

To:

Dr Jeannine Purdy

(Principal Research Officer)

Parliamentary Committee on End of Life
Issues

Submission to Parliamentary Committee on
End Of Life Issues, WA

by Dr Alice Phua (MBBS FACHPM)

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I have practised in Palliative Care for the past 22 years.

These are my private concerns and in no way reflects that of any employer or colleague.

I have concerns with changes in the legislation of End of Life Care .

These are:

1. How we can protect the vulnerable - the elderly, those with dementia of any age, those with severe physical disabilities, the frail and chronically ill, the socially isolated and those with mental health problems who may not wish to end their lives?

Elder abuse is uncommon but by no means rare in Australia.

I would like to refer you to an article by Caroline Overingto in the Weekend Australian of 9 - 10 of September this year. It is on Inquirer, page 17. It is on Elder abuse. The same scenarios would have a different outcome if Euthanasia/ Physician Assisted Suicide (PAS) were legalised. A little elderly lady living in a two million dollar property is extremely vulnerable and oh so easy to manipulate, and I have personally seen attempts at it.

2. What measures will be in place to keep doctors honest and transparent about their practice of Euthanasia/PAS? What kind of reporting system will be needed? What will be adequate to keep true records of the statistics? Should reporting be mandatory? From what I have read, reporting in Belgium and the Netherlands is ad hoc and it is estimated that at best only about 50% of cases are reported as required by law. Doctors have been known to lie about the cause of death to avoid paperwork. In Oregon, there is no way to record that a death is suicide or assisted suicide. The programme to fill the death certificate does not allow the word "suicide" to be recorded.

3. What kind of training if any will doctors need? Should it be part of the medical school curriculum? If so what about the medical students and doctors who have conscientious objections?

4. For PAS will a doctor be present at the procedure? How will he be remunerated? Will there be a specific Medicare number? If no doctor is present, as in Oregon, what happens if things do not go as planned? If the doctor is not present, how can the doctor be certain that the medication was taken voluntarily by the patient? Who writes the death certificate? Should it be the doctor who prescribed the drug? What should be written on the death certificate?

5. Should there be a specific Medicare number for Euthanasia /PAS consultation and another for prescribing the means of death?

6. How do we protect the conscientious objectors? - Doctors, nurses, pharmacists, carers, and others. How can we make sure that they will not be pressured or coerced into it especially by their employers?

7. It is likely that at least some Palliative Care services will discuss the option of Euthanasia/PAS with patients when the subject is broached, as we do any other procedure, but would not wish to be involved in the procedure. What if this is in a rural setting where the domiciliary service , the inpatient hospice and the General Practitioner decline to be involved, what then?

Thank you for your attention.

Yours sincerely,

Dr Alice Phua (MBBS FChPM)