



CATHOLIC ARCHDIOCESE OF MELBOURNE

Response to the Voluntary Assisted Dying Framework Discussion Paper

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Introduction

This Response to the Voluntary Assisted Dying Bill Discussion paper (hereafter called "the Discussion Paper") is made on behalf of the Catholic Archbishop of Melbourne, the Most Rev. Denis J. Hart, and is endorsed by the Catholic Bishops of Ballarat, Sale and Sandhurst.

The Catholic Archdiocese of Melbourne (hereafter called "the Archdiocese") regards the proposal of the Government of Victoria to introduce legislation enabling assisted suicide as a sign that the State of Victoria has given up hope on the further and future development of palliative care to respond better to the cry of despair and the cry for help that underlies requests for assisted suicide or euthanasia.

Any enabling legislation would lead to a change of social attitudes that would make it very difficult to repeal even if satisfactory new treatments and approaches to further improve pain relief and address the holistic needs of terminally ill patients were discovered or developed in the near future. That is why the proposal to enable assisted suicide and, by extension, euthanasia is a sign of a loss of hope.

The Archdiocese believes that the language of public policy and particularly the language of our laws should be clear and unambiguous. What is called in the Discussion Paper "voluntary assisted dying" should be named for what it is namely voluntary assisted suicide and that further public discussion should not cloak what is intended through the use of disingenuous or euphemistic language.

The Archdiocese notes that the proposed legislation would result in the extraordinary circumstance in a society which correctly regards suicide as a tragedy, that some suicides will be regarded as acceptable – even to the point that the State will assist in the process.

To legislate that assisted suicide will be available, even for the few, is a tragic sign that the State has lost hope that science, medical and nursing practice, psychological and social services in the care of those who, whilst in terminal decline suffer pain cannot be improved in the foreseeable future.

This is wrong. In countless branches of medicine and care, the progress made in the last decades has been extraordinary. Why should this progress be discounted in terms of end of life care such that the State of Victoria would dare both abandon its responsibility to the most vulnerable in our society and undermine the prospect of improvement by legislating for assisted suicide and euthanasia?.

Our State of Victoria has no need for this legislation.

We submit that excellent medical practice, psychological care, nursing care, pastoral services, social work, and pharmaceutical benefits should be available to each and every citizen from the time of conception to natural death.

Several Jurisdictions which introduced assisted suicide and euthanasia did so without having made palliative care, at best practice levels, available to all their citizens, and their decision to do so has held back its future development and availability to their citizens. This is not a lead Victoria wants to or should follow. Victoria can and should be better.

1. The Purpose of the Submission

Although the Chair of the Ministerial Advisory Panel (hereafter called MAP), Professor Brian Owler, indicates "that the panel will not consider feedback that expresses an opinion for or against assisted dying", the Archdiocese in addressing some of the questions of the discussion paper wishes to make clear its opposition to assisted suicide and euthanasia.

The Archdiocese does support the process of assisted dying which is called palliative care. The Archdiocese will never condone or support assisted suicide or euthanasia.

The Archdiocese does support good practices of treatment and care but does not agree that administration of a lethal drug or lethal dose is treatment. Suicide is not healthcare. It is the termination of healthcare. Indeed, the suicide of a family member can trigger multiple health problems for the surviving members of that family. The Archdiocese does not consider that a lethal drug or lethal dose can be medicinal. It is neither for the prevention or treatment of disease.

The Archdiocese does not support the notion that suicide or euthanasia is a gentle way to go ... palliative care offers that already. Suicide or euthanasia is not a natural or gentle departure from this life. It is an immediate and unnatural departure through the administration of a drug (or an amount of a drug) that is poisonous for human consumption.

The Archdiocese, like the Government of Victoria, supports the majority of the recommendations that were made by the Standing Committee on Legal and Social Issues (hereafter called the Committee) following its Enquiry into End of Life Choices.

The Archdiocese asks whether the introduction of legislation allowing for assisted suicide signals that the Government is not committed to the long term funding and implementation of the other recommendations from the Committee that it has accepted. In particular, the Archdiocese asks whether the Government will make the political commitment and invest financial capital into the development of a world class palliative care service with fully trained practitioners for all Victorians if it succeeds in introducing voluntary assisted suicide – because the discussion paper uses the disingenuous name, “voluntary assisted dying” as a cloak behind which to hide its true intent.

The Archdiocese wishes to make clear our total objection to the introduction of assisted suicide, and euthanasia. We will join with family and community organisations to advocate for the defeat of any legislation that would enable the tragedy of suicide or killing of human persons to become legal in Victoria.

However, in this submission, the Archdiocese addresses several points raised by the discussion paper from its role as religious leader, and a and a significant contributor to the community, with governance/oversight over a significant number of health and aged care facilities.

