

A COMPARISON OF THE VARIOUS FEATURES OF APPROACHES TO ASSISTED DYING

Australian Capital Territory	Switzerland	Belgium	Holland	Oregon/Washington/Northern Territory	Elective Death
Law	Law	Law	Law	Law	<i>Proposal for Elective Death legislation</i>
<i>Section 16 The Crimes Act 1900: The rule of law that it is an offence for a person to commit, or to attempt to commit, suicide is abolished.' Sections 17 and 18 'a person who aids or abets the suicide or attempted suicide of another person is guilty of an offence punishable, on conviction, by imprisonment for 10 years.' 'A person 'who incites or counsels another person to commit suicide and the other person commits or attempts to commit, suicide as a consequence of that incitement or counselling is guilty of an offence punishable on conviction, by imprisonment for 10 years.' It is also 'lawful for a person to use the force that is reasonable to prevent the suicide of another person or any act that the person believes on reasonable grounds, would, if committed, result in the suicide of another person.'</i>	<i>Suicide is not a crime in modern criminal law and there is no suggestion from the people we should return to previous law. Furthermore, the counselling and aiding of a person to suicide can be an act of compassion. Hence, prosecution will ensue only if the counselling and aiding of suicide proceeds from selfish motives, such as when a perpetrator seeks to gain an inheritance or terminate his giving of care.</i>	Permits doctor assisted death for adults or 'emancipated minors' in a medically futile condition of constant and unbearable physical or mental suffering that cannot be alleviated, resulting from a serious and incurable disorder caused by illness or accident. The death can only occur on request and only after discussion with doctors, hospital staff, family.	Permits doctor assisted death for a patient whose suffering is lasting and unbearable on request with agreement of the patient's doctor and one other independent doctor.	Permits doctors to prescribe a lethal medication to be taken when it suits the dying person. People must be terminally ill and have a prognosis of death within 6 months. In the case of the Northern Territory the doctor could provide a physician assisted death.	Elective Death legislation would rename suicide and call it elective death and allow for the provision of a peaceful means to elect death to be undertaken within a Peaceful Death unit. Doctors refer patients who are terminally ill at their request but are not involved in any other way in the death.

<i>Consequences of these laws</i>	<i>Consequences of these laws</i>	<i>Consequences of these laws</i>	<i>Consequences of these laws</i>	<i>Consequences of these laws</i>	<i>Consequences of proposed change to these laws</i>
No doctor will help the terminally ill except to give symptom relief. Suicides are forced to hang, gas, jump off high buildings, poison, drown or shoot themselves and they are labelled as 'suicides'. Attempting suicides are left untreated and unsupported. Hundreds of families of suicides have had to go through the trauma of losing a loved one to a violent death. People who deal with suicide such as ambulance and medical staff are subjected to the trauma of seeing hanged, shot poisoned, drowned individuals.	Anyone who wants to die can approach Dignitas and Exit and ask for help to die. Dignitas and Exit use Nembutal to bring about a quick death. Those who are non-terminally ill have someone to talk to about their wish to die and a safe place to die. Dignitas etc are still reliant on a prescription from a doctor to provide the means to a peaceful death. Only 40% of doctors are willing to provide prescriptions.	Applicants for euthanasia have to negotiate with their doctors when they are very ill to get the death they desire. Euthanasia is part of the palliative care system. The needs of the non terminally ill are met/not met by other means.	Applicants for assisted dying have to negotiate with their doctors when they are very ill to get the death they desire. If the doctor is unwilling or incompetent people still suffer. The needs of the non terminally ill are met/ not met by other means.	The terminally ill discuss with their doctors their desire to have a peaceful death undertaken in their own time by their own hands. Two doctors have to be consulted and a period of time lapses before the two consultations. The needs of the non terminally ill are met/ not met by other means.	Having got their doctor referral, the terminally ill would undertake their peaceful deaths at a time of their choice during the progress of their illness. They only need to put up with as much suffering from their illness as they choose to. The non terminally ill would be able to undertake their peaceful deaths in a safe place following counselling and support rather than dying lonely, violent deaths.

