Madam Speaker, I move -

That the bill, co-sponsored by me and Member for Denison Cassy O'Connor as a joint private member's bill, be now read the second time.

## BACK AGAIN – INTRODUCTION

- Madam Speaker, here we are debating Voluntary Assisted Dying legislation once again.

- Why are we doing so? Because while people are given no option other than to live with pain and suffering every day of their lives or to take their own lives in often horrible and tragic circumstances, this issue will not go away.

- Across the world jurisdictions are responding to similar demands. There are now eight countries and six states in America, as well as Washington DC, where you can die with assistance.

- The Northern Territory remains the only Australian jurisdiction to have passed euthanasia laws only to have had them overturned by the Australian Government.

- However, there is a people's movement building for reform in Australia too, for reform; rather than continuing to wait patiently for us politicians to support voluntary assisted dying legislation, these people are demanding that we show courage, compassion and leadership on this sensitive issue.

- The question is, will we do so today?

- We have read and listened to the tragic stories given voice through the advocacy of Andrew Denton and Go Gentle Australia. We have shared the pain of Nikki Gemmell writing of her mother, who was driven to a lonely and desperate suicide, not able to live any more with her unbearable pain. And, we have shed tears watching stories on our TVs of

people like Rose, who took her own life as she was losing her ability to speak, to walk, to eat and to live with no pain.

- And, poll after poll continue to show around 80% of people support voluntary assisted dying laws in this country.

- People want a choice to be helped to die. We have, through this bill, an opportunity to provide them with that choice.

**WHY IS VOLUNTARY ASSISTED DYING IMPORTANT?**

- Since we last debated this issue in 2013 there have been Supreme Court decisions, inquiries, legislation debated both won and lost across the world.

- But perhaps some of the most powerful and disturbing information that has come to the fore is that evidence given by the Coroner's office in Victoria as part of their Parliamentary Inquiry.

- That evidence showed starkly how people are making their own choices right now by way of unregulated, unsupported and lonely suicide – just like Nikki Gemmell's mother did – on their own, without family or medical support – too frightened to tell their loved ones in case of implicating them in a crime.

- The Coroners Prevention Unit in Victoria studied suicides where the deceased took his or her life <u>after</u> experiencing an irreversible deterioration in physical health due to disease or injury.

- They found 240 people out of 2879 suicide deaths between 2009 and 2013 met that criteria, accounting for around 8% of suicides investigated at that time. Most overdosed, some used firearms (13.3% of deaths) others hanged themselves.

- We cannot continue to ignore the realities of what is happening and why people are being driven to suicide. For them, they have <u>no other option</u>. They are in pain; they are suffering – where is our compassion for these people?

- Madam Speaker, by continuing to ignore this issue, we leave people and their families vulnerable.

**2013 BILL – LESSONS LEARNED, CHANGES MADE**

- The bill we are debating today includes changes made to the 2013 Bill to take into account the issues raised by the Tasmanian Law Society at the time of the last bill.

- Key sections have been strengthened and clarified – including what is an eligible medical condition, the need for specialist diagnosis right at the beginning, the definition of primary and medical practitioners and the independence of the two doctors.

- We have also considered approaches raised through various inquiries and legislation developed in other jurisdictions since then.

- However, the crux of the model remains the same – it is person-centred, respects the role of doctors and contains multiple, proven safeguards.

- While some members may be considering sending this bill to a parliamentary committee for further inquiry, I don't believe that that is necessary.

- To send this bill off to committee would be just another delay mechanism – playing into the hands of those who will fight this reform tooth and nail.

- We are elected to make decisions on the floor of this parliament. It is time we made them on this issue!

- The 2013 bill, itself, was thoroughly consulted and I can show you evidence of the hundreds of submissions we received.

- Through that process, we used the skills and expertise of experts in law and palliative care and beyond.

- We were also able to use the skills of the Office of Parliamentary Counsel to assist in the drafting, which is rare for a private member's bill in this chamber.

- The bill was supported by Professor Margaret Otlowski, a highly respected legal scholar in the area of Voluntary Assisted Dying and it drew on the expertise of Professor Michael Ashby, Clinical Director of Palliative Care, Ms Lisa Warner, the then Public Guardian and many others.

- The 2016 Bill was tabled in November of last year and a consultation process has ensued with key stakeholders including the AMA and the Law Society, neither of whom have chosen to comment this time around.

