23 October 2017

Dr Jeannine Purdy.

Legislative Assembly Committee Office Level 1, 11 Harvest Terrace West Perth WA 6005

Sent via email: eolcc@parliament.wa.gov.au

And posted via mail.

Dear Dr Purdy

Submission: JOINT SELECT COMMITTEE ON END OF LIFE CHOICES

Thank you for the opportunity to provide this submission.

I note that the Select Committee has been established to inquire into the need for laws in Western Australia to allow citizens to make informed choices regarding their own end of life choices. I also note the Committee's broad Terms of Reference which indicate that the Committee will be examining many different aspects of end of life options, including legal frameworks to support state-sanctioned killing of those facing the end of their lives.

In consideration of the Committee's Terms of Reference, I provide the following submission:

- 1) I am fully supportive of citizens being informed about all of their current rights and responsibilities around end-of-life issues e.g. treatment options, refusal of treatment, palliative care, and medical professional's duty of care etc.
- 2) I am not supportive of the state legislating further in this area. It presumes that the government and courts can better manage end-of-life scenarios than the current legal frameworks.
- 3) I do not support euthanasia/assisted dying (or any legislated termination of human life) for the following reasons:
 - a. Euthanasia goes against the first principle of maintaining life, above all other human objectives.
 - b. The state should not sanction any death, whether it be rationalised on the grounds of ending chronic pain, terminal illness, or other.
 - c. It is impossible to draft criteria to control euthanasia to a fixed group of people/conditions. This is because if it's deemed appropriate to end one person's life, there will always be other people who narrowly don't fit the criteria, and want to be included. This is the slippery slope.
 - d. Not all terminal diagnoses are terminal.

4) I believe society must provide every support and service to those in chronic pain, or at the end of their life. This is an extension of the care we should provide throughout everyone's lives. This includes palliative care and research into better pain management drugs and systems. This support should not extend to killing people.

To support my submission, I would like to share the case of my mother. Over the space of eight years, mum had four serious cancers, each serious but operable, and each operated (that was mum's wish each time). After her third cancer and operation, mum fell into deep depression and tried to kill herself. Her depression was linked to high levels of pain which were not being treated. (They were not being treated as mum was not being open about how high the levels of pain actually were). Thankfully, we helped mum in time, and with the right care, mum got back on track and had two good years with her friends and family. Many days mum was able to enjoy life and her family and friends, but sometimes mum felt sad and scared about her situation. Not every day was perfect. Sometimes she even felt like she was a burden (and we assured her she wasn't).

I share this story, because the end of life (including growing old or terminal illness) can be a very complex, daunting, even scary time for the person concerned, and their family and friends. I do not think that the State can make the situation any better or easier by legislating to allow people to be euthanized. Legislation in this area would be like trying to use a blunt instrument to make a beautiful carving.

In conclusion, in regard to end of life options, Government's should be very wary of how legislation influences citizen's perceptions and decision making, and of the unintended consequences in the long-term on society's attitude to death, life, pain, depression and palliative care.

Regard	sk
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Andrew Del Marco