

13th OCT 2017

Re WA Parliamentary End-of-life Choices Inquiry

Dear Sir,

I am a Consultant Physician in private practice and wish to make a submission . I initially trained as a General Physician [Internal Medicine] and worked in this field for the first 10 years of my Medical career , before doing further training as a Rheumatologist.

I became very interested in End-of-Life Care when diagnosed with Renal Cancer several years ago , but have Not had to use their services!! I am a current member of Palliative Care WA .

In Victoria , there has been strong opposition to Euthanasia from Specialists involved in End-of-Life Care . It is far more important to "fix Palliative Care", than to give Doctors a licence to kill !! [See Item 1]

Politicians should take advice from experts in the field and not blindly follow Public Opinion Polls

A review of the 25 year history of Euthanasia in The Netherlands has revealed that the majority of deaths occurred using treatment methods that are already permitted in Australia and are NOT regarded as Euthanasia [See "Euthanasia in The Netherlands"]

The Melbourne Age [11/10/17] reported that a study of the Victorian Assisted Dying Legislation by Monash Uni Law Faculty academics [Prof Mark Sneddon and Dr Sharon Rodrick] concluded that the Bill was "flawed and puts vulnerable people at risk"

My detailed submission and attachments are enclosed,

Yours Sincerely,

Dr John Hayes FRACP

AMA member

INTRODUCTION :

When football legend ,Jim Stynes,died, his widow, Sam publicly thanked “all the team from Cabrini Home Palliative Care”. Stynes died peacefully at home surrounded by family and friends. Sadly ,26% of Australians do not have access to the same level of Palliative Care, and service may depend on your postcode.

There have been loud calls from 101 Victorian Oncologists and 100 Palliative Medicine Physicians who are dismayed that no action has been taken on the multiple recommendations of the Victorian End of Life Choices Enquiry regarding improved Palliative Care services .

Without easy access to quality Palliative Care, some people request Euthanasia as they feel they have no other choice.

If greater emphasis was put on improving Palliative care, a dying person would be comforted and would not require assisted dying.

[2]: Re Euthanasia in The Netherlands :

A review of the 25 year experience of Euthanasia in The Netherlands has revealed that the majority of deaths occurred in dying patients ,and that the end-of-life treatment methods were the same as is permitted in Australia ,ie Terminal [continuous deep] sedation [18.3%] and so-called “double-effect” deaths, where increasing dosage of analgesics for pain relief, may shorten the patient’s life.

(36%
of deaths)

These treatment methods are already accepted Medical Practice, supported by the AMA and the main provider of palliative care in Australia, agencies of the Catholic Church.

Prof Ian Haines , Palliative Medicine Specialist and Oncologist stated that : “ I have seen Palliative Care reach the point where the terminally ill can die with equal or more dignity than Euthanasia will provide” [SMH, Nov 2016].

Prof. Haines previously supported Euthanasia ,but changed his mind in response to major advances in Palliative Care.

[3] : So-called “Safeguards” are an illusion:

The review of Euthanasia in The Netherlands revealed that after 25 years, nearly a quarter of Euthanasia deaths [23%] are not reported to the authorities and very few are investigated . In the Flanders region of Belgium ,50% of cases are unreported. Clearly there is the possibility of elder abuse, and cases where people not terminally ill are being euthanased. The Victorian Assisted Dying Bill does not state that doctors failing to report cases will be prosecuted and reported to the Medical Board [AHPRA] .

[4] : Euthanasia History in Australia:

Dr Philip Nitschke, founder of Exit International has been the public face of Euthanasia for more than 20 years. In recent years , “Rational Suicide” has replaced Euthanasia, as their views have become extremist . When Nitschke praised the “rational suicide” of 45 year-old Nigel Brayley and 26 year-old Lukas Taylor,he sabotaged the Euthanasia movement.

Both men were suffering from Depression. Politicians now regard Nitschke as “a Nutter”, and he has become a liability to the Euthanasia cause.

