altna-Craig Ave., Lenah Valley 7008
- 542. Ms. C. G. Fahey, AM, 18 Toorak Ave, Lenah Valley 7008
- 543. Mrs. J. H. Cummins, 1/27 Lanena Street, Bellerive 7018
- 544. Ms. M. Morgan, 50 Blowhole Road, Blackmans Bay 7052
- 545. Dr. J. Kantvilas, 14 Raymont Terrace, Mt. Stuart 7000
- 546. Ms. C. Heys, 64 Elphin Road, Launceston, 7250
- 547. Mr. Foley, 83 Cherry Road, Riverside West 7250
- 548. Mr. K. L. Illingworth, 12 Birch Ave., Launceston 7250
- 549. Mrs. G. Fraser, 120 Canopus Road, Cambridge 7170
- 550. Mr. A. D. Prisk, 9 Marshalls Lane, Macquarie Plains 7140
- 551. Mr. R. R. Maloney, 6 Goodhart Place, Sandy Bay 7005
- 552. Mr. K. Duffy, 8 Caswell Street, Mowbray, 7248
- 553. Ms. Gwen, 2/1 Dooleys Ave, Berriedale 7011
- 554. Ms. P. Wisby, 40 Centenary Crescent, Claremont 7011
- 555. Ms. G. Byrne, PO Box 201, Cygnet 7112,
- 556. Mr. K. Morgan, 314 Davey Street, Hobart 7004
- 557. Mr. C. Wood, 129 The Cross Road, Crabtree 7109,
- 558. Mr. D. M. Phillips, 33 Ripley Road, West Moonah 7009
- 559. Mr. & Mrs. K. & P. Rasmussen, 89 Derwent Avenue

Lindisfarne 7015

- 560. Miss V. J. Fisher, RMB 41 Main Road, Parattah 7120
- Ms. A. Wiezcorek, Chairperson, St. John's and St. Monica's Catholic Parish, PO Box 41, Glenorchy 7010 (plus 12 signatures)
- 562. Mr. D. Pittaway, 193 St. John Street, Launceston 7250
- 563. Mrs. T. Jacobs, 7 Mt. Stuart Drive, Newnham 7248
- 564. Mrs. D. Oliver, 18 Sunnyside Road, Lindisfarne 7015
- 565. Mrs. C. Williams, 1/11 Upper Grant Street, Smithton 7330
- 566. Ms. H. O'Brien, 22 Stephen Street, East Devonport 7310
- 567. Prof. P. J. Ravenscroft, Department of Palliative Care, Newcastle Mater Hospital, Locked Bag 7, Hunter Regional Mail Centre, NSW 2310
- 568. Ms. O. Smith, 22A Elliott Road, Glenorchy 7010
- 569. Dr. T. S. Kirkland, 174 Macquarie Street, Hobart 7000
- 570. Mr. J. Hodgkinson, 11 Summerhill Road, West Hobart 7000
- 571. Mrs. S. Grace, 4 Jewel Drive, Blackmans Bay 7052
- 572. Ms. M. L. Clark, 20 Thirza Street, New Town 7008
- 573. Mr. L. C. Saunders, 73 Esplanade, Rose Bay 7015
- 574. Mrs. A. Chisholm, 18 Harding Street, New Town 7008
- 575. Mr. B. J. Breen, 3 Edge Ave., Lenah Valley 7008
- 576. Ms. P. Styles, 4/5A Marys Hope Road, Rosetta7010
- 577. Mr. & Mrs. E. & M. Bugg, 14 Auvergne Ave, Lenah Valley, 7008
- 578. Mr. Y Engster,

3 Giblin Street, Lenah Valley 7008

- 579. Mr. E. J. Miller, 18 Victory Place, Rokeby 7019
- 580. Mrs. R. Buchan, PO Box 249, New Norfolk 7140
- 581. Mrs. I. Cox, 16 Ogilvie Lane, Richmond 7025
- 582. Mr. P. H. Cook, 24 Bambra Street, Lauderdale 7021
- 583. Mr. M. W. Walsh, 2A Cedar Street, Lindisfarne 7015
- 584. Mr. J. Priest, 135 Roslyn Avenue, Blackmans Bay 7052
- 585. Anch. Sr. Elizabeth-Julian Green, D.C., The Anchorhold PO Box 80, St. Leonards 7250,
- 586. Ms. C. Fallon, 20 Thirza Street, New Town 7008
- 587. Mrs. R. Habgood, 41 Mary Street, Launceston 7250
- 588. Ms. M. McCormack, Unit 20 - 12, Retirement Village Prospect 7250
- 589. Mr. & Mrs. G. & N. McNamara, 39 Lovett Street, Ulverstone 7315
- 590. Mrs. K. A. Bourke, 2 Hingston Place, Ulverstone 7315
- 591. Ms. M. M. Doherty, St. Leonards, Launceston 7250,
- 592. Mrs. H. Antel, 58 Dion Crescent, Launceston 7250
- 593. Ms. S. Antel, 58 Dion Crescent, Riverside 7250
- 594. Ms. Sylvia Tyson, 11 Veronica Cres., Launceston 7250
- 595. Mr. W. Tyson, 11 Veronica Cres., Launceston 7250
- 596. Mr. D. Kiely, 29 Bain Terrace, Trevallyn 7250,
- 597. Ms. N. Donnelly, 74 Carlton Beach Road, Dodges Ferry 7173
- 598. Mrs. J. Miller,

18 Vicary Place, Rokeby 7019

599.	Mr. M. Green,
	14 York Street, Sandy Bay 7005

- 600. Fr. M. Delaney, PO Box 8, New Norfolk 7140
- 601. Ms. J. Pullen, 3 Chapman Street, Bellerive 7018
- 602. Mr. E. Healy, 57 Bourke Street, Launceston 7250
- 603. Ms. M. Momente, 5 Eddie Street, Invermay 7248
- 604. Mrs. P. Duffy, 8 Caswell Street, Launceston 7250
- 605. Mr. P. McRae, 23 Stephensdale Drive, Launceston 7250
- 606. Mrs. M. F. Cleaver, "Lochfoyne", Avoca, 7213
- 607. Mrs. K. C. Mahoney, 14 Crockers Street, Railton 7305
- 608. Mr. P. C. Comas, 73 Lincoln Street, Lindisfarne 7015
- 609. Ms. K. Feldt, 17 Alford Street, Howrah 7018
- 610. Mrs. K. Grainger, 7/107 Tolosa Street, Glenorchy 7010
- 611. Mr. A. J. Wiss, 46 Begonia Street, Lindisfarne 7015
- 612. Mrs. L. Holloway, 14 Barana Street, Mornington 7018
- 613. Mrs. S. M. Mackey, 61 Giblin Street, Lenah Valley 7008
- 614. Ms. B. Thomas, 110 Randalls Bay Road, Cygnet 7112
- 615. Ms. C. Mills, 27 Esplanade, Cygnet, 7112
- 616. Miss G. Thomas,6904 Channel Highway, Cygnet7112
- 617. Mr. G. J. McKew, 40 Skiddaw Crescent, Warrnambool 3280
- 618. Ms. D. Wood, 129 Cross Road, Crabtree 7109,
- 619. Mrs. E. Sarne,

Glen Huon Road, Huonville 7109

- 620. Dr. G. Toohill, Private Bag 10, Leongatha 3953
- 621. Mrs. V. Graham, 3/12 Vieste Drive, Glenorchy 7010
- 622. Mrs. M. Reschke, 16 Rowella Road, Sidmouth 7270
- 623. Mr. D. Smeaton, Railton 7305
- 624. Mr. E. J. Morgan, 12 Swinton Place, Rose Bay 7015
- 625. Mrs. M. Simpson, 14 Mercer Street, New Town 7008
- 626. Mr. G. Brouwer, 29 Denis Drive, Riverside 7250
- 627. Mr. M. McManus, 16 St. Helens Street, Lindisfarne 7015
- 628. Mr. W. E. Tabart, 83 Corinth Street, Howrah, 7018
- 629. Ms. S. M. Sexton, 10 Michael Street, West Launceston 7250
- 630. Ms. J. Dunne, 10 Pindos Drive, Tranmere, 7018
- 631. Mr. R. Peterson, 79 Acton Road, Lauderdale 7021
- 632. Ms. P. Heseltine, 1/5 Montgomery Court, Sandy Bay 7005
- 633. Mrs. B. A. Lancaster, All Saints Anglican Ladies Guild, PO Box 119, Currie, King Island 7256
- 634. Mrs. T. Lewinski, 13 BoaVista Road, New Town 7008
- 635. Sister Brigid Barry, Holy Trinity Convent, Westbury 7303
- 636. Mr. L. L. Blyth, 38 Station Road, St. Leonards 7250
- 637. Mr. J. B. Shelverton, 27 Kunama Drive, Kingston Beach 7050
- 638. Mrs. N. B. Reynolds, 24 Barrett Street, Glenorchy 7010

