

## Admin, LACO

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**Subject:** FW: Submission to End Of Life Choices WA Parliamentary Inquiry by Geoffrey Williams,

**From:**

**Sent:** Saturday, 21 October 2017 8:26 PM

**To:** Joint Select Committee on End of Life Choices <[eolcc@parliament.wa.gov.au](mailto:eolcc@parliament.wa.gov.au)>

**Subject:** Submission to End Of Life Choices WA Parliamentary Inquiry by Geoffrey Williams,

## Submission in support of Voluntary Assisted Dying (VAD) as an additional End of Life Choice (EOLC)

Dear Ms Sanderson,

Thank you for the invitation to make a submission in respect of your inquiry into End of Life Choices. I am a 60 year old retired accountant, living in . I want to contribute to your inquiry because the sooner one State in Australia has laws permitting VAD (one aspect of EOLC), the sooner we will have the same right in NSW. I also made a submission to the Victorian Inquiry, and the progress of the VAD Bill through their Legislative Assembly is very encouraging. I hope that my comments are helpful, even if not specific to Western Australia.

### *Current medical practices and the ability of a person to manage their end of life care*

I recently read a book entitled: "A Good Life to the End" by Dr Ken Hillman, Professor of Intensive Care at the University of NSW, and Director of Intensive Care at Liverpool Hospital.

[Sydney, Allen & Unwin, 2017, Print]. I thoroughly recommend this book to your EOLC Inquiry because it describes with case studies the way in which the dying process has become 'over-medicalised'. Dr Hillman makes the point that a panel beater, by contrast, would not be asked to repair a panel on an old car with a motor that is about to seize up.

My particular interest in the EOLC debate arises from my 91 year old mother's Alzheimer's Disease. She was diagnosed in 2001, and is now just existing in an aged care facility (ACF) in Newcastle, NSW. She does not recognise family members and cannot speak intelligibly. She is incontinent and spends her days sitting in a chair, often sleeping. This is not the way she wanted to go!

On two occasions in the past three years, my mother has developed Bronchitis, and the ACF arranged for a doctor to prescribe anti-biotics, even though my three brothers and I are unanimous in wanting nature to take its course at the earliest opportunity. The most recent occasion was on Christmas Day 2016, even though there was an End Of Life Care Medical Directions Statement (or whatever it is called) in her medical file, stating that she is not to be prescribed antibiotics without approval by the family. The ACF later apologised, explaining that casual staff on duty over Christmas did not notice the family's Medical Directions statement. They promise it won't happen again! My mother's experience raises two very important questions about EOL Care:

1. Why did a doctor prescribe anti-biotics to a 90 year old patient in the advanced stages of Alzheimer's Disease, on the basis of a telephone call from the ACF, without even visiting her or consulting her medical file? and

2. Why was the existence of the EOL Medical Directions Statement not immediately obvious at the front of my mother's medical file?

I hope that WA Aged Care regulations stipulate that a doctor cannot prescribe medication without physically consulting patients and reviewing their medical files, and that the medical files which have EOL Directions for Medical Care are prominently placed so that they can't be accidentally overlooked.

### ***The role of Advanced Health Directives***

Doctors should not prescribe any life-extending medication to elderly or terminally ill patients unless they are completely confident that it is in accordance with the patients' wishes, or the wishes of the family if patients are not competent to express their own wishes.

It seems that many doctors feel that they have failed in their duty of care if a patient dies, regardless of a patient's prognosis. However, in cases like my mother's, a peaceful death is what the patient and her family wants. I am confident it is my mother's wish because she said to me decades ago: "Knock me on the head if I ever get Dementia". Not long before being admitted to the ACF in 2009, she was heard by my father to say: "God, take me now!" My mother became affected by Alzheimer's Disease before Advanced Health Directives (AHDs) were more common, but all of my family knows that she would rather not still be alive.

I hope your EOLC Inquiry will recognise the need to give AHDs the legal effect they need, ensuring that people can be assured that their wishes will be respected if they are unfortunate enough to be so affected by an illness or accident that they can't speak for themselves.

Importantly, this will also save family members from having the responsibility of making decisions on their behalf which can be quite traumatic!

