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SUBMISSION to the Joint Select Committee on End of Life Choices

Inquiring into the need for laws in Western Australia to allow citizens to make informed choices regarding their own end of life choices

Submitted by:

Mrs Ruth C Orpwood

My Position

1. I believe that current Western Australian laws on Advance Health Directives and Enduring Power of Guardianship make sufficient provision for citizens to make informed choices about their end of life options.
2. I do not support changing State laws to provide for voluntary euthanasia or physician-assisted dying.

My Reasons (include but are not limited to)

1. In the context of informed decision-making in end of life choices the question of assisted dying will inevitably be raised, reflecting moves elsewhere to legislate for euthanasia or physician assisted dying (PAD)

The United Nations Universal Declaration of Human Rights, to which Australia is a signatory, declares that the right to the integrity of every person's life is equal, inherent, inviolable, and inalienable and should be protected by law.

Euthanasia & PAD fails to respect the principle that all human lives have equal value.

An impossible task of Law is it is not able to protect people from shades of deceit, inexact definitions and words or clauses allowing loose interpretations. Pain and suffering are both highly subjective and cannot be measured between people. How do we measure a person's autonomy? How can we be sure that they have been given all information and options regarding their future health? Can we ever be sure that the person making the choices fully understanding their prognosis, or options? Are they actually capable of understanding? Are they vulnerable? It is the vulnerable (the frail aged, disabled, chronically and mentally ill – to name a few - are particularly at risk) that need protection not the powerful. Every law to permit euthanasia will be inherently and unavoidably unsafe.

2. Neither euthanasia nor PAD have been legislated safely anywhere in the world.

ALJAZEERA.COM - 'No way back': Performing euthanasia in the Netherlands, Loes Witschge, 11 Oct 2017

This article focuses on Bert Keizer, a Dutch geriatrician, who works for the End of Life Clinic which offers euthanasia. In this story Keizer describes the procedure for determining eligibility of a person to meet the euthanasia criteria and how he carries out the act, he also tells us that performing euthanasia takes a toll on him saying it no longer keeps him "up at night" but

"It's a huge responsibility, because you know there's no way back," he reflects. "It's not like you can ask after the procedure, 'So, this is definitely what you wanted?' That's a tortuous aspect about euthanasia. I never do it without fear."

What I ask here is why should he be fearful about the decision when he is supposed to have completely assessed the person and their decision before ending their life? This statement is extremely disturbing and extraordinarily dangerous because it highlights that these professionals are NOT following the rules/guidelines written in their law.... Because if he did he should not be fearful. It therefore makes what he is doing illegal – because there is an element of doubt.

What also disturbs me about this man Dr Keizer, a doctor who retired from working in a nursing home, and his subsequent job at the End of Life Clinic and participation in euthanasia is this statement by Witschge and Keizer's response...

"But for the most part, his motives are surprisingly practical: he's retired and wants to keep busy. "After solving my crossword puzzle, I want to leave the house," he says."

I cannot believe that Keizer can be so flippant and casual about his dare I call it "pastime or hobby" which includes ending peoples' lives.

The article goes on to state that "Every doctor has the right to refuse a euthanasia without stating a reason. Patients can then try again at the End of Life Clinic where Keizer works". If other doctors refuse a person euthanasia (and then withhold information that could be literally a life or death decision) they can then go and see Keizer, a man who will accept them as a client, will offer them his services – his pastime/hobby – ending their life. It really sickens me. This completely minimalizes life, is un-dignified, scary and disturbing!!! But my burning question is why would one doctor refuse euthanasia and another approve? Who determines which doctor has fully informed and counselled their client with their decision making? If one doctor denies and another approves where is the continuity of protocol/procedure? Is there not meant to be laws that control/determine these decisions? Clearly there are just too many shades of grey, too many blurred lines, too many potential interpretations of the law..... Whose interpretation is the right one?