- 639. Mr. R. C. Franssen, "Little Flower", 17 Main Road, Exeter 7275
- 640. Ms. P. Ahearn, 2 Olive Street, Launceston 7250
- 641. Br. H. Sharpe, Christian Brothers' Community, 33 Ripley Road, West Moonah 7009
- 642. Ms. Sheila Lacey, Nazareth House, Station Road, St. Leonards
- 643. Ms. T. F. Durkin,
 30 Birch Ave, Newstead
 and Ms. P. M. Dawson,
 55 Hart Street, Newstead 7250,
- 644. Mr. F. J. Boland, 38 Station Road, St. Leonards 7250
- 645. Sister Clare Breen, Nazareth House, St. Leonards 7250
- 646. Ms. P. Rennie, 25 Balamara Street, Bellerive 7015
- 647. Ms. M. Ward, 16 Canning Street, Launceston 7250
- 648. Mr. & Mrs. B. & I. Eilander, 23 Harley Parade, Prospect 7250
- 649. Mr. M. Kerslake, 9 Ascot Avenue, Sandy Bay 7005
- 650. Mr. W. Booth, 33 Silwood Avenue, Howrah 7018
- 651. Ms. M. O'Connor, Director, Caritas Christi & Order of Malta Hospice Home Care Services, PO Box 2036, Kew 3101
- 652. Ms. L. McGee, 89 Lawrence Vale Road, Launceston 7249
- 653. Mrs. M. Adams, 73 Tasman Highway, Waverley 7250
- 654. Mr. P. J. Flanagan, Manager,& 786. Mary's Grange, Grange Avenue, Taroona 7053
- 655. Ms. E. Meers, 5 Bellhaven Ave, Taroona 7053
- 656. Fr. Greg Barker, St. Johns Church, 62 Bowden Street Glenorchy 7010
- 657. Mr. G. A. Clark, 6 Botany Place, Austins Ferry 7011
- 658. Ms. A. Allanby, RMB 3049, Kellevie (via Sorell) 7176

(Plus 8 signatories)

- 659. Sister Mary Teresa of Jesus, Carmelite Monastery Cambridge Street, Launceston 7250
- 660. Ms. B. McIntyre, Unit 2, Cherry Lane, 57 Cadbury Road, Claremont, 7011
- 661. Dr. D. Gawler, 177 Buckley Street, Essendon 3040,
- 662. Mr. G. Hinds, 3 Glenmore Street, Rosetta 7010
- 663. Ms. R. Heys, 5 West Park Drive, Launceston 7250
- 664. Mrs. M. Roper, 11 Gunyah St., Howrah 7018
- 665. Ms. K. Linegar, Chairperson, Tasmanian Chapter, Royal College of Nursing, PO Box 350, Launceston 7250
- 666. Mr. J. Phillips, Secretary, St. Peter's Anglican Church, PO Box 725, Sandy Bay 7005,
- 667. Mr. A. W. Jansz, 1 Cumberland Street, Eaglemont 3084
- 668. Mr. A. Ricker, Director, Health Television Network, PO Box 617, St. Ives, NSW 2057 (Plus Video)
- 669. Mr. M. Clark, 1 Hilden Street, New Town 7008
- 670. Mrs. M. Dance, 5/10 Kensington Street, Glenorchy 7010
- 671. Mr. G. Eugster, 3A Giblin Street, Lenah Valley 7008
- 672. Ms. E. Yates, 130 Nelson Road, Mt. Nelson 7007
- 673. Mrs. A. Van Asperen, 258 St. Leonards Road, Launceston 7250.
- 674. Mrs. B. M. Hickey, Arve Road, Geeveston 7116
- 675. Ms. M. Burgess, 57 Bourke Street, Launceston 7250
- 676. Ms. B. M. Spitzer, 'Natone', 32 Grosvenor Street, Sandy Bay 7005

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677.	Mr. W. J. Thornton, Nazareth House, St. Leonards 7250
678.	Rev. E. M. Webber, 1 Hean Street, South Hobart 7004
679.	Ms. B. O'Rourke, 1 Julia Cres., Ulverstone 7315
680.	Ms. M. Doran, 15 East Derwent Highway, Rose Bay 7015
681.	Mr. L. Kiely, 17 Nelumie Road, Lindisfarne 7015,
682.	Mr. H. R. Gregg,
7018	2/73 Maluka Terrace, Bellerive
683.	Ms. M. Iles, 55 Main Road, Sorell 7172
684.	Mr. N. Rickard, Unit 63, 2 Guy Street, Kings Meadows 7250 (plus 8 signatories)
685.	Mr. J. Dwyer, 6 Whitford Street, Burnie 7320
686.	Mrs. A. Stevenson, PO Box 46, Evandale 7212
687.	Mr. & Mrs. C. & J. Price,
7018	6/194 Clarence Street, Howrah
688.	Mr. & Mrs. M. & J. Huxley, 1 Croydon Avenue, Montrose 7010
689.	Mr. B. R. Palmer, 71 Lindhill Avenue, Lindisfarne
7015	11 Emanin Avenue, Emaistarne
690.	Ms. J. R. McShane, Little Company of Mary, 8 Joynton Street, Lenah Valley 7008,
691.	Mr. G. Denehey, 13 Maweena Place, Kingston 7050
692.	Mr. G. G. Farrington, 29 Topham Street, Rose Bay 7015
693.	Ms. J. Spoelstra, 155 Channel Highway, Kingston 7050
694.	Mr. A. G. O'Rourke, Unit 1, 52 Bay Road, New Town 7008
695.	Ms. E. Uzeallo, 2/13 Croesus Court, Lindisfarne 7015

- 696. Mr. B. D'Andreo, 10A Thirza Street, New Town 7008
- 697. Mr. C. W. Coad, 11 Burgess Avenue, Moonah 7009
- 698. Ms. S. McKenzie, 446 Deviot Road, Deviot 7275,
- 699. Mr. A. J. O'Rourke, 1 Julia Crescent, Ulverstone 7315
- 700. Mr. T. L. Hickey, Arve Road, Geeveston 7116
- 701. Mr. E. J. Kremzer, 3 Renmark Place, Acton 7170
- 702. Ms. H. Wiss,46 Begonia Street, Lindisfarne 7015
- 703. Ms. B. Richards, 12 Bradshaw Street, Latrobe 7307
- 704. Mr. R. Richards, 12 Bradshaw Street, Latrobe 7307
- 705. Mrs. E. M. Gard, 234 Churchill Ave, Sandy Bay 7005
- 706. Mrs. M. Mazengarb, 8 Hildern Street, New Town 7008
- 707. Mr. E. P. Johnston, 1737 Greens Beach Road, Greens Beach 7270
- 708. Ms. E. Morgan, 12 Swinton Place, Rose Bay 7015
- 709. Mr. A. J. Palmer, 71 Lindhill Ave., Lindisfarne 7015
- 710. Mr. F. Kaja, 190 Marys Hope Road, Berriedale 7011
- 711. Miss M. Williams, 1/85 Nelson Street, Smithton 7330
- 712. Miss R. Stewart, Carmelite Monastery, Cambridge Street, Launceston 7250
- 713. Sr. Maria, Carmelite Monastery, Cambridge Street, Launceston 7250
- 714. Mr. J. J. Yates, 130 Nelson Road, Mount Nelson 7007
- 715. Ms. J. E. Laver, 3 Glenelg Street, Campbell Town 7210,
- 716. Ms. J. Robertson, 41 Melbourne Street,

Triabunna 7190

- 717. Mr. & Mrs. R. A. Kuipers, PO Box 317, St. Helens 7216
- 718. Mr. F. M. Ransley, 15 Pedder Street, New Town 7008
- 719. Ms. L. M. Bell, 69 Illawarra Road, Blackmans Bay 7052
- 720. Ms. P. Traynor, 21 Princes Street, Sandy Bay 7005
- 721. Mr. W. N. Smith, 30 Edge Avenue, Lenah Valley 7008
- 722. Mrs. M. Smith, 30 Edge Avenue, Lenah Valley 7008
- 723. Mr. G. Schumann, 19 Normanby Street, Oakleigh 3166
- 724. Mr. M. C. Fantini, 7 Douglas Street, New Town 7008
- 725. Mr. Daryl, A.A. Lord Homes, Block 2, 15/131 Hill Street, West Hobart 7000,
- 726. Mr. L. E. Cafe, 2/47 McKellar Road, Newstead 7250
- 727. Mrs. M. Bullock, 4 Main Street, St. Marys 7215
- 728. Mr. G. Peterson,49 Kenton Road, Geilston Bay 7015
- 729. Ms. M. Wallace, 251 Acton Drive, Acton 7170
- 730. Ms. J. Tidey, 31 Haig Street, Mowbray Heights 7248
- 731. Ms. B. Slad, 4/23 Vieste Drive, Glenorchy 7010
- 732. Ms. E. A. Curtan, 50 Blowhole Road, Blackmans Bay 7052
- 733. Mrs. W. Veltkamp,30 Fulton Street, Legana 7277
- 734. Mr. P. J. Knight, 22 Akuna Street, Montagu Bay 7018
- 735. Mr. K. Aherne, 3/155 Tolosa Street, Glenorchy 7010
- 736. Ms. M. O'Brien, PO Box 108, Bridgewater 7030

