SYNOD 2021

Voluntary Assisted Dying

Encouraging a Discussion between people of the Uniting Church in the NSW-ACT Synod

FOR FEEDBACK ONLY

Uniting Church
SYNOD OF NSW & ACT

Where the Wild God is

Summary of the work for this Synod

This paper introduces Voluntary Assisted Dying, indicates what the term means (and does not), and highlights legislation that exists in different states and how the relevant Synods have responded.

The Working Group believes there are three tasks:

i. Increasing our ability as Christians and members of the community to engage with the issues,
ii. Suggesting principles that should be included in any proposed legislation in order to protect the most vulnerable members of our community, and
iii. Determining what policies and practices will shape the way Uniting and the Missions respond to people in their facilities who make a decision to use any legislation that may be enacted to end their lives.

At the June Synod there will be space for people to talk about how and why the issue of Voluntary Assisted Dying matters to them, and impacts on their personal, professional and Christian lives. We are not asking the Synod to make any decision either for or against VAD. Our position is well reflected in the decision of the 2020 WA Synod:

> 3. (a) Acknowledges again that within the Church there is a diversity of faithful Christian understandings and responses to dying and to 'voluntary assisted dying' and we seek to live respectfully together in that tension;
> (b) Encourages its ministry agents, members and agencies to respect the freedom of people to hold different views with regard to the Voluntary Assisted Dying Act (WA) 2019 - ranging from conscientious objection to active endorsement.
> (Minute 26/2020)

Uniting will speak to a later session of Synod about policies and practices. The issue of principles in legislation will be dealt with in August.

Introduction

Voluntary Assisted Dying (VAD) is already possible in a number of countries around the world, and in Victoria (the Vic-Tas Synod supported such legislation) and WA (the WA Synod recognised diverse voices in the church, and encouraged open-ness to that diversity). Legislation will come to the QLD parliament in 2021 (the QLD Synod opposed such legislation, while offering helpful comments on principles, and developing a supportive pastoral strategy). A Voluntary Assisted Dying Bill was introduced into the SA Parliament in 2020. It appears certain that a Bill will be brought to the NSW Parliament during 2021.

How do we respond to this possibility as individuals, community and church?

What do we mean by voluntary assisted dying?

> *"A doctor or other person provides drugs, at a competent person's request, which they can take themselves to intentionally end their lives.*
> *In some places the legislation also allows a doctor to administer the drugs."*

Voluntary Assisted Dying is not:

- a "Do Not resuscitate" order or request;
- an Advanced Treatment Directive about the sorts of treatments that are acceptable or unacceptable for someone, should they become incapacitated to make a decision at the time;
- the withdrawal of futile treatment;
- the use of treatment to alleviate specific symptoms that may have the effect of shortening life.
- A replacement for palliative care.

It is the choice by a patient in specific specified circumstances to take a medication with the intention of ending that person's life.

The cultural context

It is important to recognise that the major cultural story that shapes the conversation around voluntary assisted dying, is about personal freedom and choice, and the claim that we alone own our lives and should decide what we do. This is a story we participate in and often support – e.g., the right of people to determine their medical treatment.

There are two other important parts of the social context that the church should recognise. First, people who are differently abled, older people, and First Peoples are each part of social history that has raised questions about their right to live. First Peoples, for example, have faced a history of decisions like the taking of their children which have been defended as good for them, but which have been disastrous. Or, for example, the Olympic gold medal winning wheel-chair athlete, Kurt Fearnley says that his mother was advised to leave him in hospital and let others look after him until he died[1].

There is in the VAD discussion an implicit claim that people have the right to end their life when they decide that they can no longer live a fully human life. Such a claim about what it means to be fully human, and when life is not worth living, raises significant concerns for this group of people.

Second, it is often more difficult to have this conversation in some CALD communities. The conversations within such community-based and relational cultures are often not heard, and are often overlooked in the wider culture with its stress on the individual.

As the church considers its response it should also recognise that when issues like this are raised there is a high level of mistrust of religious bodies and a fear that we will seek to impose our views rather than share and negotiate.

