

Submission
to
Joint Select Committee
on
End Of Life Choices

from

The Catholic Women's League of Western Australia Inc.



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INTRODUCTION

The Catholic Women's League of Western Australia (CWLWA Inc) is an autonomous Member Organisation of Catholic Women's League Australia (CWLA Inc).

Currently we have a total membership of 265 with members drawn from the metropolitan area, the South West and Geraldton.

Our organisation was founded in 1937 to provide a viewpoint on issues of community concern that is informed by the social and moral teaching of the Catholic Church and founded in a belief in the intrinsic dignity of every human being from conception to natural death.

We are very much aware of the degree of community concern over end of life issues and congratulate the State Government on instigating the current inquiry in order to canvas the views of the wider community.

We also note that medical professionals are, rightly in our view, seeking clarification of their legal responsibilities.

We welcome the opportunity to comment on an issue that is of particular concern to our organisation. Our membership is primarily drawn either from an older age bracket or from women who have been deeply involved in the care of family members in end of life situations. Some of our members have also been involved in this area in their professional capacity as nurses.

For many members the issues with which the inquiry is concerned are therefore of deep personal interest, and we trust that this brief submission will reflect some of this background.

Our submission relates to the following areas of the Committee's terms of reference.¹

a) assess the practices currently being utilised within the medical community to assist a person to exercise their preferences for the way they want to manage their end of life when experiencing chronic and/or terminal illnesses, including the role of palliative care;

and

(d) examine the role of Advanced Health Directives, Enduring Power of Attorney and Enduring Power of Guardianship laws and the implications for individuals covered by these instruments in any proposed legislation.

1

[http://www.parliament.wa.gov.au/parliament/commit.nsf/\(\\$lookupAllCommitteesByName\)/Joint%20Select%20Committee%20on%20End%20of%20Life%20Choices?OpenDocument&ExpandSection=4#_Section4](http://www.parliament.wa.gov.au/parliament/commit.nsf/($lookupAllCommitteesByName)/Joint%20Select%20Committee%20on%20End%20of%20Life%20Choices?OpenDocument&ExpandSection=4#_Section4) accessed 16 September 2017

a) Assess the practices currently being utilised within the medical community to assist a person to exercise their preferences for the way they want to manage their end of life when experiencing chronic and/or terminal illnesses, including the role of palliative care

In looking at this area we make the following general observations:

- We believe that in the wider community there has so far been far too little informed discussion of these issues. Partly this relates to a polarisation of public debate between on the one hand those who are perceived to be 'pro euthanasia' and on the other those who are perceived to oppose euthanasia.
- This polarisation inevitably leads to a series of value judgements. Those who support voluntary euthanasia assert that their opponents are lacking in compassion and invariably religiously motivated (both assertions demonstrably untrue.) Those who oppose euthanasia can be equally culpable for their blanket assertions regarding the 'slippery slope, and their use of phrases such as 'assisted suicide'. We note that this terminology can be deeply distressing in the situation of a terminally ill patient who simply wishes to refuse further treatment in full awareness that such a refusal will almost inevitably shorten his/her life.
- In this climate of polarisation we believe too little attention is often paid to the concept of individual autonomy, and the right of any patient to refuse a treatment that is considered futile and/or burdensome.
- In this context we reject absolutely the need for any laws to authorise euthanasia or assisted dying. No patient is obliged to prolong their life by medical means, especially if that means also prolonging suffering. The specialisation of pain control is now well able to ensure that no patient needs to die in pain, and we believe that recourse to legislating changes whose effects are by definition impossible to contain into the future is unwarranted.
- We also believe that the interests of the community as a whole are served by providing appropriate legal safeguards for medical professionals who act in good faith in providing their patients with options for pain relief treatments that may have as a secondary effect the hastening of death. This will encourage medical professionals to have meaningful and productive discussions with both patients and family members.

