

# Dying *with* Dignity



Tasmania (Inc)

## PLEASE SUPPORT THE PROPOSED NEW VOLUNTARY ASSISTED DYING LAW – SUMMARY

Please make your support known for the proposed new voluntary assisted dying law. The new law is being proposed by the Premier, Lara Giddings, and the Leader of the Greens, Nick McKim. They intend to introduce a Private Members' Bill into Parliament for debate later this year after considering responses to their proposal from the consultation process which is now underway and which ends on **15 March 2013**.

What they are proposing is a very good approach and we strongly recommend that you support it. It is based on principles of compassion and respect, thorough research and sound arguments.

To help you take part in the consultation, we are providing this brief summary of what is being proposed and a response sheet that you can complete and send. If you are very clearly in support of a safe, compassionate and responsible, voluntary choice of assisted dying, and you want to express this support quickly and easily, you can use the response sheet. If one is not attached to this summary, you can obtain one by phoning 0450545167 or by emailing or downloading from our website, [www.dwdtas.org.au](http://www.dwdtas.org.au). An electronic copy of this summary and response form is also available on our website.

We recommend that, if you are able to spend more time, you read one of the consultation papers and make an individual submission. There is a very detailed paper of over 100 pages and a short companion paper that includes the main details and information (36 pages). The papers include more details of the proposed law, along with a large amount of information and supporting arguments. Copies of the paper/s can be obtained by phone, 62333464, email, [premier@dpac.tas.gov.au](mailto:premier@dpac.tas.gov.au), or downloading from [www.premier.tas.gov.au](http://www.premier.tas.gov.au) or <http://mps.tas.greens.org.au>.

If you have views about the extent of the proposal or about particular details, it is best if you look at the papers before responding through an individual submission. In the response form we have changed the wording of two of the consultation points to make it clearer what the key issues are about the condition of people who would be eligible for assisted dying. We also make specific recommendations about whether to support or oppose some questions.

### SUMMARY OF REQUIREMENTS IN THE PROPOSED VOLUNTARY ASSISTED DYING LAW

If you need more information on any of the requirements summarised below, you can find it in the chapter of the paper indicated in brackets. Those marked with an asterisk (\*) are associated with special consultation points included in the response sheet.

#### Major requirements

The proposal is for a number of requirements including some major ones which will be of special interest to most people. The 'person' means the person making the request for assisted dying.

1. \* **Person's condition and experience of suffering:** The proposal is for a 'last resort' option of voluntary assisted dying, where the person would need to be nearing death and to have no other reasonable options

remaining to them that they find acceptable. (5.6) There are two major requirements that would both need to be met:

- i. The person would need to be ‘terminally ill’, and this is defined as “the advanced stages of an incurable and progressive medical condition due to disease or injury, that can be reasonably expected to cause the death\*\* of that patient without significant medical intervention”, and
- ii. The person would need to come to the conclusion, together with two doctors, that there is no reasonable alternative to improve their condition and to relieve their suffering adequately, to the person’s satisfaction.

**(\*\*DwDTas issues: Given condition (ii), we do not believe that it is necessary that ‘unbearable’ or ‘unrelievable’ suffering be included as a separate, and additional, eligibility criteria. However, we recommend that you support the extension of eligibility for voluntary assisted dying to those persons with non-terminal yet progressive illnesses if they have unbearable or unrelievable suffering and requirement (ii) above is also met.)**

2. **\* Type of assistance:** It would be legal for assistance to be provided by a doctor through medication that the person takes themselves (self-administered) or which is administered by the doctor. Even if the medication is self-administered by the person, the doctor would have to be present. (5.7)
3. **Voluntariness:** The request must be voluntary, there would be multiple checks to confirm the persistence and consistency of the voluntary request, including immediately before the administration of medication, and the person would have to initiate the initial request and initiate each stage of the process. (5.3)

**(DwDTas issue: It will not be possible to receive voluntary assisted dying through a request in an advance care directive if the person is no longer competent to express their wishes. Is this of concern to you? If so, consider making comments about it as part of your consultation response.)**

4. **Mental Competence:** The person must be competent which means that he/she “is able to communicate health care decisions for themselves and is not suffering from impaired decision-making due to a psychiatric or psychological disorder or depression”, and if either doctor is unsure about the person’s competence “they must take all necessary steps to resolve that uncertainty”. (5.4)
5. **\* Consultation and referral:** The person’s treating doctor would have to refer the person for an independent assessment by a consulting doctor for confirmation of a number of matters (5.11)
6. **Identity of the attending doctor:** The attending doctor would be the one with primary responsibility for the care of the person and treatment of the person’s terminal condition, the doctor would retain the right to refuse to assist a person that requests an assisted death, and the person would be able to request that their records be sent to a new doctor. (5.12)
7. **Waiting periods:** There would be required waiting periods, including 48 hours between the initial oral request and the written request, and a 14 day ‘cooling off’ period. (5.13) **(DwDTas issue: We believe there will be a need for shorter waiting periods in exceptional circumstances. If you agree, consider making comments as part of your consultation response. )**
8. **\*Reporting and scrutiny:** An independent oversight mechanism would be developed to ensure reporting and scrutiny of cases, check that the eligibility requirements have been met before the administration of medication, conduct education programs and provide an annual report to Parliament. (5.17)

#### **Other requirements**

There are other requirements set out in the consultation paper which we have not included in this short summary. For example, the person would need to be over 18 (5.8) and a Tasmanian resident (5.10), and be given a range of information to enable them to make an informed decision. We recommend that you get a copy of the consultation paper to see all the requirements.