

Anglicare NT

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AN OPEN LETTER TO THE MEMBERS OF THE LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY

February 9 1995

Dear Members of the Legislative Assembly,

PROPOSED EUTHANASIA LEGISLATION

Mr Perron's proposed Private Member's Bill has certainly mobilised the community in a manner that we have rarely observed. Through the various programs of Anglicare, we as a staff are acutely aware of people who experience severe pain and suffering in our community. We share and empathise with that most humane desire to take what ever steps are possible to alleviate suffering. That is fundamental to Anglicare's reason for existence as well as being central to the personal ethos of the staff. However, the prospect of legalised euthanasia as a solution to human suffering concerns us greatly for several reasons.

1. We are concerned that the value of human life will be diminished. Any such diminution must be to the detriment of society. Once the door is opened, it is a comparatively small step to involuntary euthanasia and the horrifying prospect of dispatching those who are most vulnerable: the frail aged; the grossly disabled; those who are deemed unproductive economic units; the impoverished; the powerless. Such a proposition may seem far fetched from where we presently sit but a glance back into recent history will reveal examples of such abuse.

Quite apart from any sinister basis for the extension of the scope of euthanasia legislation, there is the probability of pressure to extend it on the basis of human rights or equal opportunity laws to include other than "mentally competent adults". Why limit the legislation to adults? Shouldn't terminally ill children be given the same option? What about the mentally disabled? Should they be discriminated against in this regard?

One of our Aboriginal colleagues commented that his people used to have no choice but to leave their aged and infirm to die. Now his community is taking whatever steps it can to improve the quality and length of life for their elderly people. In this light it is not hard to view euthanasia as a retrograde step.

2. We are concerned that "mentally competent adults" may be coerced into choosing euthanasia. This agency's experience of family dynamics makes us keenly aware that the likelihood of decisions to be made under duress is great. Family dynamics shape decision making at all stages of family life... and death. And duress need not necessarily be overt. There are people who will trade the remoteness they have experienced in their extended families for a brief period of closeness while their death is negotiated. Some will sacrificially seek euthanasia to spare those near to them the burden of caring for them.

- accommodation services
- family counselling

- adult respite care
- community visiting

- substance abuse programmes
- youth housing

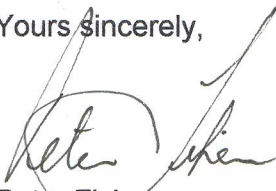
In the recent spate of newspaper articles on the subject was one concerning a woman campaigning for "her husband's right to die". She is reported as saying; "No one who has been through what myself and my three children have suffered would argue against our point of view." The focus has shifted from patient to carer. Whose suffering is his death intended to alleviate? The potential for covert duress is great.

3. We are concerned that decisions to euthanase made in the small social environment of the Northern Territory may lack objectivity and integrity. Medical practitioners associate socially with their patients and therefore a decision to release their patient/friend from pain is not made with the impartiality that can be expected in larger communities.
4. We are concerned that patients who request euthanasia may have their requests granted when there is still the possibility of recovery and a meaningful, enjoyable life. Many of us know of a prognosis of probable death in six months that has proven incorrect and confounded the prophets of doom. Several Anglicare staff can refer to cases in their own professional experience where patients have experienced such "unbearable pain" that they would rather die. Some subsequently recovered and others had changes made to their pain management regime resulting in a change in attitude and a will to live.
5. We are concerned that euthanasia is being introduced as an option in the Northern Territory when there is still not adequate palliative care available. Surely euthanasia cannot even be considered until all other avenues have been exhausted. The Northern Territory has no hospice and until recently did not have a single palliative care bed (now there are two). If the parliament is to be serious about the relief of pain and suffering then the issues of hospice and palliative care must be addressed. Not to do so is negligent.
6. We are concerned that the Northern Territory is moving towards a decision that has national ramifications. What is enacted in the Northern Territory is enacted for Australia. The prospect of one-way travel to the Northern Territory to die is one that we are loath to contemplate.

These concerns, articulated by staff of Anglicare, lead us to the strong belief that the Bill should be opposed. At the very least a Parliamentary Select Committee should be established to provide opportunity for full examination of the Bill and its implications. Given the import of this decision, a full debate is imperative. The deliberations, findings and experiences of other states and nations in their examination of the issue should be thoroughly examined. Opportunity for public input and scrutiny is essential.

As you contemplate this issue, be assured of our prayers.

Yours sincerely,



Peter Fisher
Director