

Admin, LACO

Subject: FW: Enquiry into Right to Terminate Our Life

From: Ray McDonald

Sent: Monday, 16 October 2017 8:18 AM

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

Subject: Enquiry into Right to Terminate Our Life

Hi There

I would like to add my wife and I to a list of names of persons who are in favour of our right to terminate our life if necessary. Also known as Euthanasia. We recently read an article in the West Australian newspaper by Dr Alida Lancee and we totally agree with her views. Our names are Ray and Gina McDonald and we live in . By the way we are both in fairly good health and of sound mind but reserve the right to terminate our lives if the situation becomes unbearable.

I have attached Dr. Lance's article for your perusal.

Let Us End Our Patients Pain By Dr Alida Lancee

Last week my story was published in The West Australian about my involvement to relieve the suffering of a terminally ill patient from end stage Emphysema. This was after two failed suicide attempts by this patient.

It followed an attempt to optimise symptom control with palliative care measure.

The patient was surrounded by her loved ones and, with a grateful look of peace in her eyes, said her goodbyes and slept in gradually with a smile on her face.

My help was to be a great relief to all involved. Not only to the patient, but to her family also.

Imagine finding your mother in bed with a bag over her head struggling to breathe. Imagine watching her gasping for air every time she moved, begging for the suffering to end.

It is often forgotten how much loved ones suffer standing by helplessly while the patient suffers in a protracted agonising course during the dying process.

Unfortunately, my help was constrained by the law as it stands. Legally, I could have done one of two things.

I could have refrained from getting involved and allowed the "natural process" to take its time, with possible weeks to months of a slow suffocation to death for this patient. Or I could have provided "terminal Sedation" as most palliative care doctors currently do when symptom control is not effective, which is essentially the same as my actions only much slower.

Medication is given to render the patient unconscious, so theoretically they are not aware of their suffering. Is this a better option for the patient or the loved one?

Who can guarantee that there is no suffering just because the patient can no longer respond.

And the loved ones will have to grieve the loss of the person whilst the body is still there, sometimes for days to weeks. Imagine sitting by wondering when the last breath will be, especially as most dying people go through a phase of cyclical breathing called Cheyne Stokes breathing, where respiration is intermittent with pauses of minutes between 5 or 10 rapid breaths. "was that the last breath?" Minutes pass, no breathing resumes until at some point it does not. This can go on for days or weeks, It is agony to watch.

Ask yourself which option you would prefer for yourself or a loved one.

Let's look at how this situation could look with a well thought out law permitting my actions.

- The patient would have been able to openly request Voluntary Euthanasia and would not need to attempt suicide on several occasions.

- They would have needed to request this on several occasions, more than a week apart, without the family present and one request would be in writing.
- The patient would have to be reviewed by two independent doctors who would determine that:-
 - The patient's condition is terminal and without cure:
 - The patient experiences unrelenting unbearable suffering:
 - Palliative symptomatic options have been optimised and are not effective:
 - The patient is not suffering from a psychiatric condition:
 - The patient is of sound mind to make a rational request for help to shorten their dying process

Any doctor could choose not to be involved in this process and could refer patients to a specialist end of life service where doctors who are specially trained fulfil this role.

Once both doctors agree that the above conditions are met, their report and the patients request would be reviewed by a board of experts representing palliative care, Mental health, legal professionals and the public.

This board would review cases daily and make a determination in a timely manner. Once approval is granted a doctor could administer the lethal injection with the family present without the need to scheme and hide their actions, allowing open debriefings and optimisation of the process. All above board, with safeguards in place.

Could our society be enlightened and progressive enough to put such a law in place? Public opinion supports this. Do the politicians listen to the public? No. There have been multiple attempts to introduce a Bill in various States and all but one have been rejected.

Palliative care organisations do not support this law because they feel that with optimal palliative care measures, terminal suffering can be controlled sufficiently, so there is no need to shorten the dying process. This is true most of the time but not always. What would be their answer for my patient - render unconscious?

Most palliative care doctors would admit that patient suffering is sometimes not controllable by their symptomatic care. Some put this number at about 5% of their patients.

Opponents of a voluntary euthanasia law have put forward real concerns about misuse of such a legal approval to actively end a person's life. They fear that it would be extended to situations that do not involve patients who are already in the terminal phase of their illness but have a stable chronic condition. This would 1st require public debate and a change to the law as it is proposed because there are strict safeguards that specify the person must be in the terminal phase of their illness.

In countries where the law has been in place, death rates attributed to voluntary euthanasia have remained stable at about 4%, so there is no practical evidence of the feared "slippery slope". They fear that patients could be unduly influenced by parties with vested interests such as inheritance.

A safeguard could be that any request be made without any other party present with question marks about their motivation, to ensure there is no motivation other than to relieve unbearable suffering.

All of us will be faced by this end of life question sooner or later. Hopefully, our death will be gentle where palliative measures are effective despite all the efforts of our health care team let us have the legal choice to shorten the dying process with medical support.

AGE - is mind over matter. If I dont mind - it don't matter

Wherever you go – There you are!

Life is not about waiting for the storm to pass - its about learning how to dance in the rain