

NSW PARLIAMENT: VOLUNTARY EUTHANASIA (1996)

In 1996 the Parliament of New South Wales (the Legislative Assembly of that Parliament) decided to have a non-party debate on euthanasia. It was decided two 'strangers' (that is, people who were not members of the Legislative Assembly) would be invited to open the debate. I was one of them.

Mr Speaker: Order! I wish to remind honourable members of the historic nature of today's proceedings. Professor Baume of the Voluntary Euthanasia Society and Mr Tony Burke of Euthanasia–No! have been invited on to the floor to address the House prior the House discussing the issue of euthanasia.

Professor BAUME [10.02]: Mr Speaker, first, six brief stories. The first concerns Motte Gur, an Israeli commander, who captured the holiest place in Jerusalem in 1967. In 1994, faced with a painful terminal cancer, General Gur took his own life.

The second story concerns Jacqueline Onassis, who left hospital one day and died the next at home surrounded by family and friends. At the very least, she dealt with her painful terminal condition by choosing the place of her dying.

The third brief story concerns a British medical practitioner who was found guilty of murder a few years ago for having performed voluntary euthanasia. The British court gave him a derisory sentence and the registration authority in the United Kingdom declined to take any action against him.

The fourth brief story: last year in this state a Mr Hoddy was found guilty of assisting in the suicide of a lover. Again the sentence was derisory.

The fifth story is well known to you all. A brave and determined man named Bob Dent ended his own life just a few weeks ago, in accordance with the law, at a time and a place, and in a manner of his own choosing.

The final story concerns the famous British author Professor Richard Dawkins, who on the day Bob Dent's death became public said, 'On the subject of euthanasia, today, if I was an Australian, I would be proud to be an Australian.' He was, Mr Speaker, echoing the sentiments of 78 per cent of Australians on this matter.

Death comes to us all. Being dead does not matter. It is a consequence of being born. It is a final universal experience. But getting there, how we die, does matter, and many of us do not find the gentle or sudden death for which we hope. Many of us here will find only wild deaths at the end of the road. We may wish that it was otherwise, but it is not.

Voluntary euthanasia is an expression of the right of people to take decisions about themselves for themselves. It gives expression to the value of autonomy and to the concept of sovereignty, a concept which has been upheld recently in courts in this country. It is opposed by those who, whether or not they will recognise it, wish to tell other people how they must behave in a matter concerning them alone. The Wolfenden Committee in the United Kingdom addressed this very point when it asserted that, unless there is a desire to mix sin with legality, there are some things that are no business of the law to forbid.

Let us look a little more at this question of autonomy. Autonomy is a philosophical ideal which has been supported by people like Kant, Aquinas, Cardinal Newman, and which was supported publicly and recently by the last governor-general in this country.

Yes, we know that power is unequal between medical practitioner and patient; yes, we know that many medical consultations are the meeting of two unequal people; and yes, we know that medical concepts are complicated, but we assert that it does not have to be a case of 'doctor knows best'. We assert that change is necessary and that taking decisions for other people is no longer appropriate. We assert, too, that one task of the modern practitioner is to make each patient sufficiently knowledgeable and powerful about his or her own condition that he or she can take vital decisions himself or herself.

Some of our opponents—those who make car stickers for example—extol the sanctity of life. Such an argument would be easier to accept if there was not so much evidence of the same people having killed, of having burned people at the stake, of having tortured people, of having sponsored wars across Europe, of having stood silent while there was genocide. Such assertions would be easier to accept if there were not moves by some of the same people to reintroduce

capital punishment, or people extolling the need to have religious persons in armies whose purpose is to kill people, or if we did not see so much wanton disregard for life around the world today—too much of it based on different ways of worshipping one god.

But let us turn to palliative care, that is, care whose aim is the control of symptoms. Palliative care is valuable and its recent development has been substantial. But there are perhaps 5 per cent of people for whom even the best palliative care does not relieve symptoms, and there are some symptoms from which relief can be obtained only at the cost of loss of consciousness or loss of individuality.

Let us be clear here. It looks as if good quality palliative care, best quality palliative care, will relieve symptoms for about 95 per cent of people. But, Mr Speaker, the moral problem for the remaining 5 per cent is a real one for you. It is real if even one person is unrelieved. It is as real if one person is left without relief as it would be if a thousand people were left without relief. Let us be clear, too, that there is no reason in New South Wales to consider anything except voluntary euthanasia, that is, an act performed as the result of a sustained request by a competent person.

Euthanasia goes on now in New South Wales contrary to the law. In fact, about 2,500 medical practitioners in New South Wales today say they have actively hastened the death of patients. Sometimes this occurs by not treating illnesses—especially intercurrent infections—sometimes by increasing doses of narcotics to fatal levels, and sometimes by more actively and directly ending life.

So do not imagine that it does not occur, for it does—every day. It occurred yesterday; it will occur today and it will occur tomorrow. Our present laws mean that when it occurs now it is outside the law, it is unregulated, it is without limits, it is without supervision and it occurs without rules. You control what laws we pass in New South Wales, and many of us believe that we, as a community, can do better than we do now with voluntary euthanasia.

A final point that you may wish to consider: about 15 per cent of us will become incompetent in the legal sense before we die. That means that we will no longer be able to make binding, vital decisions about ourselves for ourselves. Only if you complete an advance directive and/or appoint an enduring attorney, both in legally binding terms—as I have done already—while you are well and competent can any practitioner know for certain in the future what your wishes might be. So in summary, Mr Speaker, first, let us agree that the question is one of how we are to die. Second, let us state quite firmly that palliative care should

be available in this state for all who need it. Its practitioners are doing more clever things, and they will continue to improve what they do year-by-year. There is no argument from supporters of voluntary euthanasia about this.

But even the best palliative care will not relieve all problems. Third, let us regulate and control voluntary euthanasia rather than leaving it illegal and uncontrolled as it is now. It is at present an activity totally unregulated. One disturbing effect of current arrangements is that the powerful and wealthy are more able to get access today to palliative care and to euthanasia than are the powerless and poor.

In the process of bringing voluntary euthanasia within your control many people might benefit.

But fourth, and most importantly, let us recognise the rights of people to make victimless decisions about themselves for themselves, and then let us ensure that only those considered views are acted on under the laws of New South Wales.

No-one saves lives. Everyone dies. Death is not the problem. It never has been. Sometimes dying takes months of suffering; sometimes death creeps up on people, visible and inexorable. What is being sought in this debate about voluntary euthanasia is to empower more people to have control of their own deaths. Our goal is to help ease their way, to recognise the right which people have to sovereignty over themselves, to make the completion of their lives less unpleasant than it is today. Nothing more.

This text is taken from *A Dissident Liberal: The Political Writings of Peter Baume*, by Peter Baume, edited by John Wanna and Marija Taflaga, published 2015 by ANU Press, The Australian National University, Canberra, Australia.