2016/19 : should Victoria legalise euthanasia?

What they said...
'Prohibition of assisted dying is causing some people great pain and suffering'
A statement from the Victorian Parliament's Legal and Social Issues Committee's report titled 'Inquiry into end of life choices'

'In debates about euthanasia and assisted suicide, it is rare to find...an expression of neutral interest...[that]then proceeds to examine the various arguments and data before drawing conclusions'
Brian L. Mishara, Centre for Research and Intervention on Suicide and Euthanasia, University of Qubec, Montreal, Canada and David Weisstub, Legal Psychiatry and Biomedical Ethics, University of Qubec, Montreal, Canada

The issue at a glance
On December 8, 2016, the offices of the Victorian Premier, the Attorney-General and the Minister for Health issued a joint media release titled 'Victorian Parliament to Vote on Assisted Dying Legislation'
The media release states, 'The Andrews Labor Government will introduce legislation into the Parliament next year [2017] to legalise voluntary assisted dying for terminally ill people in Victoria.'
The announcement comes six months after the release of the Victorian Parliament's Legal and Social Issues Committee's report titled 'Inquiry into end of life choices'.
The Committee's report made 49 recommendations including extensive reforms to the provision of palliative care, advance care planning and end-of-life laws in Victoria.
The most controversial of its recommendations is that which would have the Victorian Parliament introduce a Bill seeking to allow assisted dying in this state.
The Government has decided to introduce such a Bill in the second half of 2017. If it is passed, it is not intended that its provisions would come into operation till 2019.
Both the Labor Government and the Opposition will allow a conscience vote on the issue.
The proposed legislation is certain to provoke widespread community debate.

Background
(The background material below was drawn from two sources. Part of it is an abbreviated version of the Wikipedia entry 'Euthanasia'. The full text of this entry can be accessed at https://en.wikipedia.org/wiki/Euthanasia#Legal_status
The rest of the material is an abbreviated version of the Wikipedia entry titled 'Euthanasia in Australia'. The full text of this entry can be accessed at https://en.wikipedia.org/wiki/Euthanasia_in_Australia)

Euthanasia is generally defined as the practice of intentionally ending a life in order to relieve pain and suffering.
There are different euthanasia laws in different countries. The British House of Lords Select Committee on Medical Ethics defines euthanasia as 'a deliberate intervention undertaken with the express intention of ending a life, to relieve intractable suffering". In the Netherlands and Flanders, euthanasia is understood as 'termination of life by a doctor at the request of a patient'. Euthanasia is categorised in different ways, which include voluntary, non-voluntary, or involuntary.
In some countries there is a divisive public controversy over the moral, ethical, and legal issues of euthanasia. Those who are against euthanasia may argue for the sanctity of life, while proponents of euthanasia rights emphasise alleviating suffering, and preserving bodily integrity, self-determination, and personal autonomy.
Jurisdictions where euthanasia is legal include the Netherlands, Canada, Colombia, Belgium, Switzerland and Luxembourg. In the United States, physician aid in dying (PAD), or assisted suicide, is legal in the states of California, Colorado, Oregon, Vermont, and Washington; its status is disputed in Montana.

Euthanasia in Australia
Euthanasia is illegal in Australia, but was legal for a period in the Northern Territory. It is not a crime for a person to take his or her own life in Australia. Furthermore, a patient can elect not to receive any treatment for a terminal illness and can also elect to have life support turned off.
Although it is a crime to assist in euthanasia, prosecutions have been rare. In 2002, relatives and friends who provided moral support to an elderly woman who committed suicide were extensively investigated by police, but no charges were laid. The Commonwealth government subsequently tried to hinder euthanasia with the passage of the Criminal Code Amendment (Suicide Related Materials Offences) Bill of 2004. In Tasmania in 2005 a nurse was convicted of assisting in the death of her elderly father, who had terminal cancer, and trying to kill her mother, who was in the early stages of dementia. She was sentenced to two and a half years in jail but the judge later suspended the conviction because he believed the community did not want the woman jailed. This sparked debate about decriminalising euthanasia. Decriminalisation of Euthanasia in Australia is supported by the Science Party, Australian Greens, the Secular Party of Australia, the Australian Sex Party, the Australian Democrats, and the Liberal Democratic Party.
In 2008 Shirley Justins and Caren Jennings were found guilty of manslaughter and accessory to manslaughter respectively for providing Nembutal to former pilot Graeme Wylie in 2006. Justins stated that Wylie wanted to die 'with dignity'. The prosecution argued that Graeme Wylie did not have the mental capacity to make the crucial decision to end his life, classing it as involuntary euthanasia.
An omission to provide life-sustaining medical treatment is lawful in Australia, unless the patient is deemed mentally incapable of consent.

Euthanasia formerly legal in the Northern Territory
Euthanasia was legalised in Australia's Northern Territory by the Rights of the Terminally Ill Act 1995. It passed by a vote of 15 to 10 and a year later a repeal bill was brought before the Northern Territory Parliament in August 1996, but was defeated by 14 votes to 11.
Soon after, the law was voided by the Euthanasia Laws Act 1997, a statute of the Australian Federal Parliament that amended the Northern Territory (Self-Government) Act 1978, the Australian Capital Territory (Self-Government) Act 1988 and the Norfolk Island Act 1979 to remove the power of each of those territories to legalise euthanasia, and specifically to repeal the Rights of the Terminally Ill Act 1995 (NT).
The powers of the Northern Territory, the Australian Capital Territory and the Norfolk Island legislatures, unlike those of the State legislatures, are not guaranteed by the Australian Constitution and may be amended or overruled by the Commonwealth. However, before the Commonwealth government made this amendment, three people had already died through physician assisted suicide under the legislation, aided by Dr Philip Nitschke. The first person was a carpenter, Bob Dent, who died on 22 September 1996.

Tasmania
Tasmania came close to legalising voluntary euthanasia in November 2013, when a Greens-initiated voluntary euthanasia bill was narrowly defeated in the House of Assembly by a vote of 13 to 11. The Bill would have allowed terminally ill Tasmanians to end their lives ten days after making three separate requests to their doctor. Although both major parties allowed a conscience vote, all ten Liberals voted against the legislation, with Labor splitting seven in favour and three against, and all five Greens voting in favour.