Within this context the Working Group believes that it is unhelpful for the church to come to a firm conclusion one way or another, both because of diverse views in the church, and because any decision will make it more difficult to engage around the question of the shape of legislation and the role of bodies like Uniting.

[1] Kurt Fearnley with Warwick Green, *Pushing the Limits: Life, Marathons and Kokoda* (Michael Joseph, 2014), 30-31. His parents' angry reaction was that, of course, he was going home to be part of their family.

We believe that one of the ways in which the church can (and should) engage in this issue is to raise questions about the way the debate has been shaped by assumptions about individual rights and choice. Life has relational and other boundaries, and relationships are not simply another transaction. Life is valuable, and all death is difficult; a loss to the network of life. Yet we also acknowledge that people live and die, so there is an issue of when/if there are times when it is best to end pain and suffering and hasten death; to break the threads the bind us.

To assist the conversation and action of the church we are suggesting a three-part conversation:

i. A discussion about why and how this issue matters for those who seek to live a Christian life.
ii. A discussion about the sort of principles the church would wish to be in legislation.
iii. A discussion about how Uniting or other agencies might offer support to people who make a decision to end their life.

Why VAD matters for the Christian life?

The aim of this discussion is less to reach a church position and more to encourage people to explore the issues and be better equipped to contribute to a discussion around any legislation.

There is a separate discussion guide that invites you to write a one-page reflection on how this issue impacts on your life and faith. SEE APPENDIX A. This will be the basis for discussion during the synod meeting. It is also intended that both Appendices can be used for discussion in your congregation of presbytery.

We have provided are a number of reflections from a range of people, both to broaden your sense of the conversation, and to offer you some encouragement about the task. SEE APPENDIX B.

At Synod you will be encouraged to share your reflection, and to listen carefully to the reflection of others.

What principles should be in legislation?

NB: This part of the conversation will happen in August. You can either leave this until nearer that time, or start thinking about it now.

If we assume there will be legislation in NSW in the next year, what principles does the church believe ought to guide the legislation?

Here are some that we believe should be included. Are there principles you disagree with in this list? What other principles would you like to add?

- Generally, the legislation in other states and countries says that a person should be in unbearable physical pain (and not only be suffering mentally, socially or spiritually). However, we do not believe that human beings are defined just by their bodies, so we suggest that people should have pain that cannot be managed and be suffering (i.e., their

sense of themselves is being destroyed as they lose what makes them who they are – relationships with others, themselves, events, and objects[2]).

- They have a limited time to live (e.g. in QLD's draft legislation this must be less than 6 months).
- They must be competent to make a decision (over 18 years, not depressed, not have dementia or mental illness). This competency must be assessed not just at the beginning of the process, which can take some time, but also towards the time when they will take their life.
- They must be assessed by two persons (including a doctor) and be given permission to end their life.
- They are not to be coerced in any way. This means that doctors and other carers cannot raise the issue with them or suggest VAD as an option. A free and informed decision is essential.
- Both medical professionals, and institutions like aged care facilities, should have a right of conscientious freedom to not participate in the process.
- A requirement should be that the person has a 'facilitated' conversation with significant others. They would name the significant others, and would not be bound by their views. This is simply a reminder that we are not isolated individuals, and our death impacts on others.

What should Uniting and the Missions do?

NB: Uniting will make a presentation about this issue. These notes simply try to clarify the questions and issues that need to be dealt with.

If legislation allows a person to be assisted to die, this means that someone has to "assist."

How should Uniting and the Missions respond? Should they:

- Simple refuse to allow a person to die in their facilities (a position taken by other church aged care providers), and transfer them to another facility?
- Allow the person to make this choice (after all Uniting and our Missions claim that their facility is the person's home), but offer no assistance?
- Allow staff to assist?
- Make a policy across Uniting or the Mission, or allow different facilities to make their own policy?

