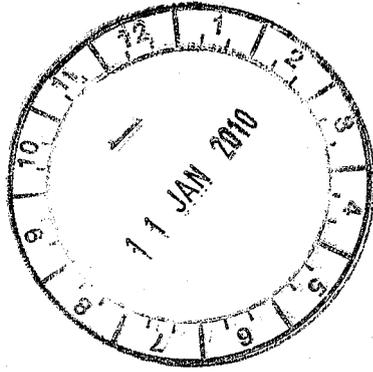


**PUBLIC**



**6<sup>th</sup> January 2010**

**Hon Brian Ellis MLC – Chairman,  
Standing Committee on Environment & Public Affairs,  
Legislative Council,  
Parliament House – Perth 6000.**

**Dear Mr Ellis,**

**Please find enclosed my Submission as it relates to  
Petition No 51 – Voluntary Euthansia.**

**Thank you for the opportunity to put before the  
Committee my Submission and my reasons for opposing  
this Bill.**

**Yours Sincerely**

A handwritten signature in black ink, appearing to read "Peter O'Meara".

**Peter O' Meara**

# **SUBMISSION**

## **TO THE STANDING COMMITTEE ON ENVIRONMENT AND PUBLIC AFFAIRS**

In my Submission to the Legislative Council relating to the Euthanasia Bill 2009 I offer the following reasons on why this Bill should be rejected.

Areas of concern are that the Bill supports and promotes a culture of death which would impose on the Western Australian community an ideological tool which demeans the worth and value of every person from conception through all phases of their life to natural death. In fact, it will impose on our community the erosion of the very aspect on which our society is based, and that is, the principle of the primacy of the person in themselves, in the family and in the community.

It really will destroy the right of every person to proper recognition and care in all aspects of their life, whether young or old, healthy or sick, by introducing a culture of death which seeks to eliminate the person rather than care for them in whatever circumstance they find themselves.

This Bill also makes it implicit that medical professionals, nursing carers and anyone who will assist in the act of killing the patient and/or assisting them to commit suicide will be covered by this Bill. Parliament has a duty and responsibility to say no to any legislation which would force or allow doctors, carers and others to become complicit in such practices, and by doing so, uphold the time-honoured ethics of medicine which is to do no harm.

Palliative care on the other hand does address the rights and dignity of all persons who may be in need of the provision of comprehensive, ethical, medical and physical care, no matter what their physical or psychological condition. In other words, palliative care is management care which seeks to eliminate distress in the patient, not to eliminate the patient in distress, which is proper, ethical and medical application.

Palliative care has reached a stage which is now universally recognized and accepted because of its comprehensive and dedicated approach to each individual person. It addresses their needs, both physical and medical, as well as instilling confidence in patients who are being cared for as the most important person in whatever condition they find themselves.

### **WHAT IS PALLIATIVE CARE?**

Palliative care is given to a terminally ill person facing the final stages of his or her life. This care is provided in the home, hospices and palliative care units attached to hospitals, and is tailored to meet the individual needs of the patient. It is a service delivered by a team of health care professionals, including doctors, nurses, pastoral workers, physiotherapists, chaplains and volunteers.

Palliative care demonstrates a profound respect for the emotional, physical, social and spiritual needs of the dying patient and his/her family and may be relevant over months or even years.

Palliative care has now been accepted universally as the answer to the push for euthanasia around the world. Former Dutch Health Minister, Els Borst, whose Euthanasia Bill was passed in 2001 making the Netherlands the first country to legalise euthanasia said, “we listened to the political demand for euthanasia, and did not give attention to palliative care and support for the dying”. Alex Schadenberg, executive director of the Netherlands Euthanasia Prevention Coalition, agreed with Borst when he pointed out the “slippery slope” occurring in the Netherlands which the country’s politicians deny, he says, through “a systematic cover-up”. “How can you say there is no slippery slope in the Netherlands – knowing that you now allow euthanasia for newborns, and you went originally just for the terminally ill, (and) now it’s also for those who are mentally ill?” he asked. “You have allowed your definitions to wander so wide that you haven’t even noticed it.” Borst’s comments, Schadenberg says, are “simply telling us: do not make the same error as the Netherlands”. (LifeSiteNews.com)

This example from the Netherlands should be proof enough that euthanasia not only opens the flood gates to a culture of death to the terminally ill, but affects the whole of society from newborns and the mentally ill, and we know now that the very young are being targeted by the euthanasia movement – ‘that if they feel they are a failure or are feeling depressed – you can always kill yourself or get euthanased’. The question is, do we want to impose on our community such negative and destructive legislation which would allow this to happen?

To provide a positive answer to this question, palliative care has and is providing proper recognition to each person in our community who stands in need of respect when it comes to their health care in whatever condition they find themselves. It upholds the principle of the primacy of the person in providing proper medical, nursing, psychological and personal care, and in doing so upholds family values in the context that our community is made up of individual families.

**PALLIATIVE CARE IS A POSITIVE INITIATIVE THAT ENRICHES THE PERSON, THOSE AROUND THEM AND SOCIETY IN GENERAL.**

Peter O’Meara