South Australia
In November 2016, the South Australian House of Assembly narrowly rejected a private member's bill which would have legalised a right to request voluntary euthanasia in circumstances where a person is in unbearable pain and suffering from a terminal illness. The Bill was the first ever euthanasia Bill to pass a second reading stage (27 votes to 19) though the Bill was rejected during the clauses debate of the Bill (23 votes all, with the Speaker's casting vote against the Bill).

Internet information
On December 10, 2016, the assisted dying advocacy group, Go Gentle Australia, posted a transcript of an interview given by Victorian Premier, Daniel Andrews, on the ABC's 7.30 Report. Andrews explains his support for a Victorian law allowing assisted dying.
A full transcript of this interview can be accessed at http://www.gogentleaustralia.org.au/daniel_andrews

On December 9, 2016, The Conversation published an analysis by Ben White, Professor of Law and Director, Australian Centre for Health Law Research, Queensland University of Technology; Andrew McGee, Senior Lecturer, Faculty of Law, Queensland University of Technology and Lindy Willmott, Professor of Law, Queensland University of Technology.

The aim of the analysis is to explain the intention of some of the main provisions of the assisted dying legislation proposed by the Victorian Parliament's Legal and Social Issues Committee's report titled 'Inquiry into end of life choices'.
The title of the analysis is 'Victoria's model for assisted dying laws may be narrow enough to pass'.
The full text of the analysis can be accessed at https://theconversation.com/victorias-model-for-assisted-dying-laws-may-be-narrow-enough-to-pass-70120

On December 8, 2016, the offices of the Victorian Premier, the Attorney-General and the Minister for Health issued a media release titled 'Victorian Parliament to Vote on Assisted Dying Legislation'
The media release states, 'The Andrews Labor Government will introduce legislation into the Parliament next year [2017] to legalise voluntary assisted dying for terminally ill people in Victoria.'
The full text of the media release can be accessed at http://www.premier.vic.gov.au/victorian-parliament-to-vote-on-assisted-dying-legislation/

On December 6, 2016, the ABC published a report titled 'Victorian Government set to hold conscience vote on assisted dying after accepting committee findings'
The report anticipates the Victorian Government's response Legal and Social Issues Committee's report on its 'Inquiry into end of life choices'. The article looks at a range of responses to the foreshadowed legislation.
The full text of this article can be accessed at http://www.abc.net.au/news/2016-12-06/victorian-government-to-legislate-assisted-dying/8097838

On December 5, 2016, the ABC ran a report titled 'Palliative care doctors warn Victoria against legalising euthanasia'
The report outlines the concern of some palliative care doctors in Victoria that the Victorian Parliament's Legal and Social Issues Committee's recommendation in favour of the legalisation of assisted dying is likely to see funding and support taken away from palliative care.
The full text of this report can be accessed at http://www.abc.net.au/news/2016-12-05/doctors-warn-against-euthanasia-move/8091718

On December 2, 2016, The Conversation published an opinion piece by Andrew McGee, Senior Lecturer, Faculty of Law, Queensland University of Technology; Ben White, Professor of Law and Director, Australian Centre for Health Law Research, Queensland University of Technology and Lindy Willmott, Professor of Law, Queensland University of Technology.
The comment is titled 'South Australia's reasons for voting down euthanasia go against the evidence'. The comment challenges a number of the reasons given for South Australia recently deciding not to enact voluntary euthanasia legislation.
The full text of the article can be accessed at https://theconversation.com/south-australias-reasons-for-voting-down-euthanasia-go-against-the-evidence-69050

On November 24, 2016, the AMA issued a revised position statement on euthanasia and physician assisted suicide.
Though it acknowledges a diversity of views within the community and among doctors on euthanasia, the AMA's position remains to oppose the practice.
It also asks to be involved in advising governments in the event of there being any change to the law. One of its concerns is to prevent any doctor having to act against his or her conscience should there be a change in the law.
The full text of this statement can be accessed at
https://ama.com.au/system/tdf/documents/AMA%20Position%20Statement%20on%20Euthanasia%20and%20Physician%20Assisted%20Suicide%202016.pdf?file=1&type=node&id=45402

On November 17, 2016, the ABC ran a report titled 'Palliative care services expansion call as demand increases' detailing the work of palliative services in Victoria and the need for additional funding.
The full text of this report can be accessed at http://www.abc.net.au/news/2016-11-17/palliative-care-services-expansion-call-as-demand-increases/8033602

On October 28, 2016, the euthanasia advocacy group, Dying with Dignity Victoria published a letter sent to the Victorian Health Minister, Jill Hennessy, thanking her for her efforts regarding end of life issues and suggesting that the Victorian Government needed to introduce legislation offering assisted dying to more than those suffering an immediately terminally disease.
The full text of this letter can be accessed at http://www.dwdv.org.au/news/dr-rodney-syme-letter-to-victorian-health-minister

On October 15, 2016, The Australian published an opinion piece by Anthony Fisher, Archbishop of Sydney, titled 'Palliative care, not euthanasia: no need for a licence to kill'.
The comment argues that palliative removes the need for physician assisted death.
The full text of this comment can be accessed at http://www.theaustralian.com.au/opinion/palliative-care-not-euthanasia-no-need-for-a-licence-to-kill/news-story/1d26fa5d27e9ad8324b6b7d81d7a7ee4

On October 1, 2016, The Australian published an opinion piece by Paul Kelly titled 'Legalise euthanasia, and compassionate society dies too'
In this comment Kelly argues against legalising euthanasia in Victoria.
The full text of this point of view can be accessed at http://www.theaustralian.com.au/opinion/columnists/paul-kelly/legalise-euthanasia-and-compassionate-society-dies-too/news-story/edac86177f0480632d02da83a2225c6d

In August 2016, Palliative Care Australia issued its most recent update of its position statement on 'Euthanasia and Physician Assisted Suicide'. The statement makes a clear distinction between palliative care and physician assisted suicide, stating, 'The practice of palliative care does not include euthanasia or physician assisted suicide' and 'Palliative care does not intend to hasten or postpone death.'
Regarding assisted dying, the position statement states, 'Public discussion and policy development on issues related to euthanasia and physician assisted suicide should be informed by research'.
The full text of this statement can be accessed at http://palliativecare.org.au/wp-content/uploads/dlm_uploads/2015/08/20160823-Euthanasia-and-Physician-Assisted-Suicide-Final.pdf

