

## Admin, LACO

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**Subject:** FW: Submission to the Joint Selection Committee for End of Life Choices

**From:** On Behalf Of Daniel Lu  
**Sent:** Sunday, 22 October 2017 11:45 PM  
**To:** Joint Select Committee on End of Life Choices <[eolcc@parliament.wa.gov.au](mailto:eolcc@parliament.wa.gov.au)>  
**Cc:** McGrath, John  
**Subject:** Submission to the Joint Selection Committee for End of Life Choices

Dear Members of the Joint Select Committee for End of Life Choices,

I am making this submission in the hope that my views and concerns with regards to legalising assisted suicide be taken into serious consideration.

My wife and I are pharmacists, and naturally we have many friends in the pharmacy profession and industry. A lot of the public debate on the issue of euthanasia/assisted suicide has been focused on the relationship between the doctor and the patient. A news report published in The Australian on 23 October 2017 (<http://www.theaustralian.com.au/national-affairs/federal-roadblock-looms-for-euthanasia-drugs/news-story/13037f2cdb745e813595f26a2a557957>), in response to the recent passing of the Voluntary Assisted Dying Bill 2017 in the Victorian Legislative Assembly, raises a significant issue that has not been discussed much in the assisted suicide debate. What would be the repercussions for us pharmacists working and operating in a jurisdiction that facilitates and allows assisted suicide?

The assisted suicide legislation in the state of Oregon, USA (in force now for 20 years) allows for a physician to prescribe lethal medication to his/her patient under certain conditions. The lethal medication prescription, of course, is then dispensed by pharmacists. In other words, the pharmaceutical profession is also involved in the provision of the means to bring about death. And if we are to treat this lethal medication just like any other prescribed medicine, presumably we also have the duty to explain to the patient on how to properly take the lethal medication in order to achieve a “successful” result - which is death. Like the medical profession, this raises a series of legal and ethical questions that will affect us pharmacists. If we know the purpose of this prescribed (lethal) medication, is there a duty for us to counsel a patient who intends to die? What if the “ultimate goal” is not achieved, and the patient is not dead but survives and ends up in some form of vegetative state? What are the liabilities of those involved in the process, e.g. the physician and the pharmacist? Federal Assistant Treasurer Michael Sukkar, quoted in the news report above, is not exaggerating in saying, “And once the lethal concoction of drugs is dispensed, the patient is on their own...can just imagine the grisly sights that await us when people administer the drugs incorrectly, as will certainly occur.” Furthermore, if a pharmacy owner agrees to dispense lethal medication, could employee pharmacists be required and obliged to do that against their conscience as a term of employment? An assisted suicide regime will not just affect the relationship between a patient and his/her doctor, but also his/her pharmacist.

I fully share the view of the Executive Director of the Pharmacy Guild of Australia, David Quilty, as quoted in The Australian article above. We, pharmacists, do take our role in the health system very seriously, and always put our patients’ welfare first. And that means many of us will struggle personally and professionally if we are obliged to be involved in what is ultimately suicide.

It is my hope, personally and professionally as a pharmacist, that Western Australia (WA) does not go down this dangerous path. It is also my hope that, after the opportunity to listen to many inputs and review many submissions, the committee does not recommend legislation of assisted suicide in WA.

Thank you for the opportunity to provide this submission and present my concerns.

Kind regards,  
Daniel Lu