

This week the Inquiry into the ACT euthanasia legislation will hold public hearings. By year's end each state and territory, with the possible exception of the Northern Territory will have enacted legislation to enable euthanasia. No bill actually uses that term – instead they emphasise that it is *voluntary* and that the person is already dying. The Inquiry will almost certainly find that the Bill is excellent. Let there be no doubt, the Bill will pass and by the end of 2025 people in the ACT will be dying by their own hand or through the actions of a health professional. The members of the Assembly seem to be very keen to pass this legislation rather than taking it to the election to be held only months from now.

In announcing the proposed legislation, the Chief Minister noted that the Territory would be in a position to learn from other jurisdictions. For those, like me who want to defend the vulnerable and promote human flourishing, there was at least the comfort that the ACT version would be no worse than the legislation enabling suicide or killing passed by the States. The Territory Government has however, decided to push even those extensive boundaries.

The Bill before the Assembly has three areas which are novel in the Australian context: *there are no residential requirements* – any connection with the ACT is sufficient and a waiver may be sought for those whose connection seems tenuous; there will be *no requirement for a terminal illness or prognosis of a time of death* – the person simply has to have a condition that is “advanced, progressive and expected to cause death” along with the person believing that they are or may suffer intolerably, in other words all the criteria of old age; *it will not be necessary to have two medical practitioners involved in the determination of eligibility* – two registered health practitioners will be sufficient.

The basis claimed for these novel provisions in the ACT Bill is compatibility with the ACT Human Rights Act. In its submission to the Legislative Assembly Select Committee Inquiry, the ACT Human Rights Commission takes up a number of additional issues – calling for the removal of age restrictions; further provisions to address the lack of or loss of capacity to make a decision on euthanasia; and, reduced oversight and reporting requirements. The reason for these additional proposals is that young people and those suffering from a lack of capacity or dementia have a right to receive ‘health care’ without discrimination. In other words, as a number of the submissions make clear – a simple request made when life seems to include suffering may well be sufficient in the future for any person with an association with the Territory to access state-sanctioned killing.

Part of the absurdity of the various pieces of legislation about euthanasia is that they describe it as *health care*. Health care seeks to heal, cure, sustain and relieve suffering, yes, but not to kill. The first ethical precept of health care is “first, do no

harm.” Regardless of whether one supports the suggested purpose of this legislation or not, it is inconsistent with the intent and goals of health care to suggest that processes designed to end life are health care.

In the explanatory memorandum for the legislation, the process of killing someone or enabling them to kill themselves is described as a ‘safe, effective and accessible process’. In what other circumstances would we suggest that the ingestion of a lethal substance with the intent of causing death was “safe”? I wonder what other warning labels may need reinterpretation in light of this where a substance with the sole purpose of ending life is deemed ‘safe’.

The ACT Human Rights Commission is not alone in endorsing the state-sanctioned killing of citizens; neither is it alone in calling for fewer ‘restrictions’ on such ending of human life. A number of other submissions mirror these requests for fewer safeguards. These types of legislation are being enacted in Australia and around the world without much objection – because, I suspect that, as a community, we have a diminished care factor: “what you choose to do is your business and it has nothing to do with me”.

It seems we are content to allow those who, due to suffering and infirmity, believe their life is no longer tolerable to choose to end their lives. Instead of seeking means to limit or address the suffering, as a society we seem willing to turn away from those in need, leaving them to their own devices.

In contrast, palliative care is a person and family centred approach to advanced, progressive illness from which a person might be expected to die. Palliative care offers the relief of pain and the treatment of other symptoms that may cause discomfort or distress to the person; it offers support to stay at home and the necessary equipment to bring this about; it includes assistance to the person and families to address emotional, social, cultural and spiritual concerns. It is practical and directed at the needs of the person now and as their illness progresses. This Bill does nothing to advance this option for those in such circumstances.

Already the ACT Government has not met its election promises in relation to palliative care; nor has it adequately funded palliative care to meet current community need. Since, the Parliamentary Budget Office in Canada has calculated the savings resulting euthanasia, perhaps we will not need to increase or even maintain funding for palliative care. At least those confronted with this choice may assist in budget savings!

In proposing this Bill the citizens have been sold a lie: it is implied that there is euthanasia or there is unrelieved suffering. There is the option of palliative care – in fact, the ACT centre for palliative care, Clare Holland House, is recognised for being

nationally and internationally at the forefront of the care for those who are suffering. Yet, not all the beds at Clare Holland House are fully funded and not all those seeking its 'hospice in the home' services can be accommodated due primarily to a lack of adequate funding.

At the same time as presenting state-sanctioned killing as an option, the centuries old respect for conscientious objection is severely limited in this Bill. Those who claim a moral objection to participation in bringing about the death of their fellow citizens are liable to criminal prosecution and criminal penalties. Those who hold that human life is precious and that it is simply wrong to kill another or to enable the death of another, are told that they must not seek to prevent the immoral outcome.

The proposals in this legislation seem odd to me – but then it seems odd that we would view killing as an acceptable response to illness and disease.

*Dr Patrick McArdle, Chancellor, Catholic Archdiocese of Canberra and Goulburn.  
January 2024*