- 737. Mrs. J. McKay, 35/53 Kensington Street, New Norfolk 7140.
- 738. Mrs. L. T. Brazendale, 4/124 Hopkins Street, Moonah 7009
- 739. Ms. R. Gleeson, PO Box 266, Mowbray 7248,
- 740. Miss. & Mrs. R. & J. Wagenaar, 16 Orana Place, Riverside 7250
- 741. Mr. P. Cooper, 142 Elphin Road, Launceston 7250
- 742. Mrs. J. Lewis, 139 Cambridge Street, Launceston 7250
- 743. Mr. P. Griffin, 7 Teal Court, Newnham 7248,
- 744. Mrs. B. Pardoe, 19 Lewan Ave, Kingston 7050
- 745. Ms. T. Stuart, 29 Riverdale Grove, Newstead 7250
- 746. Sister Mary Immaculate, Carmelite Monastery, Cambridge Street, Launceston 7250
- 747. Mrs. M. Masters, Nazareth House, St. Leonards 7250
- 748. Mr. M. Clynes, 368 West Tamar Road, Riverside 7250
- 749. Mr. M. M. Dillon, 20 Thirza Street, New Town 7008
- 750. Mr. D. Vauten, PO Box 415, Launceston 7250
- 751. Ms. S. Traynor, 6 Lasswade Avenue, Dynnyrne 7005
- 752. Mrs. I. Siewruk,40 Parua Road, Newnham, 7250
- 753. Ms. I. Eccles, Carmel Cottage, Carmelite
- Monastery Cambridge Street, Launceston 7250
- 754. Ms. M. J. Aiken, 123 Abbott St., Newstead 7250
- 755. Ms. M. C. O'Keefe, 38 Station Street, St. Leonards 7250
- 756. Mrs. M. A. Whelan, 51 Mt. Leslie Road, Prospect 7250

- 757. Rev. Fr. J. Nagle, Sacred Heart Presbytery, 46 Campbell Street, Newstead 7250
- 758. Ms. L. L. Green, 13 Battery Square, Battery Point 7004
- 759. Miss P. Smallbone,2/34 Pedder Street, New Town 7008
- 760. Ms. M. A. Cook, 19 Pirie Street, New Town 7008
- 761. Mr. J. G. Cook, 19 Pirie Street, New Town 7008
- 762. Bellerive Parish Action Group, C/~ 2 Alma Street,Bellerive 7018 (11 signatories)
- 763. Ms. S. Donaghue, 101 Otago Bay Road, Otago Bay 7017
- 764. Mr. C. Watts, 60 Mount Stuart Road, Mount Stuart 7000
- 765. Mr. W. Southerwood,
 Eastern Shore Minister's Association,
 PO Box 79, Lindisfarne 7015,
 (Plus 7 signatories)
- 766. Sister Mary Aitkin, Carmelite Monastery, Cambridge Street, Launceston 7250
- 767. Mrs. L. A. Hutchison OAM, 45 Diamond Drive, Blackmans Bay 7052
- 768. Mr. L. B. Durno, 16 Esplanade, Lindisfarne 7015
- 769. Mrs. S. Durno, 16 Esplanade, Lindisfarne, 7015
- 770. Mr. J. Ward, PO Box 1002, Sandy Bay 7005
- 771. Mr. Chief Justice Cox, Chief Justice's Chambers, Hobart 7000
- 772. Ms. Helen Kiely,29 Bain Terrace, Trevallyn 7250
- 773. Ms. M. Benson, 65 Mooreville Road, Burnie 7320
- 774. Mr. S. Lumsden, Senior Minister, St. Helens Christian Fellowship, PO Box 248, St. Helens 7216

- 775. Ms. C. Priest,51 Hudson Cres, West Moonah7 009
- 776. Dr. D. R. MacKay, 24 King Street, Bellerive 7018,
- 777. Fr. John Flader, Catholic Chaplain, University of Tasmania, GPO Box 252C, Hobart 7001,
- 778. Mr. R. Korkmaz, 40 Ruth Drive, Lenah Valley 7008 (plus 2 signatories)
- 779. Mr. J. G. Aitken, 17 Sixth Ave, New Norfolk 7140
- 780. Ms. H. Gray, Branch Secretary, Australian Nursing Federation (Tas. Branch), On behalf of the Australian Assoc. of Hospice and Palliative Care, 182 Macquarie Street, Hobart 7000
- 781. C.R. & P. M. Hulse, Ellenbrook, Glengarry, 7275
- 782. Ms. J. Duffin (no address),
- 783. Ms. S. R. Tyrrett, 25 Wattle Place, Burnie 7320,
- 784. Mr. & Mrs. D. & C. Van Galen, 21 Clark Street, Launceston 7248
- 785. Mrs. Y. Maher, 3/124A North Fenton Street, Devonport 7310
- 786. Mr. P. J. Flanagan, Manager, Mary's Grange Incorporated, Grange Ave., Taroona 7053
- 787. Mrs. R. Symons, 39 Guilford Road, Riverside 7250
- 788. Mr. J. V. Fisher,51 Clare Street, New Town 7008
- 789. Ms. D. Oakley, 80 Gepp Parade, Glenorchy 7010
- 790. Ms. Helen Gray, State Secretary, Australian Nursing Federation (Tas. Branch), 182 Macquarie Street, Hobart 7000
- 791. Mrs. A. Reynolds, 3 Hendricks Street, Ulverstone 7315
- 792. Ms. C. Cunningham, 45 Hobart Road, New Norfolk 7140
- 793. Ms. A. Kelleher,27 Toorak Ave, Lenah Valley 7008

- 794. Mrs. J. Redeker, 33 Mathinna Road, Oyster Cove 7150
- 795. Mrs. M. Kirkman, 29 Bayfield Street, Bellerive 7018
- 796. A/Prof. J. N. Lickiss, Director of Palliative Care, Royal Prince Alfred Hospital, Missenden Road, Camperdown NSW 2050
- 797. Prof. T. Cramond, Director, Multidisciplinary Pain Centre, Royal Brisbane Hospital, Herston Road, Brisbane 4029
- 798. Dr. R. Partiger, 173 Macquarie Street, Hobart 7000
- 799. Dr. G. J. Gartlan, 4/10 Ellerslie Road, Battery Point 7004
- 800. Ms. S. A. S. Short, Hobart District Nursing Service Inc., 16 Farley Street, Glenorchy 7010
- 801. Mr. & Mrs. T. & E. Young, 45 Hestercombe Road, Granton 7011
- 802. Mr. P. Douglas, Principal, Our Lady of Mercy School 22 West Goderich Street, Deloraine 7304,
- 803. Mr. V. Siewruk,40 Parua Road, Newnham 7248
- 804. Mr. E. Higgins, Oakington, Tea Tree 7017
- 805. Mr. R. J. Reynolds, 3 Hendricks Street, Ulverstone 7315
- 806. Mrs. S. Nugent,17 Corinna Road, Lindisfarne 7015
- 807. Mrs. J. Robtson, 140 Nelson Road, Mt. Nelson 7007
- 808. Ms. L. Cox, PO Box 716, Devonport 7310
- 809. Ms. J. McLean, 6 Lindsay Parade, St. Helens 7216
- 810. Mrs. J. Geary, 8 Blair Street, Richmond 7025
- 811. Mr. T. J. Courto, 8 Spinifex Road, Risdon Vale 7016
- 812. Mr. & Mrs. K. & K. Swan,

8 Thirza Street, New Town 7008

- 813. Ms. M. Bennett, 260 Glen Huon Road, Huonville 7109
- 814. Mr. & Mrs. K. & D. Kay, South Road, Lileah, RA 1020 Smithton 7330
- 815. Mrs. B. Watson,3 Botany Place, Austins Ferry 7011
- 816. Ms. C. Pecnik, 60 Bayfield Road, Lauderdale 7021
- 817. Fr. Graeme Howard, Catholic Presbytery, Franklin 7113
- 818. Mr. Y. Sheehan,23 Carlton Street, New Town 7008
- 819. Ms. F. Groombridge, Lawless Road, Margate 7054
- 820. Ms. V. Chandler, "Skelwith", 95 Gully Road, Collinsvale 7012
- 821. Mr. S. Raspin,20 Robert Street, Triabunna 7190
- 822. Mrs. T. Oliver, 1 Malabar Street, Launceston 7250
- 823. Mrs. H. Rollins, 64 Red Chapel Ave, Sandy Bay 7005
- Mr. S. Paulovics, 177 Nelson Road, Mount Nelson 7007
- 825. Ms. M. Waldie, 30 Tullamore Road, Orielton 7172
- 826. Mr. & Mrs. A. & L. Parr, 2 Douglas Street, New Town 7008
- 827. Ms. L. C. Apted, 58A Coleman Street, West Moonah 7009
- 828. Ms. Y. Eagling, 44 Bonella Street, Ravenswood 7250
- 829. Ms. L. Hutchison, 22 Clarence Street, Launceston 7250
- 830. Ms. L. Wright, 38 Station Road, St. Leonards 7250
- 831. Mr. D. L. Hobbs, 59 Rannock Ave., Riverside 7250
- 832. Mrs. E. Drake,9 Barunga Place, Glenorchy 7010

