

# Ten things you should know about the NSW Voluntary Assisted Dying Bill 2021

## **1 Mental illness no barrier**

The bill (the "**Greenwich Bill**"), makes it clear that mental illness does not make a person ineligible to access euthanasia or assisted suicide. Treatable mental health conditions such as depression, which are known contributors to the decision to suicide, do not prevent lethal drugs being prescribed or administered.

## **2 No requirement for psychological or psychiatric referral**

There is no requirement for a doctor to refer a patient for psychiatric or psychological assessment or treatment before prescribing them lethal drugs. The last time a bill to legalise euthanasia and assisted suicide was debated in NSW was 2017. That bill (the "2017 Bill") required a qualified psychologist or psychiatrist to examine a patient before the patient was able to be given the means to kill themselves. This has been removed in the Greenwich Bill.

## **3 No obligation to offer palliative care before deadly drugs**

The Greenwich Bill does not require that palliative care first be offered and made available to a patient with a terminal illness. That 2017 Bill required doctors to offer a referral for palliative care that they could accept or decline. Alex Greenwich MP has removed this requirement, meaning a patient seeking end-of-life 'choices' is not given the real choice of palliative care.

## **4 Doctors can suggest patients should take their own lives**

Doctors are allowed to suggest euthanasia and assisted suicide to their patients, something that is prohibited under the Victorian law. Doctors have enormous influence over a patient's end-of-life decisions, and allowing them to suggest a patient end their life puts vulnerable patients at risk of undue influence from inexperienced, incompetent, exhausted or even unscrupulous doctors.

## **5 Doctors do not need to specialise in a patient's illness**

The doctors who certify that a patient is suffering from a terminal illness and is likely to die within six months and who are supposed to provide them with details about potential treatments do not need to be a specialist in the patient's condition. This is another one of the key safeguards that was in the 2017 Bill that has now been removed. The doctors do not need to have any experience in treating a particular condition, but still be permitted to prescribe deadly drugs to someone suffering from that disease.

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## **6 Doctors do not need to meet or physically examine the patient**

The doctors approving a patient's request for euthanasia or assisted suicide never have to meet the patient or examine them in person. A doctor can use telehealth to sign off on a request for death.

## **7 Death can be approved in as little as 5 days**

The time between a patient's first and final request for death can be as short as 5 days. This condensed timeframe means that there is no time for serious reflection, for family to be notified, or for palliative care or mental health specialists to have time to step in and consult. In some circumstances (where the patient is expected to die or lose mental capacity within 5 days), the time period can be even shorter.

## **8 Conscience rights of doctors is not protected**

The Greenwich Bill removes conscientious objection rights for doctors, requiring all doctors to provide information to a patient about where they can access euthanasia. It also requires doctors to inform the Voluntary Assisted Dying Review Board every time they conscientiously object to providing euthanasia or assisted suicide. For many doctors who know the scrutiny of health regulators when it comes to those who wish to follow their consciences, this requirement to announce their objection will amount to an implicit threat to their careers.

## **9 Faith-based institutions must participate**

Faith-based aged care facilities cannot opt-out of euthanasia and assisted suicide. Even if staff members do not want to be involved, the facility is required to allow doctors and nurses on to the premises for every stage of the euthanasia process, including allowing them to enter and kill a patient on site. Faith-based hospitals can object to having euthanasia occur on the premises, but must still allow Voluntary Assisted Dying Navigators to consult with patients on site.

## **10 Offenders protected against prosecution**

Under NSW law, crimes like murder or manslaughter can be prosecuted at any time. In the Greenwich Bill, there is a 2-year statute of limitations, which means that once evidence comes to light of foul play, prosecutors only have two years to bring charges. If they don't, then a person can go unpunished for a wrongful euthanasia death.

Please contact your local MP, and ask him to vote against this Bill.

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