- Both Cassy and I have also addressed a number of community groups such as Rotary, where our experience has been overwhelming support for the bill.

**TASMANIA – PALLIATIVE CARE INQUIRY**

- Let me be clear, this is not a debate about palliative care and any argument to say all we need to do is fund palliative care better, is a cop out and deliberately fails to recognise the limitations of our palliative care system, that go beyond funding or a person's access to palliative care or ability to make an advanced directive.

- Don't get me wrong! Our palliative care system is run by people who are compassionate and help the vast majority of Tasmanians to experience a comfortable death.

- In fact, our bill requires everyone to consider all palliative care options, knowing that for most, it will be sufficient to give them a comfortable death.

- But, palliative care does not take away the pain and suffering for everyone. Just listen to the story of Nurse Anne Maxwell on the Go Gentle website.

- There are some, a small number of people, who will continue to suffer no matter what pain relief they are given. These are the people who are depending on us to provide them, as a <u>last resort</u>, with the right to end their own life at their choosing, which is exactly what this bill does.

- Palliative Care Australia recognise that there is a cohort of terminal patients, around 5%, for which palliative care is unable to provide satisfactory relief.

- The National Report on Patient outcomes of March 2016 confirms that not all patients can have their pain relieved – do we really think it is right for them to have to suffer a horrific death? Or as the Canadian Supreme Court said – be offered a cruel choice between that and desperate suicide?

- The fact is these patients are suffering intolerable pain that cannot be relieved and their families are being left with the stressful memories of their loved ones dying experience. Yet, the law as it is, gives them no choice to end their suffering and pain.

- Many of us in this chamber know Andrew Denman and his passion for our specialist timber industry. What you may not know is that he is also passionate about seeing Voluntary Assisted Dying laws implemented in this state having watched his mother, Carol Dawson, die a long, protracted, terrifying and painful death. An advanced directive to cease food and water to allow her to die was enforced, however, it was also part of the horrific death she experienced.

- Carol starved herself to death because she had no other option. And, she suffered "strong pain, so much so she has bitten her lip so hard it is bleeding and her whole face is scrunched up in pain," wrote Andrew in his email to me of her death.

- He went on to write "Another injection – more pain. More suppositories – more indignity. It is excruciating to watch knowing that I made a promise to her not to ever let things get to this stage and will be forever haunted by mum's pleading looks every time her eyes partially open asking me to end it all."

- It was only after Andrew threatened to take his mother's life, to end her pain, that her doctor reluctantly increased the morphine doses knowing that that would hasten her death.

- Andrew wrote on the 3rd of February 2016 “Mum died this morning at 11am. She died the so called “good death” imposed upon her by the government of Australia – a cruel, callous, heartless and gutless bunch of zealots. 13 days she lasted with no food or water. Death by dehydration until her internal organs fail one by one. I watched every unnecessary second of it. The gasps, the cries, the bleeding, the moans – state sanctioned torture dressed up and sold as a “good death”.”

- I have seen the photos of how Carol suffered and I know how much he and his sister continue to suffer in their grief knowing that they could do nothing more to help end their mother’s pain and agony.

- Palliative care is not enough for some patients!

- The Victorian Inquiry also provided significant evidence that Palliative care and medical treatment cannot relieve all suffering due to incurable and irreversible conditions.

- It is simply wrong to argue that it can!

- In fact, I believe it is cruel and inhumane to those who continue to suffer, regardless of the best palliative care they are receiving, to not recognise their suffering and help them to end it.

- While I support advanced directives and believe that more needs to be down legislatively to give them legal force, an advanced directive to stop treatment or to stop feeding or to turn off the machine, is not going to help these people to end their life peacefully and without pain.

- We’ve heard from a family perspective, but what about that from a doctor?

