

The Principal Research Officer
Select Committee on End of Life Choices
Legislative Assembly
Parliament House
PERTH WA 6000

Christopher MacFarlane

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Dear Dr Purdy

SUBMISSION TO JOINT SELECT COMMITTEE ON END OF LIFE CHOICES

General Position

It is my belief that the laws in Western Australia currently make sufficient provision for citizens to make informed choices regarding their end-of-life options. What our State needs is to foster and resource the provision of up-to-the-minute palliative care practices that will truly deliver the death with dignity that most people seek. Laws that would provide for voluntary euthanasia or physician-assisted dying will open a pathway to abuse and the untimely death of those least able to defend themselves.

Regarding **Term of Reference A** on the medical practices currently being utilised, I think that legal safeguards, education and incentives are required to ensure that proper palliative procedures and care are both offered and implemented within the medical community and the health system.

Palliative Care

From personal experience, when my father was diagnosed in the late stages of liver cancer many years ago, he was told that there was little that could be done for him and to return home. He lived a further 18 months, cared for principally by my mother and my sisters. During this time, he received home visits by a doctor or nurse, received blood transfusions in hospital when necessary to correct anaemia and any medicines necessary to relieve pain or other symptoms causing undue discomfort. I have always considered that he had a good end, with palliative care that allowed him and his family to remain together until the last. That was in the early 'eighties. I know that developments in medical practice and nursing care along with new technology and medicines can afford sufferers of chronic or terminal illnesses quality of end of life, along with the chance to live out their days in their home and local community. To this end, there is a need for further investment in palliative care resources and facilities, in the city and also in regional areas, so that families are not separated by illness unnecessarily.

Ethics of end-of-life treatment

There is a disturbing lack of knowledge of ethics in handling cases where a patient is nearing end of life, including confusion about what is acceptable in terms of denying or withholding medical intervention or assistance to a terminally-ill patient. For instance, some think this means not feeding or giving water to a patient who has been taken off support. The patient ends up starving to death or dying of thirst, rather than from their illness or injury. This is not humane treatment! One doctor that my family dealt with was most relieved to have us declare firmly that our sick family member (unable by then to communicate) be given food and water and any pain relief necessary until such time that their body systems simply gave out. He had been under pressure from some quarters to

authorise a nil-by-mouth regime. The doctor was thankful that he was not forced to end a life in such a manner. The rights of doctors (and other medical professionals) as healers must be respected.

There seems to be confusion also with the idea that people with a terminal condition are being kept alive against their wishes. It is still the personal prerogative of a patient to refuse further treatment. This may hasten their death but that is their choice. It is called 'reasonable refusal' and is not euthanasia or suicide.

Regarding **Term of Reference B** on current and proposed legislation both here and overseas, I am very concerned by reports from the Netherlands that their euthanasia laws have been widened in application far beyond the initial intent and scope and are commonly being applied even involuntarily to some classes of people, with 'termination of life without request of the patient' being commonplace¹. This is state-sanctioned extermination. While, of course, few would today envisage that happening here in Australia, there are no adequate safeguards in any legal system to prevent such developments in future. I submit that the only way to protect those most weakened and disadvantaged in our society is, first of all, to rule out voluntary euthanasia. Any proposed legislation should be to promote, fund and implement improved palliative care.

I do not think it necessary to appear before your committee to present my case.

Yours faithfully

Christopher MacFarlane

¹ Richard Fenigsen (2004), "Dutch Euthanasia: The New Government Ordered Study." *Issues in Law and Medicine* 20:1 (2004), 77.