When **PM Turnbull** criticised the Euthanasia Movement ,saying “**they cannot get their house in order**”, Andrew Denton’s “Go Gentle Australia” was launched promising that Euthanasia would be limited to the “terminally ill”. Overnight Euthanasia was re-branded “assisted dying”, and Euthanasia Societies became “Dying with dignity”, in a slick marketing ploy. The **public were meant to ignore the 20 year history of extremist views from Dr. Nitschke and Exit.**

In Feb 2016, when interviewed on ABC, “Conversations”, **Mr Denton supported Euthanasia for “the elderly, mentally ill, and anyone who is suffering”** His comments were repeated in opinion pieces in newspapers around Australia.

Mr Denton also praised and called for a Belgian-type Euthanasia Law in Australia. Belgium ,arguably has the most permissive Euthanasia Law in the world, which has been condemned by international Bio-ethicists. “Euthanasia and Assisted Suicide: Lessons from Belgium”, [Cambridge University Press, 2017]

I call on politicians to demand a retraction from Mr Denton, whose original comments have been ignored by the Media.

Mr Denton is not a credible witness.

[5]: The Medical Profession ,universally, is opposed to Euthanasia :

[A]; Every **National Medical Association in the world**[except The Netherlands] is opposed to Euthanasia.

[B]; The prestigious **World Medical Association**, has re-affirmed its condemnation of Euthanasia/PAS, which is regarded as a violation of the Hippocratic Oath.

[C]; In Australia, the **101 Victorian Oncologists and 100 Palliative Medicine Specialists** have opposed the Victorian Assisted Dying Bill.

[D]; The **American College of Physicians** with 152000 members, has recently opposed Euthanasia/PAS declaring it "unethical" and stating that "research suggests that a "slippery slope" exists in jurisdictions where Euthanasia/PAS is legal"

.

[6]; **Facts About Palliative Care :**

[A]; **"98% Of people die peacefully with Palliative Care"**
Dr Ralph McConaghey, a Director of Palliative Medicine, at a Brisbane Hospital, speaking as a panellist on ABC, Q+A "Facing Death".

[B]; For the remainder, **analgesia is given ON DEMAND**, even if it shortens the patient's life . Cases like **Andrew Denton's father no longer occur** as there have been major advances in Palliative Medicine.

[C]; **"Pain control is not a problem ,and is rarely a reason for Euthanasia requests. The main reason is loss of autonomy and becoming a "burden" to carers."** **Prof .Doug Bridge**, Palliative Medicine Spokesperson .

Comments Re Proposed Victorian Euthanasia Law:

[1]; **Three senior AMA leaders [Drs. Yates, Parnis and Haikerwal]** have regarded the proposed legislation as **"misguided, unethical and dangerous"** Dr Parnis says the safeguards are so weak "you can drive a truck through them".

"For example, there is nothing that requires you to have medical continuity of care . You can seek two doctors for the first time and be dead within 10 days". "Many of the safeguards are just checklists, which are really about ticking a box rather than considering what treatment options they may have". Also re having lethal medicines in a house, "what are the safety mechanisms there? " Many shootings and suicides occur even when firearms are in a locked cabinet.

[2]; **The Victorian End-of-Life Choices Enquiry** recommended Euthanasia for people in the **"final weeks to months of life"**. The Victorian Bill has **extended this to a year.**

Even the **Oregon** Euthanasia Law, [on which the Victorian Bill is modelled] states that death is expected **within 6 months.**

In Medical practice, many people told they have only a year to live are still alive several years later.

[3]; The Victorian Bill makes no reference to **screening for Depression or** other psychological disorders. The **Oregon** scheme requires doctors to refer a patient to a psychiatrist if

the person “may be suffering from a psychiatric disorder or depression causing impaired judgement”.

[4]: The **Victorian scheme** does **not allow** anyone to question a person’s claim that a person’s “suffering cannot be relieved in a manner the person considers tolerable”.

In contrast, the Netherlands scheme requires two doctors to “hold the conviction that the patient’s suffering was lasting and unbearable”

[5]: Any person in their **mid-80’s with multiple medical illnesses statistically has only a year to live**. They are not “terminally ill” but can request Euthanasia. The Victorian Bill **does NOT state that a person has to be “terminally ill”**.