2. The Individual and the Community

The discussion paper posits a philosophy of individualism. Individual preference without reference to family, extended family, carers, or community is seen as a desirable norm.

However, in life, and the Archdiocese submits, in death, no-one is an absolute individual. Everyone is related. To be human is to be personal and to be personal is to relate to a community of people.

Everything a citizen does or receives in Victoria relates her/him to others. The simple act of turning on a domestic light occurs because a whole community of people have facilitated it.

Similarly with the proposed introduction of voluntary assisted suicide. No one does this alone.

The proposed legislation enlists a whole community to assist in the suicide (and in some cases killing) of individuals.

In the case of physician assisted suicide: at least two physicians have to agree that the individual is capable of validly making the request.

A physician has to prescribe the lethal drug/dose (euphemistically called treatment).

A pharmacist has to fill the prescription.

The family (who may not know until after the assisted suicide has taken place) has to make funeral arrangements

Funeral directors, Celebrants, and cemetery workers carry out their respective duties.

Doctors, nurses and lawyers all fulfill their requirements at the time of death and afterwards.

Individuals who cannot self-administer a lethal drug or dose will have someone else to do so for them ... and so what is being proposed is not simply and only assisted suicide, it also includes legalizing euthanasia in Victoria.

And, each and every parliamentarian who votes in favour of the enabling legislation will formally co-operate in every assisted suicide and every act of euthanasia in Victoria.

Assisted suicide and euthanasia are not individual acts. They are communitarian acts.

3. The Function of Law

The Archdiocese applauds the recent full page Victorian Government advertisement headed: "Victorian. And proud of it". The Advertisement has a picture of a young paramedic and the text says:

Victoria is a special place. We have freedoms many only dream of, like the ability to be yourself. And when you've got something to say, you can because one law respects us all and one law protects us all.¹

The Archdiocese submits that the proposal to introduce legalized assisted suicide and euthanasia seriously misconstrues an important function of law.

At least one aspect of law is for the good ordering of a society enabling its citizens to live harmoniously together. It is a way in which we regulate our dealings with each other. It is also one way in which we protect those in our community who are vulnerable or in need of protection, sometimes even from themselves.

Legislation also has a normative role by requiring certain conduct or prohibiting other conduct in regulating what is good for society at large. In all of these functions individual behavior, desire and preference is balanced against what enables the society to operate well. Countless examples could be listed including the traffic laws of Victoria and Commonwealth taxation law.

All law is based on public policy and principle and, throughout the world, public policy reflects a deep understanding of the value of life. Many areas of law reflect principles that are based on this fundamental policy. Intentional actions causing death are serious crimes. In Australia the law is that, in addition to the intentional taking of life, recklessness leading to death of another is also against the law.

There can be exceptions to principle, but these too need to be based on principle. There can be points where basic, widely accepted principles clash. But this is not the case with assisted suicide. The desire, even desperate desire, of an individual to be assisted in the taking of their life is so counter to fundamental policy and principle that it should be rejected.

¹ *Herald Sun* February 21, 2017, p. 10.

3(a) Supporting the Community

In various parts of Victorian law, individual preference does and must give way to the benefit of the Common Good.

In the case of assisted suicide and euthanasia, the Discussion paper acknowledges that this is for the benefit of a minority of individuals.² The Ministerial Advisory Panel and the Parliamentarians must also examine whether the proposed enabling legislation contributes to the Common Good.

How would an introduction of assisted suicide and euthanasia promote good order in Victoria? How would it improve the health of Victorians?

The Archdiocese submits that any proposal to introduce legislation enabling assisted suicide and euthanasia does not promote the good order of society and is not for the Common Good.

The Archdiocese asks whether the Government of Victoria would continue to promote the five key priority areas of **Victoria's End of Life and Palliative Care Framework** if assisted suicide and euthanasia were to be legalized before the framework was implemented and given time to be evaluated?

The Archdiocese asks whether the Government is fully committed to making available first class palliative care to every citizen in Victoria? Is the Government committed to the provision of funding for training physicians, nurses, allied service personnel? Is there a commitment to expanding hospice and home care service both in cities and regional Victoria? Will the Government assure that no member of the Victorian community is denied the best palliative care services because of where they live?

The Archdiocese is keen to hear that the Government will ensure that health care is not replaced by death care in Victoria. Concerning evidence was printed in the *Washington Times* on 20 October 2016 about an insurance company which denied a woman insurance payments for chemotherapy once California's End of Life Option Act came into being. However, the insurer said that it would pay for her prescription to suicide.³ Whilst our insurance system is different, the above situation

² Voluntary Assisted Dying Bill: Discussion Paper, p. 1.