The article also states "After a euthanasia happens, a review determines if the doctor has abided by the rules. Failing to do so would result in criminal prosecution and a prison sentence of up to 12 years". Why is the review carried out after the euthanasia has been carried out? Should not ALL of these decisions have been made before-hand? Really? I thought the Dutch law covered all these decisions before the procedure has taken place.

These are procedures that as we speak are happening in The Netherlands, now in 2017, when their laws have been in place for 15 years. How many people have perished over these years from involuntary euthanasia because the review has happened post mortem? How many years will it take the Dutch to get it right? How many review must they go through to get it right? How many will “fly under the radar”? It’s unconscionable.

Christiann Rhodius, a Dutch medical doctor whose focus is on palliative medicine, states in this Aljazeera article, that he has on 2 occasions wondered if mercy outweighed his duty, his Hippocratic oath, he

“...started the euthanasia procedure twice. In one case, the patient ended up dying naturally anyway. The second time, the patient changed his mind”.

It beggars the question ... how many people have changed their mind at the last minute but the procedure was carried out regardless? We will never know will we!!!

Euthanasia, The Netherlands, and Slippery Slopes, by John I Fleming, Bioethics Research Notes Occasional Paper No.1, June 1992

The Conclusion of this Paper does sum up and express my feelings extremely well...

“The narrow definition of “euthanasia” in the Dutch report masks the real numbers of physician-assisted deaths, the majority of which have not been shown to be at the request of the patient. The so-called “strict medical guidelines” are clearly not strictly followed or enforced. The encouragement by Peter Singer and Helga Kuhse to embrace these guidelines in Australia on the basis that they have been successfully employed in The Netherlands is simply not supported by the facts. Voluntary euthanasia cannot be quarantined from other acts of intentional killings as the Dutch experiment clearly demonstrates. Human rights are inalienable as well of inviolable. The right to life cannot be given up without threatening the right to life of other members of the community. When medical killing is allowed in some circumstances, the number of circumstances in which such killings occurs quickly increases. Repeated assertions of benign Dutch practice do not match the facts. And since, according to Kuhse and Singer, some doctors and nurses in Australia are already prepared to break the law and kill some patients, one wonders why they imagine that those same doctors and nurses would be any more law abiding even if the law were to allow medical killing in prescribed circumstances. Their own evidence of medical malfeasance and illegality suggests that such a confidence in medical professionals to obey a euthanasia law would be misplaced.”

If euthanasia or POD laws were introduced how do we judge the competency of a practitioner to carry out these end of life procedures? Doctors’ decision making is affected by many factors (like us all) including past life experiences, cognitive biases, age, belief in personal relevance, individual differences, commitment, socioeconomic status (country and place of birth) & religion to name a few. All of these factors affect how we think and how we make decisions. If these influencing decision making factors are greatly in opposition to their clients how can we be sure that a practitioner will not try to coerce their client into their own way of thinking? Again too many shades of grey.

The Netherlands is a good example of what not to do. One does not have look too far to find numerous examples of the euthanasia experience in The Netherlands to realise that we

would be making a MASSIVE MASSIVE mistake should we venture down the same path. Western Australia should avoid these end of life choices at all cost.

We need to focus instead on making our palliative care second to none, the best in the country, if not the world, we need to honour the process of dying and death. Death will come to us all and we need to embrace this process, we need to nurture, support and comfort those journeying to their moment of passing. Death and dying is a huge and final part of the circle of life, the miracle of life, we are born, we live and we die. WE have a HUGE responsibility as educated people to make the correct decision and support the right to life. We do not have the right to take the life of another human being and as such we must refrain from creating law that allows end of life choices such as euthanasia and POD. There are just too many vulnerable people in our community that are at extreme risk.

We should be putting our efforts, and funds, into creating supportive environments, palliative care, that cherish and nurture end of life, giving comfort and dignity to the dying and those left behind, a process and environment that binds us as a community. Much safer and supportive methods that leave no doubt ... no doubt... for each and every human being.

Thank you for the opportunity to make my submission.

Signed

Date

22-10-2017.