On June 9, 2016, The Age published a report titled 'What are the assisted dying reforms Victoria may adopt?'
The report gives a brief overview of the recommendations of the Victorian Parliament's Legal and Social Issues Committee's recommendation in favour of the legalisation of assisted dying.
The full text of the report can be accessed at http://www.theage.com.au/victoria/euthanasia-in-victoria-what-are-the-assisted-dying-reforms-victoria-may-adopt-20160609-gpfkdu.html

In June 2016 the Parliament of Victoria's Legal and Social Issues Committee released its Final Report titled 'Inquiry into end of life choices'.
The Committee's report makes 49 recommendations including extensive reforms to the provision of palliative care, advance care planning and end-of-life laws in Victoria.
The most controversial of its recommendations is that which would have the Victorian Parliament introduce a Bill seeking to allow assisted dying in Victoria.
The full text of the report can be accessed at http://www.parliament.vic.gov.au/images/stories/committees/SCLSI/EOL_Report/LSIC_58-05_Text_WEB.pdf

In May, 2016, The Australian Human Rights Commission issued a paper titled 'Euthanasia, human rights and the law'
The paper seeks to outline the current medical practice and legal sanctions regarding different forms of palliation and attitudes and practice regarding euthanasia.
The full text of the paper can be accessed at https://www.humanrights.gov.au/our-work/age-discrimination/publications/euthanasia-human-rights-and-law

On March 7, 2016, The Conversation published a comment by Paul Komesaroff, Professor of Medicine, Monash University. The opinion piece is titled 'Euthanasia: let's clarify what the law is before we debate changing it'.
Without expressing a point of view on whether the laws surrounding assisted dying should change, Professor Komesaroff argues that the debate surrounding this issue needs clarification to ensure that participants have a shared understanding of what they are seeking and knowledge of what the law currently allows.
The full text of this comment can be accessed at https://theconversation.com/euthanasia-lets-clarify-what-the-law-is-before-we-debate-changing-it-55142

On November 13, 2015, the ABC's Religion and Ethics site published a comment by Bernadette Tobin, Director of the Plunkett Centre for Ethics, a joint centre

of St. Vincent's Hospital, Sydney, and Australian Catholic University.
The opinion piece is titled 'Voluntary Euthanasia: It Can Only be a Way Station to the Non-Voluntary'.
Tobin argues that the values that underpin voluntary euthanasia and the practice that grows around it ultimately lead to non-voluntary euthanasia.
The full text of this article can be found at http://www.abc.net.au/religion/articles/2015/11/13/4351675.htm

On November 2, 2015, the Wheeler Society posted an argument by Andrew Denton, titled 'An Argument for Assisted Dying in Australia'.
Denton presents the results of his eight month investigation into the arguments of those opposed to assisted death and the reasons why his research leads him to continue to support the practice.
The full text of this article can be accessed at http://www.wheelercentre.com/notes/an-argument-for-assisted-dying-in-australia-andrew-denton-s-di-gribble-argument-in-full

On July 29, 2015, Timothy Kleinig, Clinical Associate Professor, Adelaide University, offered a submission to the Parliament of Victoria's Legal and Social Issues Committee's Enquiry into End of Life Choices on behalf of the group 'Doctors Opposed to Euthanasia'.
The submission outlines the group's reasons for opposing assisted dying.
The full text of the submission can be accessed at http://www.parliament.vic.gov.au/images/stories/committees/lsic/Submissions/Submission_588_-_Doctors_Opposed_to_Euthanasia.pdf

On February 25, 2015, the ABC's current affairs program, The Drum, published a comment by George Williams, Anthony Mason Professor of law at the University of New South Wales.
The opinion piece is titled 'Changing minds on the right to die'. In it, Williams argues for the persistence euthanasia advocates need to display if they are to bring the views of a majority of politicians into line with those of the community.
The full text of this point of view can be accessed at http://www.abc.net.au/news/2015-02-25/williams-euthanasia/6261884

In April 2011, Current Oncology published a paper by University of Ottawa palliative care physician Jose Pereira titled 'Legalizing euthanasia or assisted suicide: the illusion of safeguards and controls'.
The article argues that controls around assisted dying do not prove adequate.
The full text of this comment can be accessed at http://www.current-oncology.com/index.php/oncology/article/view/883/645

In 1999, the University of Tasmania's Law Review published a paper by Professor Mirko Bagaric titled 'Euthanasia: Patient Autonomy Versus the Public Good'.
The paper argues that a patient's capacity to exercise self-determination is inevitably compromised in the context of terminal disease. It also argues that whatever relief is offered the terminally ill patient seeking euthanasia comes at the expense of the wider community of terminally ill patients who do not want this treatment.
The full text can be accessed at http://www.austlii.edu.au/au/journals/UTasLawRw/1999/6.pdf

In April, 1999, the International Association for Hospice and Palliative Care published a paper by Roger Woodruff, FRACP, titled, 'Euthanasia and Physician-Assisted Suicide Are They Clinically Necessary?' which argues that good palliative care removes the need for physician-assisted suicide and expresses his concern that in jurisdictions such as the Netherlands, PAD was undermining the provision of palliative care.
The full text of this paper can be accessed at http://hospicecare.com/resources/ethical-issues/essays-and-articles-on-ethics-in-palliative-care/euthanasia-and-physician-assisted-suicide-are-they-clinically-necessary/#anchor5572

August 24, 2014, The Sydney Morning Herald published an opinion piece titled, 'Palliative care and euthanasia can co-exist, argues oncologist Molly Williams'
The comment argues that the provision of euthanasia is not incompatible with the provision of good palliative care.
The full text of this article can be accessed at
http://www.smh.com.au/comment/palliative-care-and-euthanasia-can-coexist-argues-oncologist-molly-williams-20140821-106jxb.html