What support should Uniting and the Missions give to (i) the person making the decision, (ii) their family, (iii) those who have the difficult task of assisting, (iv) staff in the facilities where it happens?

Should synod make the decision about policy, or should Uniting and the Missions?

[2] For a helpful conversation about pain and suffering see Eric J. Cassell, *The Nature of Suffering and the Goals of Medicine* (New York and Oxford: Oxford University Press, 1991), particularly chapter 3.

Some further resources

Here are two responses to the issues which may help you to engage further:

- https:www.abc.net.au/news/2021-04-29/rhs-habermann-and-voluntary-euthanasia/100062384
- htpps://iview.abc.net.au/show/laura-s-choice

Chris Budden

on behalf of the working group: Graeme Gardiner, Michael Mawson, Christine Palmer, Valamotu Palu, Tim Senior, Nathan Tyson

Appendix A

Voluntary Assisted Dying: Encouraging discussion

Voluntary Assisted Dying (VAD) is already possible in a number of countries around the world, and in Victoria and Western Australia. Legislation will come to the QLD parliament in 2021, and a Bill was introduced into the SA Parliament in 2020. It is very likely that a Bill will come to the NSW Parliament in 2021.

How do we respond to this possibility as individuals, community and church?

First, what do we mean by voluntary assisted dying?

> *"A doctor or other person provides drugs, at a competent person's request, which they can take themselves to intentionally end their lives.*
> *In some places the legislation also allows a doctor to administer the drugs."*

Voluntary Assisted Dying is not:

- a "Do Not resuscitate" order or request;
- an Advanced Treatment Directive about the sorts of treatments that are acceptable or unacceptable for someone, should they become incapacitated to make a decision at the time;
- the withdrawal of futile treatment;
- the use of treatment to alleviate specific symptoms that may have the effect of shortening life.
- An alternative to palliative care.

It is the choice by a patient in specific specified circumstances to take a medication with the intention of ending that person's life.

Generally, the legislation says that a person should be in unbearable physical pain (and not only be suffering mentally, socially or spiritually), they have a limited time to live (e.g. in QLD's draft legislation this must be less than 6 months), be competent to make a decision (over 18 years, not depressed, not have dementia or mental illness), must be assessed by two person (including a doctor) and be given permission to end their life, and are not coerced in any way.

Events do not have inherent moral value. We consider the event in the light of our world-view or faith position or situation and decide if we think it is a good thing or not. That is why two people can see the same event and value it differently.

We are inviting you to write a response of up to one A4 page in which you reflect on how VAD impacts on you personally, professionally, and in terms of your faith. What personal and/or moral issues does VAD raise? What Christian beliefs would be challenged if such legislation occurred in NSW? If you are in a profession that might be impacted by this legislation, what issues are raised for you?

We have provided responses from a range of people – both as examples, and as a way of broadening your understanding of the issues and how they impact on people. SEE APPENDIX B.

APPENDIX B

Reflections

The following reflections are offered to encourage you to write your own, and to broaden your ability to engage with this important issue.

As you read these reflections, and as you consider writing your own reflect, please remember that the discussion question for synod will be:

> What is the one, central faith/ life issue that arose for you as you wrote your reflection?

We are asking you to write a reflection that fits one A4 page. However, as you will see from the contributors, sometimes that has not been possible, so don't stress too much about length.

You will see a number of voices missing from the reflections, and we apologise for this fact. We have made every effort to hear other voices, but have been unsuccessful in getting a response.

People offering a reflection

Shane Clifton lives with quadriplegia, and was Professor of theology and ethics at Alphacrucis College.

Heather Coombes is a retired Uniting Church Chaplain in Aged care.

Graeme Gardiner is a Uniting Church Minister

Mary Kauhivai is a Niuean woman, 50+ years.

Melenaite Luani is a young, Australian born Tongan-Australian.

Michael Mawson is Senior Lecturer in Systematic Theology & Ethics at United Theological College.

Tim Senior is a GP working in an Aboriginal Community Controlled Health Service, and a member of Picton Uniting Church congregation.

