



8 May 2013

To Members of Legislative Council  
Parliament of NSW

Dear Member,

### **The Rights of the Terminally Ill Bill 2013**

**In the best traditions of medicine the doctors of *Medicine with Morality* are resolutely opposed to any law that permits physician assisted suicide in Australia.**

#### **Physician assisted suicide is wrong.**

We are united in our resolve to care for those who are suffering and for those who are dying but there is a clear demarcation between giving good compassionate medical care to the very end of a patient's life and deliberate interference or assistance for the express purpose of ending that life.

#### **Morally, it is wrong.**

It is wrong to kill. It is especially wrong to kill those for whom we have been given a mandate of care. It is even more wrong for doctors to be involved in that killing. It is for very good reason that the Hippocratic Oath states that *I will give no deadly medicine to any one if asked.*

#### **Medically, it is unnecessary.**

Although we have compassion for those who are dying, true compassion means much more than simple acquiescence to a patient demand to be killed. Proper medical and *compassionate care* will help them get past that desire. *Relief from pain and distress is increasingly achievable and obtainable.* Killing should never be seen as a solution for misery.

#### **Sociologically, it has significant ramifications.**

The legalisation of physician assisted suicide would have inevitable flow-on consequences for society.

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 physician assisted suicide to ever become an easy reason to adopt such a course of action. We can and we must ensure quality of care until death's natural end for all Australians.

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.

Legalisation lends 'state' approval for assisted dying as a valid option for people – including the young – to consider what they would otherwise not consider. There is then a wider community attitude and expectation that individuals will choose this option 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 involved.

The *duty to die* can also reflect a state or society obligation e.g. the elderly with multiple and terminal health problems where there is an expectation that they will agree to be killed because it is better for society.

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. Patients may justifiably conclude that doctors would be less enthusiastic in their care if they think the patient should be prepared to die and are supported in this view by society and the law.

### **Implied approval of the legitimacy of suicide as a solution for distress**

The failure of the bill to limit the definition of "terminal illness" to when death is both inevitable and imminent allows for a wide definition of such illness e.g. an early diagnosis of multiple sclerosis. The use of "unacceptable distress" (2.4) in this context effectively legitimises suicide as a valid option even when death may be decades away.

Legalisation of physician-assisted suicide would send a wrong message to the community about the legitimacy of suicide as a solution for distress.

And it is clear that significant people in the euthanasia and physician assisted suicide lobby want suicide made easy and intend exactly that.

Ludwig Minelli head of *Dignitas International* claims that suicide and assisted suicide are human rights and then argues

If the Right to Suicide is a Human Right... we must accept that, in order to make use of this right, there must be no legal requirements other than that the person has the mental capacity needed to decide to end his or her own life. Any conditions which insisted that somebody must be terminally or severely ill would interfere with the essence of that Human Right. Human Rights are, inherently, unconditional.

[\*Assisted Suicide Backers Mislead the Public\*](#) by Wesley J. Smith August 11, 2008, Life News.com

Dr Philip Nitschke also argues that anyone – even troubled teens – should have the right to kill themselves:

...all people qualify, not just those with the training, knowledge, or resources to find out how to "give away" their life. And someone needs to provide this knowledge, training, or recourse necessary to anyone who wants it, including the depressed, the elderly bereaved, the troubled teen.

*National Review Online*, 5 June 2001

<http://www.nationalreview.com/interrogatory/interrogatory060501.shtml>

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. We urge your strong opposition to this bill.

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(signatories follow)