[6]; The Victorian scheme is allegedly based on the **Oregon Law**. The vast majority of “assisted dying” suicides in Oregon are carried out by a **small cohort of doctors attached to pro-Euthanasia group, “Compassion and Choices”**, formerly known as “The Hemlock Society”. There is very little transparency in the system, and doctors complete the required forms. Clearly they have a **low threshold for agreeing to any request for assisted suicide**. Exit International already have an **Exit Clinic in Adelaide** and no doubt they will open in Melbourne if the bill is passed. The **Victorian Bill does not outlaw the establishment of private Euthanasia/PAS clinics**.

CONCLUSIONS :

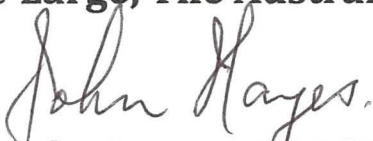
[1]; Politicians should **take the advice of experts in End-of-Life Care , rather than Public Opinion Polls.** Clearly the Public do not want anyone to die in pain. This does Not happen when patients have access to quality Palliative Care .

* **26% of Australians are currently denied access to quality Palliative Care . Fixing Palliative Care is far more important than legalising Euthanasia ! This is the key message from the Medical Profession.**

[2]: Once Euthanasia is legalised, there is intense pressure to further liberalise the Law. Six months after enacting Euthanasia , the **Canadian Govt has started the legislative process extending Euthanasia to the mentally ill, minors and allowing advance care directives permitting Euthanasia.**

[3]: Respected journalist, Paul Kelly declared : "Claims made in Victoria that strict safeguards will be implemented and sustained are simply untenable and defy the lived overseas experience, as well as political reality". Once Euthanasia is legalised , **"there is only one debate—it is over when and how to expand the sanctioned killings".**

Paul Kelly. Editor-at-Large, The Australian.



DR John Hayes FRACP

Consultant Physician [Int. Med. +Rheum.]

AMA Member

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End-of-Life Decisions in the Netherlands over 25 Years

N Engl J Med 2017; 377:492-494 August 3, 2017 DOI: 10.1056/NEJMc1705630

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To the Editor:

In the Netherlands, the much debated practice of physician assistance in dying has been legally regulated since 2002.^{1,2} Such assistance may include physician-assisted suicide or euthanasia, in which a physician administers lethal medication at the explicit request of a patient. Both types of assistance are allowed only for patients who are “suffering unbearably” without any prospect of relief.

We studied end-of-life decision-making practices in the Netherlands between 1990 and 2015. Every 5 years, physicians were asked to fill out a questionnaire for a nationwide stratified sample of recently deceased patients.^{3,4} Response rates varied from 74 to 78%, and numbers of patients varied from 5197 in 1990 to 7761 in 2015 (Table 1). (Definitions of terms and further details are provided in the Supplementary Appendix, available with the full text of this letter at NEJM.org.)

The percentage of patients in whom an end-of-life decision had preceded death increased from 39% in 1990 to 58% in 2015. In 1990, 1.7% of all deaths were the result of euthanasia; in 2015, the percentage was 4.5%. The rate of physician-assisted suicide varied between 0.1% and 0.2%, respectively. In 2015, physician

TABLE 1

Frequency of
Physician
Assistance in
Dying and Other
End-of-Life
Practices in the
Netherlands
(1990–2015).

