

Assisted suicide: Good or bad public policy? What are the facts?

The proposition currently being considered by the Andrews Labor Government is to legalise assisted suicide for persons whose are “suffering from a serious and incurable condition which is causing enduring and unbearable suffering that cannot be relieved in a manner the patient deems tolerable.”

This document looks broadly at the question of Assisted Suicide and public policy. These matters are reviewed in greater detail in the Assisted Suicide FACT SHEET series available at www.no euthanasia.org.au

NOT FOR PAIN BUT FOR “BEING A BURDEN”

The case for assisted suicide in Victoria is being made based on a **false claim** that experts from Palliative Care Victoria gave evidence that “not all pain can be alleviated”. On the contrary what Palliative Care Victoria **actually states** is that in the rare cases when all other methods of palliation for pain and other symptoms fail, palliative sedation therapy is available to provide adequate relief of suffering.

Oregon is being put forward as a successful and safe model for assisted suicide. However, in Oregon assisted suicide is given primarily for reasons such as a loss of autonomy, life being less enjoyable, incontinence and feeling like a burden on family, friends and caregivers.

Take a closer look at this issue.

We will be told about so-called ‘safeguards’; but the very admission that ‘safeguards’ are necessary tells us that Assisted Suicide is intrinsically NOT safe.

THREAT TO DISABLED PERSONS

Legalising assisted suicide poses a direct threat to the lives of some people with disabilities who may be assessed as eligible to request it. Doctors are more likely to agree that they are “better off dead” and to miss signs of depression or coercion. Legalising assisted suicide for being a burden, incontinence and loss of ability to enjoy activities trivialises issues faced daily by persons living with disability and demeans their courage in facing the challenges of life.

THREAT TO ELDERLY PERSONS

If an elderly person is made to feel like a burden to their family this should be considered a warning sign for possible elder abuse. Family members

experiencing “inheritance impatience” may subtly or overtly influence an elderly, sick person to request assisted suicide. Recent reports from Victoria and New South Wales suggest professionals miss signs of such undue influence on the decision making of victims of elder abuse.

THREAT TO THOSE WITH MENTAL HEALTH ISSUES

One in six people given a lethal prescription in Oregon had undiagnosed depression but only one in 25 people were referred to a psychiatrist for assessment. Even with compulsory referral to a psychiatrist all four people euthanased in the Northern Territory had unresolved mental health issues.

THREAT TO SUICIDE PREVENTION EFFORTS

Assisted suicide is being proposed as a means to prevent the elderly sick from committing suicide in violent ways. However, evidence shows that legalising assisted suicide increases the total rate of suicide by over 65s by 14.5% and the suicide rate in the whole community by 6.3%.

Legalising assisted suicide would undermine Victoria’s goal of halving the suicide rate by 2025.

ONE WRONGFUL DEATH IS ONE TOO MANY

Zealous campaigners for assisted suicide may not care if “**a few grannies get bullied into it**” but just as with capital punishment, most thoughtful people would not support legalising assisted suicide once they understand the very real risks to the lives of the disabled, the elderly, those with mental health issues

and those Victorians, including young people, who struggle with suicidal ideation.

CONCLUSION

No case for legalising assisted suicide can be made on the basis that this is the only possible response to Victorians facing unrelievable pain. Rather Victorians need universal access to gold standard palliative care which can alleviate pain, including using palliative sedation as a last resort.

The actual proposal for legalising assisted suicide would cover subjective, existential suffering, including fear of being a burden on others.

It would pose a very real threat to the disabled, the elderly, those with mental health issues and those Victorians, including young people, struggling with suicidal ideation.

Like capital punishment, legalising assisted suicide is not safe and cannot be made safe for all Victorians.

Legalising assisted suicide is unnecessary, unsafe and bad public policy.

<http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year19.pdf>

⁵ Kissane DW., "Deadly days in Darwin" in *The Case Against Assisted Suicide*, K. Foley & H. Hendin (ed), Johns Hopkins University Press, 2002, p.192-209 Available at:

http://www.aph.gov.au/senate/committee/legcon_ctte/terminally_ill/submissions/sub589.pdf

⁶ Jones, David Albert and Paton, David (2015) *How does legalization of physician assisted suicide affect rates of suicide?* Southern Medical Journal, 180 (10). pp. 599-604.

<http://eprints.nottingham.ac.uk/31805/1/Suicide%20US%20SMJ%20pre-publication.pdf>

⁷ Victorian Suicide Prevention Framework 2016–25, July 2016, p. 6, <https://www2.health.vic.gov.au/Api/downloadmedia/%7B20D93A86-861E-4711-AA07-AFCA8B411504%7D>

⁸ Z. Chustecka, "Renowned Neurosurgeon on Assisted Dying and His 'Suicide Kit'" *Medscape*, Apr 27, 2017, <http://www.medscape.com/viewarticle/879187>

http://www.parliament.vic.gov.au/images/stories/committees/SCLSI/EOL_Report/LSC_58-05_Text_WEB.pdf (see page 206, footnote 809)

² Oregon Public Health Division, *Oregon Death With Dignity Act: Data Summary 2016, Table 1. Characteristics and end-of-life care of 1,127 DWDA patients who have died from ingesting a lethal dose of medication as of January 23, 2016 [sic = 2017], by year, Oregon, 1998-2016*, p.10, <http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year19.pdf>

¹ <https://assetsforcare.seniorsrights.org.au/relationship-breaks-down/equity/undue-influence-unconscionable-dealing/>; NSW Legislative Council, General Purpose Standing Committee No. 2, *Elder Abuse in New South Wales*, June 2016, <https://www.parliament.nsw.gov.au/committees/DBAssets/InquiryReport/ReportAcrobat/6063/Report%2044%20-%20Elder%20abuse%20in%20New%20South%20Wales.pdf>

⁴ Linda Ganzini et al., "Prevalence of depression and anxiety in patients requesting physicians' aid in dying: cross sectional survey", *BMJ* 2008;337:a1682, <http://www.bmj.com/content/bmj/337/bmj.a1682.full.pdf>; Oregon Public Health Division, *Oregon Death With Dignity Act: Data Summary 2016, Table 1. Characteristics and end-of-life care of 1,127 DWDA patients who have died from ingesting a lethal dose of medication as of January 23, 2016 [sic = 2017], by year, Oregon, 1998-2016*, p.9,