<i>Suicide</i>	<i>Suicide</i>	<i>Suicide</i>	<i>Suicide</i>	<i>Suicide</i>	<i>Suicide</i>
Suicide is a source of shame and stigma even though it is legal. Doctors who would assist suicides are 'killers'.	Suicide is regarded as an opportunity for people to alleviate their suffering. The doctor merely prescribes the medication. Clinics such as Dignitas and Exit provide a place and support for people to die.	Suicide is not addressed. A request for death by the terminally ill is regarded as euthanasia and becomes an issue for the doctor to deal with i.e. a physician assisted death.	Suicide is not addressed. A request for death by the terminally ill is regarded as euthanasia and becomes an issue for the doctor to deal with i.e. a physician assisted death.	A person asking for death is applying for medication for her/himself. There is no question of suicide raised. The doctor merely prescribes the medication. The dying person dies in a place of her/his choice.	A Peaceful Death Unit would be part of the health system and would enable people to undertake their deaths by their own hand or other peaceful means provided by the unit. It is doctor free apart from the provision of a referral on request. It would be in a central accessible location.
Suicide is currently is addressed by Lifeline and Beyond Blue. These organizations miss the point because they assume that people want to live. People who are successful in effecting their own deaths want to die and work hard to bring about their own deaths.					A Peaceful Death unit would provide a round the clock professional service provided by the community to meet community needs. It would provide support for the non terminally ill and addresses directly their desire to die.
<i>Dying alone</i>	<i>Dying alone</i>	<i>Dying alone</i>	<i>Dying alone</i>	<i>Dying alone</i>	<i>Dying alone</i>
People who suicide have to die alone because if they don't others will try to stop them.	No-one needs to die alone. Support will always be provided.	Suicide is not addressed. People who are terminally ill can die with their families around them or not as they choose.	Suicide is not addressed. People who are terminally ill can die with their families around them or not as they choose.	Suicide is not addressed. People who are terminally ill can die with their families around them or not as they choose.	Anyone electing death can have whoever they choose to be with them or not as they see fit.

<i>Murder/Crime and death reporting</i>	<i>Murder/Crime and death reporting</i>	<i>Murder/Crime and death reporting</i>	<i>Murder/Crime and death reporting</i>	<i>Murder/Crime and death reporting</i>	<i>Murder/Crime and death reporting</i>
People are concerned about establishing the crime of murder when someone is killed by someone else's actions. A 'natural' death is used as a benchmark to distinguish between whether a person died naturally of the one or multiple diseases of old age or the death was caused by some other means. A non-natural death establishes criminality. Suicide is always investigated by police and the coroner.	The person who suicides is assisted to drink the Nembutal if necessary. In order to assure themselves that any death is above board, the Swiss organizations are required to inform the police and coroner. They attend the death after it has occurred.	All assisted death occurs within the hospital context and is dealt with in the normal way.	All assisted deaths are reported to an area committee which ensures that all protocols have been followed. The committees report to parliament.	All deaths are reported to the Department of Health and the Department advises the state government.	All Elective Deaths would occur in the one place. The coroner would be advised in the normal way that a death had occurred. No death is assisted. The Peaceful Death Unit would provide a report to the ACT Legislative Assembly on the reasons for the deaths and advise the Assembly on strategies for reducing elective deaths among the non terminally ill as they identified them through their analysis of reasons for the choice and through talking to the non terminally ill electors.
<i>Method of death</i>	<i>Method of death</i>	<i>Method of death</i>	<i>Method of death</i>	<i>Method of death</i>	<i>Method of death</i>
Either, a natural death by one or more diseases assisted by drugs. Or hanging, shooting, gassing etc.	By Nembutal taken by the dying person with other supportive people present.	Doctor assisted lethal medication or lethal medication taken by the suffering person.	Doctor assisted lethal medication or lethal medication taken by the suffering person.	Doctor prescribes. The dying person takes the lethal medication in her/his own time.	Nembutal or gas (depending on the physical competence of the person) provided in The Peaceful Death Unit to be taken by the person without assistance but with supportive people present.

