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Voluntary Assisted Dying Community Consultation

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1.0 Introduction

Representing our over 92,000 signatories, which includes many from the Northern Territory, the Canberra Declaration is a grassroots network of caring Australians committed to the preservation of faith, family, freedom and life. We affirm the legal reality, etched into the preamble of the Constitution, that Australians are a people “humbly relying on the blessing of Almighty God”. We believe that God’s blessing will endure in our nation to the extent that we continue to humbly rely on Him. Our vision is to see our country’s Judeo-Christian values revitalised for the good of all Australians. We welcome the opportunity to present our submission to this Inquiry.

We stand proudly for our Judeo-Christian values that, when consistently applied, have been the force of an incredible amount of good in the world. In particular relevance to this submission, we put forth that human rights, as we now enjoy them in the modern world, have deep Christian roots.¹ This is seen in the famous words of the Declaration of Independence which states, “We hold these truths to be self-evident, that all men are created equal, that they are *endowed by their Creator with certain unalienable Rights*, that among these are *Life, Liberty and the pursuit of Happiness*” (emphasis added). In the Judeo-Christian tradition, humans are not mere animals, but are uniquely made in the image of God (Genesis 1:26–27). The inalienable right to life, also known as ‘the sanctity of life’, does not include the right to kill ourselves or others. This is our fundamental, ethical disagreement with voluntary assisted dying (VAD).

Although we are fully aware that not all share our Judeo-Christian worldview, we caution that a rejection of it will have consequences such as diminishing the value of human life, and therefore human rights themselves. We will argue that this is exactly what we are witnessing in many jurisdictions that have implemented VAD.

We are immensely proud that our subscribers include many indigenous people. In proportion to many other organisations, one such as ours has a large proportion of indigenous Australians. This is simply because a larger percentage of indigenous people are Christians as compared to the general Australian population. Indigenous Australians, many of whom continue to live in remote, regional areas, may not have ready access to an inquiry such as this one. We are proud to represent many indigenous Australian Christians in this submission.

¹ Kurt Mahlburg, “10 Reasons Our Human Rights Come from Jesus”, *Daily Declaration*, 17 April 2019, <<https://dailydeclaration.org.au/2019/04/17/ten-reasons-our-human-rights-come-from-jesus/>>.

We will put forth the case that voluntary assisted dying (VAD) should not be implemented in the Northern Territory. In making our case, we will address only questions 1 and 6 in the terms of reference (TOR).

Thank you for taking the time to review our submission.

2.0 Definition of Terms

Clearly defined terms are essential to accurate communication. In addressing such an important issue as VAD, the correct definition of terms is all-important.

2.1 Voluntary Assisted Suicide

In addressing the Expert Advisory Panel's first term of reference, the NT can learn from Victoria in using precise definitions of terms. The Australian Care Alliance, in their submission to the Expert Advisory Panel, points out the motivation for using terms such as 'voluntary assisted dying' rather than 'suicide'. They correctly state:

Australian State laws on "voluntary assisted dying" attempt to exclude the intentional causing of a person's death by self- or practitioner-administration of a lethal substance from the category of suicide.²

However, in a judgment handed down on 30 November 2023, the Federal Court has ruled that the attempt to preclude 'suicide' from the definition of VAD is invalid. In *Carr v Attorney-General (Cth) [2023] FCA 1500*, the Federal Court ruled that "'Suicide' in the *Criminal Code Act 1995* (Cth) does apply to conduct undertaken in accordance with and authorised by Victorian legislation"³ and then lists *Voluntary Assisted Dying Act 2017* (Vic) and *Voluntary Assisted Dying Regulations 2018* (Vic) as applicable legislation.

Suicide is "the act or an instance of taking one's own life voluntarily and intentionally".⁴ Since this is exactly what VAD intends to introduce, the term 'voluntary assisted dying' is

² Australian Care Alliance, "Submission to the Northern Territory's Expert Advisory Panel on Voluntary Assisted Dying Legislation", <https://assets.nationbuilder.com/australiancarealliance/pages/171/attachments/original/1704931585/Australian_Care_Alliance_submission_to_NT_Expert_Advisory_Panel.pdf?1704931585>.