On the basis of these observations we recommend that, regardless of the outcome of this Inquiry:

- **The Government undertake a major community education program on informed consent. This should cover the whole range of medical treatments, but special resources should be developed for areas such as obstetrics, paediatric medicine and end of life issues.**
- **These resources need to include access to evidence-based and consumer-appropriate information on available treatment options.**
- **Such a program would provide both the wider community and medical professionals with an appropriate context in which to discuss end of life issues, including in particular palliative care.**

Palliative Care

Whilst we are aware of the current excellent palliative care provided in Western Australia (both in specialist facilities and on a home based level) we strongly urge the Government to review the availability of services to all West Australians and urgently to address the need to give rural and remote people in this State equal access to the same excellent services to improve their end of life care.

West Australians need to be able to feel absolute assurance that adequate palliative care will be available for both themselves and their family members if they are to avoid the fear and anxiety that all too often, in our view, surrounds discussion of end of life choices.

d) Examine the role of Advanced Health Directives, Enduring Power of Attorney and Enduring Power of Guardianship laws and the implications for individuals covered by these instruments in any proposed legislation

Our comments in this area refer to Advance(d) Health Directives, an issue on which our organisation previously made a submission in 2005.²

In our view (as with informed consent) the main issue here is that there is far too little public awareness of what is available. Raising the level of awareness is a matter of urgency.

We note that in many public discussions euthanasia emerges as a solution to the sense of powerlessness and uncertainty associated with end of life choices. These concerns are shared both by patients and their families. Yet our current medical system (with for example allocated appointment times measured in minutes) and the general pressures of family life provide very limited opportunities to have the conversations that we believe are essential to the provision of appropriate end of life choices for all West Australians (not simply those suffering from terminal illness).

As part of the community education program recommended above we believe that it would be very helpful to remind West Australians of their ability to draw up an advanced health directive in consultation with both their family and their GP.³

We also believe that a long term aim of such a program should be to ensure that every West Australian is strongly encouraged to have some form of advance health care plan in place, in much the same way as they would have a will.

We continue however to have reservations as to the degree such plans should be legally binding. These reservations reflect partly the inevitable uncertainty

² We acknowledge with appreciation the legal changes that came into effect in February 2010 as a result of several years of community discussion.

<https://thewest.com.au/news/wa/living-wills-medical-directive-legal-ng-ya-221756>

³ We recommend that all possible steps be taken to publicise the valuable resources available at http://healthywa.wa.gov.au/Articles/A_E/Advance-care-planning We particularly urge all medical practitioners to provide copies of the pamphlet http://ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/Advance%20care%20planning/PDF/ACP_A_Patients_Guide.aspx to patients.

surrounding the progress of an illness and partly the need to respect the future role of the family, especially at a stage when the patient's decision-making capacity is restricted.

We support the use of Advance Health Directives and Enduring Powers of Guardianship only to the extent that they enable a person to refuse an unwanted life-sustaining treatment. The reach of these instruments must not be extended to requesting euthanasia.

This is particularly important since under the Guardianship Act a person may have no real choice about who is recognised as the 'responsible person' to make end of life decisions on their behalf, and no real opportunity to inform that decision in any way.

CONCLUSION

As a community organisation we reiterate our belief that this inquiry is both important and timely.

Unlike many, we believe that the urgent priority for the Western Australian community is not to introduce some form of euthanasia or physician assisted dying. These options would in our view be an inappropriate response to community concerns.

Instead we need to recommit as a community to working to ensure that the terminally ill in our society are provided with excellent medical, emotional and practical support, and are able to make appropriate end of life choices in consultation where appropriate with their families. Such a commitment reflects the value the community places on their lives and on their intrinsic value and dignity.

Within such provision the role of medical professionals is obviously crucial, and legal certainty as to their responsibilities to their patients, their patients' families, their own profession and the wider community needs to be provided.

**Maria Parkinson
State President
on behalf of the
State Council and members of
The Catholic Women's League of Western Australia**

2 October 2017