

..... humane choices in **Dying**

Our Plan

It is now 13 years since the Federal Government overturned the Northern Territory's Rights of the Terminally Ill Act. The choice to die with dignity remains elusive. Indeed governments have gone to great lengths to suppress information and ideas about voluntary euthanasia for those who are terminally ill. Amendments to the Crimes Act made it illegal to use the telephone, fax, email or internet to share information about end-of-life options.

The so-called "slippery slope" argument suggests that allowing one form of euthanasia will lead to less acceptable forms, e.g. voluntary euthanasia without proper safeguards, or even involuntary euthanasia. There is no evidence where voluntary euthanasia has been legalised such as Oregon, Montana and Washington in the US.

Palliative care cannot ensure that every death is a good death. Conditions such as bone cancer cause great pain for which there is no relief and some deaths bring immense suffering through choking and difficulty in drawing breath.

There is anecdotal evidence that despite the legal risks, some health professionals already assist patients to die, while others ignore their wishes because of fears of being sued or prosecuted. We know that euthanasia is sometimes done at home without medical assistance or by people caring for their loved ones. Some Australians travel overseas to take advantage of voluntary euthanasia laws in other countries.

Surveys consistently show that over 80% of Australians support the right of a competent, terminally ill person to take their own life with medical assistance. The issue is complex and difficult but overseas experience shows that it can be done – sensitively and safely.

•nationally consistent **voluntary euthanasia laws** with sophisticated safeguards for end of life decisions based on the following principles:

- patients in a state of mental competence, with a terminal or incurable illness that creates unrelievable and profound suffering, would have the right to choose to die in a manner acceptable to themselves and not be compelled to suffer beyond their wishes
- no individual, group or organisation would be compelled to either participate or not participate in the assisted voluntary euthanasia of a sufferer
- providing advice, assistance or support to a sufferer, their relatives or guardian regarding voluntary euthanasia or to be present at the time, would not constitute an offence
- assistance in voluntary euthanasia to be provided in all cases by doctors

•**training for health professionals** in clinical practice guidelines for communicating prognosis and end-of-life issues

•patients to be given the right to make **advance care directives** (advance care plans provide information on an individual's decisions regarding end-of life choices under a range of circumstances) and to have them respected

•increased funding for and availability of **palliative care**

•recognising that voluntary euthanasia is a complex ethical issue, ensure that legislation that governs it is developed by a representative cross-party Parliamentary committee following **extensive community consultation** and debate and is decided on a conscience vote