³ Federal Court of Australia, "Carr v Attorney-General (Cth) [2023] FCA 1500", <<https://www.judgments.fedcourt.gov.au/judgments/Judgments/fca/single/2023/2023fca1500>>.

⁴ "Suicide", *Merriam-Webster Dictionary*, <<https://www.merriam-webster.com/dictionary/suicide>>.

unacceptably vague. The term 'assisted suicide' is more precise. Therefore, this submission correctly and legally uses this latter term.

The NT Government must learn the lesson from the Federal High Court and not exclude the term 'suicide' from this most important ethical discussion.

Recommendation 1: Use the correct terminology of 'voluntary assisted suicide' as opposed to 'voluntary assisted death'.

2.2 Assisted Suicide is Distinct from Palliative Care

The terms of reference for this inquiry magnificently uphold human rights by stating, "The provision of compassionate, high quality and accessible palliative care for persons at their end of life is a fundamental right for everyone living in the Northern Territory."⁵ However, we then read, "The Northern Territory community is entitled to make choices to manage their end of life care, as are all other Australians." By this latter sentence, it appears that "palliative care" includes a person's decision to end his/her life, i.e. assisted suicide.

However, nothing in the definition of palliative care requires or even suggests the inclusion of assisted suicide. The *Merriam-Webster Dictionary* states that palliative care is that which improves quality of life, i.e., while the patient is alive. It defines palliative care as the:

... medical and related care provided to a patient with a serious, life-threatening, or terminal illness that is not intended to provide curative treatment but rather to manage symptoms, relieve pain and discomfort, improve quality of life, and meet the emotional, social, and spiritual needs of the patient".⁶

Similarly, Palliative Care Australia offers these definitions:

Palliative care is person and family-centred care provided for a person with an active, progressive and advanced disease, who has little or no prospect of cure and who is expected to die, and for whom *the primary goal is to optimise the quality of life*.⁷

⁵ Department of Chief Minister and Cabinet, "Terms of Reference - Voluntary Assisted Dying Expert Advisory Panel", <https://cmc.nt.gov.au/__data/assets/pdf_file/0009/1259154/voluntary-assisted-dying-consultation-tor.pdf>.

⁶ "Palliative care", *Merriam-Webster Dictionary*, <<https://www.merriam-webster.com/medical/palliative%20care>>.

⁷ "What is palliative care?", Palliative Care Australia, <<https://palliativecare.org.au/resource/what-is-palliative-care/>>.

Palliative care is high quality health care and support for people living with a life-limiting illness and their families. Palliative care *helps people to live as well as they can by managing pain and symptoms to ensure their quality of life is maintained* as the illness progresses.⁸

There is nothing in these definitions that includes assisted suicide. Rather, these definitions preclude assisted suicide since palliative care is about managing the pain and symptoms of a living patient and making them as comfortable as possible. Palliative care refers to managing the pain and symptoms. Assisted suicide is about killing that patient. These two concepts are distinct and must not be conflated.

Recommendation 2: Exclude the term ‘voluntary assisted suicide’ from the definition of ‘palliative care’.

3.0 TOR 1: What Can the Northern Territory Learn from the VAD Experience in Other Jurisdictions, Including Overseas?

We commend the Expert Advisory Panel for asking this question, as invaluable wisdom can be gained from the experience of others. The experience of other jurisdictions demonstrates that assisted suicide should not be legislated in the Northern Territory.

3.1 Address the Foundational Ethical Issue

We are deeply concerned that the Expert Advisory Panel is repeating the same mistake made by other Australian jurisdictions, namely, ignoring the foundational ethical issue of whether it is right for a doctor to kill a patient or to assist the patient to kill themselves.

The NT Government page set up for this inquiry strongly indicates that it supports assisted suicide and considers it a human right. The inquiry page states, “The Northern Territory community is *entitled* to make choices to manage their end of life care, *as are all other Australians.*”⁹ This statement is in the context that other jurisdictions have already

⁸ “What is Palliative Care?”, Palliative Care Australia, <https://palliativecare.org.au/wp-content/uploads/dlm_uploads/2020/03/PalliativeCare-What-is-palliative-care-brochure-DL_FINAL.pdf>.

