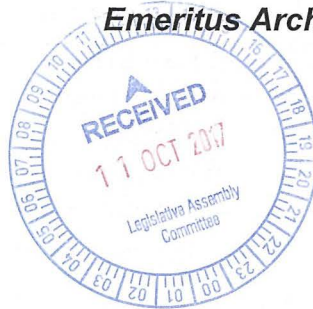


Family Council of W.A.

FOC Sub 152

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WA PARLIAMENT JOINT SELECT COMMITTEE ON END OF LIFE CHOICES

1. Introduction

From time to time emotional pleas emanate from members of the community who form the opinion that extreme measures should be implemented in order to ease the pain and suffering of terminally ill people. Generally they cite experiences of family members or close friends who have died in what appear to be extremely dire situations. However, in practically all the cases quoted, the solution proposed involves the direct death of the individual concerned through medical intervention (euthanasia or physician assisted suicide (PAS)). This, it is suggested, is to be achieved by using toxic drugs administered orally or by injection.

Taking the life of another person is never lawful; so, what is being proposed in these solutions seeks to overrule basic laws which society has enacted for the safety and preservation of human life. Such actions are unconscionable.

2. Current practice in Australia

Medical procedures in place for end of life situations appear to be working satisfactorily; since very rarely does any demand for euthanasia or physician assisted suicide originate from medical bodies such as the AMA. The demand, as has been noted above, is mainly from distraught friends or relatives who perceived the suffering of patients close to them as intolerable. Generally, these perceptions were acquired many years ago, and do not take into account considerable advances in the fields of drugs developed to control pain, and palliative care, since then.

3. Current framework of legislation in Australia and overseas

There has been only one successful attempt at legalising Euthanasia/PAS in Australia. It occurred in the Northern Territory, but was overturned shortly afterwards by the Federal Government which is responsible for administration in the Northern Territory. What became apparent with the few deaths which were recorded during its brief existence was that people without terminal illnesses had availed themselves of the legislation to commit suicide. What is also well known is that one of the main proponents of the Northern Territory experiment, Dr Philip Nitschke, has been de-registered from practising medicine in Australia largely because he failed to observe the repeal of the Northern Territory legislation. If such malpractice was evident when PAS was proscribed in Australia, one can only speculate as to the lengths to which unscrupulous medical practitioners will go when PAS is legalised in WA. The existence of so-called safeguards proposed in the legislation will do nothing to deter them from extending their activities to include a larger cohort of likely victims. This certainly has been the case in countries which have adopted PAS.

Since then, there have been many attempts to introduce PAS in Australia without success; most recently in Tasmania and South Australia. Victoria is also in the process of introducing a Bill for this purpose. However, one of the main opponents to its progress in that State is the Deputy Premier, Joe Merlino. It is also expected that if the Bill is passed in Victoria, medical practitioners who have a conscientious objection

"Towards A Drug Free Society"

Family Council of W.A. represents family oriented action groups, including the: -

Australian Family Association, Coalition Against Drugs, Coalition for the Defence of Human Life, Council for the National Interest, Family Voice, Jewish Community, Australian Parents Movement, Federation for World Peace, Woman's Christian Temperance Union (WA) Inc, The Thomas More Centre, Australian Christian Heritage Initiative, Australian Christian Lobby & Media Standards Australia

to participating in PAS will face judicial and financial penalties if they exercise their prerogative not to do so.

Overseas there have been some 'successes' with PAS in a few States in the USA; as well as in the Netherlands, Belgium and Switzerland. However, the UK has comprehensively rejected a recent attempt to introduce it. What does appear significant in US states, and countries where it has been adopted, is that safeguards initially imposed to protect vulnerable people are slowly but surely dismantled over time. What commences as a method of disposing of terminally ill patients is widened to include: people aged 70 years or more, the depressed, those with mental illness and children: often without terminal illnesses. When it is considered that teen suicide in Australia has reached epidemic proportions requiring massive amounts of private and taxpayer funding to reverse the trend, the logic of introducing PAS is at best questionable and, at worst downright alarming.

4. Existing Provisions for End of Life Situations

As has been mentioned, the provision of palliative care, as well as the use of drugs to control pain is of great benefit to patients approaching death. In addition, it should be realised that, despite suggestions to the contrary, end of life decisions are not generally taken autonomously. They proceed with inputs from immediate family, close relatives, medical practitioners, etc. It is therefore essential that those concerned with assisting the patient to arrive at decisions about impending death are informed as to how these objectives can be achieved to the satisfaction of all. To this end, there exist Advanced Health Directives, Enduring Power of Attorney and Enduring Power of Guardianship which ensure that patients' needs may be addressed. And, what is more important, that laws protecting human life are not breached.

5. Conclusions

In WA it is proposed that end of life situations, which hitherto had developed along lines which respected the integrity of human life, avoiding conflict with laws designed to ensure that such life is not terminated criminally, be changed to accommodate euthanasia and physician assisted suicide. The State and Territory governments of Australia have considered legislating for such change, but have so far been prevented from doing so.

In countries which have introduced such changes what is noticeable is that safeguards designed to limit activity to terminally ill patients have, over time, been watered down to such an extent as to permit inclusion of a wider group of people than first envisaged.

In Australia the protections available through Acts concerned with end of life situations are considered quite adequate and we therefore submit that any proposal to permit medical personnel to intervene in hastening a patient's death be disallowed.

! Dr Charles Slack