- 833. Sister Patricia Hilton, Nazareth House, St. Leonards 7250
- 834. Mr. J. Veltkamp, 2/9 Hughes Court, Prospect Vale 7250
- 835. Mr. & Mrs. R. Gaitheran, 22 Upper McEwans Road, Legana 7277
- 836. Mr. M. G. Ikin, 130 Hopkins Street, Moonah 7009
- 837. Mr. B. J. Byrne, 5 Wakehurst Road, Austins Ferry 7011
- 838. Mr. N. Giunta, 12 Hesket Court, Rosny Point 7018
- 839. Mr. M. J. Quinn, 23 Somerdale Road, Claremont 7011
- 840. Miss N. Fletcher, 50 Blowhole Road, Blackmans Bay 7053
- 841. Mrs. M. Thomas, 16 Constance Ave, Glenorchy 7010
- 842. Mr. L. L. O'Brien,22 Corranga Drive, Chigwell 7011
- 843. Ms. G. C. Long, 36 George Street, Longford 7301
- 844. Mr. J. M. Cooney, 1/174 Abbott Street, East Launceston 7250
- Ms. B. M. Clayton, 44 Irbys Boulivard, Sisters Beach 7321
- 846. Mr. R. McManus, 299 Acton Drive, Cambridge 7170
- 847. Ms. T. Menzies, Main Road, Forth, 7310
- 848. Mrs. P. Osborne 19 Frederick Street, West Hobart 7000
- 849. Mrs. T. M. Hutchinson, 9A Raymont Terrace, Mt. Stuart 7000
- 850. Ms. A. Fuller, 9 Berega Street, Howrah 7018
- 851. Mr. J. P. Graafland, 18 Riverside Drive, Launceston 7250

- Mr. F. C. Smith, 139 Allunga Road, Chigwell 7011,
- 853. Ms. E. Hochenburger, 8 Victoria Street, Kingston Beach 7050
- 854. Ms. E. Burke, 33 Andrew Street, Brighton 7030
- 855. Mr. L. M. Burke, 22 Andrew Street, Brighton 7030
- 856. Mr. K. Harrington 118 Hill Street, West Hobart 7000
- 857. Mrs. M. M. Summers, PO Box 624, Burnie 7320,
- 858. Ms. M. Rees, 119 Bass Highway, East Wynyard 7325
- 859. Mr. & Mrs. D. & M. Parsissons, Private Bag 216, New Norfolk 7140
- 860. Ms. J. Inglis, 281 Penguin Road, Ulverstone 7315,
- 861. Mr. M. Morgan, 19 Elphinstone Road, Mt. Stuart7000
- 862. Mr. D. Roper, 1 Gunyah Street, Howrah 7018,
- 863. Ms. M. Middleton,105 Main Road, Claremont 7011
- 864. Mr. L. Haley, Box 15, Woodbridge 7162,
- 865. Ms. H. D. O'Rourke, PO Box 766, Burnie 7320
- 866. Ms. M. M. Spargo, 29 Fourth Ave., Dodges Ferry 7173
- 867. Mr. M. E. Baptist, 14 Canning Street, Launceston 7250
- 868. Mr. Peter McKenzie, 446 Deviot Rd., Deviot 7275
- Mr. N. Guinane, (student) St. Virgils College, Austins Ferry 7011
- 870. Mrs. V. E. Brown, 53 Pomona Road, West Riverside 7250
- 871. K. Gibson, The Parish Council, Catholic Parish of Bellerive/Rokeby, 2 Alma Street, Bellerive 7018 (7 signatories)

- Mr. A. E. Sharp, 109 Scenic Drive, Lewisham 7173.
- 873. Ms. D. Bullock,62 Main Street, St. Marys 7215,
- 874. Ms. H. Purdon, 13 Murray Street, Bicheno 7215
- 875. No Name, 7/32 Victoria Parade, Devonport, 7310
- 876. Mrs. T. M. Lovell, State President, Catholic Women's League of NSW, 26 Hunter Street, East Maitland 2323
- 877. Mr. C. Jones, 22 Arthur Street, Scottsdale 7260,
- 878. Ms. Pat Booth + 7 signatories (faxed) Palliative Care Professionals
- 879. J. K. A. Clezy, N. W. Medical Centre, Box 682, Burnie 7320
- 880. Mrs. B. Baker, 14 Georgina Court, West Launceston 7250
- 881. Dr. H. Malcolm, 10 Victoria Street, Scottsdale 7260
- 882. Ms. K. Turner, Royal Prince Alfred Hospital Palliative Care Service, Missenden Road, Camperdown NSW 2050
- Dr. I. Martin, Suite 1, 170 George Street, Launceston 7250
- 884. Mr. G. Williams, Public Officer, Hospice Care Association N.W. Tas. Inc., PO Box 1256, Burnie 7320
- 885. Mr. P. Keefe, 23 Yorkshire Court, Prospect Vale 7250
- 886. Mrs. S. Boyes, NW Palliative Care Service, 11 Jones Street, Burnie 7320
- Mr. & Mrs. A. & L. Benson
 17 Mortyn Place, Howrah 7018
- 888. Dr. R. Lowenthall, Director of Medical Services, Royal Hobart Hospital, GPO Box 1061L, Hobart 7001 (including a book)

- 889. Mr. M. Nicholson, 106 Elizabeth Street, `Launceston 7250
- 890. Rev. Charles Fehre St. Paul's Rectory 476 Main Road Glenorchy 7010
- 891. Mrs. M. Hanlon,3 Sunlea Place, Glenorchy 7010
- 892. Mrs. E. B. Watson, Villa 2, 12 Milford Street, Lindisfarne 7015
- 893. Mrs. V. V. Cramp, 146 Abbotsfield Road, Claremont 7011
- 894. Ms. D. Donoghue,465 Oceana Drive, Howrah 7018
- 895. Ms. P. Ackerly, 27 Sharland Ave, New Norfolk 7140
- 896. Mrs. M. Renahan, 27 George Street, Cygnet 7112
- 897. Mr. & Mrs. C. & J. Stuart, 3 Eastbourne Street, South Launceston 7249
- 898. Mrs. N. Campbell, 23 Sinclair Ave, West Launceston 7250
- 899. Ms. B. Smith,28 Amherst Street, Ulverstone 7315
- 900. Mrs. A. White, 23 Nicholls Street, Devonport 7310
- 901. Ms. M. Males, 18 Ross Street, Beauty Point 7270
- 902. Ms. A. Roach, 510 Churchill Ave, Sandy Bay 7005
- 903. Mr. R. S. Lewis, 3 Moore Street, Wynyard 7325
- 904. Sister Patricia Bell, 1 Grange Avenue, Taroona 7053
- 905. Sister Monica Franklin, 11 Rupert Ave, New Town 7008
- 906. Mrs. O. M. Filip, 87 New Town Road, New Town 7008
- 907. Mrs. J. Cowen, 273 Tolosa Street, Glenorchy 7010
- 908. Ms. S. M. Smith,

9/2 Albion Road, Bridgewater 7030

- 909. Mrs. T. Dobber OAM, 4/85 Tolosa Street, Glenorchy 7010
- 910. Ms. K. Twomey, 22/19 Hamilton Street, West Hobart 7000
- 911. Mr. T. P. McCarthy, 84 Esplanade, Rose Bay 7015
- 912. Ms. M. L. Dobson, 3/76 East Derwent Highway, Lindisfarne 7015
- 913. Mrs. J. Downham, Handham Lodge, Grass Tree Hill Road, Richmond 7025
- 914. Mrs. M. J. Midson, 6 Forbes Ave., West Hobart 7000
- 915. Mr. P. J. Jeffries, Unit 23, 27 Beach Road, Lindisfarne 7015
- 916. Ms. P. Simpson, 69 Millhouse Road, Longley 7150
- 917. Mrs. B. Jeffries, Unit 23, 27 Beach Road, Lindisfarne 7015
- 918. Mr. T. Sierzans, 6/10 Kensington Street, Glenorchy 7010
- 919. Mr. & Mrs. D. & J. Cumming, 38 Norwood Ave, Taroona, 7053
- 920. Mr. J. M. McCormack, 11 Banjorrah Street, Howrah 7018
- 921. Mr. M. Hamilton, 4 Mittara Cres., Chigwell 7011
- 922. Mrs. B. J. Nichols, 21 Cornwall Street, Rose Bay 7015
- 923. Mrs. N. Suckling, 4 Miranda Place, Glenorchy 7010
- 924. Mr. J. Williams, Lindisfarne-Risdonvale Catholic Parish, 3 Bay Road, Lindisfarne 7015
- 925. Mr. F. W. Garth, PO Box 34, Cygnet, 7112
- 926. Mrs. J. Hamilton, 4 Mittara Crescent, Chigwell 7010
- 927. Mr. & Mrs. B. & M. Russell, 1 Roope Street, New Town 7008
- 928. Mr. D. Yeo, 14 Carinya Street,