⁹ Northern Territory Government, “Voluntary assisted dying”, <<https://cmc.nt.gov.au/project-management-office/voluntary-assisted-dying>>.

implemented assisted suicide, with the strong implication it should be implemented in the NT as well. In addition, the inquiry page states that “The NT Government is carrying out community consultation to develop a framework for VAD.”¹⁰ Concerningly, none of the terms of reference ask for consultation on whether assisted suicide is ethical. Instead, it presumes it without any justification and only asks questions about *how* it should be implemented.

This is entirely unacceptable. We echo the words of former Prime Minister Paul Keating and urge the Expert Advisory Panel to learn from his words when the same debate was had in Victoria (terms of reference 1):

The justifications offered by the bill's advocates – that the legal conditions are stringent or that the regime being authorised will be conservative – miss the point entirely. What matters is the core intention of the law. *What matters is the ethical threshold being crossed. What matters is that under Victorian law there will be people whose lives we honour and those we believe are better off dead.*

In both practical and moral terms, it is misleading to think allowing people to terminate their life is without consequence for the entire society. *Too much of the Victorian debate has been about the details and conditions under which people can be terminated and too little about the golden principles that would be abandoned by our legislature.*¹¹

Paul Keating’s warning went unheeded in Victoria. We urge that the same mistake is not made in the Northern Territory.

Recommendation 3: No recommendation on assisted suicide should be made until a proper, community consultation is held on the ethics of assisted suicide itself.

3.2 Relaxation of Restrictions over Time

Examples from many jurisdictions demonstrate that once assisted suicide is introduced, restrictions are relaxed over time. This point is not surprising. Once the threshold is crossed that assisted suicide is ethical in some circumstances, it becomes easier to increasingly expand the situations in which it can take place. As former Prime Minister Paul Keating wisely put it, “The culture of dying, despite certain and intense resistance, will gradually

¹⁰ Ibid.

¹¹ Paul Keating, “Voluntary euthanasia is a threshold moment for Australia, and one we should not cross”, *Sydney Morning Herald*, October 19, 2017, <<https://www.smh.com.au/opinion/paul-keating-voluntary-euthanasia-is-a-threshold-moment-for-australia-and-one-we-should-not-cross-20171019-gz412h.html>>, emphasis added.

permeate into our medical, health, social and institutional arrangements. It stands for everything a truly civil society should stand against.”¹² Sadly, his words have been proven true in tragic practice.

3.2.1 Belgium

Belgium legalised assisted suicide in 2002 and set the age limit to those 18 and above. However, in 2014, this age restriction was removed. Only two years later in 2016, *CNN* reported that Belgium’s first minor used assisted suicide to die.¹³ Of extra relevance is that minors were initially intended to be included in the assisted suicide law in 2002. However, due to public backlash, they were excluded.¹⁴ Nevertheless, as this example from Belgium demonstrates, once the threshold is crossed, it becomes easier to relax restrictions.

Of additional importance is the rationale given for the death of this minor by Belgian lawmaker Sen. Jean-Jacques De Gucht. Commenting on this very instance, Gucht stated, “I think it’s very important that we, as a society, have given the opportunity to those people to decide for themselves in what manner they cope with that situation.”¹⁵

Belgium made assisted suicide legal for those with “constant and unbearable physical or mental suffering that cannot be alleviated.”¹⁶ The question must be asked: If it is a human right to access assisted suicide in such circumstances, why shouldn’t this ‘right’ be afforded to minors? If assisted suicide truly falls under ‘palliative care’ and is an ethically valid form of health care, why should such ‘health care’ be denied for people who haven’t revolved around the sun enough times?

3.2.2 Netherlands

The Netherlands was the first country to legalise assisted suicide in 2002.¹⁷ The law was introduced with age restrictions, but it already made provisions for minors 12 years and older

¹² Paul Keating, “Voluntary euthanasia is a threshold moment for Australia, and one we should not cross”, *Sydney Morning Herald*, October 19, 2017, <<https://www.smh.com.au/opinion/paul-keating-voluntary-euthanasia-is-a-threshold-moment-for-australia-and-one-we-should-not-cross-20171019-gz412h.html>>.