³ http://www.washingtontimes.com/news/2016/oct/20/assisted-suicide-law-prompts-insurance-company-den/?utm_campaign=shareaholic&utm_medium=twitter&utm_source=socialnetwork

sounds a warning that assisted suicide might be seen to be an easier option than good medical and palliative care.

3(b) Supporting the Medical Community

The Archdiocese has received numerous messages from doctors expressing their dismay at the prospect of being forced to be co-operators in assisted suicide and euthanasia.

The Archdiocese is pleased with the Committee recommendation: "No doctor, other health practitioner or health service can be forced to participate in assisted dying".

The Archdiocese urges the Ministerial Advisory Panel and the Government to follow the recommendation of the Committee and not force the will of a minority on the medical profession and allied health professionals (including nurses and pharmacists) who, in conscience, do not wish to participate. No individual or group provider of health care, aged or disability services must be compelled to participate in or facilitate assisted suicide or euthanasia nor be subject to any form of discrimination as a result.

Nor should any institution (including Catholic colleges and Universities) or any individual working in or for them be required to teach medical and nursing students how to prescribe and/or administer lethal drugs and doses.

4. Some Concerns

Although the Archdiocese of Melbourne expresses its total disagreement with the notion of assisted suicide or euthanasia the following points are submitted by the Archdiocese for your consideration:

1. No drug, dosage or procedure that is claimed to have been used by practitioners to assist suicide in Victoria has been subject to an Australian clinical trial or HREC approval. This makes it particularly dangerous for General Practitioners or other medical practitioners without specialist understanding or training in toxicology to be licensed to assist suicides.

The Archdiocese of Melbourne emphasises the trust that patients must always have in their doctors and does not support the notion that General Practitioners should be either allowed to, or be required to, prescribe and/or administer lethal drugs and doses to patients.

2. No medical or nursing school in Victoria teaches students how to prescribe or administer lethal drug or dosages.

3. There are no proposed safeguards that lethal drugs and dosages cannot be consumed by people other than those for whom they are prescribed and there are no safeguards against crime and/or a black market arising from increased availability of drugs and dosages that are poisonous for human consumption.

4. The Archdiocese draws the attention of the Ministerial Advisory Panel to the fifth dot point in the Chair's message regarding respect for the diversity of culture and values of Victorians.

The Archdiocese notes that, to date, assisted suicide and euthanasia have been introduced in some parts of North America and Europe. These practices have not been promoted in Asia.

Victoria has an increasing Asian population (overtaking European born migrants). According to ABS statistics, Melbourne has a fast growing population of Asians and people of Asian descent.

The notion of assisted suicide and euthanasia is something quite anathema to many Asians of all faiths and none. In many Asian families, deep respect for elderly family members (sometimes termed "filial piety") is a primary virtue which is so profound that any concept of assisted suicide or euthanasia would be seen as reflecting poorly on the family.

5. The Archdiocese draws the attention of the Ministerial Advisory Panel to the Commonwealth Government's protocols regarding elder abuse. The introduction of assisted suicide and euthanasia does open new concerns in this area. Thus the questions posed on page 8 and 9 of the Discussion Paper merit serious reflection.

6. During the Archdiocese's presentation at the Committee's Enquiry into End of Life Choices we drew attention to the opening paragraph on the Suicide page of the World Health Organisation's web site:

Suicide is the act of deliberately killing oneself. Risk factors for suicide include mental disorder (such as depression, personality disorder, alcohol dependence, or schizophrenia), and some physical illnesses, such as neurological disorders, cancer, and HIV infection. There are effective strategies and interventions for the prevention of suicide.⁴

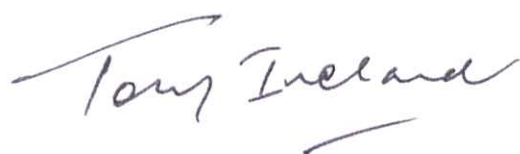
⁴ See <http://www.who.int/topics/suicide/en/>

The World Health Organisation has published a book entitled: Preventing Suicide: A Global Imperative with its object being "to make suicide prevention a higher priority on the global public health agenda".⁵

If the Government of Victoria does not act on the recommendations of the Committee to make quality Palliative Care available to all citizens before introducing an Assisted Suicide Bill, it will be doing the exact opposite to what is proposed by the World Health Organisation.

5. Thank you

The Archdiocese thanks the Ministerial Advisory Panel for inviting submissions from those who "hold differing views about voluntary assisted dying" and who "may not choose to participate in its implementation".

A handwritten signature in black ink that reads "Tony Ireland". The signature is fluid and cursive, with a horizontal line underneath the name.

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A handwritten signature in blue ink. The signature is stylized and cursive, appearing to read "Anthony Kerin".

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⁵ See http://www.who.int/mental_health/suicide-prevention/world_report_2014/en/