

Anglican Diocese of Tasmania

Submission to The University of Tasmania's Independent Review of the *End-of-Life Choices (Voluntary Assisted Dying) Bill 2020*

1. Executive Summary

The Anglican Diocese of Tasmania submits that the Review Panel do the following:

- a. Recommend legislation for a full suite of "end-of-life choices" including best practice palliative care to be prepared and adopted before the proposed VAD legislation is considered.
- b. Recommend changes to ensure that no wrongful death could take place resulting from the proposed VAD legislation.
- c. Consider how this legislation could be manipulated or misused to aggravate the social ills of suicide, elder abuse and domestic violence, and to recommend changes that ensure there are sufficient protections in this legislation to prevent such abuses occurring.
- d. Recommend more transparent nomenclature about "assisted suicide" and "euthanasia" and to avoid euphemism.
- e. Recommend a longer time frame for the process of a person accessing VAD.
- f. Recommend changes to ensure the prevention of coercion and abuse, or to recommend rejection of the Bill until such changes can be made.
- g. Recommend that the ability to abstain from participating in the VAD legislation be extended to institutions.

2. Introduction

The Anglican Diocese of Tasmania welcomes the opportunity to comment on the proposed *End-of-Life Choices (Voluntary Assisted Dying) Bill 2020*.

The Anglican Diocese of Tasmania is opposed in principle to any form of Assisted Suicide or Euthanasia. We believe that life is precious and ought to be protected by law, and that human beings are not diminished in dignity in any way by virtue of illness, disability or suffering. We believe suicide and euthanasia undermine the fabric of our society, that respects the sanctity of life in many of its laws.

3. Commendation of the Submission by the Social Issues Committee of the Anglican Diocese of Sydney

We understand that the Social Issues Committee of the Anglican Diocese of Sydney has made a submission to the Review Panel. We commend it to the Review Panel as expressing well a range of concerns shared by the Anglican Diocese of Tasmania.

4. Full End-of-Life Choices Legislation

We are committed to end-of-life care and the alleviation of unnecessary suffering, and believe the Government has a duty, as a matter of priority, to provide legislation for all end-

of-life choices, including best practice palliative care and publicly funded palliative care for all Tasmanians. **We urge the Review Panel to recommend that the Government put in place legislation for a full suite of end-of-life choices before this Bill is considered.**

5. Prevention of Wrongful Death

We believe that one wrongful death (due to coercion, misdiagnosis, misunderstanding, lack of information about options of palliative care, poor palliative care) under this Legislation constitutes a failure of legislation. **We urge the Review Panel to advise the government on how to ensure that no wrongful deaths occur under this legislation.**

6. Worst-Case Scenario Assessment

We recognise that in the best cases, it is possible to envisage the seamless application of the legislation. In loving and supportive families where communication is open, transparent and respectful, it is possible that the proposed legislation will be used as intended.

Sadly, we live in a world where this is often not the case. The legislation itself contemplates these scenarios in Section 18, where it prescribes offences for undue influence, false representation, unfaithful communication, and the like. The existence of penalties alone is unlikely to prevent these worst-case situations.

Tasmania one of the highest rates of suicide in the country. We live with the scourge of elder abuse and other forms of family violence, and the Tasmanian Government spends significant funds on their prevention. We would like to see the Review Panel consider how this legislation could be manipulated or misused to aggravate these existing social ills, and **we ask the Review Panel to recommend changes that ensure there are sufficient protections in this legislation to prevent such abuses occurring.**

7. Nomenclature

We believe that the term “Voluntary Assisted Dying” is not transparent and misleads the Tasmanian community about the nature of the legislation. The legislation enables a person to take their own life or have someone administer a substance to end their life. These acts are commonly known as “suicide” and “euthanasia”. “Physician Assisted Suicide” is a common term used in other jurisdictions in the world. We do not believe that the public is well served by speaking about these acts euphemistically and **suggest the Review Panel recommend transparent wording.**

8. Speed of Process

On our reading, the normal process outlined in Sections 18-91 may take as a little as 4 days, from initial request to the person administering or being administered a “VAD substance”. We believe this process is far too fast for the seriousness of the decisions being taken. By contrast, in recognition of the seriousness of the decision for marriage, the normal period for the Notification of Intention to Marry is a minimum of 30 days under Australian Law. Given the decision to seek voluntary suicide or euthanasia is a more serious decision

that this, it would seem logical to make the normal process much longer than 4 days. **We urge the Review Panel to recommend a longer time frame for the process of a person accessing VAD.**

9. Prevention of Coercion and Abuse

Section 13 defines acting “voluntarily” as “not acting under duress, coercion or because of a threat of punishment or unfavourable treatment, or a promise to give a reward or benefit, to the person or another person.” The Bill does not explain how a medical practitioner is to determine the possibility of duress, coercion, threat or reward in the person seeking VAD. This is in contrast to Section 12, which defines “decision making capacity” in some detail with 5 subclauses. Section 78 which requires the AHP to make a final determination about voluntariness gives no guidance as to how that might be determined and only offers (in Section 79) possible referrals that might be made to determine this.

The Anglican Diocese of Tasmania is deeply concerned about the real possibility of the legislation being used as a form of elder abuse, or abuse of persons with a disability, or other vulnerable persons. We believe the Bill is deficient in determining how to prevent its misuse in these circumstances. Some jurisdictions mandatorily require a psychological assessment to ensure that no duress, coercion or inducements are present.

We are also concerned that these possibilities of misuse may be exacerbated by the use of electronic audio-visual assessments, in making determinations in Sections 27, 34, 48, 56 and the like. Recent experience in the use of electronic communication should give us all pause for using it to make serious judgements about another person’s motives, decision making capacity, or the voluntary nature of their decisions.

The Bill also gives no guidance to the Commission in Section 116 (2) in how it will train users of the VAD legislation in determining if abuse and coercion are present.

We urge the Review Panel recommend changes to ensure the prevention of coercion and abuse or to recommend the rejection of the Bill until such changes can be made.

10. Institutional Abstention

We support the Bill’s preservation of the rights of individuals to decline to participate in assisted suicide and euthanasia services, including pharmacists. We understand that the drafters of the Bill have made this provision understanding that many in the community have an issue of conscience about assisting a person to take their own life or taking the life of another person. We believe that these abstentions should be extended to Institutions whose values do not permit them to participate. It would be intolerable for the Government to pass a Bill requiring an institution to allow practices contrary to its values and convictions. This should be extended to hospitals, aged care facilities, community care providers and the like if they desire. **We submit that the review panel should recommend that the ability to abstain from participating in the VAD legislation be extended to institutions.**

Once again, we thank you for the opportunity to make a submission to the Independent Enquiry on the *End-of-Life Choices (Voluntary Assisted Dying) Bill 2020* and would welcome any approaches for clarification or further explanation.

The Right Revd Dr Richard Condie
Bishop of Tasmania

on behalf of the Anglican Diocese of Tasmania.