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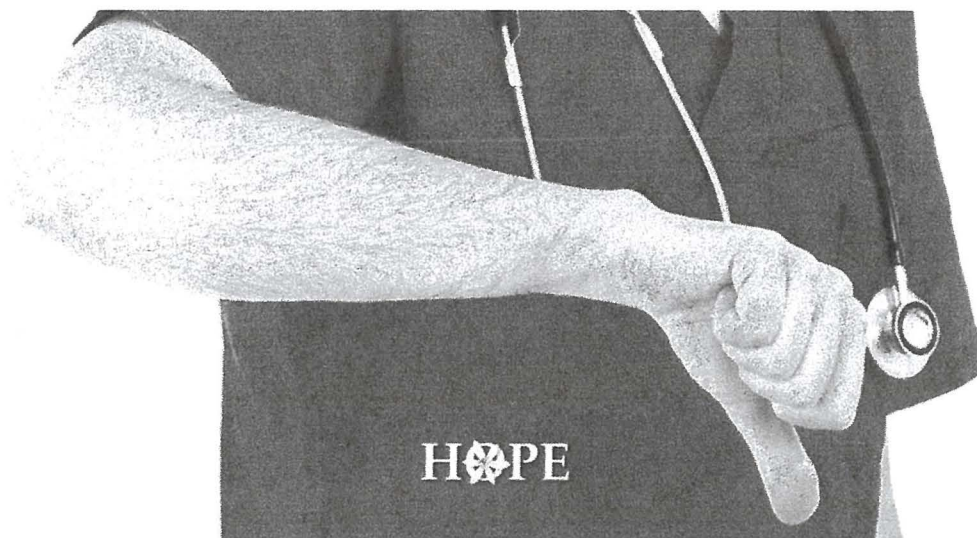
SEP 21, 2017



0 REACTIONS

101 VICTORIAN ONCOLOGISTS (CANCER SPECIALISTS) OPPOSE ASSISTED SUICIDE BILL

A
letter
from
101



Victorian oncologists, sent to all Victorian MPs, illustrates the strong opposition to the Andrews government's reckless proposal for assisted suicide and euthanasia.

Read the letter below:

19 September 2017

Dear Victorian Parliamentary Representative

We, the undersigned 101 Victorian Oncologists (cancer specialists), request that you vote AGAINST the proposed Victorian Assisted Dying Bill 2017.

As 80% of those who access physician assisted dying legally overseas have cancer, we feel our perspective on this issue should be heard.

We add our voices to the 100 palliative care specialists who have already corresponded with you requesting that you oppose the passage of this bill.

We collectively represent a significant proportion of the oncology workforce in the state of Victoria.

We do not believe that it is possible to draft assisted dying laws that have adequate safeguards to protect vulnerable populations, especially those with incurable cancer, progressive neurological illness, the aged and disabled.

These groups of people experience high rates of depression and isolation.

The risks that such legislation poses for the majority of these outweigh any benefits for the few in our opinion.

Physician assisted dying places people at risk of coercion that is both active and passive. As a consequence of assisted dying laws, society re-assesses the value of life; and the individual is taught to devalue their own life. Those with serious illness may perceive that they are a burden on society or their carers and come to feel that assisted dying is appropriate for them.

Assisted dying laws are easily challenged from a human rights and equality perspective. Indications over time will be extended beyond adults with terminal illness, to those with mental illness alone, dementia, disability, children and the healthy elderly who have "completed lives". In Oregon USA in June 2017 the senate debated a bill that would allow demented patients and others with "mental incompetence" to be starved to death. Oregon is not a lead that we wish to follow.

Physician assisted death is not, by definition, medical treatment. It is not palliative care. We as doctors and medical specialists do not want to intentionally end the lives of our patients, or provide them with the direct means to do so. Assisted suicide is in conflict with the basic ethical principles and integrity of medical practice and undermines trust in the medical profession. We strive to eliminate suffering but not the sufferers themselves.

Where cure of cancer is not possible, we seek optimal palliative care

services to support and care for patients and their families at the end of life. Without easy access to quality palliative care, some may request physician assisted dying as they feel they have no other choice. This is especially so for people who live in rural, regional and remote areas and for people from culturally and linguistically diverse communities who have less access to palliative care services.

We are very disappointed that discussion of the Voluntary Assisted Dying Bill has dominated the agenda to improve end of life care in Victoria. **We are dismayed that the multiple recommendations made by the Victorian Parliamentary Inquiry into End of Life Choices (June 2016) to strengthen palliative care have not been actioned.** Until this is addressed, discussing physician assisted dying is premature.

