

Christine & Peter Choo

23 October 2017

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

Forwarded electronically to: eolcc@parliament.wa.gov.au

Dear Dr Purdy

This letter is our Submission to the Select Committee on End of Life Choices.

We write from our experience of 'walking with' our parents, our adult child and dear friends who have faced the end of their lives and who have received palliative care and support of family and friends.

We are concerned that should euthanasia become legalised it would be extremely difficult to ensure that informed consent is obtained before the act occurs.

As citizens of Australia we do not want to be implicated in state-sanctioned killing.

We urge the Select Committee

- (1) NOT to recommend euthanasia as an option and end of life choice;**
- (2) To recommend the ongoing development and implementation of best practice in the provision of palliative care to people who are facing the end of their lives, particularly those who experience severe emotional and/or physical pain.**

Euthanasia, the practice of intentionally ending one's own or another person's life for the purpose of relieving pain or suffering, presupposes the provision of consent by the person whose life is to be ended, and the active intervention of another person, usually a doctor, to assist in the act usually by the administration of a drug or drugs. If a person kills his/herself to relieve pain or suffering without the direct assistance of another person, the person is considered to have committed suicide.

The demand for euthanasia appears to be coming mainly from those who are not in the last stages of illness, those who fear the process of dying and the pain and discomfort that they think will accompany the process of dying. Others suffer constant emotional or physical pain which they believe cannot be relieved. However, with improved palliative care, pain relief and support, those in the last stages of dying can be cared for very well and with dignity. With good support most people in the last stages of dying face their death with less fear.

Professor Baroness Ilora Finlay, Welsh doctor, highly experienced consultant in palliative medicine in Wales and Member of the House of Lords since 2001, says:

"I've looked after thousands of dying people and what they want is to feel better than they do at the moment, to live better during whatever time they have left. It has often struck me that people who were adamant when they were well that they would want euthanasia or assisted suicide, when they are ill suddenly change their minds and are desperate to carry on living. When they face the reality of losing life they want everything done to help them live as fully as possible."

Professor Finlay also states that most doctors do not support euthanasia. No matter what safeguards are put in place abuses can and do occur. In the Netherlands euthanasia is becoming 'the default mode of dying' with 1 in 26 of all deaths occurring through euthanasia, increasing 15 percent from year to year.

Professor Finlay concludes with the following: "But here is a story that comes straight from the most recent full report from Holland's monitoring committees. There were three young women who were each severely psychologically disturbed. And in all three it could be traced back to abuse in childhood or early teens. Yet they were allowed to be euthanased because they were so disturbed."

I have a real problem with a society that says, we will kill the victim with a lethal injection, but the perpetrator is out there, free."

(In an article by Carolyn Moynihan who interviewed Professor Ilora Finlay, 'The law must protect, doctors must care and euthanasia undermines both', in *MercatorNet* 14 July 2017. <https://www.mercatornet.com/careful/view/20090>)

Another palliative care specialist, Associate Professor Ghauri Aggarwal, Head of the Department of Palliative Care at Concord Hospital in Sydney, states that very few of the thousands of patients for whom she has cared actually ask for euthanasia or physician-assisted suicide. "Most ask us to stop aggressive treatments that aren't helping them or that are causing side-effects. Sometimes they are frightened of the end and want reassurance of care or they insist on a natural completion of life. 'Don't do anything to prolong my life,' they say. This is appropriate; this is a good choice for them. This is not euthanasia. ... So, when the community calls for the premature termination of life, let us remember the grief is often our own personal loss, our own sorrow, our own fears."

(Ghauri Aggarwal, 'Breaking the golden thread' in *MercatorNet*, 18 October 2017. <https://www.mercatornet.com/careful/view/20580>)

Yours sincerely,

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