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TO WHOM IT MAY CONCERN

My name is Father Paul Pitzen and I am chaplain with Deaf and Hard of Hearing People of Western Australia. I have been in this position since 1978 and have been an ordained minister of the Catholic Church for more than 50 years. Over that time, I have encountered many situations of dying and living. Each of those deaths/lives were important. Each of those deaths/lives were unique.

In dealing with euthanasia, it is important to note that there are factors that go beyond just the physical life that we can see.

We are not isolated individuals. We are not islands. We are human beings connected together, living together on this planet. My death is not just between me and me, or between me and a superior being who made me. My death is important to all humanity. Death matters to everyone. A Compassionate Communities approach recognises that care for one another at times of crisis and loss is not simply a task solely for health and social services but is everyone's responsibility. In addressing **Term of Reference 1**, I contend that this approach not only applies to palliative care, but also ageing and all those living with a disability or a life-limiting condition.

SAFEGUARDS ARE NOT "SAFE"
We believe also that we need to be aware from past experience not only overseas but also in Australia, that when laws are passed with all good intentions, with all the safeguards that one can think of at the time, with the best of intentions, lawmakers expand the base which has access to acts of death. In the long term government can, for all practical purposes, issue a license to kill. Whatever happened to the idea that a doctor, at least, should not cause harm? Widening the eligibility for an abortion has happened with legislation about abortion and the circumstances of carrying out an abortion. There is no reason to believe that it will not happen with euthanasia legislation.

DEAFNESS AND MENTAL HEALTH
Hearing people generally do not appreciate the ramifications of what being deaf means. Deafness is isolating. Deaf and Hard of Hearing People struggle to hear and to be heard. Language development depends a lot on hearing the sound of words. When that sound is missing learning words is a direct conscious effort. Hearing people learn vocabulary simply by hearing words repeatedly used in a context.

Hearing people gain knowledge of events happening around by catching snippets of TV news or over hearing others talking about events. Deaf people cannot stand around the water cooler and discuss happenings. It is a rare workplace where employees know sign language. This is another point of isolation.

With few people with whom a Deaf person can easily communicate, it is no wonder that incidents of mental health issues are wide-spread in the Deaf community. Suicide rates are high among Deaf people. One factor for the higher rates is lack of access to appropriate treatment. I remember once going with a Deaf person for alcohol counselling and the counsellor gave her a relaxation tape. When it was pointed out to the counsellor that the client was Deaf, the solution of the counsellor was that someone could sign the material on the tape while sitting with the person.

Social isolation is not only a physical phenomenon; it is also a psychological event. In many ways the more hearing people that are around; the greater the isolation. The greater number of people the greater number of garbled conversations.

There are very few people in whom Deaf people can confide to talk about mental health issues, such as depression for example. Many times, I have sat with a Deaf person depressed because of loss of a job, family issues, and can't see any way forward. Sometimes I am able to find a job for them or put them in contact with other Deaf people who can support them. Counsellors who know Auslan (Australian Sign Language) are a very rare breed. Generally speaking, it takes a lot longer to have an in-depth conversation with a Deaf person as it does with a hearing person. Not many hearing people are prepared to make that time available.

Using an interpreter for a Deaf person in a counselling context raises many concerns. The first concern is that of privacy. Deaf people expose themselves to vulnerability because they have bared their souls to another who now holds the power of knowledge over them. I therefore question the independence in decision-making of a deaf or hard of hearing person who is chronically or terminally ill and faced with end of life choices.

To make some inroads in this area we offer training to Deaf and Hard of Hearing People in Mental Health First Aid. To date, eighteen Deaf and Hard of Hearing People have been trained in MHFA and have organised open sessions for other Deaf and Hard of Hearing People to discover the benefits of MHFA and given the opportunity to open up to another Deaf and Hard of Hearing Person who can help steer them toward appropriate help. More needs to be done

IGNORANCE OF PALLIATIVE CARE

No one likes to suffer. No one likes to see others suffer. At the same time though, life in general is not exempt from suffering for anyone. We live in an instant "now" world. In today's western society, we cannot have everything that we want instantly. How much suffering is enough? From my experience, carers often make decisions that will make the carer feel better rather than looking at the consequences on another human being.

In the area of palliative care, the general community, including many in the medical profession, do not know about palliative care's great strides in providing care. Palliative care needs more funding not ignorance. Advertising palliative care service rarely, if ever, contain videos that are Auslaned or captioned. Many Deaf people would need much explaining to understand the word, "palliative." Of greater difficulty would be explaining the word "euthanasia", and how this is demonstrably different to palliative care.

Palliative care today has moved ahead in how palliative care delivers its services. Important to the process is that people talk about what sort of care is available and what sort of care does a person want as they come towards the end of their life. I can remember when giving oxygen to hospital patients was a big step. What was "rare" then now is "normative".

MEDICINE IS NOT AN EXACT SCIENCE.

There is anecdotal evidence that decisions by the medical profession can be and sometimes are wrong. My eldest brother at birth was given 6 months to live by the medical profession. He lived until he was 52 years of age. In the case of euthanasia, there is no coming back to rectifying mistakes.

Perhaps, though the most compelling evidence that doctors can be wrong is testimony from the insurance industry. I know a motor mechanic who has insurance against “mal practice.” His insurance premiums are nowhere near as much as a doctor will pay for similar insurance. Insurance companies are not stupid and set their premiums by the perceived risks of the insured party making mistakes. Such perceptions come from real life experiences. Insurance companies are betting that their policyholders will make mistakes. In the medical profession, mistakes happen more often than perhaps we are willing to admit. Who is to say that in the area of euthanasia they will fare any better?

Who can say with certainty that a condition is “incurable”? Of course, we can ignore the evidence that realistically with new discoveries the medical profession cannot say that any condition is “incurable.” There are plenty of people alive today for whom the medical profession had given up hope of ever ameliorating their condition. Through persistence, generally of family members, people’s lives have been turned around.

SUMMARY

- SOME EXAMPLES
    - These are just a few examples of the arguments for rejecting legislating to allow the deliberate state sanctioned killing of another.
- SAFEGUARDS ARE NOT SAFE
    - Experience from overseas and from Australia with similar safeguards show that criteria for safely administrating the legislation is eroded over time.
- EUTHANASIA IMPACTS ON DEAFNESS
    - The connection of mental health issues and Deafness.
    - Lack of opportunity to access help for mental health issues.
- MEDICAL SCIENCE IS NOT AN EXACT SCIENCE.
    - Mistakes are inevitable.
    - Mistaken decisions cannot be rectified.
    - No one can make an irreversible decision such as euthanasia with 100% confidence.

I hope that those people charged with examining the case against legislation will have the ability to see beyond present norms to see the long-term effects of such legislation. There are some things that humans will not understand and cannot know now. Legislating for death now is presumptuous and arrogant.

Thank you.

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Chaplain