

# LifeChoice Tasmania submission to the End of Life Choices Bill review panel.

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1. LifeChoice Tasmania opposes the End-Of-Life Choices (Voluntary Assisted Dying) Bill 2020 (hereafter referred to as the “Bill”). Our society was founded to promote the dignity of human life from conception to natural death, through discussion. The Bill contravenes the principles of our student-run society and we present this submission to the review panel for consideration.
2. The intentional taking of human life is fraught with risks and can not be morally justified. While the Bill is portrayed as a compassionate choice between two terrible deaths, it still contains risks of coercion and abuse. While several attempts have been made to provide protections for vulnerable persons, the overall process contained in the Bill is not directed towards safety, but towards accessibility.

The Australian Institute of Family Studies found that between 2 and 14% of people over the age of 65 suffer from elder abuse every year (Kaspiew et al, 2015). Such a large number points to a chronic issue in this country. With this underlying condition, introducing a Bill that allows a potential avenue of abuse should raise concerns for anyone. The Bill outlines no standard test for whether an individual is acting voluntarily. While the Primary Medical Practitioner, Consulting Medical Practitioner, and the Authorized Medical Practitioner are required to determine that the individual is acting voluntarily, it is left open to interpretation how this can be done. Instead, one member of the legislative council suggested that medical practitioners were able to do this without ever asking any questions (apologies, I could not find the Hansard for this). Even should a question be asked; an individual could simply be coerced to say that they are acting voluntarily. A stricter regimen needs to be added that involves interviews and getting to know family members to determine that no coercion is present.

A further issue is that the Bill designed for easy accessibility and not the protection of the vulnerable. An example of this can be found in Section 51 of the Bill. It is supposed to make an end of the process if two Consulting Medical Practitioners determine that an individual is not eligible. However, all an individual needs to do is find a new Practicing Medical Practitioner and they can start again immediately (section 51, subsection 2). The individual can even continue to use the same original doctor immediately if they apply to the commission for an exemption (section 52, subsection 2). This should be a natural safeguard banning an individual from doctor-shopping until they find the medical practitioners who will give them the answer they are seeking. Instead, it is deliberately filled with loopholes to not make the process accessible at the expense of safety. As shown in a previous section, elder abuse is common in Tasmania, and the persistence of those seeking the process in bad faith should be feared not made easier.

3. One of the key eligibility requirements of accessing the process should be all other reasonable means of dealing with pain or a relevant medical condition should be

tried before accessing Voluntary Assisted Dying (VAD). Currently, the Primary Medical Practitioner is required to explain all reasonable alternatives to VAD that have the potential to relieve physical and mental suffering (section 7). There is currently no requirement that individuals access anything that may relieve their pain. A logical means of reducing the exploitation of the Bill and of improving individual's quality of life would be to make mandatory the use of other techniques of reducing pain. Instead of individuals risking being pressured into seeking an early death, they could be protected and given the lifechanging benefits of our modern healthcare system.

Section 37 of the Bill requires the referral of an individual to a CMP for a second opinion. A natural addition to this section of the Bill would be that the CMP should be an expert in the condition of the individual. The CMP should be responsible for seeing that all alternative reasonable treatments for the condition have been tried before progressing with the process.

The safeguards of the Bill should be rewritten to be safer. Currently, they are almost all similar to section 51 where exceptions and easy workarounds can be found immediately. Safeguards should end the process to stop exploitation, instead they are deliberately weakened by these workarounds. They no longer do what they claim to do. With any bill that deals with such serious issues, people will look to exploit it regardless of the intentions of the people drafting it.

Kaspiew, R., Carson, R., & Rhoades, H. (2015). [\*Elder abuse: Understanding issues, frameworks and responses\*](#) (Research Report No. 35). Melbourne: Australian Institute of Family Studies.