- Doctors are at the front line and those like Dr Heather Dunn have seen the intolerable suffering some patients are forced to endure in the palliative care system. She described some of the conditions she has encountered and I quote:

  “There seems to be a simplistic misconception that TLC and an adequate dose of morphine is all that is needed for a “good” death. But what about the patient with a bowel obstruction who needs to have

continuous (& uncomfortable) naso-gastric suction to stop the faecal vomiting, or the people with end stage neuromuscular disorders who choke on their own saliva because they cannot swallow, or the person with an abdominal cancer fungating through the abdominal wall and exuding an offensive discharge, or the person with liver cancer who is heavily jaundiced with incredible unremitting generalised itch as a result… I could go on. These are not hypothetical cases designed to shock you. These are the stories of real people and their real situations with which I have been confronted in my palliative care experience. I might add that one discharged himself from hospital and put a bullet through his head in his back shed. Another was grabbed by a security officer as she attempted to jump off the Repatriation Hospital roof, and another starved herself to death. I implore you to see and get some understanding of the desperation some people experience in such situations, and this extends to family, friends and health workers. I am still haunted by the fact that I was put in the situation where the laws and my conscience were in conflict, and that I chose not to give these people the dignified death they craved because the law would not allow it."

- Well people are more and more listening, as I said there is a people's movement growing around the world and politicians are responding.

**CANADA**

- In Canada it took a unanimous decision, 9-0, in the Supreme Court, which ordered the government to take legislative action.

- In 2016 a law passed the Canadian parliament to enable voluntary assisted dying, a law which interestingly, and I hope will give you some comfort, is closely aligned with that proposed in this bill.

- For instance, the law focusses on patients over the age of 18, who are suffering intolerably from a serious medical condition, and self-administration and doctor administration are provided for as well as having the necessity of at least two doctors to assess each request.

- And, while the Canadian AMA originally opposed any euthanasia laws, they got on board with the process and had their say, developing guidelines and principles that helped frame the Canadian bill. If only our AMA would do the same!

## VICTORIAN PARLIAMENTARY INQUIRY AND PREMIER ANDREWS

- In Victoria, Premier Daniel Andrews, who was opposed to euthanasia, until he experienced his father's death from cancer, is facilitating a government process to consult on a Voluntary Assisted Dying Bill, in line with the recommendations of the Victorian Parliamentary Inquiry. He is using the expertise of doctors, nurses, a palliative care specialist, an academic, a disability advocate and a lawyer to assist.

- The Inquiry recommended a model which would allow for competent adults, suffering from serious and incurable conditions, which are causing enduring and unbearable suffering that cannot be relieved in a manner the patient deems tolerable, to request assisted dying. Like our bill, three requests would be required an oral, a written and a subsequent oral request.

- Importantly the Inquiry found no evidence of any slippery slope as often threatened by opponents of euthanasia legislation.

## SOUTH AUSTRALIA/ NEW SOUTH WALES

- In South Australia, the *Death with Dignity Bill* 2016 was lost on a tied vote (23-23) in November last year on the third reading, after going into the committee stage of the bill.

- And just recently a cross party draft bill allowing for voluntary assisted dying has been released in New South Wales for comment.

- Not to be out done, Western Australia is also looking at debating the issue, again highlighted in that jurisdiction with the death of former executive director of the WA Cancer Council, Clive Deverall who took his own life after suffering two decades from a rare form of non-Hodgkin's lymphoma.

- I repeat – people are already making these decisions and taking their own lives – isn't it time we provided a legal framework to make these decisions within?

## FEARS RAISED BY OPPONENTS

- I just quickly want to address two fears often expressed by opponents to voluntary assisted dying laws.

**SLIPPERY SLOPE FEAR**

- As I have said before, there is no evidence of any slippery slope occurring in other jurisdictions.

- Neil Francis, in his blog on the Dying for Choice website, says "Switzerland is perhaps the most 'inconvenient' case for slippery slope hypotheses, which might explain why assisted dying opponents usually avoid mentioning it. It has the world's oldest assisted suicide law, in effect since 1942. It is also the least prescriptive: the *only* specific statutory requirement is that any assistance rendered must *not* be for reasons of self-interest. That's it. Surely a law in effect for 73 years and devoid of *all* the complex requirements of others would be the foundation for an out-of-control assisted dying rate, much higher than the Netherlands at 3.7%? It isn't. In 2015, the rate for Swiss-resident assisted deaths was 1.4%. The rate including foreigners — in other words, with a global population of potential 'slippery slope candidates' — was 1.7%."

- The latest data from the Canadian Government interim update on assisted dying, shows the rate in Canada for the first six months is 0.6% of all deaths and most of these people were people suffering due to cancer. In Oregon it is 0.37%.

- We are talking about very few people ever using the process available to them.

**VULNERABLE PEOPLE**

- It is fair and reasonable to ensure that vulnerable people are protected under any voluntary assisted dying legislation.

