



VOLUNTARY ASSISTED DYING LEGISLATION - SUMMARY OF OUR POSITION

Our support for voluntary assisted dying legislation is based on values and principles, facts, evidence, thorough research and views of members and experts in medicine, law and ethics.

1. It is an indisputable fact that some people experience persistent, intolerable and unrelievable suffering as a result of advanced incurable and irreversible medical conditions, and their doctors run out of reasonable options to improve their condition or relieve their suffering. Current options, including palliative care and terminal sedation, help most people, even hasten death, but do not provide everyone with effective and timely relief from suffering combined with a way of dying acceptable to everyone.
2. The current law forces a cruel choice: prolonged intolerable suffering or find a way to end it - possibly early and lonely suicide, starving yourself to death, or putting doctors and loved ones at risk if they help you. The law hasn't kept up with the major changes in medicine and society, is not based on reality, is not effective in preventing assisted dying and is pushing people into worse alternatives. Just because there is only a small percentage of people in this situation is not an acceptable reason to disregard their situation and wishes. This cruelty has to stop.
3. We support VAD legislation where the primary objective is to provide a last resort option for doctors to help people to end their suffering through a way and time of dying they find better than the alternatives. Overseas experience has clearly demonstrated that this can be done safely and responsibly. We can also strengthen the safeguards through a well-designed, carefully regulated and monitored system that respects the repeated, well-informed requests of competent adults and respects our doctors and collaborative doctor-patient relationships.
4. It is very easy to understand the high level of support for doctor-provided assisted dying and that this support is across the community, including among Christians and voters supporting all Parties. People don't want to die a long, lingering death with prolonged suffering. Compassion is not enough - people want respect and the chance to make decisions about their own lives according to their own beliefs and what is important to them and to decide when their suffering has become intolerable. Unlike opponents of VAD reform, most people respect and trust our doctors to act professionally, ethically and legally, as well as with compassion and respect for patient choices.
5. An increasing number of Parliaments and courts are accepting the overwhelming high quality evidence that VAD legislation overseas is providing a well-tested, compassionate, safe, additional option, valued by patients, doctors and the broader community. There are good reasons to believe that this will be the case here. But MPs voting against VAD Bills here, particularly Liberal MPs, have largely ignored this evidence and instead relied on very poor quality data and arguments from a tiny minority, that fail to meet the principles and standards that politicians usually rely on for the development of good policy and laws for the community as a whole.

KEY SUPPORTING INFORMATION

1. One of the major flaws of the case put against VAD legislation in public and parliamentary debates is the almost total absence of acknowledgement of the reality of persistent, intolerable and unrelievable suffering, despite evidence from medical experts and expert bodies and many, many documented and anecdotal examples. In 2013, AMA (Tasmania) stated: *“For most patients in the terminal stage of illness, pain and suffering can be alleviated by therapeutic and comfort care; however, we fully acknowledge that there are still currently instances where the satisfactory relief of suffering cannot be achieved.”* The Australian and New Zealand Society of Palliative Medicine (ANZSPM) states in its 2013 Position Statement, “The Practice of Euthanasia and Assisted Suicide”: *“8. Despite the best that Palliative Care can offer to support patients in their suffering, appropriate specialist Palliative Care to remedy physical, psychological and spiritual difficulties may not relieve all suffering at all times.”*
2. Legal VAD now exists in 12 places¹, with the most recent and significant legislation passed on 9 June 2016 to legalise ‘medical assistance in dying’ across Canada. The separate Quebec legislation came into operation in December 2015. The Californian *End of Life Option Act*, passed in October 2015, came into operation also on 9 June 2016. Legalisation has occurred through specific laws and Court decisions and more and more Bills are being proposed and debated in Australia and elsewhere. Also on 9 June the Victorian inquiry into end of life choices recommended an assisted dying legislative framework and the State Government has 6 months to respond. A Bill is being debated in the SA Parliament and has the support in principle of the Premier and the Leader of the Opposition. The Tasmanian Bill will be moved this year and Bills are expected in NSW, Queensland and possibly WA within the next year.
3. The increase in legal VAD is based on consistent findings of respected reviews that there is no evidence that legal VAD has led to abuse of ‘vulnerable people’, a ‘slippery slope’ or a negative impact on palliative care services, suicide rates or the doctor-patient relationship. Fears about these risks are based on inaccurate and inadequate data, misinterpretation of data and unreasonable beliefs about the possible action of doctors. For example, terminal illness is not and has never been a requirement in the European countries with legal VAD where the focus is on unbearable and unrelievable suffering. There has therefore been no ‘slippery slope’ away from terminal to non-terminal illness and no abuse of legislation due to doctors assisting people without a terminal illness but with great suffering.
4. Between 70 and 80% of those who access assisted dying have cancer, the incidence of which is increasing for numerous reasons, including ageing of the population. It is a major factor for a greatly increased number of requests and an increase in deaths through assisted dying, although they remain a small percentage of all deaths.
5. No-one seems to know what the support of VAD legislation is among Australian doctors. However, based on Australian research and anecdotal evidence, and recent surveys of doctors in Canada and the US, we can reasonably assume that at least a significant minority support legalising VAD and many would be prepared to assist. The Canadian and Californian laws followed changes in medical association policies to support assisted dying or to a neutral stance. The AMA is conducting a review of its policy.

¹ Switzerland, The Netherlands, Belgium and Luxembourg; Canada with a separate law in the Quebec province; Columbia; and the US States of Oregon, Washington, Vermont, California (all with specific legislation), and Montana.