

Admin, LACO

Subject: FW: End of Life choices/ Euthanasia.

Importance: High

From: Eric Natta

Sent: Monday, 23 October 2017 5:23 PM

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

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Dear Hon.Members of this Committee

I write to make a submission to your Committee requesting that very careful consideration be given to this very important matter.

It appears that a cultural shift is happening with regard to our elderly and terminally ill members of our society, some of which is **unfortunately motivated by financial reasons** (by family members who would benefit by the termination of a life- placing undue pressure on the elderly or sick person).

I have had to battle this scenario personally (with the "other side of the family") and also observed the death of a very close friend (elderly single lady) earlier this year. Family members could quite conceivably be influenced by financial motives rather than concern for the sick individual. I would strongly argue that any legislation allowing for euthanasia or doctor assisted suicide will also **enshrine in legislation elder abuse**. Our current medical practice allows for doctors to administer pain management that (given the dosage) may result in the patient's death. Nobody appears to be challenging the physicians in this respect and the State does not need to be involved in legislating. **The current status quo needs to remain**. Once legislation is on the books any Government may simply by regulation change the rules and we will be on the slippery downhill slide.

We should be upholding our cultural values and **not embracing** the culture of "**Lets terminate the patient instead of terminating the suffering of the patient**". **Who will do the terminating/ killing? To ask someone else do do this in the name of mercy and compassion is to shift the burden of responsibility onto others and to invite another person to bear that guilt. The question of who stands to benefit from a potential premature death? Inheritances involved**

Palliative care done properly and embraced by our society and culture is what should be encouraged and supported. Do we want to see doctors with views such as Philip Nitschke surface? Do we want to happen in Western Australia as is happening in overseas jurisdictions? What about faulty diagnoses and prognoses? As a former general surgeon in Britain Dr Peter Saunders, put it "The answer is not to change the law but rather to improve our standard of care". (or make new laws as is perhaps proposed.)

Please do not be the legislators that will be forever known as the ones who in the name of mercy and compassion also enabled elder abuse and perhaps disabled persons abuse.

Thank you for your consideration to my submission.

Eric Natta