

23 October 2017

Re: Submission to the Select Committee on End of Life Choices

To Whom it may concern,

I would like to offer several arguments based on significant personal experience for keeping our current selection of end of life choices and why adding options should be avoided. Indeed there are many cases of recovery from incurable or severe illness after people experience levels of unbearable pain and suicidal thought patterns. The people went on to enjoy a full and productive lives. In these cases, the availability and culture of assisted suicide would have likely ended their life prematurely.

Section 3.1 of the AMA Position Statement on Euthanasia and Physician Assisted Suicide 2016 states,

The AMA believes that doctors should not be involved in interventions that have as their primary intention the ending of a person's life. This does not include the discontinuation of treatments that are of no medical benefit to a dying patient.

This statement is preceded by their recommendation for a physician's appropriate response to a patient's request for euthanasia or physician assisted suicide, in that the doctor should seek to fully understand reasoning behind their request. Certainly, there is a chance that these requests, may be due to "depression or other mental disorders, dementia, reduced decision-making capacity and/or poorly controlled clinical symptoms" (Section 2.1 of AMA Position Statement on Euthanasia).

I have had some friends who have suffered and died from cancer. The battle for life was difficult. There is desperation. There are many emotional 'lows' and not as many highs. I also know many friends who have overcome cancer. There is suffering, but great strength and perspective can come out of the fight. Indeed difficulty, and both highs and lows are an essential part of life.

I also know people who have undergone immense suffering you cannot imagine in developing countries and, somehow, you can sense they gain an appreciation for life, kindness, patience; although, sure, not all suffering has benefits. For all involved it is a period of difficulty which no one wishes on anybody, much less desires to prolong for anyone. Regardless, I cannot imagine the precious lives of my friends who bring such life and kindness to the world, to pass away due to them quitting in the midst of their great suffering, leaving behind family, friends and dozens of years of life. Some of the most precious encouraging, fun, joyful people are people with disabilities like mental illness, depression, in wheelchair, has one leg, without legs/ arms and cystic fibrosis, including athletes like Brant Garvey, Ironman Paralympian. I know they, like myself, have considered or attempted suicide. IF we provide more end of life options; Likely fewer of these **legends** would be alive to share their life, their tales of perseverance, overcoming battles and great joy. Life isn't easier for many, but it makes it richer.

In this advanced modern digital 'microwave' age, we may unconsciously subscribe to the way of thinking that wants life and things easy, fast, convenient, where perseverance is not required, while suffering and inconvenience is not acceptable.

Clearly, according to section 2.2 of the AMA's Position Statement, there is already scope for doctors to, in good judgment, not prolong life and alleviate suffering.

If a doctor acts in accordance with good medical practice, the following forms of management at the end of life do not constitute euthanasia or physician assisted suicide:

- not initiating life-prolonging measures;
- not continuing life-prolonging measures; or
- the administration of treatment or other action intended to relieve symptoms which may have a secondary consequence of hastening death.

Extending the power and scope of doctors to deny life is dangerous, liable to human error, abuse and failings of such systems, intended to promote life, not death. I am concerned for mentally ill friends who often tell me they have consider suicide. They do sway back and forth between needing care and leading fruitful lives. We need to support people and point them to life, positive thoughts and mental health - not death. If we add options for death it will be make it easier to end it and quit when the fight gets to near the limits of what is bearable. I'm afraid it would mean I would have lost a few valuable friends, like those who have fought cancer, depression and other mental illnesses. Given that doctors already have scope to not initiate life prolonging procedures, it is clear that once end of life options are added to the mix, many people lives will be lost unnecessarily.

Yours sincerely,

Leon Yeap

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References:

AMA Position Statement on Euthanasia and Physician Assisted Suicide 2016 (accessed 23 Oct. 2017). Available at <https://ama.com.au/position-statement/euthanasia-and-physician-assisted-suicide-2016>