- It is not fair and reasonable to make others continue to suffer intolerable pain because vulnerable people exist in our community.

- Elder abuse is an important issue and it is why protections need to be in place – but to do <u>nothing</u> is also elder abuse.

- In the most famous case here in Tasmania, that of Elizabeth Godfrey, former Justice Underwood pointed out that it could be argued that as suicide is not illegal, that the law by making it illegal to assist a suicide, was discriminating against those, who by reason of their physical disability could not carry out their own suicide, a choice which is open to the rest of us.

**CHRISTIANS – RELIGIOUS AND MORAL ETHICS**

- Madam Speaker, I acknowledge many Church leaders don't agree with euthanasia laws and I respect their right to their opinion.

- But I also believe other church leaders and members of their congregations, who overwhelmingly support dying with dignity laws, deserve equal respect.

- A 2007 and 2012 Newspoll – found 74% rising to 77% of Catholic respondents and 82% rising to 88% of Anglican respondents surveyed thought doctors should be allowed to provide "a lethal dose to a patient experiencing unrelievable suffering and with no hope of recovery".

- A man of the cloth, I greatly admire, Anglican Archbishop Emeritus Desmond Tutu recently said "Dying people should have the right to choose how and when they leave Mother Earth. I believe that, alongside the wonderful palliative care that exists, their choices should include a dignified assisted death."

- Likewise, retired Episcopalian Bishop Rev. John Shelby Spong has written, "My deepest desire is to always choose death with dignity over a life that has either become hopelessly painful and dysfunctional or empty and devoid of all meaning. That is the only way I know that would allow me to honor the God in whose image I was created."

- And, Former Archbishop of Canterbury, George Carey changed his mind about the churches teaching on assisted dying, now saying now that we should prevent "needless suffering".

- A Minister at the Community of St Luke, Presbyterian Church in New Zealand, Glynn Cardy said in his published sermon on Physician Assisted

Dying; ".. belief in the sanctity of life does not mean believing in the sanctity of suffering, or disregarding steps to avoid it."

- And, in California, where physician assisted suicide is now legal, Governor Jerry Brown, a life-long Catholic and former Jesuit seminarian said: "I have carefully read the thoughtful opposition materials presented by a number of doctors, religious leaders and those who champion disability rights.. I have considered the theological and religious perspectives that any deliberate shortening of one's life is sinful… In the end, I was left to reflect on what I would want in the face of my own death. I do not know what I would do if I were dying in prolonged and excruciating pain. I am certain, however, that it would be a comfort to be able to consider the options afforded by this bill. And I wouldn't deny that right to others."

**DOCTORS – MEDICAL ETHICS – AMA**

- The medical profession too is divided when it comes to assisted dying.

- However, like the broader community there is growing support – you only have to look at the letter from Doctors for Assisted Dying Choice, signed by over 100 doctors to see that more and more doctors are willing publicly to support such legislation.

- While the AMA officially maintains a policy of opposing euthanasia, their recent survey showed only half of the doctors surveyed were against euthanasia.

- Importantly, more than half, 52%, believed that euthanasia can form a legitimate part of medical care and 45% supported physician assisted suicide.

- They know, and their policy recognises, that there are instances "where it is difficult to achieve satisfactory relief of suffering".

- They also know some of their patients are calling out for the choice to die.

- In an article published in the journal of the Royal College of Physicians in April 2016, Dr Linda Sheahan reported the results of a survey completed by 156 specialist palliative care physicians. Only 2.5% said they had never had a request for assisted dying, 97.5% had been requested.

- Dr Heather Dunn wrote back during the 2013 debate "I am a strong supporter of Palliative Care and have had considerable experience in it. However, even the most vocal opponents of assisted dying will admit reluctantly, when pushed, that Palliative Care cannot, and does not, give adequate relief from intolerable suffering for some people."

**PATIENTS AND FAMILY**

- But ultimately, this bill is about the patients and there are hundreds of stories of people taking their own life because they could not bear the pain and suffering anymore or who suffered a terrible death.

- One such person was Robert Cordover, a Tasmanian who suffered Motor Neurone Disease which was slowly paralysing him – it affected his swallowing and breathing. He described the feeling as being like drowning and he compared his experience to water boarding at Guantanamo Bay. His pain could not be controlled or managed. All he wanted was the right to die with his family around him. He took his own life before he no longer had the ability to do so.

