

WA PARLIAMENT

JOINT SELECT COMMITTEE ON END OF LIFE CHOICES

**TOR1**

There is a worldwide movement to change existing medical practice in the treatment of patients in the last throes of terminal illness. Until recently in these cases, medical practitioners exercised their skills in making the patient's transition from life to death as painless as possible; choosing options which concentrated on providing assistance in ensuring that the comfort of patients was paramount until death had occurred. Such procedures were developed in order that medical practice was not in conflict with existing laws relating to unlawful killing and homicide.

TOR2

Sadly these existing practices are being challenged at present; with some countries, and States of the USA, permitting medical personnel to intervene directly to end a patient's life through the administration of lethal injections, or by the ingestion of toxic substances. For the record, an attempt to introduce a similar measure in the UK recently was soundly defeated.

TOR3

Such practices, known as Euthanasia or Physician Assisted Suicide, immediately open the way for conflict with laws designed for the protection of human life. In the event that such measures are adopted in WA can the community be certain that every death which occurs in this manner has been carried out in a lawful manner?

It is sometimes argued that there is nothing to worry about in these practices as long as safeguards are put in place to deter the unscrupulous. But can this argument ever be sustained? What safeguards, if any, can be applied to prevent the following:

Extension of the practice to include people aged above 70 years of age who do not suffer from a terminal illness?

Extension of the practice to include those suffering from depression?

Extension of the practice to include those who suffer mental impairment?

Extension of the practice to include those who are alone and do not have relatives and friends to argue that they be allowed to die naturally?

Extension of the practice to include children manipulated by adults into accepting death because they have been convinced that their medical conditions are hopeless?

In case the scenarios outlined above appear outlandish, I can assure the Committee that they have all been implemented in countries around the world as a result of actions taken by their governments to enable patients to 'die with dignity'. At present, Canada is debating whether to allow patients with Alzheimer's Disease to avail themselves of the 'right to die'.

In Australia, no State currently permits Euthanasia or Physician Assisted Suicide; although many governments have attempted to introduce these measures; AND ALL HAVE FAILED. The exception was the Northern Territory which for a brief period allowed the practice. However, the legislation was overturned by the Federal Government which was responsible for administration in the Territory.

TOR4, TOR1

In WA, end of life issues are adequately addressed through; Advanced Health Directives, Enduring Powers of Attorney and Enduring Powers of Guardianship in conjunction with appropriate access to pain controlling drugs and palliative care. There is therefore, in my opinion, no reason to introduce legislation permitting medical personnel to intervene directly in facilitating the death of patients under their care.

Danstan Hartley