

Monday, 23 Oct. 17
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The Principal Research Officer
Select Committee on End of Life Choices
Legislative Assembly
Parliament House
PERTH WA 6000

Submission to the Joint Select Committee on End of Life Choices

To the Committee,

As a currently practicing pharmacist in Perth, Western Australia (WA), I would like to put forward my opinion regarding the possibility of the state legalising euthanasia and assisted suicide.

From the beginning of my studies I was introduced to the notion of patient care being the absolute number one priority in my profession. The responsibilities a pharmacist has in dispensing medications to the public arise from the nature of medications themselves. They have the potential to cause harm, even death, when used in an inappropriate manner.

Currently there are very serious consequences for prescribers and pharmacists, in the case of harm, with the potential of loss of licence. Our job needs to be monitored in this way to ensure that the public can trust health professionals to have their health as the number one priority. As an aside, this is why pharmacy chains that are based on profit are generally frowned upon by the pharmacist community, as they are disregarding this.

In my experience, the job of a pharmacist is based entirely on ensuring that the medications we dispense and give out are appropriate for the patient. They must have:

- A clinical indication approved by the prescriber – meaning that a patient has a clinically diagnosed condition, and the prescriber together with the patient has weighed up the risks and benefits of treatment and come to a decision (based on research and practice guidelines);
- A tolerable risk-benefit ratio – that is, the medication will assist in relieving the condition MORE than the side effects may affect their quality of life, and
- An acceptable cost – hence the existence of the Pharmaceutical Benefits Scheme (PBS), which subsidises the cost of thousands of medications in order to encourage patient compliance and improve health.

In my opinion, the very idea of legalising euthanasia or assisted suicide goes against everything my profession is based upon. We exist to ensure the **safety** of medications for the public and the government provides us funding to encourage our involvement and improve health outcomes.

Euthanasia is the opposite of this. It is the intentional prescribing and dispensing of a medication that has no clinical indication and an absurd risk-benefit ratio. The medication will end your life.

I would like to see government funding going towards improved access to palliative care, and further research into better pain relief in end of life care. From what I've read of submissions and comments from other health professionals including several oncologists who regularly deal with patient suffering and end of life care, this seems to be a reasonable and rational answer to those rare cases when patients who are experiencing excessive pain, nausea or shortness of breath request to die.

Please consider what I have written.

Kind Regards,

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