Arguments in favour of legalising euthanasia
1. The individual should be able to choose to die with the least possible distress
The Victorian Inquiry into end-of-life options noted the changing nature of end of life experiences for many Victorians with increased average life expectancy and more people dying from chronic and degenerative conditions in a medicalised context.
The Committee claims this has lead to demand for improvements in the way these end of life experiences are managed. The Committee states, 'The changing prominence of diseases has shifted the focus from curing a disease to managing a person's illness and providing them comfort and pain relief as they die.' As an outgrowth of the changing nature of dying the Committee notes, 'Australian public opinion polls over the past 25 years show varying but consistent support for reform to introduce assisted dying laws.'
The Committee deliberately does not endorse a 'right to die', nor does it refer to 'dying with dignity'. Instead the Committee justifies its recommendations, including that for assisted dying, on the basis of 'autonomy', 'choice' and the avoidance of suffering.
In its statement of the 'core values' underlying its judgements, the Committee states, 'People should be able to make informed choices about the end of their life.' It elaborates, 'An adult with capacity has the right to self-determination. This is a fundamental democratic principle which should be respected.'
As a general principle, before addressing access to euthanasia, the report asserts 'Pain and suffering should be alleviated for those who are unwell.' It further states, 'The goal of end of life care should be to minimise a person's pain and suffering.'
On the question of assisted dying, it concludes, 'Prohibition of assisted dying is causing some people great pain and suffering. It is also leading some to end their lives prematurely and in distressing ways.'
The issue of preventing pre-emptive suicides was a significant one for the Committee which noted evidence from the Coroner that Victorians were regularly taking their own lives, sometimes in particularly distressing and inept ways, in order to avoid the suffering of terminal illness.
The report states that the decision as to what constitutes 'enduring and unbearable pain' (a pre-condition for accessing assisted dying) has to be left to the patient. It states, 'It is not for
others to decide what is and is not tolerable for a patient.'
Health Minister Jill Hennessy has stated, 'It is time for us to put forward a proposition that gives people a choice about how they die when they face unbearable and unspeakable suffering.'
The Health Minister has further stated, 'We know we need to do more to give people with terminal illnesses more choices at the end of their life.'
Victorian Sex Party MP Fiona Patten has declared public support for the proposed legislation, stating, 'We should respect them[suffering, terminally ill people] enough to give them the choice to die surrounded with family and friends in as much comfort as possible.'

2. Rigorous safeguards will protect against misuse of assisted dying
The Committee in its report indicated that stringent safeguards would be put in place to avoid abuse of assisted dying.
The Committee indicated that its safeguards ensure that only 'an adult, with capacity, who is at the end of life and has a serious and incurable condition which is causing enduring and unbearable suffering [is able] to request assisted dying.'
The recommended limitations on access to assisted dying, as outlined in the Committee report are:
i.'Assisted dying should be accessible only to adults, 18 years and over.'
The age restriction appears to be based on an assessment of 'capacity' or competence, with the Committee having judged that children (here defined as those less than 18 years of age) lack the experience and judgement to make a decision about when and how to end their lives.
ii. 'Assisted dying should be accessible only by people with capacity to make decisions
about their own medical treatment. Those without legal capacity cannot access assisted dying.'
This limitation appears to grow out of the Committee's concern to ensure 'self-determination' and 'choice'. It has again concluded that only the legally competent are in a position to make a decision about how and when to end their lives. It also appears to be a safeguard against allowing others, possibly with self-serving motives, to make a life-ending decision for incapacitated relatives.
This restriction to those with 'capacity' would appear to deny access to assisted dying to those with conditions such as advanced Alzheimer's disease.
iii. 'Only a person who is ordinarily resident in Victoria and either an Australian citizen or permanent resident may access assisted dying.'
This appears an attempt to prevent the Victorian medical system becoming overburdened by people normally residing in other jurisdictions coming to Victoria to access assisted dying.
iv. 'The request must come from the person themselves.' It must be 'completely voluntary and properly informed.' The request must be made three times, first

verbally, then in writing and then again verbally. This seems intended to ensure that a considered and enduring decision has been made. The Committee states, 'This process ensures that the decision to request assisted dying is well considered, and that the person has a period of time to reflect on it and discuss it with loved ones.' The requirement that the decision be 'voluntary' is an attempt to avoid having people chose immediate death under coercion of some sort, perhaps under duress from relatives or others with self-serving motives.
v. 'Assisted dying should be accessible only to those who are:
a) at the end of life (final weeks or months of life), and
b) suffering from a serious and incurable condition which is causing enduring and unbearable suffering that cannot be relieved in a manner the patient deems tolerable.' The Committee also recommends that the condition be physical. It states, 'Suffering as a result of mental illness only, does not satisfy the eligibility criteria.'
This safeguard seems intended to ensure that assisted dying is not used as a means of committing suicide. The Committee intends it to be used as a means of hastening death and reducing suffering for those who are immediately terminal, not as a means of ending life for those who are otherwise healthy or whose death is not imminent.
vi. 'A request for assisted dying must be approved by a primary doctor and an
independent secondary doctor.' It is the responsibility of the primary and secondary doctors to ensure that the conditions outlined above have been met.
vii. 'In cases where either doctor is concerned that the patient's decision making capacity may be impaired by mental illness, they must refer the patient to a psychiatrist. The psychiatrist should then determine whether the patient is suffering from mental illness that makes them incapable of making informed decisions about medical treatment.'
viii. 'Patients requesting assisted dying must be properly informed:
a) of the diagnosis and prognosis of their condition, as well as the treatment options available to them, including any therapeutic options and their likely results
b) of palliative care and its benefits
c) that they are under no obligation to continue with a request for assisted dying, and may rescind their request at any time
d) of the probable result and potential risks of taking the lethal drug.
ix. Monitoring and review
The Committee has also recommended an ongoing monitoring and review process which it intends to act as a further safeguard against the possibility that access to assisted dying will be abused.
The Committee recommended:
a) an Assisted Dying Review Board, to review each approved request for assisted dying
an entity,
b) End of Life Care Victoria to provide policy and strategic direction for end of life care in Victoria and to gather, analyse and report data on end of life care practices.