Jes Star is Pastoral Practitioner at Uniting Aged Care Springwood NSW.

Siuta Taumoepeau is an older person who was born in Tonga, and has lived in Australia for over 30 years.

Siokatame Tupou is a young Tongan born Australian lawyer.

Reflection from Shane Clifton

Voluntary assisted dying (VAD) is a fraught topic for those of us with disability, not least because we are dragged into debates from people on both 'sides' in support of their cause.

People advocating for VAD legislation draw on the supposed horrors of disability as an explanation for why euthanasia should be legalised. In public consciousness, this is nowhere more apparent than in the imagination about my own disability, quadriplegia, where it is presumed that VAD is the only rational response (a theme reflected in movies such as Clint Eastwood's Million Dollar Baby and Jojo Moye's Me before You). Ableism is so deeply entrenched in the public psyche that there is no awareness that life with quadriplegia, and any disability, can be rich and good. People with newly incurred injury inevitably internalise ableism and assume the worst of their situation. It takes many years to realise that it possible to flourish with a disability, an achievement that might not be realised if VAD was legalised. While VAD legislation might initially be restricted to those near death in extreme pain, it is likely that its normalisation will result in a broader application in the years to come. Even without later legislative changes, interpretation of 'near' death is inevitably fuzzy; are quadriplegics who suffer nerve pain in ICU near death if they are unable to survive without mechanical aid? While the slippery slope argument is a logical fallacy, in the context of euthanasia it may be a social reality.

Disability advocates generally oppose VAD, in large part because they do not trust an ableist society with their lives. British advocate Gregor Wolbring summarises this perspective: "We believe that as long as disabled people are viewed as a suffering entity, as an object of charity, as a life not worth living, we cannot accept the broadening of our access to death. We believe that the legalization of euthanasia will force people to be euthanized in a misbegotten effort to do the right thing: save their loved ones from financial ruin, remove family members from the care taker role, cease to be a burden on the state."[3]

Notwithstanding this position, it rankles many people with disability (including myself) to be used by religious conservatives in their arguments against VAD (and abortion, where similar issues arise). The fundamental challenge of disability is paternalism — that society, especially religious communities, presume to know what is best for others; what they need to be 'saved.' The church's arguments against VAD seem like another instance of religion using its public power to dominate and control the choices of others. Disabled advocate and academic Tom Shakespeare argues that there is an inherent contradiction for people with disability to insist upon their own autonomy (against controlling benevolence) while at the same time rejecting legislative changes that restrict the choice of others.[4] Indeed, I have friends with deteriorating disabilities who strongly advocate that, when their body deteriorates to a point that life become intolerable, they should have the right to choose the time and manner of their death.

My view is that despite the risks, individual autonomy should prevail. Rather than oppose a person's right to choose, we should spend how energy on ensuring legislation has appropriate safeguards. Thereafter we can help to educate people about the contribution of disability, illness, and death to our social flourishing.

For more information, see Shane Clifton, "Disability and the complexity of choice in the ethics of abortion and voluntary euthanasia," *The Journal of Medicine and Philosophy: A Forum for Bioethics and Philosophy of Medicine*, (accepted and scheduled for publication June 2021).

[3] Wolbring, Gregor. 1998. "Why Disability Rights Movements Do Not Support Euthanasia: Safeguards Broken Beyond Repair." Independent Living Institute. 1998. https://www.independentliving.org/docs5/Wolbringeuthanasia.html.

[4] Shakespeare, Tom. 2009. "A Chance for Dignity in Dying | Tom Shakespeare." *The Guardian*, July 7, 2009, sec. Opinion. http://www.theguardian.com/commentisfree/2009/jul/07/assisted-dying-terminally-ill-disabled.

Reflection from Heather Coombes
I write these few brief thoughts through the additional lens of someone who has congenital cerebral palsy on a severe scale. I use a motorised wheelchair as my main means of mobility.
I believe in the sanctity of life, which is a generous gift of God, not to be treated casually or with disrespect. God breathed life into creation and in the words of the account in Genesis "God saw that it was good".

