

Admin, LACO

Subject: FW: SUBMISSION RE END OF LIFE.

From: Peter Brain

Sent: Tuesday, 17 October 2017 2:50 PM

To: Joint Select Committee on End of Life Choices <eolcc@parliament.wa.gov.au>

Subject: SUBMISSION RE END OF LIFE.

Dear Members, Thank you for the opportunity to contribute to your Inquiry. I make the following comments that I trust will be of use to you in your deliberations and subsequent report and make this submission as a concerned citizen aged 70, with a wife of 69 and as a father of 4 adult married children and grandfather of 15. I have been involved since 1975 to the present in pastoral ministry in three States of Australia (NSW for 15 years, SA for 4 years and WA for 25 years). This has given me opportunity to know, visit, counsel, support and relate to hundreds of chronically ill men and women in various contexts including palliative care, nursing homes, hospitals and their own homes.

In my judgement I would not support changes to the current laws that would enable assistance to men and women in the taking of their lives. My reasons which I would ask you to seriously consider include:

1. This would be tantamount to asking/expecting members of the medical profession to act against their Hippocratic Oath to preserve life. Apart from the obvious dangers inherent in giving doctors this new and alien power, which many would not want to embrace or have imposed on them it must have the effect of decreasing the trust of the public in this hitherto highly trusted serving profession. One example of this loss of trust was seen in the days of attempted reforms in the Northern Territory when indigenous mothers stopped taking their sick children to see their doctors. Why? Because they figured, with impeccable logic, that hitherto they had experience doctors as those who would seek the health of their children whereas now they had heard some, at least were advocating the opposite for sick people.
2. At the same time, the mid 1990's, I recall reading a very sobering letter from a disabled man in the West Australian suggesting that were Euthanasia to become accepted in legislation and practice people like himself would feel very vulnerable and undervalued.
3. Reading reports of the almost complete disappearance of down syndrome births in Denmark, Iceland etc. through selective abortion adds to this completely different view of the value of all human life. We are not many generations from the terrible elimination of races of people as a consequence of a world view that placed a higher value on one group of people than another. A nation is only as caring as the level of care extended to its most vulnerable.
4. It is often noted that old people feel useless at worst or devalued at best. It is only a short step to the feeling that since is the case (a sure signal of legalised euthanasia) I had better put my hand up to seek a legally assisted death. The thinking, especially aided by non-visiting family, especially those who live nearby, not to mention relatives who seem to be only interested in visiting if something of monetary value is needed, of uselessness and valueness, can so easily progress to a feeling that I might just be useful to our community and family if I do take myself out of the equation. The wisdom of changing legislation at a time when elder abuse is very much on the agenda would I suggest be very unwise given that much of this abuse is, it seems to do with financial greed. Naturally this must contribute to depression in the elderly and so would contribute their desire to be off the scene. This point was made clearly by Dr John Buchanan in the 1995 Spring edition of Essentials. In this article he explores other bias against the sick including their own grief, the effect of their relatives feelings and the chronic fatigue of health professionals which can cause their diminished support for the patients ongoing care.
5. Of particular concern is that of the tragic problem of teenage and older male (especially in rural areas in times of drought and loss of employment) suicide will not be helped by legalised assisted dying. The following factors must be borne in mind: (a) what is enshrined in Legislation expresses the will and mindset of the nation (b) Teenagers and men are no fools and when depressed through loss naturally draw a line from the standard that says taking life is allowed in one category of sufferers to the conclusion that it is therefore right for me to take my own life. Teenagers and these rural men also feel useless and of no value. Our Laws ought to reflect their value as with the chronically ill. (c) The difficulty this will cause parents,

spouses, counselors and friends seeking to support their depressed loved ones, mates and friends is obvious. A faulty law in one area will inevitably bring damage in others.

6. The effect on the practice and continued research into palliative care has been well documented. See for example: *The Perspective Essay in Perspective by Dr Brian Pollard (February, 1995* , where he argues that the future of the medical profession is in the balance over this issue. Palliative care enables us to die well in the context of loving support. The strengthening effect of this " good dying" on those who are privileged to be watching can not be underestimated and if over looked will rob our community of the vital aspects of community building; personal resilience and caring service. Apart from the management of pain which is well developed in our community, but quickly declining in legalised euthanasia nations, palliative care is dedicated to the support of the dying and the care of those who are grieving the loss of a loved one.

7. Legalised euthanasia will inevitably lead to a growth in individualism that will in time render us ungovernable because of our propensity to think of our own needs being of a higher order than the whole and committed to the removal of pain at all costs that will make us slaves to pleasure. This is not to trivialise pain, which is real, but to ask you to consider the positive effect on our communal psyche of facing and working through tough sets of circumstances. In his 1995 book *Generations*, sociologist Hugh McKay concluded that it was the generation which experienced the depression and the 2nd WW who were our "lucky generation". Tough experiences build both resilience and gratitude not to mention mateship and a serving others frame of mind. Once again a clear contradiction between two communal needs will come into play if the laws are changed viz: we are working hard to encourage resilience in school children whereas we are endorsing lack of resilience through the avoidance of the pain of death in mostly, older people. This contradiction will not be lost on school children. Our community owes it to our children to model in law and even more importantly in the personal example of elders, ways of living that have been proven to be enriches of life.

Thank you for this opportunity of contributing to your most important deliberations on behalf of our nation.

Yours faithfully, Peter Brain