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defending human life
defending liberty of conscience

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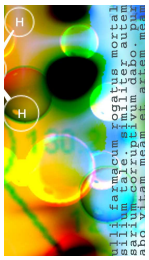


18 October 2011

To all Members Legislative Assembly
Parliament of South Australia

Dear MLA,

The Criminal Law Consolidation (Medical Defences – End of Life Arrangements) Amendment Bill 2011 (with Gardner amendments)

Despite the safeguard amendments introduced by John Gardner MP this bill still allows for euthanasia and physician assisted suicide (PAS).

Given referral to specialists known to be sympathetic to euthanasia and PAS, the very broad criteria will still allow an 18 year-old insulin-dependent diabetic to request and be killed because he considers his life "intolerable". The attending doctor could defend any charges that arise as a "reasonable response".

It is transparently evident that this bill allows a defence against killing or assisting death of the non-dying patient and it must be opposed on these grounds.

However it is also evident that the amendments will hinder the care of the dying patient as the attending doctor would be forced to arrange specialist consultation for every significant change in therapy. This would be a practical impossibility and gross infringement of quality palliative care.

The Gardner amendments have rendered this bill unworkable in practice. It must not be passed.

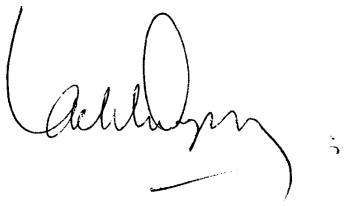
Our previous objections to the bill relating to the inevitable flow-on consequences for society remain valid – even if the amendments were withdrawn

- This legislation would lend 'state' approval for assisted dying as a valid option for people – including the young – to consider what they would otherwise not consider. Given the present tragedy of suicide in Australia we must avoid anything that lends 'state' approval for suicide as a valid option.
- Inevitably there will be pressure on patients to ask for or consent to be killed even when they want to keep on living. This is the so-called *duty to die* – to relieve emotional, physical or financial distress on relatives or carers or as an obligation to society e.g. the elderly with multiple health problems.
- At the very least this leads to a perception by the patient of ambiguity in the role of the treating doctor and fear that their doctor's attitude might change somewhere along the line of care.
- There will be economic pressure on government to reduce palliative care services and for them to be less obtainable. We must not allow the cheaper option of euthanasia to ever become an easy reason to adopt such a course of action. Likewise we must never put patients in the

situation – as in Oregon – where health funds allow funding for physician-assisted suicide but not for treatments that may keep the patient alive.

We re-iterate our resolve to care for the terminally ill but there is a clear demarcation between good compassionate medical care to the end of a patient's life and deliberate interference or assistance for the express purpose of ending that life.

The proper role of a doctor is to uphold the value of life in all circumstance, to comfort always, but never to kill or assist in killing. Ethical and moral values that honour our nation should be upheld by all governments. We urge your strong opposition to this bill.



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(Signatories follow)