Having observed and experienced physical and emotional suffering in my personal and professional life, I have a great sense of empathy towards people who struggle. I believe, as Christians, we follow the example of Jesus who sought to relieve suffering in all its dimensions. Suffering may not be eliminated but that does not mean we should not reach towards that goal.

I have met people from all walks of life who wanted to end their existence because the pain was too great, they believed they were a burden on others, or because they understood that the purpose of their life had reached its expiry date. However, a person's perception of their *raison d'etre* may be limited. They may have a skewed view of their positive influence on others, even in their pain. As chaplain, I tried to relate with understanding to their dilemmas.

Some medical professionals working in palliative care have stated that no one should be in pain during a terminal phase of their illness. However, I have been around long enough to know the limitations of medicine to eliminate discomfort. Strong pain relief may be possible, but at what cost? The person suffering may need to be in a comatose state to achieve a pain-free existence. I do not believe that equates with quality of life. There are non-medical adjuncts to pain management, e.g. music, social, spiritual, psychological support which may assist.

While I personally feel uncomfortable with the idea of voluntary assisted dying, I see a great need for support of people suffering a life-threatening illness. Pastoral care should be available also to those who choose to end their lives at a specific time. However, there needs to be adequate emotional, physical, and spiritual support along the way as they come to that decision. Checks and balances need to be put in place to ensure that such decisions are not made purely on episodic periods of emotional despair. Feelings are notoriously fickle in their expression. Time needs to be given for preparation and reflection together with a breadth of consultation amongst family, friends, and health professions.

Reflection from Graeme Gardiner
I am a Minister of the Word. So, vocationally I am concerned with two aspects of VAD: how it impacts upon people pastorally, and how it sits with my view of God and a life of faith.
Personally, having pastored numerous individuals, partners and families through seasons of difficult deaths, and having myself accompanied my first wife through terminal breast cancer and been beside her 24/7 through the last weeks of her life, I acknowledge that experience has impacted my perspective. It has raised significant as yet unanswered questions over what I would want for myself in similar circumstances.

In terms of pastoral impact, having the option of VAD for some may provide a kind of 'relief valve', knowing that there is a dignified way out if it gets impossibly painful. This may allow for a more 'at peace' living out of final days even if in most cases the option of VAD is never taken up. For others, having a choice may in itself add stress. For partners and family members it may also pastorally be a mixed response. Some will be able to come to terms with a decision to use VAD, and even find comfort that their loved one will be released from undue suffering. For others, such a decision may lead to anger and discord. Doctors will likely retain freedom of conscience as to whether they will

participate, but will likely reduce or eliminate the emotive demands upon them from some asking them for illegal and unregulated VAD. It will likely also reduce the numbers of sufferers who desperately attempt their own lonely suicides.

How does VAD sit with my view of God and a life of faith? I hold unresolved questions about managing risk of potential inequitable or coercive misuse of VAD, and questions over whether or not it demeans the worth of human lives. However I am also concerned that sometimes suffering has been so elevated as a trait of faithfulness within Christian tradition (following the example of the Christ who suffered and died, and failing to note that this suffering is believed by many to be *for* or *in place of* our own suffering) that 'avoidance of pain' is regarded as a failing or even contrary to the 'will of God'. I personally cannot believe that God intends us to suffer, as for me God is full of mercy and compassion. My question is how God might feel about us standing by when someone is experiencing what they claim is unbearable suffering and offering no satisfactory way out. No doubt we can experience learning and growth through hard times, but I don't believe that 'hard times' are in and of themselves good or necessary for mature and faithful living. For suffering to be a God-ordained means of human development suggests a God who verges on cruelty. If Christian service centres on the relief of injustice, pain and the promotion of fullness of life, can VAD be regarded as an extension of God's mercy and compassion, especially if death is not to be feared, and fullness of life transcends earthly life?

