

Dear Members of the Joint Select Committee on End of Life Choices,

Thankyou very much for the opportunity to send a submission to you; I am grateful for the political freedom in which I can do so and hope that you will be given the wisdom necessary to perform your task as members on this committee. I wish to specifically take into consideration the term of reference a); that is: "assess the practices currently being utilised within the medical community to assist a person to exercise their preferences for the way they want to manage their end of life when experiencing chronic and/or terminal illnesses, including the role of palliative care".

I am a Registered Nurse employed in a large tertiary hospital in Western Australia. I am specifically employed in a Neurology ward, in which people are admitted with diagnoses of Parkinson's Disease, Multiple Sclerosis, Motor Neuron Disease, Epilepsy, seizures, and both forms of stroke (ischaemic and haemorrhagic), to mention a few. Many of these diagnoses/diseases are progressive and/or terminal in nature, having no cure and/or having only supportive treatment as options. Depending on the severity of a stroke, it may be fatal and very "life-limiting", or reducing the "quality of life" as some perceive it. Strokes can be disabling for both the person, family and friends of the person, and treatment options are at times limited. From the time I have worked as a Registered Nurse, I have been confronted with people dealing with these diagnoses on a daily, ongoing basis, and also been involved in providing palliative care to those who are expected to pass away within a short span of time. Prior to becoming a Registered Nurse, I have also been a personal carer in a Residential Aged Care Facility for four years and regularly participated in providing palliative care to many residents in my care. During this time, my convictions that providing end of life care is a very "grey area" in healthcare, and that opinions are varied and also very controversial. Dying is often associated with pain, suffering and loss of human dignity to a significant extent, and my beliefs concerning the management of such does not deny the severity of such. My hope is that by providing this submission I may request that the option of palliative care is seriously considered as an alternative to the option of active euthanasia (including physician-assisted suicide).

I will not deny that as a Christian, I believe life to be sacred, and unlike any other form of life on this earth. We are created in the image of God, and as such are not merely mortal beings but have souls and a life after death. Rather than actively euthanise (deliberately kill) a person, which is essentially murder, we are to support those who are suffering at the end of their physical life and provide comfort in a holistic and timely manner. Moreover, we are not to "play God" as some phrase it. We did not choose the time and manner in which we began our life on earth, and in the same way we cannot completely choose the time and manner of our death.

The Australian Medical Association currently opposes active euthanasia as per their position statement published in 2016. I quote: "The AMA believes that doctors should not be involved in interventions that have as their primary intention the ending of a person's life"¹. The medical profession has a duty of care towards their patients to provide appropriate, timely and holistic care to their patients, not to create a potential source of distrust between patients and the medical profession by supporting active euthanasia. Instead, the Australian Medical Association's stance is that "Doctors (medical practitioners) have an ethical duty to care for dying patients so that death is allowed to occur in comfort and with dignity"¹.

My concern is that if euthanasia is legalised its expansion will inevitably be called for, as is evident in the Netherlands and Belgium, where euthanasia is now being allowed for people experiencing suffering from alcoholism² and tinnitus³, which are both treatable conditions. Moreover, any safeguards put in place if euthanasia is legalised do not guarantee that innocent people will be not be euthanised. Safeguards inherently require definitions and timeframes to protect people, but the

process of dying and terms surrounding it, including “unbearable” and “suffering” are very subjective and open to interpretation.

As an alternative to active euthanasia, I advocate and support good palliative care and pain management for those in the end of life. Palliative care is defined by Palliative Care Australia as “care that helps people live their life as fully and as comfortably as possible when living with a life-limiting or terminal illness”⁴. As the Australian Medical Association states, “For most patients at the end of life, pain and other causes of suffering can be alleviated through the provision of good quality end of life care, including palliative care that focuses on symptom relief, the prevention of suffering and improvement of quality of life”¹. I have seen and participated in excellent palliative care both as a Registered Nurse and carer (and have also experienced firsthand the death of loved ones with palliative care being provided shortly before their death), and have seen the comfort good palliative care provides not only to the patient but also their family, friends and/or loved ones. However, I have also been confronted and challenged with the shortcomings of current palliative care including lack of timely support for family, lack of timely pharmacological symptom management and lack of clear communication between healthcare professionals themselves and also between healthcare professionals and the patient/family. This is largely due to lack of education of staff and lack of funding which is necessary for appropriate palliative care. I encourage the committee to explore options for future funding of palliative care as an alternative to active euthanasia in order to provide holistic care for fellow human beings.

Yours sincerely,
Leanne Visser

References

¹<https://ama.com.au/system/tdf/documents/AMA%20Position%20Statement%20on%20Euthanasia%20and%20Physician%20Assisted%20Suicide%202016.pdf?file=1&type=node&id=45402>

²<http://www.independent.co.uk/news/world/europe/man-holland-netherlands-dutch-euthanised-alcohol-addiction-alcoholic-netherlands-a7446256.html>

³<http://www.dailymail.co.uk/news/article-2893778/As-debate-assisted-suicide-dispatch-Holland-thousands-choose-die-year.html>

⁴ <http://palliativecare.org.au/understanding-palliative-care-parent-menu/what-is-palliative-care/>