3. Current legislation does not offer clear or adequate protection to doctors or others who assist the terminally ill
The Committee judged that there is a misalignment between criminal penalties and the attitude of both the courts and the public to those who assist the terminally ill to die.
With regard to private citizens who assist another person to die, Committee states, 'Assisted dying is illegal in Victoria. Inciting suicide and aiding and abetting suicide are also illegal. Despite this, the Police, the Office of Public Prosecutions, and the judiciary are reluctant to pursue harsh penalties for those who assist loved ones to die.'
With regard to doctors currently involved in assisted dying, the Committee states, 'There have been no prosecutions in Australia of doctors for assisting a patient to die, despite evidence that they do so in unlawful circumstances.
Criminal law institutions have no way of identifying end of life medical cases that ought to be
investigated. Police and prosecuting authorities are reluctant to pursue suspected cases of doctors performing assisted dying. In addition, there are also serious evidentiary obstacles in proving that a doctor intended to hasten the death of a patient in administering treatment.'
The Committee suggests that there is a significant number of Victorians who are being forced to take action outside the law and also that widespread sympathy for such actions prevents their proper legal oversight.
The Committee concludes, 'The effect of the end of life legal framework on the lives of Victorians and on the practice of medicine and the law signifies that it does not reflect our
contemporary society's values.'
Regarding the actions of medical practitioners. The Committee states, 'The recommendations... aim to increase transparency around end of life medical practice and to improve clarity on end of life law so that health practitioners can be confident knowing where the boundaries of legal medical practice lie.'
The recommendations made by the Committee are:
i. 'That the Victorian Government establish a requirement for all cases of continuous palliative sedation to be reported to the Department of Health and Human Services, and for the Department to include this data, de-identified, in its annual report.'
ii. 'That the Victorian Government enact in legislation the common law doctrine of double effect to strengthen the legal protection for doctors who provide end of life care.'
iii. 'That the Victorian Government legislate to enact the protection doctors currently have under the common law regarding withholding or withdrawing futile treatment. In this regard the Committee recommends Government give consideration to the South Australian Consent to Medical Treatment and Palliative Care Act 1995 section 17.'
The Committee also proposes the introduction of a Future health Bill
iv. That the Victorian Government introduce legislation providing for:
a) instructional health directives, which will replace the refusal of treatment certificate. This should specify:
refusal of or consent to a particular medical treatment will be taken to be a binding provision, which can apply in limited circumstances; the ability to refuse or consent to treatment in relation to future conditions; protection for ambulance officers when they act in good faith in reliance on an instructional health directive; substitute decision makers, with the equivalent of an enduring power of attorney (medical treatment), to be able to refuse medical treatment.
The final recommendation the Committee makes regarding transparency and legal protection for all parties involved in end of life decisions is the legal, safeguarded and monitored introduction of assisted dying. The Committee recommends:
v. That the Victorian Government introduce a legal framework providing for assisted dying, by enacting legislation based on the assisted dying framework outlined in this report.

4. Those opposed to euthanasia will not be required to implement it and need not use it
The proposed legislation does not envisage the direct involvement of a doctor in the administration of the means of death. 'Assisted dying should in the vast majority of cases involve a doctor prescribing a lethal drug which the patient may then take without further assistance.'
The Committee is also clear that health personnel with ethical objections to assisted dying cannot be compelled to participate in the process in any capacity
The Committee makes specific recommendations for conscientious objection. It states, 'No doctor, other health practitioner or health service can be forced to participate in assisted dying.'
The Committee elaborated its position on conscientious objection as follows:
'The Committee recognises the right of doctors, other health practitioners and
health services to conscientiously object to assisted dying. The Committee
appreciates the concerns expressed by providers of palliative care services that
neither doctors nor health services should be forced to perform assisted dying.
No one should be forced to facilitate assisted dying.
The codes of conduct and ethics of the medical profession are instructive on
this matter.
The Australian Medical Association Code of Ethics states:
Respect your patient's right to choose their doctor freely, to accept or reject advice
and to make their own decisions about treatment or procedures...
When a personal moral judgement or religious belief alone prevents you from
recommending some form of therapy, inform your patient so that they may seek
care elsewhere.'
Clearly the Committee also does not envisage that any terminally ill person should be compelled to request to die. One of its guiding principles is 'self-determination' and the purpose of its safeguards is to ensure that those requesting assisted dying do so in a way that is informed, considered and voluntary.

5. Palliative care will be strengthened and extended as part of a suit of available options
The Victorian Parliament's Legal and Social Issues Committee's report attaches great importance to the provision of palliative care. It does not see assisted dying as a substitute for palliative care or as an option which should undermine the provision of palliative care.
Looking at developments in overseas jurisdictions where assisted dying has been made available, the Committee concludes that the provision of assisted dying does not reduce the use of or government support for palliative care. It states, 'Government support and funding of palliative care has not declined when assisted dying frameworks have been introduced.'
The Committee further suggests that assisted dying will only ever be a minority provision supplied to a small number of Victorians. Its report states, 'The Committee's research in Victorian and international jurisdictions has satisfied it that the methods used in assisted dying are medically sound and help that small cohort of patients who want this option to achieve a peaceful death.'
Regarding palliative care, the Committee states, 'Demand for palliative care in Victoria has steadily increased in recent times. This is forecast to continue.'
The Committee noted the quality of palliative care provided in Victoria and outlined a range of government supports and initiatives whereby the effectiveness and reach of palliative services could be extended. It concluded, 'Through proper support and awareness of Victoria's palliative care services the Committee believes it is possible to improve the number of people who die in their place of choice.'
Of the 49 recommendations made by the Committee, more than 20 make direct reference to palliative care and ways in which it might be improved.
One of the Committee's set of 'Core values for end of life care' states, 'Palliative care is an invaluable, life-enhancing part of end of life care. Palliative care provides much needed pain relief for people during the end of their life, and provides comfort to their loved ones and carers. Palliative care often prolongs life.'

Arguments against legalising euthanasia
1. Despite the Parliament's intentions, if assisted dying is legalised, palliative care is likely to be under-resourced and ultimately less effective and less utilised
Some of those who are concerned by the Committee's recommendation that assisted dying be legalised in Victoria believe that such a provision is likely to be implemented at the expense of palliative care.
Professor Peter Hudson from St Vincent's Health has claimed, 'If this legislation gets through, the proposal is that if somebody requests assisted suicide, they'd be able to access support from two doctors, potentially see a psychiatrist, and also be allocated a case worker, and I think that's really good and really important that those supports are in place.'
Despite his recognition of the value of such supports for those contemplating assisted dying, Professor Hudson and others are concerned that the required level of support will take resources away from palliative care.
Professor Hudson has stated, 'However as it currently stands, if somebody has a terminal illness in Australia at the moment, their chances of getting all those supports are very limited.
So you have a system where, if you elect assisted suicide you're going to be guaranteed certain supports, whereas if you don't, your chances of getting comprehensive, quality palliative care are less than likely.'
Other opponents of assisted suicide argue that over time governments and the medical establishment might actually come to preference it over palliative care because it is less resource expensive.
In an opinion piece by Professor Mirko Bagaric published in 1999, Professor Bagaric stated, 'The decriminalisation of euthanasia would provide an alternative means of pain relief and hence a dwindling in the urgency to relieve pain through palliative care. The desire to develop better terminal care or to maintain the current funding for such care would be weakened, if not annulled, and there would be great pressure on the already stretched health budget to redirect funds away from palliative care.'
Professor Bagaric concluded, 'Less resources to palliative care means more patients dying in pain, and this constitutes a repudiation of one of the most fundamental priorities of any civilised health system - the immediate relief of pain. The quantity of pain relieved through acceding to the dying wishes of a few is outweighed by the suffering which will be endured by the sizeable majority of the terminally ill who do not want euthanasia but are denied access to appropriate palliative care.'
Other critics have suggested that the adoption of a policy of assisted death may result is less care in the management of their symptoms being offered those patients who choose assisted death.
The position was put by Roger Woodruff, Chairman of the International Association for Hospice and Palliative Care and former Chairman, Palliative Care Group of the Clinical Oncological Society of Australia in a paper published in 1999.
Woodruff stated, 'Patients with advanced disease, who may elect to undergo euthanasia or physician-assisted suicide in the future, are unlikely to receive optimal symptom control, and they will not get the comprehensive and multidisciplinary assessment that is an integral part of palliative care planning for terminal care.
A large number of Dutch patients treated with euthanasia were "suffering grievously" or had "unbearable suffering". The only plausible explanation is that they did not receive standard basic palliative care.'

