

SUBMISSION to the Joint Select Committee on End of Life Choices

From: Mr Thomas Loreck

My position:

It is clear that the advancement of modern medicine has extended life greatly. In that extension, challenges have emerged regarding how the end of life should be managed. Pain management and death have been issues which have concerned people greatly. It is both sad and ironic, that at a time in human history when we have the greatest control over pain, people are now seeking to end the life of those in pain. All lives are of value regardless of whether they are in extreme pain or not. These lives need to be protected.

Term of Reference One: The medical practices in managing the end of life.

- As you are aware, many in the medical profession are very worried about this legislation. Leading authorities such as Professor Ezekiel Emanuel, chair of the Department of Medical Ethics and Health Policy at the University of Pennsylvania and, Professor Douglas Bridge, emeritus consultant at Royal Perth Hospital and past president of the Chapter of Palliative Medicine, Royal Australasian College of Physicians, express grave concerns about end of life legislation and the role of the medical profession.¹ We must focus on improving end of life care rather than assisting people to commit suicide. Suicide at any stage of life is a tragedy. Allowing people who are depressed to take their own lives, diminishes respect for their life and human life across our whole community.
- Doctors aim to preserve life and heal patients. Allowing doctors to actively assist in the death of another human being is a fundamental shift in their ethics and something very foreign to our Western culture. The Hippocratic Oath which has been a foundation stone of Medicine since Classical Greek civilization expressly forbids actively ending life². Going against over two thousand years of sound medical ethics is risky. I implore the Committee not to change the fundamental role of medical practitioners. They are healers, not killers.

Term of Reference Two : The current framework of legislation in other jurisdictions

- Inexorably, all jurisdictions which have enacted end of life legislation have extended their laws beyond their original intention. This is a natural outcome of all laws which are subject scrutiny and review. Once a government legislates the medical killing of one human being by another in any circumstance, then this power will be extended to other groups especially those groups which have little or no power to defend themselves. The Euthanasia laws in the Netherlands are a case in point where authorities have extended the right to die to children over twelve years of age.³ As a high school teacher I know full well that adolescents often have difficulty understanding cause and effect and the consequences of their actions. Protection of the vulnerable is a duty of our law makers and they must not abrogate this duty. Once end of life legislation is enacted it will be extended to those whose ability to make informed choices is limited or non-existent.

Term of Reference Four: Advanced Health Directives and Enduring Powers of Guardianship

- If end of life legislation is enacted, then major safeguards must be included. Already powers of guardianship and attorney have been abused by unscrupulous carers.
- The only way to genuinely protect the sick and the vulnerable is to improve palliative care and counselling services for those in physical and mental pain.

I do not wish to appear before the Committee to present my case.

Signed

Date

19/10/2017

1. <https://www.doctorportal.com.au/mjainsight/2017/15/euthanasia-debate/>

2 https://en.wikipedia.org/wiki/Hippocratic_Oath

3. <https://www.theguardian.com/society/2015/jun/19/terminally-ill-children-right-to-die-euthanasia-netherlands>