Reflection from Mary Kauhiva
I was torn with this topic cause if I was placed in the position of being terminally ill, I may not be strong enough to do VAD. But if I was strong enough, I would want this option available to me.

The reason for this is because it's a choice. It's made available to every terminally ill patient who can have the right/choice to decide their own end of life, to end their suffering but more importantly to have quality of life. I agree that this should be assessed by two independent persons in no way associated with the person so they can give an honest opinion for the patient should they decide to go down this road rather than wait out till the end.

I think in the Pacific Island community these days, this generation are well equipped to have an open discussion about this topic and be not afraid to talk about the consequences of VAD from a cultural perspective. The younger generation would be open to this discussion. The older generation may not be as receptive because of the cultural taboos; for example, if you do VAD, what are the consequences for your family, what curse have you brought on the family and all of those things that PI communities inherently have from a faith perspective. The bible says thou shall not commit murder and whilst VAD goes against what we believe and have faith, I think that if one makes a decision about VAD, as a Christian I believe we would be at peace with it. I hope I've made sense and apologies if too brief.

Reflection from Melenaite Luani
Voluntary assisted dying (VAD) provides a person in specific specified circumstances with a CHOICE to intentionally end their life with medication.

Whilst the intention of VAD is to essentially end a person's suffering from an illness that is terminal and likely to end that person's life within a specific timeframe, e.g. 6 months. It is my own professional belief as a registered nurse that medicine in the 21st century is advanced enough to potentially provide the same result of relieving physical pain and suffering for individuals. The reason I say that medicine has the 'potential' to relieve physical pain and suffering is because I do understand that care for end-of-life patients isn't always effective enough to meet the needs of these patients, which results in these individual's 'suffering'.

My point of view is heavily influenced by my Christian faith and belief that no individual should be able to choose when their life should end. Therefore, I do not support the idea of VAD. Whilst the intention of VAD may seem in favour of relieving suffering and promoting the idea of dying with dignity, I think it can be argued that effective use of other medical treatments and proper use of services such as palliative care can provide similar outcomes.

Consequently, I think the most challenging part of this issue is about giving these individuals the **power** and **choice** to end their life. If this bill was to be passed in NSW, it would not be something that I would support or advocate for within my profession. It would only provide me with more reason to be a better advocate for patients who may be 'suffering' and ensure that their needs are well understood, met and that adequate services are available to them and their families. As a Christian, it says in Romans 14:8 that whether we live or die, we belong to the Lord. Therefore, the day or the hour that death shall be upon someone is ultimately God's choice.

Reflection from Michael Mawson

In my vocation as a theologian at the Uniting Theological College, I've tried to reflect on some threads from Scripture and the Christian tradition that might have a bearing on the possibility of Voluntary Assisted Dying.

1. My first thought is that the call for Voluntary Assisted Dying (VAD) is responding to a situation and set of challenges that is basically new. Advances in medicine over recent decades have led to a situation in which more people are living for longer, but often with increased levels of morbidity, disability and dependence. Put differently, medical advances have changed the nature of our old age and dying as such.

2. This means that neither Scripture nor the Christian tradition speak directly about this situation and its challenges, even while they provide deep insights and guidance that is useful for reflecting on and responding to VAD.

3. One important thread found in Scripture is that human life comes from God and belongs to God. We are those beings who have been created by God in God's own image (Gen. 1:26-27). And we are those who are called to place our lives into the service of God and one another (John 13:14–15). This claim that life belongs to God has also often been linked to biblical injunctions to preserve life and biblical prohibitions against killing (Gen. 9: 6; Ex. 20:13).

4. Nonetheless, over the centuries many Christians and theologians have been willing to recognise exceptions to these biblical injunctions against killing. For example, most theologians in the tradition have held that killing is permissible as a last resort in situations self-defence; and also that under certain conditions nations may be permitted to enter into and conduct wars (i.e. the just war tradition).