In June 2017 the NSW government allocated an extra \$100 million to fund palliative care services over 4 years, particularly to provide extra funds for community palliative care services and for rural and regional NSW. Need in these same areas has been identified by the Victorian End of Life Choices report. Palliative Care Victoria's figures demonstrate that an extra \$65 million per year is required to meet deficits and adequately cover future cost projections in these areas. Such funding is essential if dying Victorians are to be adequately cared for in their homes with adequate supports for both them and their families.

We call for improved funding of palliative care services in Victoria, for the benefit of all Victorians, but especially those who live with incurable cancer and their families. This will go some way to ensuring that fear of suffering does not dictate a person's final hours, nor the memories their loved ones will carry throughout their own lives.

The United Kingdom parliament resoundingly rejected an Assisted Dying bill in 2015 as there is no "safe system" and we urge the Victorian parliament to do the same.

Yours sincerely,

THE UNDERSIGNED 101 VICTORIAN CANCER SPECIALISTS.

THE LISTED SIGNATORIES SUPPORT THIS STATEMENT AS INDIVIDUAL HEALTH PROFESSIONALS AND NOT AS REPRESENTATIVES OF ANY

HOSPITAL OR OTHER ORGANISATION WITH WHICH THEY ARE ASSOCIATED.

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Amarasena, Dr Isuru Radiation Oncology Trainee Peter MacCallum Cancer Centre

Bae, Dr Susie Medical Oncologist Peter MacCallum Cancer Centre

Bahzadigohar, Dr Ramin Medical Oncologist Monash Health

Barnett, Dr Frances Medical Oncologist Northern Health

Bond, Dr Rodney Medical Oncologist Melton Health

Boolel , Dr Vishal Medical Oncologist Ballarat Health Services

Brady, Dr Benjamin Medical Oncologist Cabrini Health

Brown, Dr Stephen Medical Oncologist Ballarat Health Services

Carden , Dr Craig Medical Oncologist Ballarat Cancer Care

Cebon , Professor Jonathan Medical Oncologist Austin Health

Chong , Dr Geoff Medical Oncologist Austin and Northern Health

Chong , Dr/Mr Chilton Surgical Oncologist Monash Health

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Chua , Dr Sue Medical Oncologist Eastern Health

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Former AMA Victoria presidents urge MPs to reject euthanasia legislation

Updated Tue at 6:58am

20th September 2017

Three former presidents of the Australian Medical Association (AMA) Victoria have issued a plea to the state's Parliament, calling on members to reject legislation that would legalise euthanasia.

The legislation is due to be introduced in Parliament this week and would allow Victorians suffering from an advanced and incurable illness, disease or medical condition to seek a medically assisted death from 2019. The past presidents of AMA Victoria — Dr Stephen Parnis, Dr Mark Yates and Dr Mukesh Haikerwal — said they wanted to highlight the dangers the legislation posed to doctors and patients.

"The answer lies in better end-of-life care for the dying, not the provision of a lethal medication which cannot be made safe, despite the so-called safeguards," Dr Parnis said.

Premier Daniel Andrews announced in July his Government had accepted all recommendations of an independent investigation into proposed legislation on assisted dying. The investigation was completed by an expert panel, chaired by former AMA national president Brian Owler. It made 66 recommendations to set up a scheme under which a person must be of "sound decision-making capacity" and the condition they are suffering from must be expected to cause death within 12 months. Under the proposed model, only the patient could initiate a request for assisted dying, and the patient must be assessed by two doctors.

Dr Parnis said those safeguards would not prevent loopholes being exploited. He said if greater emphasis was put on improving palliative care, it could comfort a dying person to the extent they would not require assisted dying.

"Experience tells us, from other parts of the world, that when you are dying, you are frail, you are vulnerable," he said.

"The proposed legislation is meant to have a number of safeguards to ensure that there is no coercion, that people do this of their own free will and that they get the best possible care.

"But having studied this carefully, it's my opinion and that of my colleagues [Dr Haikerwal and Dr Yates] that there are too many places where this can be misused, where people cannot be offered the sort of assessment and care that they fully deserve.

"When it comes down to it, if you provide the right palliative care urgently, effectively and confidently, you don't have to have the sorts of deaths that proponents of this legislation are suggesting you can't avoid."