Blackmans Bay 7052

- 929. Miss E. Hutchinson, 20B Swanston Street, New Town 7008
- 930. Mrs. M. E. James, 721 Sandy Bay Road, Sandy Bay 7005
- 931. Mr. & Mrs. P. & M. McCormack, 50 Rosevears Drive, Legana 7277
- 932. Ms. A. Belbin, "Windwhistle", 100 Nelsons Road, Lapoinya 7325
- 933. Mrs. J. Esterbrook, 25 Morris Ave, Devonport 7310
- 934. Mr. P. Imlach, President, Human Life Protection Society Inc., GPO Box 1158M, Hobart, 7001
- 935. Mrs. D. McWilliam, 35 Riverview Road, Riverside 7250
- 936. Ms. P. Hopkins, 635 Nubeena Road, Koonya 7187,
- 937. Ms. D. Hutchinson, 20B Swanston Street, New Town 7008
- 938. Mr. J. Grace, 8 Mavis Court, Glenorchy 7010
- 939. Ms. C. Kratt, 40 Seddon Street, Austins Ferry 7011
- 940. Mr. E. Mackey, 61 Giblin Street, Lenah Valley 7008
- 941. Mr. G. Williams, Public Officer, Hospice Care Assoc. PO Box 1256, Burnie 7320
- 942. Mr. H. F. Nichols, 21 Cornwall Street, Rose Bay 7015
- 943. Mr. L. Pullen, 99 Norma Street, Howrah 7018
- 944. Mrs. C. Miller, 21 Percy Street, Devonport 7310
- 945. Mrs. J. Chambers, 26 Wyndella Street, West Launceston 7250
- 946. Ms. M. O'Connor, Chair, Euthanasia Working Party, Victorian Assoc. for Hospice & Palliative Care, Suite 3C, Level 2, 182 Victoria Parade, East Melbourne 3002

- 947. Ms. G. Buckley, North West Region, Nursing Admin, Community & Health Services, PO Box 258, Burnie 7320
- 948. Mr. A. Grice, 44 Argyle Street, Hobart 7000
- 949. The Ven. Dr. Phillip Aspinall, Director, Anglicare Tasmania, 29 Elizabeth Mall, Hobart 7000
- 950. Mr. & Mrs. R. & M. Sykes, 8 Degraves Street, South Hobart 7004
- 951. Mr. J. R. Martin, 2/1 Overell Street, Dynnyrne 7005
- 952. Miss M. Saunders, 8 Mellifont Street, West Hobart 7000
- 953. Mrs. D. Chapman, 2 Coolac Court, Lindisfarne 7015
- 954. Mrs. M. Devries, 22 Cleburne Street, Kingston 7050
- 955. Mr. R. Hopkins, 635 Nubeena Road, Koonya 7187
- 956. Mrs. B. Munnings, 107 Elizabeth Street, Kempton 7030
- 957. Ms. J. Brettingham-Moore, Richmond Road, Cambridge 7170
- 958. Mrs. B. P. Maguire, 52 Torquay Road, East Devonport 7310
- 959. Sr. P. Chapman, 23 Stoke Street, New Town 7008
- 960. Ms. L. O'Neal, 77 Hill Street, Bellerive 7018
- 961. Mrs. L. Blackwell, "Kellie", Elderslie 7030
- 962. Mr. P. Tierney, 47 Montagu Street, New Town 7008
- 963. Dr. R. Walker, 44A Lincoln Street, Lindisfarne 7015
- 964. Mr. E. M. Linnard, Allanvale, Hayley Court, Deviot 7275 (plus 10 signatories)
- 965. Mrs. M. McGuinness, 6/21A Balmain Street, Glenorchy 7010
- 966. Fr. D. Allen,

Immaculate Heart of Mary, 55 Edge Avenue Lenah Valley 7008

- 967. Mr. C. J. Castellino, 11 Edwardes Street, Burnie 7320
- 968. Mr. V. F. Thomas, 32A Clarendon Street, Youngtown 7249
- 969. Mr. H. Watchorn, 38 Mawhera Avenue, Sandy Bay 7005
- 970. Ms. M. Franssen, "Little Flower" 17 Main Road, Exeter 7275
- 971. Ms. M. Eagle, Box 149, South Hobart 7004
- 972. Mr. E. McCarthy, 9 Ramsay Street, Newstead 7250,
- 973. Ms. C. M. Radin, 10 Mayne Street, Invermay 7250
- 974. Mr. B. Searson, 177 Invermay Road, Launceston7250
- 975. Mr. O. Lewis, 28/6 Federal Street, Burnie 7320
- 976. Mrs. P. A. Heazlewood, 5 Walkers Ave., Newnham 7248
- 977. Revd. Fr. G. H. Jarrett, Church of the Sacred Heart, 68 Clare Street, New Town 7008
- 978. Mr. M. A. Chaplain, 28 Augusta Road, Lenah Valley 7008
- 979. Ms. K. Pecnik, 60 Bay View Road, Lauderdale 7021,
- 980. Mr. G. M. Roberts (no address)
- 981. Mr. A. F. Bevin, 12 Richmond Valley Road, Richmond 7025
- 982. Mr. Daniel, PO Box 108, Bridgewater 7030
- 983. Mrs. M. P. MacKinnon, 77 James Street, Devonport 7310
- 984. Mrs. G. Leonard, "Trade Winds", C/- Post Office, Karoola 7267
- 985. Ms. R. Chambers, 26 Wyndella Street, West Launceston 7250
- 986. Ms. R. M. Peterson,

27 Malabar Street, East Launceston 7250

- 987. Mr. G. Cashion, 357 St. Leonards Road, Launceston 7250
- 988. Mrs. A. Coltheart, Box 306, Queenstown 7467
- 989. Ms. O. M. Ryan, 32A Clarendon Street, Young Town 7249
- 990. Ms. M. De Souza, 6 Derwent Waters, 57 Cadbury Road, Claremont 7011
- 991. Ms. M. Puvrand, 140 Trevor Street, Ulverstone 7315
- 992. Mr. John Adkins, 30 Watson's Road, Kettering 7155
- 993. Mrs. G. M. Hendrey, 83 Bel-Air Cres., East Devonport 7310
- 994. Ms. D. Craig, 12 Fulford Street, Trevallyn 7250
- 995. Ms. V. Dillon, Sampsons Ave., Smithton 7330
- 996. Mr. R. W. Kay, 9 Manly Avenue, Lindisfarne 7015
- 997. Sister Ana Hopoate, Carmelite Monastery, Cambridge Street, Launceston 7250
- 998. Ms. K. Shaw, 7304 Channel Highway, Cygnet 7112
- 999. Mr. W. G. Walsh, 30 Campbell Street, Launceston 7250
- 1000. Mrs. E. McBain, 2 Alma Street, Bellerive 7018
- 1001. Mrs. G. Jones, 47 Mason Street, Claremont 7011
- 1002. Br. Geoffrey Whitefield, PO Box 77, Bridgewater
- 1003. Ms. M. E. Fisher, 51 Clare Street, New Town 7008
- 1004. Ms. J. M. Dance,

67 Clare Street, New Town 7008

- 1005. Sr. M. J. McVilly, 1 Shawfield Street, Lenah Valley 7008
- 1006. Mr. R. Roberts, 9 Sumburg Street, Devonport 7310
- 1007. Mr. & Mrs. P. & M. Pyke, 388 Rheban Road, Orford 7190
- 1008. Ms. A. Piaszczyk, 7 Croome Court, Berriedale 7011
- 1009. Mr. & Mrs. S. & A. Greener, 39 Cliff View Drive, Allens Rivulet 7150
- 1010. Ms. M. C. Direen, 15 Kensington Street, Glenorchy 7010
- 1011. Ms. P. J. Dance, Emmanuel Pastoral& Spirituality Centre, 123 Abbott Street, Newstead 7250,
- 1012. Mr. A. de Haan, 5 Valley View Drive, Riverside 7250
- 1013. Dr. D. M. Blackburn, "Highlands", Palmers Road Latrobe 7307
- 1014. Mr. & Mrs. J. & R. Tarvydas, 26 Balmain Street, Glenorchy 7010
- 1015. Mr. W. Richards, 36 Malunna Road, Lindisfarne 7015
- 1016. Mr. & Mrs. T. &. L. Murphy, 109 Percy Street, Devonport 7310
- 1017. Ms. A. Taylor, 29 Funslow Road, Collinsvale 7012
- 1018. Mrs. A. M. Dale, 27 Berean Street, East Launceston 7249
- 1019. Mrs. M. Fitzpatrick, 5/5 Cypress Street, Launceston 7250
- 1020. Mr. M. W. Wrankmere,