2. The law is able to protect doctors and others giving palliation without legalising assisted dying
Opponents of assisted suicide often argue that Australian law offers sufficient protection to doctors and other carers who offer palliative treatment without the intent to kill. They further argue that where, in some jurisdictions, this protection may not be sufficiently explicit, the legal situation can be clarified without the need to legally sanction assisted death.
In an opinion piece published on October 15, 2016, the Catholic Archbishop of Sydney, Anthony Fisher noted, 'No one need fear that giving high but appropriate doses of pain relief or withholding too burdensome treatments is unethical or illegal: it is good practice, even if, like the rest of healthcare, it has its risks. Sure, it may in some cases mean the patient does not live as long as they would if we tried everything. But the palliative approach is warranted in such cases and failing to adopt it could well be even more debilitating and life-shortening.
All this is well understood in the palliative care world. It does not require changes to law or practice.'
In May, 2016, the Australian Human Rights Commission released an Issues Paper titled 'Euthanasia, human rights and the law'. The paper outlines the circumstances under which treatment can be withheld under current Australian law. It states, 'Withholding or withdrawing medical treatment currently occurs in Australia under various circumstances and regulations.
First, the Medical Board of Australia and the Australian and New Zealand Society of Palliative Medicine (ANZSPM) states good medical practice involves medical practitioners:
Understanding that you do not have a duty to try to prolong life at all cost. However, you do have a duty to know when not to initiate and when to cease attempts at prolonging life, while ensuring that your patients receive appropriate relief from distress.
Accepting that patients have the right to refuse medical treatment or to request the withdrawal of treatment already started.
The Australian Medical Association (AMA) similarly states that medical treatment may not be warranted where such treatment "will not offer a reasonable hope of benefit or will impose an unacceptable burden on the patient."
Regarding the legal sanction for such positions, the discussion paper states, 'Each state and territory has enacted laws to regulate the act of withholding or withdrawing medical treatment with the effect of hastening death. These laws provide for instruments that allow, in a formal and binding manner, the previously expressed wishes of competent adults to continue to have influence over the kind of treatment they receive (or do not receive) when they lose competence...
There are two forms of instruments that exist to regulate the withholding or withdrawing of medical treatment: 1) advance directives and 2) enduring powers of attorney or guardianship. All states and territories apart from Tasmania and New South Wales have legislation recognising types of 'advance directive' (variously described across jurisdictions). All states and territories have legislation recognising enduring powers of attorney or guardianship.'
Regarding the administration of pain relief which may have the secondary effect of hastening death, the discussion paper states, 'As of the mid-nineties, there had been no criminal prosecutions of doctors in Australia in relation to their administration of pain relieving drugs that have hastened death...
Legislation in South Australia, Western Australia and Queensland provides some clarification regarding whether and in what circumstances a doctor providing pain relief which hastens death will be criminally liable.'
Opponents of legalising assisted death argue that the law in this area can be clarified to allow for pain relief used in palliation, without having to legalise drugs used with the explicit intent to kill.

3. Once legalised, the circumstances under which assisted dying is employed will expand
Opponents of legalising assisted dying argue that once the practice is allowed under law, restrictions such as those foreshadowed by the Victorian Parliament's Legal and Social Issues Committee will gradually be whittled away. There is concern that assisted dying will come to be practised much more widely, in circumstances which many would regard as ethically wrong.
In an opinion piece published in The Australian on October 1, 2016, Paul Kelly wrote, 'Where euthanasia is legalised the record is clear - its availability generates rapid and ever expanding use and wider legal boundaries. Its rate and practice quickly exceeds the small number of cases based on the original criteria of unacceptable pain - witness Belgium, The Netherlands, Switzerland and Oregon. In Belgium, figures for sanctioned killings and assisted suicide rose

