

# Plunkett Centre for Ethics

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The Hon. Greg Donnelly, MLC

Parliament House

Macquarie Street

SYDNEY NSW 2000

Dear Mr Donnelly

I am writing to you about the **Voluntary Assisted Dying Bill 2017 (Public Consultation Draft)**. May I draw your attention to some things about it.

## **Misnomer**

First, a note about the name of the Bill. Competent and humane doctors *regularly* help their patients to die in comfort and with dignity. So the name of this Bill is a misnomer. Competent and humane doctors treat pain and physical suffering (which can *always* be done successfully *if* the doctor is properly trained and if he or she is *really* prepared to respond to the needs of each patient). This is a Bill to legalize, in certain circumstances, doctors assisting their patients to commit suicide. Whatever your views on this Bill, I do hope that you will not allow yourself to be taken in by its name. That name is intended to *hide* what is really proposed.

## **Lack of access to palliative care in NSW**

You will be aware of the recent report from the Audit Office of the state of palliative care in NSW. Amongst its dismaying findings is the fact that NSW does not have in place a policy to ensure monitoring of *access* to competent palliative care. No wonder just about everyone has a story about how his or her relative or friend had to suffer pain and discomfort as they died. The problem is that, in NSW, some people receive excellent care as they approach death, other people miss out (and thus die badly). This is a disgrace. We should not even *consider* whether to authorize doctors to help people commit suicide until we can

truthfully say that everyone in NSW has a *genuine chance* to receive competent and humane end of life care.

### **Confuses medical problems with social problems**

The Bill would allow a doctor to provide assistance in suicide to a person '*suffering from a terminal illness, who is experiencing severe pain, suffering or physical incapacity to an extent unacceptable to the patient*'. But please notice that this wording deliberately conflates two very different kinds of suffering: pain and physical discomfort (which are *medical* problems) and 'existential' suffering: loneliness, fear of being a burden, etc. (which are *social* problems).

If the patient's suffering is physical, that always *should* be (and always *can* be) relieved, either *directly* or *indirectly*. In the vast majority of cases, physical suffering can be relieved directly, by means of pain relief. In a very small number of cases, physical suffering can be relieved only by indirect methods, such as lightly sedating the patient. Physical suffering *can* be relieved, and we need to get that message across to the people of New South Wales.

However, in all the jurisdictions which have legalized assistance in suicide and euthanasia, people who request this service suffer not from pain but from such things as loneliness and the fear of being a burden on others. The data from Oregon reveals this to be the case there, and it is notoriously true in the Netherlands. We should not licence doctors to help people to commit suicide in these circumstances: we should address the underlying problems: inadequately trained doctors, lack of access, etc.

### **The paradox of 'safeguards'**

The Bill is attended by a series of 'safeguards'. But the 'safer' one tries to make the scope of such legislation, the sooner it will be challenged as 'unfair'. If this Bill were to be passed, it would soon be claimed that the 'benefit' it offers should be made available *much more widely*. A future Parliament would be (and, arguably, should be) put under pressure to deal with 'inequality' of access. For instance, the unfairness of making this 'benefit' available only to those who request it, and denying it from those who have lost that capacity to request it, will be obvious to all.

You will have noted that, in what I have said, I have not drawn on religious premises. Though some will denigrate my views as 'attempting to impose her religious beliefs on others', this debate has nothing to do with religion and everything to do with good public policy in New South Wales.

Yours sincerely



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Plunkett Centre for Ethics