¹³ Chandrika Narayan, “First child dies by euthanasia in Belgium”, *CNN*, 17 September 2017, <<https://edition.cnn.com/2016/09/17/health/belgium-minor-euthanasia/index.html>>.

¹⁴ *Ibid.*

¹⁵ *Ibid.*

¹⁶ Laura Smith-Spark and Diana Magnay, “Belgium: Lawmakers vote for children’s ‘right to die’ euthanasia law”, *CNN*, 13 February 2014, <<https://edition.cnn.com/2014/02/13/world/europe/belgium-euthanasia-law-children>>.

¹⁷ Andrew Osborn, “Mercy killing now legal in Netherlands”, *The Guardian*, 1 April 2002, <<https://www.theguardian.com/world/2002/apr/01/andrewosborn>>.

to access assisted suicide in certain cases. However, last year, access to assisted suicide widened to include children of all ages.¹⁸

To repeat, once assisted suicide is legalised, the push to expand its horizons continues to gather momentum.

In addition, the story of Gaby Olthuis provides a very troubling example of how assisted suicide can become acceptable for purposes that were not originally intended. Gaby was a 47-year-old woman who had persistent ringing in her ears (tinnitus).¹⁹ In 2014 she died by assisted suicide at an end-of-life clinic. Tragically, she left behind two teenage children – a boy aged 13 and a girl, 15.²⁰

3.3 Assisted Suicide Becomes Increasingly Acceptable

Canada first introduced assisted suicide in 2016. In 2017, almost 3,000 Canadians chose this form of death. Sadly, the most recently released statistics reveal this number climbed significantly to 10,064 in 2021.²¹ While saddening, these statistics are not surprising. Wherever they are passed, assisted suicide laws have the effect of liberalising social attitudes towards this form of death.

A Canadian poll by Research Co. is a case in point. Conducted last year, the poll found that 28% of Canadians viewed homelessness as a ground for assisted suicide.²² An almost identical number (27%) gave poverty as a legitimate reason. Very concerningly, half of Canadians thought “inability to receive medical treatment” (51%) or a disability (50%) should make people eligible for assisted suicide.²³ For people suffering from mental illness, 43% agreed that assisted suicide was valid.²⁴ Without a doubt, the introduction of legalised

¹⁸ Lenore Taylor, “Netherlands to broaden euthanasia rules to cover children of all ages”, *The Guardian*, 15 April 2023, <<https://www.theguardian.com/society/2023/apr/14/netherlands-to-broaden-euthanasia-rules-to-cover-children-of-all-ages>>.

¹⁹ Sue Reid, “The country where death is now just a lifestyle choice: A mum with ringing ears. Babies whose parents don't want them to suffer. They've all been allowed to die by assisted suicide in Holland”, *Daily Mail*, 2 January 2015, <<https://www.dailymail.co.uk/news/article-2893778/As-debate-assisted-suicide-dispatch-Holland-thousands-choose-die-year.html>>.

²⁰ *Ibid.*

²¹ Health Canada, “Third Annual Report on Medical Assistance in Dying in Canada, 2021”, <<https://www.canada.ca/content/dam/hc-sc/documents/services/medical-assistance-dying/annual-report-2021/annual-report-2021.pdf>>, 18.

²² Mario Canseco, “Most Canadians Back Status Quo on Medical Assistance in Dying”, *Research Co.*, 5 May 2023, <<https://researchco.ca/2023/05/05/maid-canada-2023>>.

²³ *Ibid.*

²⁴ *Ibid.*

assisted suicide creates an impression in the population that it is ethically acceptable, and for an increasing number of reasons.

A further tragic case of the use of assisted suicide occurred in 2022. A 51-year-old Ontario woman who suffered from severe sensitivities to chemicals required “affordable housing free of cigarette smoke and chemical cleaners”.²⁵ Her desperate search for two years failed, and in response, she chose assisted suicide. In a video eight days before her death, she recorded, “The government sees me as expendable trash, a complainer, useless and a pain in the a**”.²⁶ Legalising assisted suicide inevitably degrades the value of human life.