from 235 in 2003 to 2012 by last year. In the Netherlands they rose from 2331 in 2008 to 5516 last year.'
Kelly states, 'Claims made in Victoria that strict safeguards will be implemented and sustained are simply untenable and defy the lived overseas experience as well as political reality.'
Kelly then goes on to explain the logical progression through which expanded use of assisted dying is likely to occur once the original premise is accepted. He writes, 'If you sanction killing for end-of-life pain relief, how can you deny this right to people in pain who aren't dying? If you give this right to adults, how can you deny this right to children? If you give this right to people in physical pain, how can you deny this right to people with mental illness? If you give this right to people with mental illness, how can you deny this right to people who are exhausted with life?'
Kelly continues, 'Once you sanction euthanasia you open the door to euthanasia creep...Cross the threshold and doctors will be encouraged to think it is their job to promote the end-of-life. Sick people, thinking of families, feel obliged to offer up their deaths. Less worthy people exploit the death process for gain. In Belgium children can now be euthanised. Would this have been acceptable when euthanasia was legalised in 2002?'
Daniel Mulino's Minority Report (issued as an addendum to the final report of the Victorian Parliament's Legal and Social Issues Committee) cites numerous insistences of people allowed physician-assisted dying in the Netherlands under circumstances which that country's original legislation would not have allowed. These include; the euthanasia after an unsuccessful sex-change operation; euthanasia for anticipated suffering (such as incipient blindness); euthanasia for tinnitus and euthanasia for depression. Critics argue that over time assisted dying can become physician-assisted suicide in response to non-terminal conditions.
The response of a number of euthanasia advocates to the Victorian Parliament's Legal and Social Issues Committee report indicates that they see the legalisation of assisted death with the safeguards proposed by the Committee as only the first stage in establishing progressively wider legislation of the practice with fewer of these restrictions.
Dr Deb Campbell, a social historian and voluntary euthanasia advocate has expressed disappointment at the legislation proposed by the Committee. Dr Campbell has stated that it will 'merely replace one set of gatekeepers with another, requiring people to get "permission to die from the medical profession". No permission should be necessary, and this issue should be one of civil rights for Victorians, not health care.'
Dr Rodney Syme, another euthanasia advocate stated, 'I'm very pleased with the announcement... the success of any legislation depends on how carefully and accurately it is written.
I can understand from a political point of view confining it to terminal illness might make it easier for the government and parliament to accept the legislation but I think they need to understand that wouldn't lead to a bill that would completely resolve the problem.
In fact the longer a person lives with intolerable suffering the worse that suffering is.'
These responses suggest that Dr Campbell believes there should be a right to die, not dependent on a doctor's permission and Dr Syme is here arguing for a reconsideration of the time constraints, so that not only those suffering an immediately terminal illness would be eligible for assisted dying. Dr Syme's comment also suggests that he sees any current limited legalisation of assisted dying as a political necessity for a bill to be passed; however, his position also seems to suggest that he considers the safeguards imposed could subsequently be relaxed.

4. There is no way legally to prevent the misuse of the practice of assisted dying
Some opponents of legalising assisted dying also argue that the practice will be misused and that no safeguards or regulatory framework will be able to prevent this.
It has been noted that no regulatory system can adequately monitor and control the operation of assisted dying once legalised.
Professor Etienne Montero, retained by the Attorney-General of Canada to provide impartial, expert opinion to the Supreme Court of Canada, stated, 'The provisions of the Act, as seemingly strict as they are, cannot be strictly enforced and controlled.'
One major problem is systemic under-reporting of cases of assisted dying. Daniel Mulino's Minority Report (issued as an addendum to the final report of the Victorian Parliament's Legal and Social Issues Committee) claims, 'In Belgium, mandatory notification of euthanasia to the Federal Control and Evaluation Commission is a cornerstone of the regulatory arrangements. However, recent reports suggest that around half of all euthanasia cases are not reported.'
Critics also note that legalising assisted dying tends to make transgressions in this area more extreme. While they acknowledge that violations currently occur, they are concerned that when the law extends some sanctions to killing, those who break the law tend to do so more severely.
Daniel Mulino's Minority Report claims, 'Legalisation simply shifts where hidden activities occur. The argument that a legalized system creates transparency and ensures a clear understanding of what is happening in real life thus needs to be qualified:...there is simply a data shift, with previously hidden practices now regulated, and an increase of other forms of euthanasia, including involuntary euthanasia and practices that do not respect the legal procedures.'
It has also been suggested that once legalisation of euthanasia occurs tolerance of transgressions tends to grow. In April 2011, Current Oncology published a paper by University of Ottawa palliative care physician Jose Pereira which stated, 'In all jurisdictions, the request for euthanasia or pas (physician-assisted suicide) has to be voluntary, well-considered, informed, and persistent over time. The requesting person must provide explicit written consent and must be competent at the time the request is made.
Despite those safeguards, more than 500 people in the Netherlands are euthanized involuntarily every year. In 2005, a total of 2410 deaths by euthanasia or pas were reported, representing 1.7% of all deaths in the Netherlands. More than 560 people (0.4% of all deaths) were administered lethal substances without having given explicit consent. For every 5 people euthanized, 1 is euthanized without having given explicit consent. Attempts at bringing those cases to trial have failed, providing evidence that the judicial system has become more tolerant over time of such transgressions.'

5. Legalising euthanasia will change medical and social attitudes toward ageing, dying, suicide and disability in a harmful manner
It has also been argued that legislative sanction for the deliberate taking of a human life in a medical context is a watershed decision which permanently alters the value system within which the medical profession operates and which has the capacity to alter societal attitudes toward ageing, dying, suicide and disability in ways which might harm the vulnerable.
Critics are concerned that legalising assisted dying would fundamentally alter the traditional relationship between patient and doctor. The current president of the Australian Medical Association, Michael Gannon, has stated, 'The current policy of the AMA is that doctors should not involve themselves in any treatment that has as its aim the ending of a patient's life. This is consistent with the policy position of most medical associations around the world and reflects 2000 years of medical ethics.'
In an analysis of current Australian law as it effects end of life treatment, Paul Komesaroff, Professor of Medicine, Monash University, has stated, 'In Many doctors have expressed concern that legalising assisted killing would undermine the core values of medicine. Shifting the focus from relieving suffering to terminating life might sound like a small step to some, but in reality it represents a reversal of very fundamental precepts.
In medicine, life has never been the disease and death has never been the cure. Rather, the commitment has always been to care for living persons, even in the darkest and most hopeless of circumstances.'
Concern has also been expressed that such a shift would undermine patients' faith in their doctors and might lead particularly vulnerable patients, such as those with a disability, to fear that their lives might be considered as of less value.

Further implications
Any law which raises questions of life and death and modifies the relationship between doctors and patients is of great significance and is likely to provoke debate. With regard to legalising assisted dying, there appear to be three principal areas of contention - around values, definitions and interpretation of data.
Re values, there are those who contend that excruciating pain at the end of life cannot be justified because removing it by assisted dying might cause harm to others through diminishing their choices or changing the climate in which their medical care is given. For these supporters of assisted dying, the hypothetical harm does not outweigh the benefit of the immediate, actual relief of suffering. On the anti-euthanasia side of the dispute, there are those who argue in terms of numbers and who contend that the relief offered a small number of patients via assisted dying, is not sufficiently significant to put large numbers of other people at risk. In addition, there are differing views around the relative value of the 'sanctity of life' and of 'autonomy' and what is sometimes referred to as 'the right to die'.
Definitions also differ. The final report of the Victorian Parliament's Legal and Social Issues Committee's 'Inquiry into end of life choices' is careful to define the action it wishes to legalise as 'assisted death' rather than 'physician assisted suicide' - a phrase used in some other jurisdictions. This would appear to be because the Committee wishes to stress patient 'self-determination' and avoid situations where the voluntary nature of the life-ending act might be questioned because it is performed by a doctor or other medical personnel. The Committee also wishes to make it clear that it is not seeking to sanction 'suicide'. What it is referring to is the hastening of death rather than the simple causing of death, as has been legalised in some jurisdictions where a person needs only to be suffering intractable pain to have his or her death 'assisted'. In the Victorian legislation, foreshadowed by the Committee, those seeking to have their lives prematurely ended would need to be in the final stages of a terminal condition with only weeks or months left to live.
Some of the questions involving personal values are not resoluble. There is no logical way of deciding between the 'sanctity of life' and the 'right to die'. Each is essentially a question of ideology or belief. On the question of hypothetical harm as opposed to demonstrable benefit, there is some prospect of clarifying this question. There are now a number of states and countries around the world where different forms of euthanasia have been practised. Careful study of the effects in these jurisdictions should help legislators in Australia determine just how likely these 'hypothetical' harms are. Have they occurred in other jurisdictions

