

Dying with Dignity

Tasmania (Inc)

VOLUNTARY ASSISTED DYING AND SUICIDE

One of the most common misleading elements of the political campaigns against voluntary assisted dying Bills such as the current Tasmanian Bill is the false and misleading conflation of voluntary assisted dying and suicide. This was promoted in opinion pieces in the Mercury on 20 May by Archbishop Julian Porteous and Mark Brown of the Australian Christian Lobby.

The false conflation fails to take into account the very significant differences between:

- voluntary assisted dying that will be legal under the proposed Tasmanian legislation (and generally under other similar laws); and
- acts of suicide which everyone regards as tragic and which every effort must be made to prevent. In Table 1, we set out the differences.

It is a misrepresentation of voluntary assisted dying to describe it as just about ending life prematurely as Mark Brown does in his opinion piece, ie “Johnny sees Granddad end his life prematurely”.

There is an absence of credible evidence to support claims that voluntary assisted dying laws elsewhere have had any negative impact on suicide prevention activities or have caused an increase in suicides. Any such claims need to be examined very carefully. For example, serious flaws in claims by Professor Margaret Somerville have been very effectively refuted in a recent article on the ABC Religion and Ethics website, [“Margaret Somerville's Claims on Assisted Suicide Don't Line Up with the Data”](#).

We have not been able to find a single mention in opponents’ material of the terrible suicides that are being caused by the absence of a legal voluntary assisted dying option. There are testimonials in *The Damage Done*, a copy of which has been sent to all House of Assembly members. Some members of the DwDTas Committee know only too well that these occur and can have long-term and significant impacts. On our website, you will see what happened to Elizabeth Godfrey and her family, including the conviction of her son Stuart for assisting her suicide, and the Cordover family. We are aware of many others that have gone unreported as suicides, including ones where people have starved themselves to death.

But it is the Victorian Coroner’s research and evidence to the Victorian inquiry into end of life choices that puts this issue beyond dispute – people are taking their lives in often shocking ways. You’ll find more information in the report of the Victorian inquiry and on our website – [Desperate Measures](#) - you can access the Coroner’s submissions, evidence and an analysis.

Table 1: DIFFERENCES BETWEEN VOLUNTARY ASSISTED DYING AND TRAGIC SUICIDES

Voluntary Assisted Dying as provided for in the <i>Voluntary Assisted Dying Bill 2016</i>	Tragic suicides
People will have the assistance of a registered medical practitioner.	Person acts alone. It is a crime for someone to assist a suicide.
A registered medical practitioner must be present at the time of administration of the lethal drugs, even if self-administered. Person may choose among their family and friends whoever they wish to be with them.	Person dies alone and unsupported.
The person's assisted death must be preceded by multiple conversations and thorough exploration of the person's reasons for requesting assisted dying.	Often comes out of the blue with no warning or conversations even with family or close friends, or any seeking of professional help or discussion with health professionals.
People who can and want to access assisted dying under the Tasmanian Bill must be very ill with serious incurable and irreversible illnesses and with persistent, intolerable and unrelievable suffering with no reasonable chance of improvement or relief of their suffering.	Suicides may occur in people with problems that seem insurmountable but are temporary and could be resolved with the right assistance and treatment.
They will be at the end of their lives, and it can reasonably be assumed there will be very little shortening of lives, as shown by the evidence from overseas jurisdictions with assisted dying laws.	Suicides by young people can shorten their lives by decades. It is this potential loss of many years of their lives that makes youth suicide so tragic.
People must be competent adults and must be referred for psychiatric or psychological counselling if it is reasonably suspected that they are not competent or their assisted dying requests are not voluntary.	Suicides are often associated with untreated, inadequately treated or even undiagnosed mental illness that affects the competence of the people concerned.
People will have quick, peaceful and dignified deaths.	May be violent or incomplete and cause even more damage and problems for the person.

Conclusion:

There is no sound basis for arguing against voluntary assisted dying legislation on the basis of a negative impact on suicide prevention or incidence.

Opponents should adopt the easiest and most effective solution to their concern about the Tasmanian Bill – stop using the word ‘suicide’ to describe acts of legal doctor-provided voluntary assisted dying to end people’s intolerable and unrelievable suffering.

