

House of Representatives

Supplementary Order Paper

Wednesday, 1 May 2019

End of Life Choice Bill

Proposed amendment

Chris Penk, in Committee, to move the following amendment:

New clauses 27A and 27B

After *clause 27* (page 19, after line 4), insert:

27A Restrictions on making public details of deaths under this Act

- (1) This section applies in respect of a death that occurs as a result of the administration of medication under this Act.
- (2) No person, unless they have been granted an exemption under **section 27B**, may make public—
 - (a) any information on the method or any suspected method of the death; or
 - (b) any detail (for example, the place of death) that suggests the method or any suspected method of the death.
- (3) Despite **subsection (2)**, a person may make public that the death occurred in accordance with this Act or is suspected to have occurred in accordance with this Act.
- (4) **Subsection (2)** does not apply to—
 - (a) the provision of information required by this Act, including **section 17, 20, 21, 21A, 21B, or 22**; or
 - (b) the making public by a person of a particular of the death contained in any such provision of information required by this Act.

27B Registrar may grant exemption from restrictions in section 27A

- (1) A person may apply to the registrar for an exemption from the restrictions in **section 27A(2)**.
- (2) On receiving an application under **subsection (1)**, the registrar—
 - (a) must, so far as practicable, give priority to the consideration of the application; and
 - (b) may request advice from the SCENZ Group established under **section 19** and the review committee established under **section 20**; and
 - (c) may request further information from the applicant.
- (3) The registrar may grant an applicant an exemption from all or any of the restrictions in **section 27A(2)** only if the registrar is satisfied that—
 - (a) granting the exemption does not present an undue risk that other people will attempt to copy the behaviour of the dead person concerned; and
 - (b) any risk that people will attempt to copy the actions of the dead person concerned is outweighed by other considerations that make it desirable, in the public interest, to allow publication of the details, including allegations of errors, abuses, or failures to comply with the provisions of this Act.
- (4) To ensure an application is dealt with promptly, the registrar may carry out any communications necessary for processing the application in person or by way of remote access (such as by telephone, video, or Internet link).
- (5) The registrar must keep a written record of—
 - (a) every application received under **subsection (1)**; and
 - (b) whether the registrar granted an exemption to the applicant under **subsection (3)**; and
 - (c) the reasons in each case for granting, or declining to grant, the exemption.

Explanatory note

This Supplementary Order Paper amends the End of Life Choice Bill. It seeks to prevent detailed and inappropriate publicity and coverage of individual assisted deaths. As with restrictions on reporting on deaths by suicide, it is important not to report widely the details and methods of assisted deaths or encourage inappropriate ideation in the minds of those people who may wish to end their own lives but do not qualify for assisted dying.

To accomplish this, this amendment introduces a restriction on publication of the method of a death in accordance with this Bill, as well as any detail that would make obvious the method, unless it is necessary for the purposes of the required information gathering and reporting mandated under the Bill. A process for exemption from this restriction is also introduced through the registrar (assisted dying) established by *clause 21*, where the registrar may give an exemption where they are satisfied that there is not an undue risk of suicide imitation or that public interest outweighs that risk.

Evidence from the United States finds “the introduction of [Physician Assisted Suicide] seemingly induces more self-inflicted deaths than it inhibits. Furthermore, although a significant proportion of nonassisted suicides involve chronic or terminal illness, especially in those older than age 65, the available evidence does not support the conjecture that legalising assisted suicide would lead to a reduction in nonassisted suicides. This suggests either that [Physician Assisted Suicide] does not inhibit (nor acts as an alternative to) nonassisted suicide or that it acts in this way in some individuals but is associated with an increased inclination to suicide in others.”¹

¹ Jones, D., & Paton, D. (2015). *How Does Legalization of Physician-Assisted Suicide Affect Rates of Suicide?* *Southern Medical Journal* 17(10), 509-604. <https://pdfs.semanticscholar.org/6df3/55333ceecc41b361da6dc996d90a17b96e9c.pdf>