163 Opossum Road, Norwood 7250

- 1021. Mr. F. Lottenbach, C/- A. Berin, "Southernwood", Richmond Valley Road, Richmond 7025
- 1022. Mrs. M. Foale, 25 Marana Avenue, Lindisfarne 7015
- 1023. Mrs. M. Castellino, 35 Coolabah Road, Sandy Bay 7005
- 1024. Ms. M. Abersek, 49 Grosvenor Street, Sandy Bay 7005
- 1025. Dr. C. & Mr. E. Maloney, 8/98 Arthur Street, West Hobart 7000
- 1026. Mr. W. D. Lawler, 32 Karoola Road, Lindisfarne 7015
- 1027. Miss R. Farrington, Lord Fraser Home, 8/8 Lewis Street, North Hobart 7000
- 1028. Mr. K. T. Lee-Archer, 4 College Street, Launceston 7250
- 1029. Mrs. A. Tiemens, 79 Rannoch Avenue, Launceston 7250
- 1030. Mr. P. B. Ferrall, 8 Direen Street, Mowbray 7250
- 1031. Mrs. Veronica Ygosse, 28 O'Brien Street, Glenorchy 7010
- Fr. Christopher Mithen, St. Joseph's Retreat, 65 Harrington Street, Hobart 7000
- 1033. Mrs. M. Butterworth, 68A Forest Road, Trevallyn 7250
- 1034. Mr. & Mrs. E. & L. VanderVelde, 66 Mulgrave Street, South Launceston 7249
- 1035. Mrs. R. Giudici, 109 Lansdowne Crescent, West Hobart 7000

- 1036. Mr. & Mrs. P. & C. Van der Heide, 40 Benwerrin Court, Norwood 7250
- 1037. Mr. R. Lawler, 32 Karoola Road, Lindisfarne 7015
- 1038. Ms. G. T. Coleman, 34 Belar Street, Howrah 7112
- 1039. Mr. L. F. Field, 34 Belar Street, Howrah 7112,
- 1040. Mr. D. Eugster, 3 Giblin Street, Lenah Valley 7008
- 1041. Mrs. I. Corbett, 1 Jones Parade, Lewisham 7173
- 1042. Dr. M. L. Parkinson, 68 Risdon Road, New Town 7008
- 1043. Ms. B. Hughes, 18 Dynnyrne Road, Dynnyrne 7005
- 1044. Mr. B. J. P. McCarthy, 82 Esplanade, Rose Bay 7015
- 1045. Ms. T. Lee-Archer, 4 College Street, Launceston 7250
- 1046. Dr. R. Macintyre Smith, 4 Myrtle Court, Mount Nelson 7007
- 1047. Mrs. M. Busch, 19 Dickson Street, West Moonah 7009
- 1048. Mrs. J. P. Horn, 57 Ann Street, Launceston 7250
- 1049. Ms. P. McLeod, 11 Corina Place, Kingston 7050
- 1050. Mrs. S. Storey, 130 Saltwater River Road, Premaydena 7185
- 1051. Ms. M. Montes, 37 Windsor Street, Kingston Beach 7050

- 1052. Mr. A. L. Andrews, PO Box 2005, Hobart 7001
- 1053. Ms. K. Boulton, 102 Howrah Road, Howrah 7018
- 1054. Ms. S. Wyly, 5 Anderson Road, Trevallyn 7250
- 1055. Ms. K. Alvir, 27 Red Chapel Ave, Sandy Bay 7005
- 1056. Mr. & Mrs. C. & K. Westwood, 40 Sherwood Court, Lindisfarne 7015
- 1057. Mrs. M. P. Hutchinson, 22 Clarence Street, Launceston 7250
- 1058. Ms. B. Huigsloot, 35 Grove Road, Glenorchy 7010
- 1059. Mrs. C. Jansz, 94 Gordons Hill Road, Lindisfarne 7015
- 1060. Mr. & Mrs. E. & M. Natoli, "Salina", Tasman Highway Sorell 7172
- 1061. Mr. K. S. Foale, 25 Marana Avenue, Lindisfarne 7015
- 1062. Mr. M. A. Harradine, 54 Montrose Road, Montrose 7010
- 1063. Mr. S. Roberts, President, St. Mary's Conference, St. Vincent de Paul Society, 17 Oakley Street, New Town 7008
- 1064. Monsignor Philip Green, Catholic Parish of Sandy Bay and Taroona, PO Box 37, Sandy Bay 7006
- 1065. Ms. C. Bennett, 650 Bennetts Road, Elizabeth Town 7304
- 1066. Mrs. M. J. Tierney, 16 Kaoota Road, Rose Bay 7015
- 1067. Ms. B. J. Grace,

8 Mavis Court, Glenorchy 7010

- 1068. Ms. S. Tisch, 27 Red Chapel Avenue, Sandy Bay 7005
- 1069. Mr. P. A. Dowson, 15 Dresden Street, Sandy Bay 7005
- 1070. Mr. K. Aikins, 5 Crescent Drive, Margate 7054
- 1071. Mrs. J. Foulkes, 131 Hill Street, West Hobart 7000
- 1072. Mr. P. Briggs, 19 England Avenue, Montrose 7010
- 1073. Mr. C. M. Burdick, 5 Kent Street, Franklin 7113
- 1074. Mrs. J. M. Aiken, 53 Malunna Road, Lindisfarne 7015
- 1075. Mr. S. Smyth, 34 Kelly Street, Battery Point 7000
- 1076. Miss. R. Burdick, 5 Kent Street, Franklin 7113
- 1077. Ms. A. McKeown, 27 Red Chapel Avenue, Sandy Bay 7005
- 1078. Mr. P. G. North, 45 Cleghorn Avenue, Riverside 7250
- 1079. Mr. W. F. Pless, PO Box 215, Claremont, 7011
- 1080. Mr. E. R. Lockley, 2 Zeehan Street, Warrane 7018
- 1081. Archdeacon Peter and Mrs. N. Stuart, PO Box 655, Moonah 7009
- 1082. Ms. H. Quinn, 55 Devines Road, West Moonah 7009
- 1083. Dr. M. Cook, 31 Alexander Street,

Sandy Bay 7005

- 1084. Dr. M. Wallington, Senior Consultant in Radiation Oncology, Department of Radiation Oncology, Royal Hobart Hospital, GPO Box 1061L, Hobart 7000
- 1085. Dr. C. Middleton, 170 George Street, Launceston 7250
- 1086. Ms. Clare Healy, 1 Adams Street, Sandy Bay 7005
- 1087. Adrian L. Doyle, Vicar-General, Archdiocese of Hobart, GPO Box 62A, Hobart, 7001
- 1088. Dr. O. Spruyt, Staff Specialist in Palliative Medicine, Eversleigh Hospital, PO Box 124, Petersham NSW 2049
- 1089. Rev. Dr. Bill Jackson, Public Questions Officer, Baptist Churches of Tasmania, 22 Wellington Street, Launceston 7250
- 1090. Mr. R. Johnson, Manager, Hobart Community Legal Service Inc.,
- 166 Macquarie Street, Hobart 7000
- 1091. Dr. C. Smith, John Street Medical Centre, 5 John Street Kingston 7050
- 1092. Ms. P. Edman, cathmediatas@postoffice.trump .net.au
- 1093. Mr. P. D. Wilde, wilde@postoffice.sandybay.utas .edu.au
- 1094. Ms. P.A. Edman for the Archdiocese of Hobart Social Justice Commission, GPO Box 62A, Hobart 7001
- 1095 Rev. Greg Fraser, Church and Nation Committee, Presbyterian Church of Victoria,

12 Clarke Street, Ararat 3377

- 1096. Ms. M. Campbell, National President, Catholic Women's League, Australia (Inc), PO Box 239, Sandy Bay 7005
- 1097. Dr. D. van Gend, TRUST, 14 Parooba Ave, Camp Hill Qld. 4152
- 1098. Rev. N. Ford, Director, Caroline Chisholm Centre for Health Ethics, 7th Floor, 166 Gipps Street, East Melbourne 3002
- 1099. Ms. E. Smyth, 34 Kelly Street, Battery Point 7000
- 1100. Palliative Care Nurses, (20 signatories)
- 1101. Dr. C. Newell, Senior Lecturer, Division of Community and Rural Health, University of Tasmania, 17 Liverpool Street, Hobart. 7000
- 1102. Dr. M. Otlowski, Senior Lecturer in Law, Law School, University of Tasmania, GPO Box 252-89, Hobart 7001
- 1103. Ms. Julie Monkhouse, Legana,7277, (Submission with 14 signatories)
- 1104. Mr. P. M. Roach, 510 Churchill Avenue, Sandy Bay 7005,
- 1105. Dr. P. Dunne, Vice President of the Tasmanian Association of Hospice & Palliative Care, 29 Bowden Street, Glenorchy 7010
- 1106. Dr. D. J. Boadle, 168 St. John Street, Launceston 7250
- <u>Confidential</u> Mr. Grant Millington, PO Box 265, Kettering, Tas 7155