<i>Death Education</i>	<i>Death Education</i>	<i>Death Education</i>	<i>Death Education</i>	<i>Death Education</i>	<i>Death Education</i>
Is not addressed. People regard death as a tragedy rather than an inevitable fact of life. They are not prepared to face death.	Is not addressed.	Is not addressed.	Is not addressed.	Is not addressed.	A Peaceful Death unit provides the community with education about death. A Death Education unit could provide programs specifically designed for people of all ages and provide interactive opportunities for people to grieve.
<i>Human Rights</i>	<i>Human Rights</i>	<i>Human Rights</i>	<i>Human Rights</i>	<i>Human Rights</i>	<i>Human Rights</i>
ACT law prohibiting assisted suicide infringes on five human rights that are accepted in other laws within the ACT. These are the right not to be subjected to attack on one's honour and reputation, the right not to be subjected to cruel, inhuman and degrading treatment, the right to security of person, the right to a health service that is appropriate for their health needs and well-being and the right to self-determination. -See attachment for argument.	The Swiss law respects the right of individuals to determine what to do about their own lives. It regards the person who assists another person to die with respect rather than suspicion and contempt. There still seems to be some ambivalence in the Swiss community about assistance to die and that may be to do with the use of the word 'suicide' being what people still see themselves as undertaking.	The Belgian law provides a health service that is more likely to meet the needs of people who are terminally ill. It does not allow full self determination as it is still controlled by doctors. Terminally ill people's security of person, self determination and right not to be subjected to cruel treatment is met but not that of the non terminally ill.	The Dutch law provides a health service that is more likely to meet the needs of people who are terminally ill. It does not allow full self determination as it is still controlled by doctors. Terminally ill people's security of person, self determination and right not to be subjected to cruel treatment is met but not that of the non terminally ill.	The American (and NT law briefly) provides a health service that is more likely to meet the needs of people who are terminally ill. It allows more self determination than the Belgian/Dutch models but it is still controlled by doctors. Terminally ill people's security of person, self determination and right not to be subjected to cruel treatment is met but not that of the non terminally ill.	Elective Death is respectful of people's honour and reputation. It rejects the whole notion of suicide and suggests that people should be able to elect a peaceful death at a time of their choice. It rejects the concept that a death of choice necessarily has to be a violent, lonely event. It provides a safe, secure environment in which people can die; a health service that is appropriate to the health needs of someone who wants to die peacefully, pain free and quickly.

<i>Efficiency and costs</i>	<i>Efficiency and costs</i>	<i>Efficiency and costs</i>	<i>Efficiency and costs</i>	<i>Efficiency and costs</i>	<i>Efficiency and costs</i>
Dying and death is a slow and expensive business. It involves ongoing medical care over a long period of time with increasing need for medication, carers and eventual relocation to a nursing home, hospital or palliative care facility. The costs are shared between the individual and the health system. For those who suicide there is the cost of police attendance, coroners investigations, grief counselling and assistance to families, and attenders at the scene.	Death involves discussions between the electors and those providing and the doctors involved. Death occurs quickly once the decision making process is finished. The providers run a business and the electors of the death pay the costs. There would be a cost to the community in the attendance of the police after the death.	For the terminally ill the costs are shared between the individual and the health system. For those who suicide there is the cost of police attendance, coroners investigations, grief counselling and assistance to families, and attenders at the scene.	For the terminally ill the costs are shared between the individual and the health system. For those who suicide there is the cost of police attendance, coroners investigations, grief counselling and assistance to families, and attenders at the scene.	For the terminally ill the costs are shared between the individual and the health system. For those who suicide there is the cost of police attendance, coroners investigations, grief counselling and assistance to families, and attenders at the scene.	The Peaceful Death Unit would be a part of the health facilities run by the government for the community so it would be tax payer funded facility. Initially it would be expensive to set up and develop the equipment that people would use to manage their own deaths. Long term it would require the employment of a number of staff to run the education unit, psychiatrists, other staff as required by non terminally ill death electors, ongoing maintenance of the equipment and rooms as well as the usual costs for electricity and cleaning. Death would be quick so there would be very few medical costs. There would be no need for police attendance etc at non terminally ill deaths.