following the legalisation of euthanasia?
A similar approach could be adopted regarding differing definitions of euthanasia and exactly what form of the action, if any, should be legalised. The limited definitions Victoria is intending to apply are meant to prevent abuses of the practice. For example, if the lethal substance is self-administered, as is intended in the proposed Victorian legislation, there is less likelihood that someone's life will be ended against his or her wishes. To determine the necessity for this limited form of 'assisted dying' it should be possible to discover if jurisdictions with more liberal definitions have found involuntary euthanasia has occurred.
What would therefore seem to be needed is a close examination of the available evidence from within Victoria to determine the need to adopt any form of assisted dying. If a need is established then a similarly close examination of other jurisdictions where euthanasia has been legalised should make it possible to weigh the benefits against the harms.
The Victorian Parliament's Legal and Social Issues Committee claims to have weighed the existing evidence in this manner. What is concerning is that this claim has been disputed. Daniel Mulino's Minority Report claims that the data the Committee considered does not support the conclusions it has come to.
One of the challenging features of the debate surrounding the legislation of assisted dying is the manner in which the available evidence is used. Those supporting an alteration to the law tend to interpret the experience of overseas jurisdictions that have legalised euthanasia in a positive light. Those who are either opposed to or apprehensive about such a change will look at the same evidence and see it differently. Thus the experience of the American state of Oregon, since it legalised euthanasia, is seen either as one of stability and the effective application of regulation or as one where there has been a concerning growth in the number of people accessing assisted dying.
In 2013 the International Journal of Law and Psychiatry published a paper by Brian L. Mishara, Centre for Research and Intervention on Suicide and Euthanasia, University of Qubec, Montreal, Canada and David Weisstub, Legal Psychiatry and Biomedical Ethics, University of Qubec, Montreal, Canada, titled 'Premises and evidence in the rhetoric of assisted suicide and euthanasia'. The article highlighted the lack of objective analysis of premises and data in the euthanasia debate. It stated, 'In debates about euthanasia and assisted suicide, it is rare to find an article that begins with an expression of neutral interest and then proceeds to examine the various arguments and data before drawing conclusions based upon the results of a scholarly investigation.' Such an objective analysis of data and premises is necessary in this debate.
The Victorian Government plans to establish an expert panel to help draft its proposed legislation; however, the function of this panel does not appear to be to re-examine the premises upon which the Committee has formed its judgements or the evidence upon which it claims to have based its conclusions. Supporters of assisted dying may see such a re-examination as merely a stalling device; however, given the importance of the issue, it is desirable that governments be as objectively sure of their ground as possible before they act. Rather than serve as a stalling device, it is even possible that a re-examination of presuppositions and of the available evidence might allay fears and lead to the legalisation of a less limited form of assisted dying.

Newspaper items used in the compilation of this issue outline

AGE, September 17, 2016, page 26, background (photos) by Peter Munro, `Death, dignity and so many forms of grief'.
AGE, September 17, 2016, page 27, background by J Maley, `Young fogey Julian Leeser strikes a chord in his debut' (see also page 31 comment by J Maley, `Making words count").
H/SUN, September 21, 2016, page 25, comment by Jeff Kennett, `Ending "bad" deaths and suicide'.
AGE, September 18, 2016, page 4, news item by F Tomazin, `Assisted suicide accord grows' (with photo and related background, `"I think it's time").

AUST, October 1, 2016, page 15, comment by Paul Kelly, `Legalise euthanasia, and compassionate society dies too'.
AGE, September 26, 2016, page 14, editorial, `Victoria should legalise physician-assisted dying'.
AUST, October 8, 2016, page 22, comment by Angela Shanahan, `Euthanasia advocates ignore key issue of licence to kill'.
AUST, October 8, 2016, page 19, background (photos) by Jamie Walker, `Euthanasia dilemma stirs mixed emotions'.
AUST, October 6, 2016, page 13, letters incl, `Euthanasia can mean compassion for terminally ill'.
AUST, October 5, 2016, page 13, letters incl, `Kelly's impassioned article draws spirited replies'.
H/SUN, October 6, 2016, page 24, comment by Matt Johnston, `Debate is looming on assisted suicide'.
AUST, October 4, 2016, page 11, letters incl, `If legalised, euthanasia could become common'.

AUST, October 15, 2016, page 22, comment by Anthony Fisher, `No need for a licence to kill'.
The Australian, November 7, 2016, news item by AAP, *Police target euthanasia drug: Nitschke*
The Australian, November 8, 2016, news item by G Brown, *Victorian Greens to back "limited" euthanasia*
The Monthly, November 7, 2016, comment (on doctors and terminal patients) by Kate Stanton, *We need to talk about dying*
The Guardian, November 17, 2016, news item, *Voluntary euthanasia laws fail to pass South Australian parliament by one vote*
The Age, November 20, 2016, comment by Ian Haines, *'I believed that euthanasia was the only humane solution. I no longer believe that.'*
The Guardian, November 28, 2016, news item by J Medew, *Four in 10 doctors want voluntary euthanasia, Australian Medical Association survey shows*
The Conversation, December 7, 2016, comment by Paul Komesaroff, James Kerry, *We don't need greater access to Nembutal to achieve good end-of-life care*
The Age, December 7, 2016, editorial, *Why our lawmakers should legalise physician-assisted death*
The Age, December 8, 2016, comment by Andrew Denton, *Euthanasia move is conservative but correct*