Sadly, the attitude that some people are better off dead than alive pervades Canada. Military veteran and paraplegic paralympian Christine Gauthier, who competed for Canada at the 2016 Rio de Janeiro Paralympics, testified before the Canadian parliament that the Department of Veterans Affairs offered her, in writing, assisted suicide.²⁷ Gauthier had been fighting for funding for a wheelchair ramp for her home for five years, but, to that point, to no avail. The former Paralympian testified, “I have a letter saying that if you’re so desperate, madam, we can offer you MAID, medical assistance in dying”.²⁸ Thankfully, Prime Minister Justin Trudeau called Gauthier’s treatment “absolutely unacceptable”. But with half of Canadians agreeing that disability is a valid ground for assisted suicide should the person ask for it, is it much of a surprise that the option is given to a disabled person to accept or reject – paralympian or not?

3.4 Non-Assisted Suicide Remains the Same or Increases

Often an argument made in favour of assisted suicide is that it will lower non-assisted suicide rates. However, this argument is, sadly, terribly weak.

3.4.1 Victoria

Prominent in the push for assisted suicide in Victoria was the argument that its introduction would lower the suicide rate, particularly amongst the elderly and terminally ill. Television journalist Andrew Denton repeatedly used this justification for the introduction of assisted

²⁵ Avis Favaro, “Woman with chemical sensitivities chose medically-assisted death after failed bid to get better housing”, *CTV News*, 14 April 2022 (updated 25 August 2022), <<https://www.ctvnews.ca/health/woman-with-chemical-sensitivities-chose-medically-assisted-death-after-failed-bid-to-get-better-housing-1.5860579>>.

²⁶ *Ibid.*

²⁷ Murray Brewster, “Former paralympian tells MPs veterans department offered her assisted death”, *CBC News*, 1 December 2022, <<https://www.cbc.ca/news/politics/christine-gauthier-assisted-death-macaulay-1.6671721>>.

²⁸ *Ibid.*

suicide across Australia.²⁹ Denton's Go Gentle organisation states that the number one reason in favour of assisted suicide is that "Too many Australians are dying 'bad' deaths".³⁰ It argues that the testimony of state coroners unequivocally points to "horrific suicides in the absence of VAD laws. The Victorian Coroner revealed these suicides were happening at the rate of one a week in Victoria."³¹ In particular, Denton rightly emphasised that the focus was upon "elderly Victorians" who are most at risk of terminal illnesses.³²

It is now possible to evaluate whether the introduction of assisted suicide has reduced the non-assisted *elder* suicide rate in Victoria. Assisted suicide was implemented in Victoria on 19 June 2019. In 2018 and 2019, the number of non-assisted suicides was 102. In the subsequent three years, non-assisted suicides in this cohort have risen to 107, 118 and 156 for the years 2020, 2021 and 2022, respectively. An analysis in the *Journal of Ethics in Mental Health* observes:

Between 2018 and 2022 the increase was 54 elderly suicides. Rather than a reduction of "at least one suicide every week"... there has been an unwelcome increase of approximately one suicide a week.³³

The upward trend in Victoria in elder non-assisted suicides is alarming, particularly when in NSW during that time, they decreased – a time in which NSW did not have assisted suicide. (NSW introduced assisted suicide in 2023.)

The same journal report concludes:

Given the prominence of the appeal to suicide prevention for the debate in Victoria... and given that the anticipated benefits were in particular for "frail, elderly and vulnerable Victorians"... this lack of empirical confirmation of impact is concerning.³⁴

²⁹ David A. Jones, "Did the Voluntary Assisted Dying Act 2017 Prevent 'at least one suicide every week'?", *Journal of Ethics in Mental Health*, vol. 11 (2003), <<https://jemh.ca/issues/open/documents/Did%20the%20Voluntary%20Assisted%20Dying%20Act%202017.pdf>>.