- Go Gentle Australia has many, many, many more stories if you need any more convincing.

**2017 BILL – PROVISIONS**

- Madam Speaker, I will now move to the key elements of the model.

- The First important point to understand is that no patient is compelled to go through a voluntary assisted dying process, nor any health service provider to assist a patient to die.

- Everything about this process is voluntary for all involved.

- Secondly, this bill provides for a last resort option only and this is enshrined in clauses 11 (b)(ii) and 22(2).

- You can only access this pathway when all other care and treatment options, including palliative care options, have been considered.

- And it is limited to those who meet the eligibility criteria under clauses 9, 10 and 11, including that you must be over the age of 18 and a Tasmanian resident.

- Under clause 11 to have an eligible medical condition, you must have a serious incurable and irreversible medical condition in its advanced stages, with no reasonable prospect of a permanent improvement in that person's medical condition. The condition or the treatment must be causing persistent suffering that is intolerable for the person affected. And there must be no reasonably available medical treatment or palliative care options that would relieve the person's suffering in a manner acceptable to that person.

- There are many safeguards against abuse, with provisions around:
    - voluntariness;
    - mental competence;
    - informed decision;
    - age of the person;
    - form of the request;
    - consultation and referral requirements;
    - need for a secondary medical practitioner to agree;
    - waiting periods;
    - family notifications;
    - issuing of and safe handling of assisted dying prescription medicine;
    - opportunity to rescind the request, and
    - reporting and scrutiny of cases.

- This legislation will only allow an assisted death for eligible people who make persistent, consistent and voluntary requests.

- There are multiple checks to establish and confirm that each request has been made voluntarily and on an informed basis.

- The primary medical practitioner will be required to talk to the person about the reasons for their request. If he or she is concerned that the

person is not making a voluntary request, they will be able to refer the person for counselling at any time during the process in order to remove any doubt.

- The written request is also an important safeguard to establish and confirm that the person is making a voluntary request.

- Under this bill the person making the request must be mentally competent to do so and to understand the implications of their request. They cannot be suffering from a mental health condition to a degree that may cause the judgement of the person to be impaired.

- One of the important safeguards in this process is the assurance that the person making the request is doing so with all the relevant information in front of them; including information on their medical condition, their prognosis, treatment options and the process to go through for an assisted death, including the risks associated. (Clause 12)

- While the bill specifies that a person must be informed about palliative care options as part of making an informed decision, we are not mandating that a person undergo palliative treatment before they can request an assisted death. After all, in the Tasmanian health system you cannot be forced to go through any treatment.

- This legislation allows for the person and their primary medical practitioner to decide if the doctor will administer the medication to the person or if the person is to self-administer the medication.

- In cases of self-administered assisted dying the person's primary medical practitioner must remain on the same premises as the person while the person self-administers the prescribed medication, in case it goes wrong.

- In Oregon, there have been a small number of reported cases where the person has regurgitated the medication or regained consciousness after taking the medication. There is no ability under the Oregon act for the attending doctor to provide any further assistance to the person.

- The step by step process for a person who meets the eligibility criteria and wants to access an assisted death is as follows:

    - A person must make three requests for assistance - an initial oral request, and no sooner than 48 hours later, a written request and no sooner than seven days later, another oral request.

- It is important to note, the subsequent oral request cannot be made until the primary medical practitioner has received a written report from a secondary medical practitioner that confirms the person's medical diagnosis and prognosis.

- The delays enable time for a person to change their mind, but is also cognisant that people applying for this process are in the advanced stages of their illness and are suffering intolerable pain. They don't want unnecessary delays once they have come to the conclusion that they cannot go on with living.

- A person can rescind their request at any time and in any manner.

- A strong safeguard in the system is the requirement that at least two doctors confirm that the person has an eligible condition.

- If the secondary medical practitioner's written report does not confirm the diagnosis or prognosis of the person, then a referral to another secondary medical practitioner may be made. However, if this doctor also does not confirm the medical diagnosis or prognosis for the person, all existing assisted dying requests of the person are rescinded and the process ends at that point.

- Once all criteria have been met and the process completed, the primary medical practitioner can prescribe the medication. He or she must keep possession of the medication once dispensed by the pharmacist until it is administered or returned if the request for assistance to die is rescinded.

- It is important to note that the primary practitioner must offer the person an opportunity to rescind their request at a number of points during the process, including immediately prior to the person taking the medication.