- 1108. Mr. T. A. Harper, Tasmanian Aids Council, GPO Box 595F, Hobart 7001
- 1109. Ms. J. Moscatt, 2a Culloden Avenue, East Moonah 7009
- 1110. Dr. L. M. Montes, 37 Windsor Street, Kingston Beach 7050
- 1111. Dr. A. C. Grice, 44 Argyle Street, Hobart 7000
- 1112. Mr. P. Hutchinson, 22 Clarence Street, Launceston 7250
- 1113. Mr. K. A. Ryan, 193 Tolosa Street, Glenorchy 7010
- 1114. Mrs. A. Morton, Chairperson, Parish Pastoral Council Lindisfarne-Risdonvale Catholic Parish, 3 Bay Road, Lindisfarne 7015
- 1115. Mr. D. Mills, 74 Carlton Street, New Town, 7008
- 1116. Archbishop Eric D'Arcy, Mount St. Canice, GPO Box 62A, Hobart 7001
- 1117. Prof. R. Lowenthal, President.
- & 146 Tasmanian Branch of the Australian Medical Association, 2 Gore Street, South Hobart 7004
- 1118. Dr. P. Thomson, Cascade Road Medical Centre, 30A Cascade Road, South Hobart 7004

LATE SUBMISSIONS (Submissions received after 30 June, 1997)

- 1119. Sr. B. Madden, Good Shepherd Convent, 2 Wakehurst Street, Austins Ferry 7011
- 1120. Mr. J. W. Wall, PO Box 48, Latrobe, 7307
- 1121. Ms. J. Vanderwal, 55 Lady Penrhyn Drive, Huntingfield 7055
- 1122. Ms. M. Patermo, 12 Myna Park Road, Old Beach 7017
- 1123. Ms. E. Wierenga,

No address

- 1124. Mr. D. B. Shirley, 4 Layete Street, Dodges Ferry 7173
- 1125. Mrs. R. Langshaw, 11 Mayne Street, Invermay 7248
- 1126. Ms. S. Lees, 15 Batman Highway, Sidmouth 7270
- 1127. Mr. & Mrs. L. & G. Vout, 14 Connewarre Crescent Berriedale 7011
- 1128. Mr. F. Peacock, 32 Flinders Esplanade, Taroona 7053
- 1129. Ms. Lisbeth A. Eastoe, 60 Frankland Street, Launceston
- 1130. Mr. A.W.M. Hunn, "Montagu House", 49 Augusta Road, Lenah Valley 7008
- 1131. Mrs. M. Kay, 9 Manly Avenue, Lindisfarne 7015
- 1132. Dr. & Mrs. P. & E. Hunt, 5 Kent Street, Franklin 7113
- 1133. Mr. O. Goninon, 83 Upper Fitzroy Crescent, South Hobart 7004,
- 1134. Mrs. A. R. Smith, 37 Winston Avenue, Seven Mile Beach
- 1135. Mr. & Mrs. G. & N. Keith, 66 Beach Road, Kingston Beach 7050
- 1136. Mr. A. S. Molyneaux, 16 Worsley Drive, Margate 7054
- 1137. Mr. & Mrs. T. & M. O'Malley, 290 Main Road, Austins Ferry 7011
- 1138. Mr. Francis J. Gillespie, (no address)
- 1139. Ms. E. Bushby, 6 Amanda Court, West Launceston 7250

- 1140. Ms. R. Saward, 165 Punchbowl Road, Launceston 7250
- 1141. Dr. C. Smith, John Street Medical Centre, 5 John Street, Kingston 7050
- 1142. Mr. J. Zubrzycki, Emeritus Professor, 68 Schlich Street, Yarralumla ACT 2600
- 1143. Ms. B. Whitehouse, 5 Nutgrove Ave, Sandy Bay 7005
- 1144. Ms. L. H. Groves, Missionary Sisters of Service, Box 92 Ellendale 7140
- 1145. Mr. P. J. Sullivan, Board of Directors, St. Vincent's Hospital, PO Box 2021, Launceston 7250
- 1146. Ms. C. Taylor, PO Box 34, Hagley 7242
- 1147. Mrs. L. Yeo, 14 Carinya Street, Blackmans Bay 7052
- 1148. Ms. J. Stratton, 220A Best Street, Devonport 7310
- 1149. Mr. H. G. Giler, 9 Esplanade, Turners Beach 7315
- 1150. Mrs. G.E. Buckley, 35 Payne Street, Burnie 7320
- 1151. Mrs. F. Dwight, 7 Cann Street, Penguin 7316
- 1152. Ms. B. Francis, National & Overseas Coordinator, Endeavour Forum, 12 Denham Place, Toorak 3142
- 1153. Rev. R. J. Fraser, General Secretary, Tasmanian Council of Churches, 29Bathurst Street, Hobart 7000
- 1154. Ms. S. Pitt, 7 Bedford Street,

New Town 7008

- 1155. Mr. D. Hiscutt, President, Parish Council, St.Mary's Catholic Church, PO Box 19, Penguin 7316
- 1156. Ms. S. Steele, 44 Wentworth Street, South Hobart 7000
- 1157. Dr. John Keown, Queens' College, Cambridge CB3 9ET,
- 1158. Mrs. Colleen Stewart, 30 Railway Terrace, Mile End, South Australia 5031
- 1159. Dr. George Merridew, Launceston General Hospital Department of Anaesthesia, Charles Street Launceston 7250
- 1160. Dr. James O'Neill, 26 Morang Avenue, Lower Templestowe, Vic. 3107
- 1161. Dr. Robert Pollnitz, Chairman, Lutheran Church of Australia, 16 Bagot Street, North Adelaide 5006
- 1162 Mr. Rob Beattie, 174 Macquarie Street, Hobart, 7000

APPENDIX 2

DOCUMENTS RECEIVED AND TAKEN INTO EVIDENCE

- Mr. K. Andrews, MP, Room RG 116, Parliament House, Canberra 2600, submission dated 3 July 1997.
- Prof. Peter Ravenscroft, Professor of Palliative Care University of Newcastle, Director of Palliative Care, Newcastle Mater Hospital, Area Director of Palliative Care, Hunter Area Health Service and President, Australian & New Zealand Society for Palliative Medicine - "Inquiry into the Need for Legislation on Voluntary Euthanasia in Tasmania". dated 18 June, 1997.
- 3. Mrs. Lynette Ross Submission on Euthanasia dated 17 June, 1997.
- Mrs. Brenda Kent Enquiry into the Need for Legislation on Voluntary Euthanasia in Tasmania, dated 19 June, 1997
- 5. Dr. A. A. Yacoub '*Prayer and Medical Treatment*' -Businessgram, April 1989
- 6. Mrs. Hurcum Draft Protocol and Draft Advanced Directive.
- Dr. P. J. Martyr, Lecturer, Tasmanian School of Nursing University of Tasmania, Launceston - Brief Statement on Euthanasia.
- 8. Mr. Rodney J. Saunders Submission Euthanasia Legislation dated 19 June, 1997.
- 9. Mr. J. A. Dumaresq, 477 Pateena Road, Longford -Submission to Parliamentary Committee on Voluntary Euthanasia.
- 10. Mr. Ken Clayton Euthanasia.
- 11. Mr. Lindsay Benson, 65 Mooreville Road, Burnie 7320 Submission dated 24 June, 1997.
- Mrs. Anne Vincent, 27 Irby Boulevard, Sisters Beach 7321 submission against the Legislation of Voluntary Euthanasia.
- Mrs. Pat Hayes, Catholic Women's League (Tasmania) Inc.- Submission to Inquiry into Need for Legislation on Voluntary Euthanasia.
- 14. Mrs. Kathleen Pierce Legislation on Voluntary Euthanasia
- 15. Mrs. Marlene Hampton Submission dated 26 June, 1997
- 16. Reverend Bill Magor, Devonport Baptist Church Voluntary

19/6/97

Euthanasia Inquiry - dated 26 June, 1997.

17. Mrs. Norma Jamison, President of the Voluntary Euthanasia Society -

1. Voluntary Euthanasia Society of Tasmania Submission dated 23 June, 1997.

2. *"Sometimes a Small Victory"* - by Sheila A. M. McLean and Alison Britton, published 1996 by the Institute of Law and Ethics in Medicine, University of Glasgow.