5. Over the centuries, the majority of Christians and theologians have also condemned the practice of suicide. While Scripture contains no direct condemnations of suicide, it tends to link this practice with despair and separation from God (e.g. Matt 27: 1-10). Accordingly, Christians tended to understand suicide as a rejection of God's gift of life. In more recent decades, we have developed better and more complex ways of reflecting on and responding to situations of suicide.

6. To what extent does this broad Scriptural call to preserve life, and these injunctions against killing and suicide, apply to the new situation and the possibility of VAD?

7. Another important thread found in Scripture is that as Christians we are called to works of mercy and charity for those who are vulnerable (Matt 25: 35-46). This work of charity has often included providing care and forms of relief for those who suffer.

8. In addition, this thread has often been expressed in the wider Christian tradition through support for the rights and freedoms of individuals.

9. To what extent might the possibility of VAD be seen as the natural extension of this biblical injunction to act mercifully, or as in continuity with wider Christian attempts to promote human dignity and freedom?

10. For all Christians the cross stands at the centre of our faith. On the cross God entered into and embraced human suffering and dying. And this means that by attending to the cross we are able to find God in this place. This is the case regardless of our specific responses to and judgements about the possibility of VAD.

Reflection from Tim Senior
I come at this question from a messy mix of personal, religious and professional values, which of course, overlap with each other.

Professionally I need to distinguish Voluntary Assisted Dying from other issues which come up in discussions about the end of life.

Voluntary Assisted Dying is not a "Do Not resuscitate" order or request; it is not an Advanced Treatment Directive about the sorts of treatments that are acceptable or unacceptable for someone, should they become incapacitated to make a decision at the time; it is not the withdrawal of futile treatment; and it is not the use of treatment to alleviate specific symptoms that may have the effect of shortening life. It is the choice by a patient in specific specified circumstances to take a medication with the intention of ending that person's life.

How does it challenge your sense of how the world should be?

My view of how the world should be, can be expressed in theological, political or medical terms that all come to different vocabularies for expressing the value of human life.

Theologically – we are all made in the image of God. And "What you do to the least of these, you do to me."

Politically, the Universal declaration of human rights – "recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family"

Medically – "humans are a lovable series of imperfections joined together by bits of glory" – Oxford Handbook of Medical Specialties!

I have some sympathy for the view that we should cherish each other's life, and that the desire to end one's life tells us that this has not happened. However, the way this valuing of others' lives is demonstrated is in allowing them to have control over their lives, in people having autonomy, and

this is where I struggle most with VAD. If I believe this, then people should have the right to make this decision. Shouldn't they?

In my medical life I am dealing entirely with the consequences of removing control over people's lives for generations, over having things done to them, and of having their lives valued less than others around them. I also see this for other groups told they don't belong in society – anyone non-white, disabled people, members of the LGBTQI community, people excluded by socioeconomic factors.

In every other area of life – housing, education, spending choices, "lifestyle choices," access to clean air, healthy food, medical services – we see people's choices about themselves constrained. (Almost all of my professional work is working against these constraints.)

The assumption that VAD is a personal decision that will be unconstrained by these factors seems naïve, that people are making this decision as independent actors in a free world. No other decision in life is ***actually*** made in this way. People are influenced by whether they feel as if they are a burden on those around them, or what they think they **should** do etc. It is ultimately a neoliberal position that denies our interdependence on each other.

I feel uncomfortable with the position that says "We agree" to the person who says "my life no longer has value." As a GP, I see the value in so many people's lives, and sometimes they can't see it themselves for a bit.

It should be possible to craft legislation to overcome these objections – it truly must be end of life, someone must truly want to end their life, etc., and perhaps some of the proposals do come close to this. But I still feel uncomfortable.

However, I have never been in the position where I have need to make this decision, or been close to a relative who has. I have had patients discuss it with me, and my position is that good palliative care, good symptom control and striving to make the final stretch "a good life" in the people they have around them and the meaningful activities they want to pursue negates the need for VAD. It's on the issue of personal autonomy where I keep struggling. So much of my work with my patients is to allow them control over their life decisions, as it's this removal of control that has been responsible for their ill health. It seems odd to me, then, that the same control can be use not to prolong meaningful life, but to extinguish it.

