

## **Question on Notice**

### **Mrs Gaye Matthews – hearing 27<sup>th</sup> February 2018**

Re Hon Nick Goiran's request for me to make comment on Book J page 1417 – see page 9 of the transcript of my evidence given February 27, 2018 on EOLC

I found this material interesting in that it addressed well the parameters involved in the “assisted dying” debate in which we find ourselves at present and as a legally competent citizen (at the moment!) it gives me room for much thought. However, I approached my submission from the perspective of my daughter and many like her here in WA who are severely intellectually disabled and who cannot speak for themselves. Be aware that these people still have emotions and feelings and understand who cares and loves them and who do not.

I feel the committee must consider this carefully as there is a huge difference between people who are severely physically disabled but who have complete autonomy when it is a question of expressing their wishes about their lives and deaths and profoundly intellectually disabled people who have no such ability.

As a parent/ advocate it is essential that decisions are made for their child's life out of love and that we fully understand that the value of life changes as circumstances change ( as stated by the authors on page 502) Hon Nick Joiner quoted from the document (page 502)

“the state's interest in preserving life is weighty where a person is healthy, well and free from pain. But that interest is outweighed by other values such as autonomy and reducing suffering, when both, (1.) the person has a condition that will ultimately cause death and (2) the person too has formed the view that the value of his or her life is outweighed by the disvalue of his or her suffering.”

Might I say firstly that as a parent and advocate it is doubly distressing when considering the issues of continuing medical intervention or withholding medical intervention and requesting palliative care to take that person to a natural, painless death when their child is suffering.

At all times I asked myself what Charissa would say if she was able to make her own decision. Many times in her 41years she was really ill, but it was treatable and she returned to a level of health which brought her happiness and she continued to enjoy life. It was not until this final illness that I, and her father, felt she was suffering to the point where she would not want to continue and in fact this illness would be the reason for her death.

Sadly we had to fight/demand palliative care which was far more than the “just take her home” response of the consultant in the hospital.

As a parent I would not opt for assisted dying (terminal sedation) as the final illness Charissa suffered would certainly result in her death but it was apparent she required comfort in those last days and the excellent palliative care team allowed her such physical, emotional and spiritual comfort.

For those who are fortunate to have autonomy, this material, as offered by the authors, does in my opinion addresses the parameters of community values and criteria which are necessary for a complete understanding and careful approach to legislation. However this understanding must also include those who cannot express their own wishes.

Hope this helps,

Gaye Matthews