Another family experience is very relevant here. My 92 year old father fell and broke his right hip in March this year. He developed Pneumonia within 24 hours, before an operation could be done on his hip. My eldest brother told the doctors not to continue treating my father's Pneumonia with anti-biotics, and he died in his sleep that evening. Dad's passing was very quick, dignified and peaceful, but my brother felt as if he had sentenced Dad to death, and told me as much. Dad had an AHD and I reassured my brother that he had ensured that Dad had the type of death he wanted - literally 'Euthanasia' - a 'Good Death', but without medical intervention. Dad already had considerable dementia, he was very frail and was starting to lose his sight. He would never have walked again, and would not have wanted to live - if he survived the traumatic operation. Dad had often referred to Pneumonia as 'the Old Man's Friend', and it certainly was to him! My brother's experience shows that, even when an AHD does provide guidance about an 'incompetent' person's treatment, it can still be traumatic for family members acting on that Directive. I can't imagine the trauma that a family member would feel if they had to make a similar decision, but without the assurance of knowing the patient's own wishes. They would always wonder if they should have acted differently, and this could lead to long term guilt and depression. AHDs are thus imperative to ensure that patients can take responsibility in advance for their own treatment, and not burden family members.

[One aspect of my mother's Dementia was that at least she did not suffer the grief of becoming a widow.]

### ***The need for legislative change***

Enabling patients to choose their own treatment leads me to my next point: Voluntary Assisted Dying (VAD) should be allowed in every State and Territory in Australia for those patients who are terminally ill, and/or for whom their current and future quality of life is unacceptable.

We are fortunate in Australia to have excellent Palliative Care, but a very small minority of patients are not kept adequately comfortable to the end. Honest Palliative Care Specialists will confirm this. It is my firm

belief that every Palliative Care Specialist should be able to prescribe medication for a humane and peaceful death, if that is what a mentally competent patient requests.

I would go further and say that patients with Dementia should be able to access VAD if they had prepared an appropriately witnessed AHD whilst still mentally competent, stipulating the circumstances in which they want that choice. I accept that this is fraught with legal and political difficulties, so a compromise might be that people facing a future with Dementia should be able to determine by AHD (in advance whilst still legally competent) that they do not wish to be spoon-fed once they lose the ability to feed themselves, or whatever other stage of the slowly terminal condition that they have chosen. By this stage of their decline, they could be treated Palliatively as they starve to death.

This issue of saving patients from a long deterioration into Dementia is very important for older Australians. I know of a case where a gentleman in his 70's became aware of the early stages of his own mental decline, bought a smaller car that his wife could manage more easily, put his affairs in order, and jumped off a cliff!! This is just one tragic example of elderly suicide by a person who was so fearful of Dementia that he preferred to lose a few years of life rather than lose control of his own destiny. This would not have happened if Dementia patients already had access to VAD!

We have the advantage of following legislation which already works well overseas, without the so-called 'Slippery Slope' that scare-mongers refer to in Australia. People who do not agree with VAD are completely free to suffer as much torturous pain or existential anguish as they want when dying, but their masochistic preference should not be allowed to condemn others to an agonising death or prolonged painful or vegetative existence. Too many people forget when opposing VAD that the '**V**' **stands for Voluntary!** We are not asking for Parliaments to choose between life and death, but rather to let patients choose for themselves between two alternative ways of dying; in peace and relative comfort, rather than in agonising pain or anguish.

The Northern Territory Parliament under Marshall Perron's visionary leadership in 1995 introduced its Rights of the Terminally Ill legislation, but Federal politicians who opposed that legislation on religious grounds overturned it in what I believe to be the most undemocratic moment in Australia's history! [Sir John Kerr's controversial Dismissal of Whitlam's Government in 1975 resulted in a prompt democratic election.]

I am a Christian, and point out that successive Newspolls support my contention that over 70% of Christians are in favour of VAD. I know of prominent clergy who are frightened to speak publicly in favour of VAD because of anticipated reprisal by their respective Church hierarchies. However, Lord Carey of Clifton, a former Archbishop of Canterbury has spoken in favour of VAD during debate in the House of Lords, and Archbishop Emeritus of Capetown, Desmond Tutu has also spoken out clearly in favour of VAD. Church leaders who oppose VAD do not represent the democratic majority wishes of their congregations.

If a political party enjoyed the popular support of voters to the same extent that voters would support the introduction of VAD, it would win an electoral Avalanche, not just a Landslide!

### ***Proposed Legislation***

However, until yesterday in Victoria, Parliaments around Australia have consistently not respected democracy for the past 21 years when debating successive VAD bills. The majority of Parliamentarians have been persuaded by the noisy minority, or they have imposed their own minority opinions. It is my sincere hope that Western Australia will follow the lead of Victoria's Legislative Assembly, and finally give its citizens the right to choose the manner of their own passing, either by refusing further medical treatment, or requesting VAD if their circumstances are particularly grim.

The RSPCA will prosecute owners of pets for cruelty to animals if they allow them to suffer, and yet our Parliaments have been turning a blind eye for decades to the cruel deaths suffered by some humans because

inappropriate laws still exist to prevent VAD. The vast majority of Australians want the right to choose their own passing. Please enable that majority's wishes to become law?!

Yours sincerely,

Geoffrey Williams



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