³⁰ "8 reasons why all states must pass assisted dying laws", Go Gentle, 4 February 2020, <https://www.gogentleaustralia.org.au/8_reasons_why_all_australian_states_must_pass_voluntary_assisted_dying_laws>.

³¹ *Ibid.*

³² Jones, "Did the Voluntary Assisted Dying Act 2017 Prevent 'at least one suicide every week?': 9.

³³ *Ibid.*: 11.

³⁴ *Ibid.*: 14.

Those jurisdictions considering a change in the law should be sceptical of the argument that was so prominent in Victoria, unless and until evidence is found that implementation of assisted dying actually leads to fewer unassisted suicides.³⁵

3.4.2 Netherlands

In 2001, the year before it introduced assisted suicide, the Netherlands' suicide rate was 9.6 per 100,000 people.³⁶ In 2019, the suicide rate was hovering just under 12%, meaning non-assisted suicide has increased by around 10%.³⁷ The Netherlands offers no evidence that assisted suicide lowers the rate of non-assisted suicide. Sadly, the fact is quite the opposite. Legalising assisted suicide legitimises all suicides. When the statistics for assisted suicide are included in the overall suicide rate, there is a staggering 110% increase since 2002.³⁸

Recommendation 4: Reject assisted suicide, as it becomes increasingly common in both number and scope after its introduction into society.

4.0 TOR 6: What Safeguards Need to be Put in Place for Those Accessing or Providing VAD?

Unfortunately, this term of reference assumes that it is possible to put safeguards in place around assisted suicide. This assumption is fundamentally flawed and must be rejected.

Some proponents of assisted suicide have agreed that such safeguards are indeed impossible. But disturbingly, the impossibility of such safeguards is, to them, no argument against assisted suicide. For example, renowned British neurosurgeon Henry Marsh remarked about assisted suicide, “Even if a few grannies get bullied into it, isn't that the price worth paying for all the people who could die with dignity?”³⁹

Once again we cite with approval Paul Keating who succinctly answered this issue with these words:

³⁵ Ibid.: 14.

³⁶ “Netherlands Suicide Rate 2000–2024”, *Macrotrends LLC*, <<https://www.macrotrends.net/countries/NLD/netherlands/suicide-rate>>, citing World Bank data source.

³⁷ Ibid.

³⁸ “Euthanasia”, Cherish Life, n.d., <<https://www.cherishlife.au/euthanasia>>.

³⁹ Henry Marsh, as quoted in Zosia Chustecka, “Renowned Neurosurgeon on Assisted Dying and His 'Suicide Kit'”, *Medscape*, <<https://www.medscape.com/viewarticle/879187?form=fpf>>.

An alarming aspect of the debate is the claim that safeguards can be provided at every step to protect the vulnerable. This claim exposes the bald utopianism of the project – the advocates support a bill to authorise termination of life in the name of compassion, while at the same time claiming they can guarantee protection of the vulnerable, the depressed and the poor.

*No law and no process can achieve that objective. This is the point.*⁴⁰

We urge the Expert Advisory Panel to consider that medical bodies routinely oppose assisted suicide. For example, the Australian Medical Association position paper states:

The AMA believes that doctors should not be involved in interventions that have as their primary intention the ending of a person's life. This does not include the discontinuation of treatments that are of no medical benefit to a dying patient.⁴¹

In other words, doctors should kill the pain, not the patient. The AMA goes on to make these additional points:

For most patients at the end of life, pain and other causes of suffering can be alleviated through the provision of good quality end of life care, including palliative care that focuses on symptom relief, the prevention of suffering and improvement of quality of life. There are some instances where it is difficult to achieve satisfactory relief of suffering.⁴²

The AMA makes it clear that palliative care achieves desirable outcomes in the improvement of quality of life in pain management for most patients. In those instances where it is difficult to achieve satisfactory relief of suffering, sedation can be used “to keep the dying patient comfortable, whether to allow a brief ‘time out’ at peaks of pain, or to manage terminal symptoms.”⁴³

⁴⁰ Paul Keating, “Voluntary euthanasia is a threshold moment for Australia, and one we should not cross”, *Sydney Morning Herald*, October 19, 2017, <<https://www.smh.com.au/opinion/paul-keating-voluntary-euthanasia-is-a-threshold-moment-for-australia-and-one-we-should-not-cross-20171019-gz412h.html>>, emphasis added.

