



# A Pastoral Letter to the Catholics of Victoria

## Voluntary Assisted Dying Bill 2017

9 October 2017

Dear sisters and brothers in Christ,

We recently wrote to you sharing our concern at the plan to introduce assisted suicide and euthanasia in Victoria. Since then, leaders of Christian Churches and other religions have united in publicly expressing their opposition to such laws. Indeed the Australian Medical Association and the World Medical Association maintain that doctors should not be involved in either of these practices.

In spite of this, the Victorian Government has now introduced a bill to the parliament that uses the euphemistic term “assisted dying”. We need to be clear: this law will change the criminal code to permit doctors and other health professionals to become actively and deliberately involved in the premature death of patients.

Many proponents of this change in the law are motivated by compassion. While it is never easy to face the end of life of a loved one, assistance in our time of dying is something that we should all want for ourselves and for others. However, this should not involve dispensing and administering medications intended to kill people.

### Never safe

No “safeguards” can ever guarantee that all deaths provided for under the proposed laws will be completely voluntary. Whether because of carelessness, error, fraud, coercion or even self-perceived pressure, there will always be a risk. Victoria abolished the death penalty because we

learnt that in spite of our best efforts, our justice system could never guarantee that an innocent person would not be killed by mistake or by false evidence. Our health system, like our justice system, is not perfect. Mistakes happen. To introduce this law presuming everyone will be safe is naïve. We need to consider the safety of those whose ability to speak for themselves is limited by fear, disability, illness or old age.

### Government endorsed suicide

Endorsing suicide as a solution to pain or suffering sends the wrong message, especially to the young. Suicide is a tragedy for the person who takes their own life, but it also seriously affects their family and community. It would be plain wrong to legally endorse any form of suicide when governments and community groups are working so hard to persuade others that there are always better options available than taking their own life.

### More care – not euthanasia and assisted suicide

This bill comes at a time when not all Victorians have equal access to the highest standards of care that we can provide. The care of our elderly is failing in some critical ways and elder abuse is a growing, although often hidden, phenomenon. Surely these matters – not assisted suicide – should be the focus of our Government’s attention.

There is clear evidence that most people who seek assisted suicide do so from fear of what lies ahead – not because they are experiencing unmanageable

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pain. Anxiety about being a burden influences many people. It will be a tragic injustice if people opt for state-endorsed suicide because access to adequate emotional, psychological, spiritual and physical care is not available. For many people this is the reality.

The Catholic community does so much to care for people through our network of hospices, hospitals, aged care facilities and other services.

We are grateful to the Catholic community and all people of goodwill who serve the frail, elderly, sick and the dying. We ask everyone to continue to journey with those who are dying: visit them, ensure they have appropriate care, support them, offer appropriate pain relief and, most of all, remain close to them.

We ask Victorians to continue to love and care for those who are sick and suffering rather than abandoning them to euthanasia or assisting them to suicide. Our ability to care says much about the strength of our society.

#### The damaging consequences

We have a window into the consequences of this proposed law when we look to places that have taken this path already. Access to assisted suicide and euthanasia in the jurisdictions with similar laws has seen increasing numbers of people use the option and pleas to expand the eligibility criteria persist. We must, therefore, urge our elected representatives to resist this "first step".

#### A time for action

At this critical moment, we ask the Catholics of Victoria to make their voices heard. Our democracy works best when its citizens speak up. We know many of you have contacted your local representatives and we thank you for that. We encourage those of you who have not done so, to write a short letter to your representatives in the next week to courteously, but clearly, share your concern.

While we support many of the positive recommendations recently made about improving end of life care and welcome a healthy discussion of death and dying, given the ethical and practical reasons why this bill will be harmful to all


Victorians we cannot endorse it. We encourage you to earnestly pray, individually, in your families, parishes and associations, both for our politicians and that this bill does not become law.

We agree with the editorial in the *Herald Sun* on Saturday 23 September that endorsed the need for more accessible quality palliative care and urged parliamentarians to vote against the Voluntary Assisted Dying Bill.

We make the same recommendations to Victorian politicians of all parties.

For more information on this issue visit [www.cam.org.au/euthanasia](http://www.cam.org.au/euthanasia)


Sincerely in Christ,

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Most Rev Denis J Hart DD  
ARCHBISHOP OF MELBOURNE

+ 

Most Rev Paul Bernard Bird CSsR DD  
BISHOP OF BALLARAT

+ 

Most Rev Patrick Michael O'Regan DD  
BISHOP OF SALE

+ 

Most Rev Leslie R Tomlinson DD  
BISHOP OF SANDHURST

## Failures in the proposed law include:

1.

There is no way to detect coercion at the time people take the lethal dose. The law envisages people using the dose within one year (and given the inaccuracy of prognosis at 12 months), possibly longer after it is dispensed.

2.

There is no requirement to check that the person designated to return an unused lethal dose is not themselves vulnerable and at risk of using the dose either before or after the person for whom it has been prescribed has died.

3.

The review system cannot stop doctors who apply a loose interpretation of “eligibility” (safeguards) from establishing clinics. Some of the compliance failures will only be referred for review after the patient is dead.

4.

People with mental illness, provided they are otherwise eligible, can access assisted suicide. There is no requirement that they be assessed by a psychiatrist before being prescribed the lethal dose.

5.

Only one of the two doctors involved needs to be a specialist experienced in treating the patient’s illness(es). The other assessment can be made by a doctor who need not have specialist knowledge of the patient’s illness or possible treatment options. The double check mechanism of having two doctors review a patient is not as “safe” as it appears and there is no requirement that the doctors involved have a prior or ongoing therapeutic relationship with the patient.

6.

Detecting and prosecuting misuse and abuse under the law is made almost impossible given the primary witness required to establish the facts is dead, and the public record of death will not disclose the fact that the patient died after taking a lethal dose of drugs.