

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

Dear Sir,

I am writing this as a private person, even though I am a member of a pro-life group. I would prefer not to appear before the commission as I feel that my thoughts should be sufficiently clear in this correspondence.

I would state that I am against the introduction of formal end-of-life choices because of the widespread abuse of the concept in countries where it has been legalized, particularly in Holland and Belgium. Once introduced, proposed safeguards have been ignored and the right to die has been transformed in many cases into an obligation to die, and doctors and other medical professionals have been forced to compromise their professional standards which should be aimed at preserving life, not destroying life.

I have had experience in four different instances within my family, which I will describe briefly:

1. My stepfather had a stroke which left him unable to speak or move significantly. He had expressed a wish not to be kept alive by excessive medical treatment. He was in hospital in Adelaide and in a stable condition. I subsequently found out from my relatives in Adelaide that he was neither being fed nor hydrated, yet he was mentally alert enough to follow when people spoke or sang to him. Basically he was being starved to death just because he had a stroke. When I objected, his sustenance was re-introduced and he was moved to a care institution away from the hospital, where he died peacefully some time later.
2. My mother was diagnosed with a quick-acting cancer and only given a month or two to live. She was transferred from hospital to a nearby palliative care facility where she was given the best of care and comfort until she died about a month later. I have the greatest respect for these institutions.
3. My mother-in law was diagnosed with liver cancer and given some months to live. She expressed the desire to remain at home, where she was looked after by her family, who kept her comfortable and properly medicated until she died peacefully at home.
4. My youngest son committed suicide at age twenty, after using marijuana and possibly other drugs. He had confided his problem to us and others over a year prior, but we thought he had got over it. He had concealed his continuing problems from us. The experience was devastating to our family, something which I would not wish on anyone.

While each of these cases was different, they demonstrated that terminally ill patients can have their end of life situation vastly improved simply by loving care, whether by family, palliative care institutions, or some of each, whereas a euthanasia-style end of life has little or nothing to recommend it, and is subject to widespread abuse when adopted by governments even to a small degree.

Yours sincerely,
Eric Giles Miller,