- Mrs. Carola Morgan, Australian Family Association 'A Supplementary Submission from the Australian Family Association Tasmania Branch'
- Mrs. Sue Boyes, North West Palliative Care Service, 11 Jones Street, Burnie 7320, 'Submission to the House of Assembly Community Development Committee'
- 20. Hon. Dr. Frank Madill MHA -

1. 'Euthanasia' dated 22nd July, 1997

2. *'Dying with Dignity'* Guidelines on the Care and Management of People who are Dying - Community and Health Services, January 1996.

- 21. Dr. Brian Pollard 'Some Aspects of Euthanasia in the Netherlands'
- 22. Professor J. Norelle Lickiss, Palliative Care Department, Royal Prince Alfred Hospital, Sydney -

1. *'Doctors, The Dying Patient and the Law'* by Norelle Lickiss

2. '*Regarding Euthanasia*' by David Roy and Charles-Henri Rapin.

3. 'Supreme Court of United States' Ruling on assisted suicide.'

- Mrs. Betty Roberts OAM 'Oral Submission to the House of Assembly Community Development Committee dated 22 July, 1997.'
- 24.. Mrs. Lilia Weatherley 'Euthanasia Committee, July 1997 Submission'
- 25. Dr. Gawler, Right to Life Australia Book '*The Troubled Dream of Life Living with Mortality*' by Daniel Callahan, Simon & Schuster 1993
- Reverend David Johnson Ross A. Vincent Euthanasia dated 7 April, 1997
- 27. Ms. Colleen Cartwright, University of Queensland, Department of Social and Preventive Medicine

1. "Healthy Ageing, Healthy Dying: Community and Health Professional Perspectives on End-Of-Life Decision-Making."
Report to the Research and Development Grants Advisory Committee of the Department of Human Services and Health - February 1996.

2. "End-of-Life Decision-Making : Perspectives of General Practitioners and Patients." Report to the Research and Development Grants Advisory Committee of the Department of Human Services and Health - February 1996.

27. Christopher Newell and Ian Parsons, *Managing Mortality: Euthanasia on Trial*, Villamanta Publishing Service, Geelong West, 1996

28. Margaret Otlowski, *Voluntary Euthanasia and The Common Law*, Oxford University Press 1997.

30. William Molloy, Let Me Decide, Penguin Books Australia Ltd., Ringwood, 1996

31. New South Wales Parliamentary Library Research Service:

(a.) Euthanasia, G. Griffith and M. Swain, Background Paper No.3, 1995

(b). Euthanasia: Summary and Update, G. Griffith, Briefing Paper No. 4, 1996

32. Parliamentary Research Service, Commonwealth Parliament of Australia:

1. 'Choice, Quality of Life and Self-Control: Summary Arguments in Support of Euthanasia', Research Note No. 12, 1996

2. 'The Sanctity of Life: Summary Arguments Opposing Euthanasia', Research Note No. 13, 1996

33. Margaret Brown, Lecturer, School of Social Work and Social Policy, University of South Australia.

1. 'Who Would You Choose? Appointing an Agent with a Medical Power of Attorney', Australian Journal on Ageing, Vol. 16, No. 4, 1997

2. Margaret Brown, Melanie Wakefield, Justin Beilby & Eric Gargett, Advance Directive (Schedule 2) Community Study, Final Report, University of South Australia, 1997

34. Professor Michael Ashby, Professor of Palliative Care, Department of Medicine, Monash University:

1. 'Of Life and Death: The Canadian and Australian Senates on Palliative Care and Euthanasia', Journal of Law and Medicine, Vol.5, 1997;

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APPENDIX 3

WITNESSES

Rev. Quak, Reform Church of Launceston Mrs. Elizabeth Springer Professor Peter Ravenscroft, Professor of Palliative Care, University of Newcastle, Director Palliative Care, Newcastle Mater Hospital Rev. Keith Kleyn, Free Public Reform Church of Legana Mrs Lynette Ross Mr Andrew Piper Mr. Terry Hauge Ms Brenda Kent, Family Based Care Association Mr. Jan Siejka, Ethnic Communities Council of Tasmania Dr. A. A. Yacoub, Consultant Anaesthetist Mr. William Stephens Ms Elaine Walker Ms Jill Willev Ms Patricia Hayward Mrs Kay Hurcum Mrs. Dawn Bradford Mrs. Edith De Vermond Mrs Winifred Will Dr. Phillipa Martyr, Lecturer, Tasmanian School of Nursing, University of Tasmania Mr. Rodney Saunders Ms Joyce Bissland Ms. Bernice Heys Dr. Klass De Jonge, General Practitioner Mr. J Alan Dumaresq Dr. Peter Johnson Mr. Kevin Lowry, Chairman, Southern Cross Homes, Tasmania Dr. Fleming, Director, Southern Cross Bioethics Institute Mr. Ian Moncrieff Mr. Ken Clayton Mr. Lindsay Benson Ms Noreen Jacklyn Ms Ann Vincent Ms Pat Hayes, Catholic Women's Association Ms Kathleen Pierce, Catholic Women's Association Mrs. Margaret Wilson Mrs. Marlene Hampton Mr. Broer Westerbeek Mr. Bill Magor Ms Pam Pattison, Director of Nursing - Karingal Home for the Aged Ms Rosalie Medcraft Ms Norma Jamison, VEST Ms Debrin Halpin Ms Francis Halpin Ms Georgina Halpin Mrs. P. Cotterill Ms Marjorie Tewson Ms Mary Binks Ms C. Morgan, Australian Family Association Ms C. Page Ms Marie Nibbs, Australian Family Association

Dr. Robert Parks, Director, Intensive Care, Launceston General Hospital Dr. Bryn Parry, General Practitioner Mrs. Agnes. Harris Mrs. Judy Herpich Mr. John Maguire Ms Sue Boyes, Palliative Care Nurse Mrs. Margaret Williams Dr. Frank Madill, MHA Dr. Graham Bury, Director Neonatal Services, Royal Hobart Hospital Mrs. Mary Ikin Mrs. Clare Healy Archbishop Eric D'Arcy Dr. Brendan Nelson, MHR Dr. Jennifer Phillip, Palliative Care Services, Alfred Hospital, Melbourne Dr. Brian Pollard Ms. Shirley Donaghue Mrs. Betty Roberts Mrs. Fran Gillespie Mrs. Iris Smythe, Catholic Women's League Inc. Ms. Pat Challis Dr. Michael Loughhead, Hobart Heart Centre Mrs. Laurel Benson Mrs. Patricia Hopkins Dr. Margaret Otlowski, Senior Lecturer in Law, University of Tasmania Senator Dr. Bob Brown Mr. Pat Flanagan Mrs. Ann Smith Archdeacon Dr. Phillip Aspinall, Director of Anglicare, Tasmania, Anglican Church of Australia Ms. Lilia Weatherly Mr. Ted Cutland Ms. Joy Stone Dr. David Gawler, Right to Life, Australia Dr. Brian Walpole, Former Director of Emergency Medicine Department, Royal Hobart Hospital Dr. Christopher Newell, Lecturer in Community and Rural Health, University of Tasmania Father Terry Southerwood, Eastern Shore Ministers' Association Ms. Ann Bratt Rev. Hans Kelder, Reform Church, Kingston Rev. David Johnson Senator Eric Abetz Professor Ray Lowenthall, President, Tasmanian Branch, Australian Medical Association, Director of Medical Oncology, Royal Hobart Hospital, Clinical Professor, Faculty of Medicine, University of Tasmania. Major-General Dr. William Brian (Digger) James, National President, Returned Services League Dr. Reginald McDonald Dr. Paul Dunne, Vice President of Tasmanian Hospice and Palliative Care. Mr. Robert Johnson, Hobart Community Legal Service Dr. Gerard Flaherty, General Practitioner Mr. Todd Harper, Tasmanian Aids Council Dr. Phillip Thompson, General Practitioner Mr. Peter Roach Ms. Robyn Wolstenhome, Research Officer, Anglicare Tasmania Mr. John Le Breton, Director, Office of the Public Guardian of New South Wales Ms. Deborah Frith, Community Education Officer, Office of the Public Guardian of New South Wales Ms. Amanda Adrian, Acting Director for the Centre for Clinical Policy and Practice, New South Wales Health. Dr. Janine Liddle, Medical Officer, Centre for Clinical Policy and Practice, New South Wales Health. Professor Norelle Lickiss, Director of Palliative Care, Royal Prince Alfred Hospital, Sydney, New South Wales

Ms. Margaret Brown, Lecturer, School of Social Work and Social Policy,	University of South
Australia	
Ms. Vicki Lindner, Public Affairs, South Australian Health Commission	
Ms. Lisa Huber, Education Officer, South Australian Health Commission	
Ms. Sally Williams, Palliative Care	
Ms. Mary Blackwood, Department of Community and Health Services	
Mr. Damien Smith, Department of Community and Health Services	
Mr. John Blackwood, President of the Guardianship and Administration	Board
Ms. Lisa Warner, Public Guardian, Public Trustee	