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We are writing as representatives a network of over 850 health professionals across Australia, with 400 in NSW, involved in the care of those nearing their end of life or with significant health issues, who have serious concerns around the introduction VAD legislation into NSW. On this occasion we write to you about the article written by Alexandra Smith titled "Terminally ill turn to tragic and horrific methods to end their lives". As in other states, Dying with Dignity claim false assertions and misleading interpretation of coronial data on suicides that Mr Greenwich states as the basis toward support of a VAD law, implying that suicide or self-harm in terminal illness would be prevented by VAD law.

Review of published detail of the Victorian coroner's data analysis based on 118 active cancer patients (1), it seems that 34% had had a history of mental illness, and only 42% of all cases having advanced cancer, meaning the remaining 58% had cancers at an early stage. Only 14% had had contact with a Palliative Care service, despite those being described as "illness probably related suicides" as having concerns about pain. Interestingly, 48% reported the heavy burden of cancer treatment as an issue, rather than the illness (a potentially avoidable burden). Those reported as "suicides likely being related to physical illness" made up only 10% of suicides in each state (one case per week). Many of these cases would not have met eligibility criteria for VAD, thus "bad deaths" would continue despite VAD laws (2).

These results also need to be further contextualised by what we already know through evidence on good medical practice and end of life care. Namely, that 35-40% of those patients who suicided were likely to have an undiagnosed depression (3), which would not have been part of their prior history, and that 35% of them were also likely to lack capacity in making decisions about their health (4). Strong evidence has also demonstrated that the desire to die fluctuates and diminishes closer to actual death, and significantly so when appropriate and good quality psychological and palliative care is delivered (5). In jurisdictions overseas where euthanasia and physician assisted suicide has existed for some time, reported suicide rates in general have actually increased (6).

In summary, there is no definite evidence in the analysis that most or many of these suicides would have either met VAD eligibility criteria, nor that VAD would prevent similar cases is future. One important implication, however, is that lack of access or referral to high quality specialist palliative care and other psychological and social supports may have resulted in many of these cancer patients being driven to suicide, but there is no evidence to suggest lack of access to VAD drove this group as a whole to suicide. As a recent surveys of 2000 WA residents, and similarly in Queensland have shown, 75% would want the Government to address Palliative Care service provision and regional access issues ahead of VAD.

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2. Suicides, Assisted Suicides and "Mercy Killing": Would Voluntary Assisted Dying Prevent These "Bad Deaths"? Del Villar, Willmott, White, (2020) 46(2) Monash University Law Review
3. Depression, Hopelessness, and Desire for Hastened Death in Terminally Ill Patients With Cancer. Breitbart, W Journal of the American Medical Association (Dec. 13, 2000).
4. Systematic Review on the prevalence of lack of capacity in medical and psychiatric settings. Lepping, P, et al J Clin Med (Lond) 2015; 15(4)
5. Mental disorders and the desire for death in patients receiving palliative care for cancer. BMJ Support Palliat Care, June 2016 4:6(2)
6. How Does Legalization of Physician-Assisted Suicide Affect Rates of Suicide? Jones, Paton Southern Medical Assoc. 2015; 108(10)