JOINT SELECT COMMITTEE ON END OF LIFE CHOICES Submission

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Dear Dr Jeannine Purdy,

The primary focus of my work is with couples and families. In addition, I have experience working in the area of grief and loss in our community. I would like to appear before the Joint Select Committee to present my concerns regarding the proposed inquiry into the need for laws in Western Australia to allow citizens to make informed decisions regarding their own end-of-life choices. Amendments to the current legislation are likely to contribute to many of the mental health concerns currently experienced in our community as a result of bereavement. This submission highlights these concerns in the context of family dynamics surrounding the end of life management per the Committee's first Term of Reference.

Undue stress on individual family members

The responsibility for making end-of-life choices does not always fall solely to the person whose life is in question. Individuals who have to make decisions regarding the maintenance of life support systems already experience high levels of stress. Changing laws to expand end-of-life choices to include physician assisted dying is likely to contribute to the mental anguish of family members or those nominated through Power of Guardianship who have to make these decisions. In many instances, the appointment of such an individual is likely to contribute to tension within family systems that are already likely to be strained.

Undue stress on the family system

There is a large body of research in family systems theory concerning the effects on families with the addition of a new member or when a family member leaves the family system. These challenges involve a readjustment in family roles, responsibilities and relationships. Often times, these changes are a challenging transitionary period that in many instances result in family breakdown. Adding the stress of allocating and taking responsibility for end-of-life choices would be burdensome for many families. Already, we know that couples who experience the death of a child are at greater risk of relationship breakdown. For many couples, making an end-of-life decision for a physician assisted death would have a devastating follow on effect for the couple relationship.

The grief of those who remain

Research shows conclusively that following suicide family members and close friends struggle with many unanswered questions. These questions concern: why the deceased would make this choice, what other alternatives (such as palliative care) could have been explored that weren't, and angst about whether there was anything they could have done to prevent the decision or to help the individual. Family and friends can also have many affective responses as a result of someone deciding to end their life. Commonly documented feelings include: shame, guilt, blame, anger, fear, rejection, low self-esteem/self-worth and distorted thinking. These mental health challenges will not be changed as a result of a change in the law regarding end-of-life choices, however, they would be likely to become a more common experience within our community with a change in legislation.

Community Mental Health

Community mental health is already a substantial concern within our community. It is already estimated that the cost of mental health and mental health services to business and government run into the billions. A report conducted by Medibank and the Nous Group estimated that the cost of supporting people with mental illness at \$28.6 billion. Changes to the current legislation regarding end-of-life choices is likely to add substantially to the number of people within our community struggling with mental health illness. This is not just true of the family and friends of the deceased but also health professionals who may have to assist in the provision of services that are likely to develop as a result of legislative change.

I would be keen to raise a number of these issues with you in more detail.

Kind regards

Derek Boylen 23 October, 2017