

Guide to letter-writing: NSW

VOLUNTARY ASSISTED DYING IN NSW: LETTER WRITING TEMPLATE

Hand-writing personal (or typing) hard-copy letters to politicians is much more effective than sending an email or a message someone else has written. For every letter received by a politician, it is assumed that at least 100 people feel the same way and didn't get around to writing. We all have the right to voice our opinion. Besides, local members are obliged to investigate their constituents' views in order to represent them in parliament. And get re-elected.

The NSW bill to legalise Voluntary Assisted Dying (VAD) will be introduced into the Legislative Council on Thursday, 14th September. You might consider writing a letter and sending it to all the members of the Legislative Council and your own local member from the Legislative Assembly. Also check your local member's website as some are actively seeking guidance on how they should vote.

Layout of the letter

Addressee:

Members of the Legislative Council or your local MP c/o their electorate office

Subject:

NSW Voluntary Assisted Dying Bill

Content:

Here are some points to consider – choose a few that **are important for you** and write a letter in **your own words**. If you have **experiences of your own** to share, write about them too. Personal stories are very powerful. You don't have to be an expert, just **write from the heart**.

- Even though this bill talks about 'voluntary' assisted dying, this is a euphemism for one person helping another to die either by prescribing suicide pills, or giving them a lethal injection (if they cannot take the pills themselves). The proper terms are euthanasia and assisted suicide. This is an important shift in our society as we have always prohibited the killing of an innocent person.

- Involving doctors in this practice is just an attempt to give it medical legitimacy. The role of doctors as healers should not be mixed with killing of patients. Doctors are not trained to end the lives of their patients.
- Legislating suicide as a way to cope with suffering sends a negative message to our community, especially in view of the current suicide rate in Australia, with around 8 people ending their lives each day. We all think suicide is a bad thing – why are we encouraging it in this group of people?
- Even consideration of VAD to improve care for the dying is immoral while there are people in NSW who still do not have access to palliative care. That would be a more effective way of improving end of life care for the population of NSW. The Attorney General's report on Palliative Care in NSW shows the need for much more work to be done to improve services.
- It is not possible to devise legislation for euthanasia and assisted suicide with adequate safeguards to protect those who are depressed, or coerced by others, from requesting and receiving VAD. You cannot prove that someone is made to feel they are a burden to others and request VAD in order to unburden their loved ones. Also, if one doctor refuses to assist with VAD, there is nothing to stop the person from continuing to ask until they find someone willing to help.
- In the places where euthanasia and assisted suicide is legal, it is not pain but psychosocial factors that prompt requests. If this is the case, we should improve end of life care, and provide psychosocial support, not legalise killing of patients.
- Even though a large part of the public is apparently in favour of legalising euthanasia, this level of support is not reflected in those at the end of life. The number of patients requesting euthanasia at the end of life has been estimated at less than 1% after palliative care has commenced.
- Oregon's legislation is held up as a safe example of VAD legislation to follow in Australia, but the Act requires physicians to give minimal information about their cases and there are no enforcement provisions to ensure it is done, so the data on its 'safety' is meaningless, as there is no guarantee that every case is reported. Despite this, cases involving patients who are not mentally competent have been reported, showing the risks of abuse. In view of the recent findings of the NSW and Federal enquiries into elder abuse, this is very dangerous. Financial abuse is already occurring. The fact that safeguards are discussed indicates that it is inherently an unsafe practice.
- It has been reported that a euthanasia law is needed to control the alleged current acts of euthanasia performed by doctors, but we already have legislation that can address this issue, as it is medical negligence. Anyway, if there are doctors doing the wrong thing now, what's going to make them keep to the law in the future?
- Oregon's death rate from legalised assisted suicide is nearly seven times what it was when the law was changed. Even though we are told not many people will be killed under this legislation, how can we be sure?
- Euthanasia and physician-assisted suicide is marketed as a way to a safe, peaceful death, but in Oregon up to 25% of cases are complicated in some way, whether the patient vomits up the tablets, or wakes up after taking them, or other physical problems. Palliative care is much better at providing a peaceful death.
- It is difficult for doctors to predict when someone is going to die. Even though a VAD law is intended to only be used for people at the very end of life, we all know cases

where doctors have got the prediction wrong, meaning that some people may die prematurely.

Legalisation of VAD is unnecessary as there are safer and better ways to improve end of life care for people in NSW. The Attorney-General has told us that there are many ways that Palliative Care can be improved. That should be done first.

Legalisation of VAD is dangerous as it puts vulnerable people at risk for the sake of a small number of people who are insisting on autonomy at the end of life.

If you would like to read the bill to discuss any particular points of concern, you can find it [here](#).

Closing

Respectfully ask the member to vote against the legislation. Provide your name, address and an email address or phone number. **If you are comfortable, ask if you can have an appointment to discuss the bill.**