Professionally, I think I would opt out of providing voluntary assisted dying because I don't want there to be any doubt that I see value in the lives of my patients, even when they've been told for generations that there is no value in their life, and even if they don't see that values themselves.

Reflection from Jes Star

This issue of VAD has a moral, ethical and spiritual significance for me personally as I view VAD as 'assisted suicide' and I don't agree that this be an option for ending physical, emotional, mental or spiritual pain.

I feel that life, all life, is precious and sacred in the eyes of God, and this strong held Christian belief would be diminished using this option. Not to diminish or judge any of my sister's or brother's pain. I have suffered my own unbearable pain when having and dealing with trauma trigger from memories of emotional, physical and sexual torture from a parent. Bearing this alone at least on two occasions in my life, I have fallen so low that I just wanted to be out of this suffering and thought of

ending my life. Once I gained real and true support via a trauma psychologist this feeling ceased. I know I will need this sort of support for most of the rest of my life.

In researching for this response on VAD, one article I read by Assoc Professor Odette Spruijt Palliative Medicine Specialist in Melbourne, spoke to me about my own thoughts on the matter when she said, "I am very aware that many doctors have reconciled the law *(VAD law)* on the basis of patient choice, and I am also very aware that palliative care is not a panacea for all suffering. That would be a ridiculous claim, especially since the majority of people who access voluntary assisted dying (VAD) worldwide do so not for the relief of physical suffering, but rather because of loss of ability to engage in meaningful life activities (82% in Canadian cases of assisted suicide). Loneliness (13.7%) and concern about causing burden to those they love (34%) were also prominent in the list of reasons for requesting assisted suicide in this Canadian report. Such suffering is not within the realm of medical practice alone to alleviate, but calls for an examination of what we as society understand as a life worth honouring and living."[5]

As an acting Chaplain in aged care, I would go so far as to say that well over 95% of the people entering aged care homes feel and have said words such as these. Many don't wish to live any longer. They don't see meaning and purpose in their lives. "What is left for me now?" "I hate it here: I want to go home." "I wish I could die; I pray every day that God will take me now!" It could be slippery slope to traverse if VAD were to be "offered" to aged care elders stating and feeling such ways. I would hate to see this VAD somehow "normalised" as an option to offer those coming into aged care. Another of Spuijt's arguments, which I agree with, is with what we have seen throughout the COVID-19 pandemic, where the spirit of community caring has come together to support elders in care who were isolated. This type of caring "spirit (that) can transform the suffering of many people approaching the end of life', she says, is 'the time when our mettle as a society is most needed, our insistence on reasserting the value of each person, no matter what their physical state might be."

More funding for mental health in aged care, more good practitioners to administer such care and an increase in spiritual support teams and in Chaplaincy instead of the recent decrease we saw here in our own Uniting, will be the good injection needed into supporting frail, sad, depressed elders who have lost meaning and purpose in life from falling "victim" to ending their pain by being offered assisted suicide.

Reflection from Siuta Taumoepeau.

- My personal view changed, after I went through my wife's recent cancer scare, I accept "offering" a competent individual the option (this is weighing heavily on my mind)
- My moral stand is still "letting someone end their life is no different to me ending that someone's life"
- As a Christian, **I BELIEVE** Jesus accepted he will die, and that it is his father's will that he suffers & died the way he did, **BUT** the end of his life was still his father's decision & timing.

[5] Odette Spruijt, "Assisted Dying: Push for removal of safeguards alarming," *InSight* (3 August 2020)

Reflection from Siokatame Tupou

My initial reactions are that I am against voluntary assisted dying. I believe that God is the giver and taker of life and when a person's life is to come to an end, that should be solely the will of God. I understand the arguments, that a person may have limited time to live and be experiencing great pain, but I believe that it does not take away the opportunity for God to do his work. I believe in the sanctity and importance of life. That even in great pain and suffering, God can do his miraculous work. I hope this assists and God bless.