

SUBMISSION to the Joint Select Committee on End of Life Choices

Mr John Loreck

Dear Committee Members

The current Western Australian laws already allow us to make informed choices about our end of life care. I strongly disagree with changing State laws that will allow for voluntary euthanasia or medically assisted dying.

Addressing Term of Reference 1 on the medical practices around end of life:

1. Doctors can already give chronic or terminally ill patients medically indicated relief for pain, even when that relief may have an undesirable effect of shortening life. This is not euthanasia. I ask the Committee to note that a lot of confusion surrounds this.
2. If patients wish to end their lives, I ask that legislation be put in place which requires that doctors are to refer them to palliative care services, which would include measures to address possible depression, such as feelings of isolation, worthlessness or abandonment.
3. Anyone with a chronic or terminal illness should have access to palliative care, even if they are not going to get better. This is the real meaning of "death with dignity". The term "mercy killing" is an oxymoron. True mercy is to be found in supporting and providing compassionate palliative care
4. The temptation to legalize Euthanasia to save money that would otherwise fund Palliative Care is abhorrent and to be resisted. Rather, I ask the Committee's Report to recommend more funding for Palliative Care, especially for those suffering from diseases other than cancer and for those living in remote areas.

Addressing Term of Reference 2 on the current framework of legislation in other jurisdictions, I ask the Committee to note that wherever euthanasia has been legislated for persons with chronic or terminal illness, the laws creep inexorably to include other cases. Those at risk then become the frail, the aged, the disabled, those who have suffered a shock or hardship, the depressed, and the mentally ill. For example, over the past two decades, Dutch law and Dutch medicine have expanded from accepting euthanasia for terminally ill patients, to euthanasia for chronically ill individuals, to euthanasia for physical illness, to euthanasia for psychological distress, and now to the practice and conditional acceptance of involuntary euthanasia.

Finally, with regard to Term of Reference 3, if assisted dying became legal, there would be an inherent contradiction with legislation that supports those organizations that seek to mitigate suicide. Suicide has been perceived as a shocking thing in many cultures for thousands of years and rightly so. Once we legislate that it is permissible to kill another human being, or that it is permissible and a "right" for an individual to end his or her life, we lose our humanity. We are more than a collection of individuals with individual rights; we are a community with obligations to show compassion to each other, particularly in the most difficult of times.

The only way to protect everyone into the future is to make sure that euthanasia and physician-assisted dying is never made legal, and to provide more support for those providing and receiving palliative care.

I would appreciate the opportunity to appear before the Committee to talk about my experience regarding my late parents, in particular my mother who suffered, in her final years, chronic back pain, and then dementia.

Signed

Date

16/10/2017