

Submission to Joint Select Committee on End of Life Choices

There is a groundswell of opinion that there should be new laws which permit adults with decision-making capacity, suffering from a serious and incurable condition, and who are at the end of their life, to be provided with assistance to die in certain circumstances.

As with all changes, particularly on contentious matters, there are arguments for and against. In this case I believe the benefits of such change far outweigh the disadvantages as follows:

BENEFITS

A. FOR THE PERSON WHO IS DYING / SUFFERING:

1. Will provide effective and humane **relief** when nothing else can.
2. Will provide an alternative to **suicide** which is often violent, always lonely and sometimes unsuccessful. Currently this is an action of last resort for patients to relieve their own suffering, but also to try to limit the suffering of their loved ones.
3. Will provide an alternative to “**nil by mouth**”. It is lawful for a terminally ill person to refuse food and water and thereby die from starvation and/or dehydration. Effectively hunger and thirst are added to any symptoms they may already have.
4. Even if they don't use it, a terminally ill person derives immense **reassurance** from the knowledge that a final, humane and legal option exists for them.
5. The dying person will be able to **choose**:
 - a dignified death,
 - at a time and place that suits them,
 - in the presence of loved ones to whom they have been able to say 'goodbye'.



B. FOR FRIENDS AND FAMILY:

1. May not have to **experience** the protracted suffering and/or suicide of a loved one, nor its many consequences (guilt, anger, regret, post- traumatic stress).
2. Will not feel the need to take matters into their **own hands** to relieve their loved one's suffering.
3. Will have the opportunity to say goodbye.

C. FOR DOCTORS:

1. Will **clarify the laws** relating to end of life care, where, hitherto, there has been uncertainty and confusion. For example:

The “doctrine of double effect” will be irrelevant. The patient's request will be clearly documented and the doctor's ‘intent’ when complying with this request will be lawful.

Likewise, continuous palliative sedation, currently a proxy for assisted dying, will become transparent, monitored, documented and have guidelines developed for its implementation.

2. **Palliative Care** professionals will have something more to offer patients who, despite their best efforts, continue to suffer.
3. Doctors will no longer be put in the **invidious position** of having to choose between compassionate intervention for their distressed patient, and self preservation.
4. It is consistent with our **vow**, to not cause maleficence. Sometimes doing nothing does harm.

5. An **Advance Health Directive** will assume its rightful place as an important and legally binding edict.

D. FOR POLITICIANS:

1. This is **compassionate** legislation.
2. It is **democratic**. Legislation of this nature is supported by 80% of the Australian population.

DISADVANTAGES:

Changing the status quo may offend the sensitivities of those who believe that one's dying experience, good, bad or otherwise, is what nature intended, or is their "God's will", and should not be interfered with.

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