- A review process using a Registrar will also be implemented through this bill to monitor compliance of the law.

- This bill provides a legal framework that allows for voluntary assisted dying. It will increase transparency of decision-making around these issues and will require proper legal processes, particularly around decision-making and reporting.

- Madam Speaker, there will need to be some amendments made to the bill to correct section references. These will be moved in the committee stages.

**CONCLUSION**

- Madam Speaker before I wrap up my contribution I wish to thank Cassy O'Connor for working with me and co-sponsoring this bill. It's been a tough time for Cassy in recent weeks with the death of her dad. I thank you for your work on the bill and for being so passionate on this issue.

- And, we could not have achieved what we have without the incredible and tireless work of Margaret Sing. Margaret has kept us abreast of developments overseas and interstate and worked long hours on the bill as well as helping to support its passage. Thank you Margaret.

- As politicians we can no longer fail to listen to people suffering at the end of their life, in our community.

- We can no longer use excuses that we support the principle, but not this bill.

- By doing otherwise, we are condemning more people to suffer more pain, more indignity and for some a lonely, often violent death as they suicide on their own.

- There is no one answer or one ideal model to follow.

- The Voluntary Assisted Dying Bill 2016 is safe. And, I strongly believe that we have got the balance right between protecting vulnerable people and allowing competent people, living with intolerable and untreatable pain, to choose to end their suffering.

- I ask today <u>for your support</u> of this bill and commend the bill to the House.

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- (AMA policy says " All dying patients have the right to receive relief from pain and suffering, even where this may shorten their life" – they justify this by saying that it is okay where the administration of drugs has as a secondary consequence of the hastening of death – fine line in my view.)

- There are many safeguards against abuse, with provisions around:
    - voluntariness;
    - mental competence;
    - informed decision;
    - eligible medical condition;
    - type of assistance provided;
    - age of the person;
    - form of the request;
    - residency requirement;
    - consultation and referral requirements;
    - need for a secondary medical practitioner to agree;
    - waiting periods;
    - family notifications;
    - issuing of an assisted dying prescription and safe handling of prescription medicine;
    - opportunity to rescind the request, and
    - reporting and scrutiny of cases.

- In Oregon in 2015, 0.39% deaths were physician-assisted suicides. In Washington it was 0.32% of deaths.

- Roman Catholic theologian Hans Kung has said: "God, who has given men and women freedom and responsibility for their lives, has also left to dying people the responsibility for making a conscientious decision about the manner and time of their deaths. This is a responsibility which neither the state, nor the church, neither a theologian, nor a doctor can take away."

- In an article published in the journal of the Royal College of Physicians in April 2016, Dr Linda Sheahan reported the results of a survey completed by 156 specialist palliative care physicians. Only 2.5% said they had <u>never</u> had a request for assisted dying. 1.3% said they had a request DAILY, 13.9% weekly, 27.2% monthly, 29.1% every three months and 25.9% yearly.

## Assisted Dying Opinion Poll Results - Australia

| Polling body | Date | Question | Yes | No |
|---|---|---|---|---|
| Newspoll | 2007 | Thinking now about voluntary euthanasia, if a hopelessly ill patient, experiencing unrelievable suffering, with absolutely no chance of recovering asks for a lethal dose, should a doctor be allowed to provide a lethal dose, or not? | 80% | 14% |
| Newspoll | 2009 | Thinking now about voluntary euthanasia, if a hopelessly ill patient, experiencing unrelievable suffering, with absolutely no chance of recovering asks for a lethal dose, should a doctor be allowed to provide a lethal dose, or not? | 85% | 10% |
| Australia Institute | 2010 | This question is about voluntary euthanasia. If someone with a terminal illness who is experiencing unrelievable suffering asks to die, should a doctor be allowed to assist them to die? | 75% | 13% |
| Newspoll | 2012 | Thinking now about voluntary euthanasia, if a hopelessly ill patient, experiencing unrelievable suffering, with absolutely no chance of recovering asks for a lethal dose, should a doctor be allowed to provide a lethal dose? | 82.5% | 12.7% |
| Australia Institute | 2012 | This question is about voluntary euthanasia. If someone with a terminal illness who is experiencing unrelievable suffering asks to die, should a doctor be allowed to assist them to die? | 71% | 12% |
| ABC Vote Compass | 2013 | Terminally ill patients should be able to legally end their own lives with medical assistance. | 75.1% | 15.5% |
| Essential Media Communications | 2014 | When a person has a disease that cannot be cured and is living in severe pain, do you think should or should not be allowed by law to assist the patient to commit suicide if the patient requests it? | 66% | 14% |
| Ipsos Mori | 2015 | What do you think of doctor-assisted dying? Do you think it should be legal or not for a doctor to assist a patient aged 18 or over in ending their life, if that is the patient's wish, provided that the patient is terminally ill (where it is believed that they have 6 months or less to live), of sound mind, and expresses a clear desire to end their life? | 73% | 15% |
| Essential Media Communications | 2015 | When a person has a disease that cannot be cured and is living in severe pain, do you think should or should not be allowed by law to assist the patient to commit suicide if the patient requests it? | 72% | 12% |
| ABC Vote Compass | 2016 | Terminally ill patients should be able to legally end their own lives with medical assistance. | 75% | 16% |