⁴¹ Australian Medical Association, “AMA Position Statement: Euthanasia and Physician Assisted Suicide”, 2016, <https://www.ama.com.au/sites/default/files/documents/AMA_Position_Statement_on_Euthanasia_and_Physician_Assisted_Suicide_2016.pdf>.

⁴² *Ibid.*

⁴³ “Euthanasia”, Cherish Life, n.d., <<https://www.cherishlife.au/euthanasia>>.

In addition, the Australian and New Zealand Society for Palliative Medicine and the Australian Medical Association do not support assisted suicide.⁴⁴ Neither does the World Medical Association.⁴⁵

We urge the Expert Advisory Panel to seriously consider that if it recommends assisted suicide, it is unwisely doing so against the advice of these top medical bodies.

Finally, we wholeheartedly endorse the submission made by the Australian Care Alliance. We urge the panel to consider the twelve reasons that ‘wrongful death’ can occur under assisted suicide as reasons why assisted suicide must be abandoned entirely. We find the arguments put forth by the Australian Care Alliance rigorously argued and irrefutable, but we will not repeat them here. Instead, we will simply quote their conclusion, which we endorse:

If no scheme for “voluntary assisted dying”, thus defined, can effectively prevent wrongful deaths – of the 12 categories set out in the submission - then it would be unsafe for Territorians for the legislature to enact such a scheme and the proposal by the Government to consider doing so should be abandoned.

It is the considered position of the Australian Care Alliance, based on all the available evidence, that none of the jurisdictions that have legalised euthanasia and/or assisted suicide have succeeded in establishing a safe assisted suicide/euthanasia framework.⁴⁶

Recommendation 5: Increase funding for gold-standard palliative care so that Territorians can readily access it, in line with human rights.

Recommendation 6: Reject assisted suicide, in line with top medical bodies, as impossible to implement ethically and to safeguard practically.

5.0 Conclusions and Recommendations

In this submission, we have demonstrated from other jurisdictions that the implementation of assisted suicide corresponds to a decrease in the value of life. Sadly, suicide in all its forms

⁴⁴ Cherish Life Newsletter, vol. 49, no. 2 (2021): 6, <<https://www.cherishlife.au/wp-content/uploads/2023/06/Anti-Euthanasia-Advocacy-newsletter-Cherish-Life-Winter-2021.pdf>>.

⁴⁵ “Euthanasia”, Cherish Life, n.d., <<https://www.cherishlife.au/euthanasia>>.

⁴⁶ “Submission to the Northern Territory’s Expert Advisory Panel on Voluntary Assisted Dying Legislation by the Australian Care Alliance”, Australian Care Alliance, <https://assets.nationbuilder.com/australiancarealliance/pages/171/attachments/original/1704931585/Australian_Care_Alliance_submission_to_NT_Expert_Advisory_Panel.pdf?1704931585>.

is increasing and the inalienable value of life is decreasing. This is tragically sad, but logically inevitable.

Assisted suicide is being proposed in the Northern Territory under the guise that it is a human right, that there are no consequences to the value and dignity of human life, and that palliative care is incapable of alleviating suffering for those with terminal illnesses.

This submission has demonstrated that these propositions are untenable. Consequently, we strongly urge the Expert Advisory Panel to reject the introduction of assisted suicide in the Northern Territory.

We once again implore the panel to seriously consider that we are creating a “culture of dying”, and that this culture is permeating “into our medical, health, social and institutional arrangements. It stands for everything a truly civil society should stand against.”⁴⁷

⁴⁷ Paul Keating, “Voluntary euthanasia is a threshold moment for Australia, and one we should not cross”, *Sydney Morning Herald*, October 19, 2017, <<https://www.smh.com.au/opinion/paul-keating-voluntary-euthanasia-is-a-threshold-moment-for-australia-and-one-we-should-not-cross-20171019-gz412h.html>>.