

Admin, LACO

Subject: FW: JOINT SELECT COMMITTEE ON END OF LIFE CHOICES

From: Brad Page

Sent: Monday, 23 October 2017 9:47 AM

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

Subject: JOINT SELECT COMMITTEE ON END OF LIFE CHOICES

Good day.

I would like to express my concern and point of view as an individual practicing psychologist.

I have two main points and concerns: firstly, for the preservation of the promotion of life as a societal value, over the promotion of death as a legitimate and worthy choice. Secondly the long term consequence of the devaluation of palliative care, and our society's ability to endure suffering.

Historically, the practice of psychology and counseling has viewed habitual thoughts of death and a desire for death to be symptomatic of mental illness, often Chronic Depression, exaggerated by panic and anxiety attacks. The underlying principle of counseling psych is to promote an individual from a state of illness to a state of normality and, in the most recent decades, well-being. It has never been the case that a practitioner encourages an individual to consider ending their life. Whether they feel they are able to cope or not, the length of time until they find a remedy to their illness cannot be promised. Often the process involves the intervention of loved ones in their life and that journey can be positive and extremely beneficial to all involved, long before the individual feels like they have overcome the illness. Thus, I argue, even through suffering, there is a hope of psychological sense of well-being which must not be taken for granted.

Considering the specific cases of terminal illnesses and chronic pain, conditions where individuals are likely to feel a sense of hopelessness due to their physical condition, the individual is often at the mercy of the diagnosis of the professional practitioner and even more so by their prognosis. However statistically sure we (professional medical practitioners) think we are of the long-term outcomes for this individual, the way this information is presented is highly likely to affect any choice the individual makes going forward, and their thinking regarding their potential well-being:

- Firstly, the individual may consider themselves as likely to never overcome their current condition and live on with the illness, as would be statistically suggested in a lot of cases.
- Secondly, they may somehow have a hope they will be part of the statistical minority who overcome the illness, and live normal lives again.
- Thirdly they may get the idea that they will live through it, learning to cope enough to live a life acceptable to them, or in some cases live out the remainder of their life through palliative care.

Any diagnosis and prognosis of a terminal illness or chronic pain can send an individual into any one of those three areas of thinking. A highly resilient and optimistic individual might lock onto the third or even second thought, though for most individuals this will not be the case. Most personalities, and more so those with a tendency to be anxious, fearful and doubtful, are likely to immediately take a pessimistic perspective. This person is already on the cusp of losing all hope, and being beyond the reach of a full medical remedy is likely to leave them there. Left in a sense of hopelessness, while enduring physical suffering, it is difficult to expect an individual and their families to see a way forward, though the difficulty and past the current condition, towards living a life together that were a sense of meaning and purpose is still perceived. We should be very careful to encourage patients to see their lives as being meaningless especially in this state of vulnerability where they are most susceptible to our professional opinion.

When death is presented as a positive option, the mind already begins to die in itself, and the mental battle which is the first and arguably the most important one, trumps over difficulty has started on the back foot. If the mind gives up and the body is soon to follow. By promoting death we are giving up on life. The medical profession should stand for the preservation of life. We should value life over death, and we should select only to promote this stream for patients, that being an increased positive experience of life. By doing this we drive research, development and caring in this area. Creating and encouraging the option of death starts us down a dark path, admitting failure to help them live better lives. Health is our profession, the promoting death is not. Legislating the right to choose death is in complete contradiction to the promotion of life as fundamental value which underpins our profession.

Kind regards
Brad Page