

Thank you for the opportunity to make a submission to the Review Panel regarding the *END-OF-LIFE CHOICES (VOLUNTARY ASSISTED DYING) Bill 2020*. I, Tamara Corbett, have serious concerns as a citizen in this beautiful state.

I believe that every life is of value - whether someone is old, disabled, unwell, a genius, a contributor to the economy or not. I was so touched and so proud to be Australian after the Government's response to COVID. It showed that although the economy was important, human life was more-so. So many measures were taken to promote the health and life of people. Not many other nations did that! As a nation we have every right to be proud of our achievements thus far in our response to COVID.

But at the same time, ironically, a Bill has been introduced into parliament calling for the allowing of assisted death by suicide.

I have several concerns with this proposed Bill. Some are below:

1. **Fundamentally, every life has intrinsic value despite age, ability or wellness (emotional or physical).** Assisted suicide does not recognise this value. Every human life has equal value. But not every idea about the human worth is equal. This Bill states the equal value of every human life (Part 1, Article 3.2.a), but the Bill itself also targets those who are unwell, old and vulnerable thus implying that not every life is of equal worth.
2. The role of **medical practice is to sustain life** where possible. The Hippocratic Oath still informs the role of those who practice medicine, the functions of hospitals, paramedics, pharmacists, and allied health care professionals. This Bill confuses and undermines this role because it seeks to allow those bound by this Oath to intentionally *take* life and thereby take part in *active* euthanasia.
3. Increased resources have been provided in Tasmania for **suicide prevention**. Many individuals and organisations work diligently to preserve the life of potential victims. It is contrary to then allow a particular style of suicide (doctor assisted) and sends a **confused and inconsistent message** particularly to the vulnerable.
4. **Laws normalise behaviours.** As the law allowed **abortion**, it has become a norm, rather than a rarity. I think we all know ladies who have felt **pressured to abort** their baby (either with words or without). Even though the Bill in Part 3, Article 13 prohibits *coercion*, I have good reason to fear that this is likely to happen with doctor assisted suicide, where family, who either want an inheritance or don't want to care for the parent/friend any longer will put **pressure on the older person to end their life through VAD**. I already know of an older man who said he didn't want to *burden the family*, 'they are all too busy for me if I need help'. This is a pressure that many will feel unnecessarily.
5. A natural response we have is a **fear of the unknown**. A 'fear' factor is not adequately addressed or dealt with in the Bill. This fear can be paralysing. A friend of ours (who

officiated the wedding of my husband and I) had his life take a turn he wasn't expecting. He was diagnosed with MND about 10 years ago. His future looked very nasty. It is a cruel disease. He feared where it would lead him. Many people give up at this stage, but even in this place, he has now had about 10 years to create many wonderful memories for both his family and his community. He is currently 'banking his voice' as he is starting to lose his ability to speak. His family and friends are SO glad he overcame his fear and is enjoying life and encouraging others in the same situation. He is leaving an admirable legacy.

On the other hand, my widowed **grandmother faced a fear**. She was in a very different situation. Her husband had died (missing), her only son (my dad) had fled the country and arrived in Australia as a refugee. A friend was coming to visit her, but she was unsure of their political motive and feared, so she jumped to her death. **This one act of ending her life scarred many around her** - her friends, her neighbours and her family. I carried a deep grief with me, knowing the hopelessness she must have felt. The fear, the loneliness and the lack of love she must have felt to do it. **This grief is like no other**. Although I could do nothing about it as a child in a different 'safe' country, the grief remains. **She succumbed to the (unwarranted) fear and we are all left in the wake**. Doctor assisted suicide will leave **loved ones of the victim with an unexpected grief that comes from someone choosing suicide**.

6. Some prominent **sexual perpetrators** (locally and internationally) have **suicided just after being charged**. This has caused a complete lack of closure and justice to victims of these crimes. **This Bill cannot discriminate** in this way who is not permitted to make use of assisted suicide and will **prevent closure for some victims**.

We have a problem with people feeling unloved or a burden to others and are therefore feeling that it would be better off being 'out of the way'. Each life is valuable, and promoting a 'take it or leave it' attitude with life cannot help but infiltrate into the psyche of our already vulnerable citizens and our alarming suicidal rates. Please instead recommending to the government that funding for other end of life choices - like much improved palliative care, and promoting a society that adds value to these vulnerable lives be adopted instead.

Please help us to continue to maintain our fight for increasing suicide prevention in Tasmania.

Thank you.

Tamara Corbett