Public opinion in support of doctor-assisted dying has been in the majority for more than four decades.

Support was in the high 60%s in the 1980s, in the mid to high 70%s in the 1990s, and in the low 80%s in the 2000/2010s.

### The latest comparative data

The latest data on assisted death rates in Benelux and North America is shown in Figure 1. As I explain in one of the most detailed comparative analyses of lawful assisted dying practice conducted to date, it is likely that the higher rates are associated with Dutch culture.

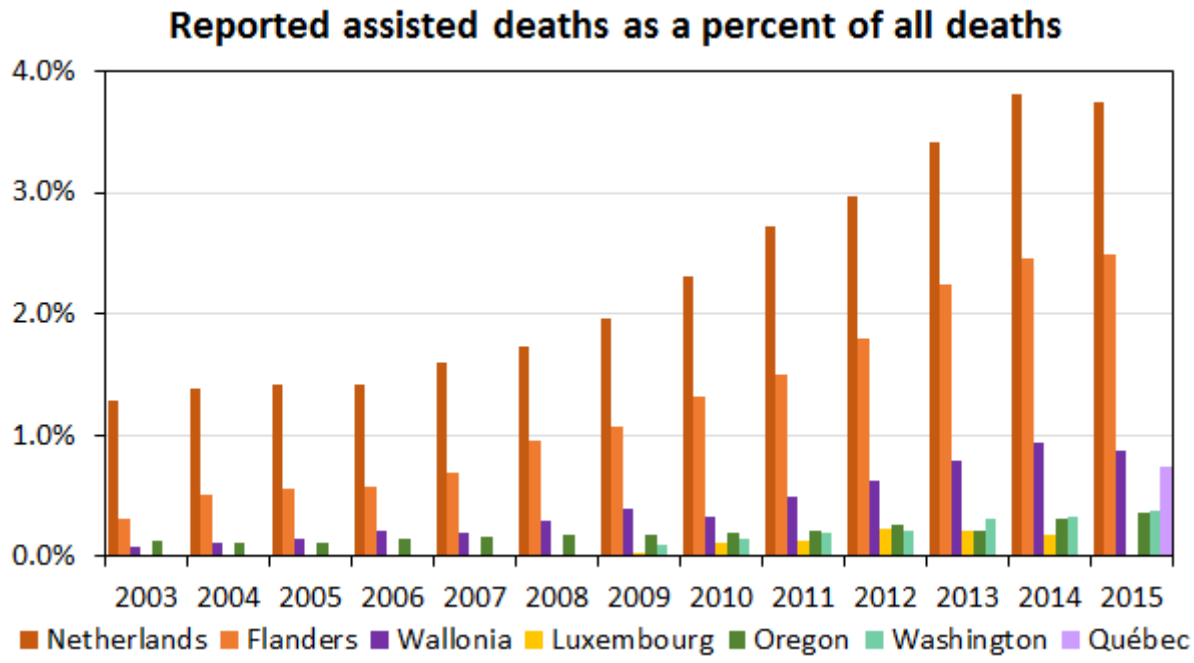


**Figure 1:** Assisted dying in Benelux and North America as a percentage of all deaths
Notes: Dutch cultures appear in orange. Flanders is the northern Dutch, and Wallonia the southern French, 'half' of Belgium.
Sources: Government statistics offices and assisted dying authority reports; Quebec, CBC News