

Submission to the End of Life Choices Enquiry

It is my experience that the law currently causes unnecessary suffering to individuals and their families and that provision should be made to empower individuals(with decision making capacity) to seek medical intervention to end their lives.

This view is informed by the death of my father who at 86 years of age was faced with severely impaired kidney functioning and heart defects which resulted in his frequent hospitalisation. The treatment of one complaint exacerbated the other and all effective treatment options had been exhausted. In these circumstances he chose, with the support of all his family to take himself off all medication. This decision was supported by his treating physician.

Some 12 hours after commencing his no treatment regimen the hospital roster changed and a new doctor took over the care of my father. He was clearly uncomfortable with the no medication regime and sought to review the decision with my father, clearly affected by ceasing medication, and the family, distressed by questioning which implied that the wrong course of action may have been taken.

My father's decision was informed and he was highly competent when he made it. While it was known by my father and his family that he had a legal right to refuse treatment, the provision of some form of right to die legislation may have assisted the treating doctor to set aside his personal convictions and follow my father's request.

Further, such legislation may have facilitated an easier death for all concerned as the cessation of medication alone resulted in a slow decline with all concerned waiting for 3 days for nature to take its course. I fully accept that provision of a substance given only to hasten the death of my father should not be a legal requirement for the treating doctor, but should be an option for doctors who have no moral objection to providing such assistance. However I see no sound moral argument as to why the State should legally prohibit the ending of life in such circumstances. The ending of one's life with dignity should be a fundamental human right arising from the right to self determination.

Had my father had a condition where cessation of medication took one week or longer to result in death, the suffering of all would have been much greater.

There are of course, others who reach the position my father faced, that is a life of inconvenience and suffering that has little quality and no prospect of improving who cannot end their lives by refusing medication. Such was the life of my mother-in-law who from the first realisation of her dementia talked frequently of ending her life. This is difficult to achieve although I believe many suffering elderly persons attempt suicide and I would urge the committee to examine the data on aged suicide from Coronial Records.

To have assisted my mother-in-law achieve her wishes would have been a crime and consequently she deteriorated over many years with the last two years being double incontinent, without speech and spending most of each day in the foetal position. A life, but only in a biological sense –a beating heart and functioning respiratory system but no selfhood. While I can respect religious traditions that hold life to be sacred I do not believe such views should inform the legal framework for end of life decisions for all of society. We may historically have been a Christian community; we are now a secular, pluralist society where choice in end of life decision making should be a right.

I am aware that legislation exists in other countries that grants the right to a peaceful medically assisted death but usually only for those with terminal conditions and with safeguards that ensure decision making capacity and informed consent. I believe the requirement for a terminal condition is too restrictive. Many people can suffer needlessly with severe and debilitation conditions outside of the terminal condition criterion which I believe would exclude Motor Neurone Disease. I believe this very restricted application of right to die legislation has been the result of strident advocacy from persons fundamentally opposed on religious and moral grounds, not only in respect of their lives, but for others. This coupled with inaccurate or deliberately misleading presentation of the evidence of the impact of legislative in other countries and the effects of legal or procedural safeguards has resulted in poorly informed public argument .I would urge the Committee to consider credible and unbiased evidence of the outcomes of right to die legislation as the current debate seems to be characterised by irrational fears that to grant someone the right to end their life will result via some “slippery slope “in the “genocide” of the elderly and disabled .

The Committee may wish to interview Mr Andrew Denton who as a result of extensive personal investigations has placed himself at the forefront of persons informed on the subject.

To summarise I would support legislation that provides the right to a medically assisted death for competent adults with unbearable and hopeless suffering and for children whose death is imminent and who suffer greatly. .Such a service could only be provided voluntarily by a doctor and suitable safeguards would need to be drafted that ensured that depression was not the prime condition of the individual and that palliative treatment measures had been fully explored. I believe that there is credible evidence that palliative medicine cannot relieve all suffering and even if it could I believe the individual has a right to chose to end their life in the above circumstances.

David Hounsome

22 October 2017