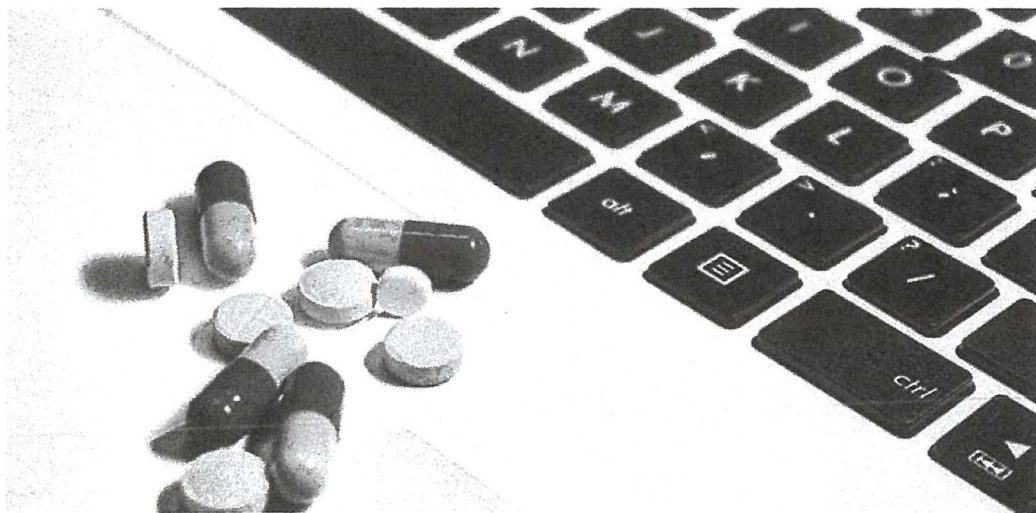
Both major parties are allowing a conscience vote on the legislation and many MPs appear to be grappling with the decision. Opposition Leader Matthew Guy said he would vote against any legislation which legalised assisted dying.

Proposed euthanasia laws 'misguided, unethical and dangerous'

Former AMA figures speak out as Bill is introduced.

Rachel Worsley and AAP (/taxonomy/term/1660) | 20th September 2017

5 Comments



Senior AMA figures have lashed out at Victoria's proposed euthanasia laws, dubbing legislation introduced to parliament on Wednesday "misguided, unethical and dangerous".

Former AMA vice-president Dr Stephen Parnis has joined past AMA Victoria president Dr Mark Yates and former AMA president Dr Mukesh Haikerwal in condemning the reforms.



Latest



Access to the scheme
(<https://www.australiandoctor.com.au/node/13939>) will be restricted to terminally ill adults with less than 12 months to live, with approval subject to two independent medical assessments. An estimated 150 Victorians are expected to access the scheme each year.

But Dr Parnis says the safeguards are so weak “you can drive a truck through them”.

“For example, there is nothing that requires you to have medical continuity of care. You can seek two doctors for the first time [to carry out the assessments] and within 10 days be dead.”

If the reforms go through, pharmacists will dispense a lethal dose of medication. Patients will be required to store it in a locked box.

Doctors will only be required to administer the dose if the patient is physically unable to self-administer or digest the medication.

But Dr Parnis said: “Having lethal medication in a house — what are the safety mechanisms there?”

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"Many of these safeguards are just checklists, which are really about ticking a box rather than having a meaningful assessment of a person's medical wellbeing and what options of treatment that they have."

Dr Parnis also accused AMA Victoria of failing to fully embrace the federal AMA's formal opposition to medical interventions that have the primary intention of ending a patient's life.

"I'm still waiting for that position to be articulated by AMA Victoria.

"I think you need to draw some conclusions that myself and two other highly regarded former presidents felt the need to speak publicly."

AMA Victoria has dismissed the claims made by Dr Parnis, saying it fully supported the federal AMA's position against doctor's involvement in euthanasia.

However, it stressed that if euthanasia legislation were introduced, doctors needed to be involved in its legislative development to ensure patient and doctor interests were adequately protected.

Background:

- Victoria's proposed euthanasia

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