

The Bill does **NOT** allow:

- × Assistance for minors.
- × Assistance for non-Victorian residents.
- × Assistance for those of unsound mind.
- × Assistance without full consultation, information, multiple medical opinions, and a cooling off period.
- × Assistance by injection.
- × Involuntary or non-voluntary assistance at any time or for any reason.
- × Anyone to be compelled to participate or not participate in providing assistance against their will.
- × Anyone to be prosecuted, disciplined or censured for their decision to either participate or not participate in providing assistance.
- × Prosecution of anyone attending the death for merely being present.
- × Anyone who signs or witnesses assisting documents, provides assistance, or unduly influences the request for assistance, to benefit financially or otherwise whether directly or indirectly from an assisted death.

Penalties

The Bill provides heavy penalties for anyone who attempts to unduly influence a sufferer to make a request for physician assisted dying: a fine of up to \$250,000 and/or up to fourteen years in prison.

Want someone to come and talk to your group or association? Contact DWDV and we'd be pleased to see if we can accommodate your request.

More information at www.dwdv.org.au



Dying With Dignity Victoria
Respect for the right to choose

www.dwdv.org.au

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Medical Treatment (Physician Assisted Dying) Bill 2008

What is it and how does it work?



Dying With Dignity Victoria, Inc.

Need for the Bill

Unlike earlier times where a disease at the end of life was often quick and deadly, these days diseases can cause us to linger terribly.

Despite the wonders of modern medical technology and the excellent work of palliative care specialists, it is well-recognised that around 5% of terminal patients (and up to 25% of terminal cancer patients) suffer intolerably from pain, weakness, breathlessness, nausea, helplessness and other symptoms which cannot be adequately relieved.

The current law—and DWDV—supports those who wish to continue as long as possible. However, the law *prevents* those of a different belief, world view and desire from making a peaceful exit in the face of incurable, intolerable suffering, through carefully considered professional medical assistance.

The result is that many intolerably ill people take their own lives by very undignified means. Four elderly Australians kill themselves every week.

Eighty two percent of Victorians believe that assistance should be available, including an overwhelming majority of those of Anglican, Catholic, Uniting, Presbyterian, Baptist, Lutheran, Orthodox, Jewish and Buddhist faiths, as well as those of no faith (more than one in six Australians at the 2006 census).

Ten years of official reports regarding the use of a similar bill in the State of Oregon in the USA, unambiguously demonstrate no abuse of the process, no slippery slope for the “vulnerable”, and one of the highest standards of palliative care anywhere in the USA. Clearly, protected access works well.

Purposes of the Bill

The purposes of the Bill are:

- (a) To recognise the right of a competent adult person who is suffering intolerably from a terminal or advanced incurable illness who has decided to end his or her life, to request a doctor to provide medical assistance to die peacefully.
- (b) To protect those who lawfully provide assistance under the provisions of the Bill immunity from criminal, civil and disciplinary action.
- (c) To provide significant protections against the possibility of abuse of the Bill's rights.

What the Bill provides

The Bill's provisions include:

- Recognition that life is precious, and that doctors are to respect life and recognise that a request for assistance to die is unusual and should be treated with caution.
- The right for a doctor to discuss physician assisted dying options with a sufferer and family without fear of prosecution.
- The sufferer has a terminal or advanced incurable illness that is causing intolerable suffering that can't be relieved with acceptable treatments.
- The sufferer is fully informed about their illness, available treatments and available palliative care.
- The sufferer is of sound mind, and is making a voluntary and considered decision without duress from others.

- If the doctor suspects the sufferer's request may be influenced by a mental illness, or if the illness is incurable but not terminal, a psychiatric opinion must be sought.
- An independent doctor examines the medical records, interviews the sufferer and confirms all requirements and safeguards have been met.
- The sufferer waits a cooling off period to make a second request in writing.
- The treating doctor provides a prescription for a drug that the patient may ingest in order to die. *Injections are not permitted.*
- The sufferer may rescind their request at any time.
- A sufferer unable to ingest the drug unassisted may be assisted by an Agent (not the doctor).
- A sufferer who has taken their drug to die shall not be subject to any attempt to resuscitate them.
- A doctor may decline to provide assistance and a nurse, pharmacist or other health care provider may decline to participate on professional or conscience grounds.
- Because of the reasoned response to intolerable suffering, a death under the provisions is not to be construed as a suicide for medical reporting, insurance or contractual purposes or wills.
- Specific documentation is kept and copies forwarded to the State coroner. The coroner provides an annual summary report on deaths under the provisions to Parliament.