

## **SUBMISSION TO JOINT SELECT COMMITTEE ON END OF LIFE CHOICES, WA.**

**From DR TIM COYLE,**

### **Esteemed Members,**

I have been practising medicine for 46 years and am still practising at age 70 because I enjoy it and my patients tell me I appear able.

However I would like to tell you I have never, ever seen a person die in "agony" because of illness , either in England where I practised for 4 years, or in rural Victoria where I worked for 5 years, or in here in Cairns where I have been since 1980.

This is because of current techniques to relieve pain, oral and injectable analgesics, narcotics, and the modern area of Palliative Care which is now a specialty science.

Yes it is depressing to be told one has a likely terminal condition and there will be disability and weakness at the end. This is the human condition and it naturally

requests care and support from family and carers at this time of human life.

As a doctor I am happy with current Palliative Care techniques to relieve pain and suffering at the end of life and would be happy to use them myself. However I have seen a few occasions where possibly out of fear of death a patient has declined palliative care or narcotic analgesia and has experienced some witnessed discomfort. This was the patient's individual choice.

The alternative to Palliative Care now being suggested is direct killing of a person by a doctor, now called "assisted suicide", or euthanasia, a strange term, also applied to the killing of dangerous crocodiles and dogs in this State, Qld.

Lets face it, direct killing is exactly that, a direct killing act to kill the patient, even if the doctor has provided the means to the patient to kill themselves by using an automatic injector machine. This indeed crosses the line. An induced coma with non fatal doses of drugs to relieve pain of a terminal condition is not killing, even though the patient will die in due course, but injecting a dose of barbiturate that is known to be fatal, is direct killing, the line is crossed.

After a direct killing experience relatives may feel an initial relief, but they will carry with themselves the knowledge that they have killed the close relative, which will be with them for the rest of their lives. There should

be more long term studies into the effect of such assisted suicide, mercy killing, direct killing experiences on the mental health and well being of both medical practitioners and relatives.

Proponents of Euthanasia will come before you claiming that an "assisted suicide" bill will be safe with safeguards. As an experienced medical practitioner I know that "safeguards" do not work and are easily bypassed with a rubber stamp or quick signature. There are many, many people who are quite vulnerable because of reactionary depression, or simply the depressed state of suffering an illness. Euthanasia proponents have expressed the liberal opinion that **anyone** who requests assisted suicide should be given assistance to such end, this is alarming of course but is an indication of the mindset behind the Euthanasia movement and the objective of many proponents. Members of the committee should access the reviews of the Euthanasia laws in Europe and take note of the high numbers of assisted suicide, killing by lethal injection occurring annually in both The Netherlands and Belgium. Over 2000 euthanasias have already occurred in Canada.

Palliative Care works when it is accessed, and also needs to be available.

Assisted suicide, lethal injection is a killing process of humans, in Australia we do not want to travel that road. We do not want to unleash this demon of medical killing, doctors killing their patients, and we do not want to give that power to doctors, or to anyone else.

Dr Tim  
Coyle

13/10/17