EOLC Sub 104
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Joint Select Committee on End of Life Choices

Having accompanied some elderly relatives through the dying process it has focused my mind on end of life choices. This is a general submission addressing some of the terms of reference.

Palliative Care and health professionals

- My experience has been that if adequate palliative care is provided the person dying can be kept comfortable with effective pain management, emotional and spiritual support, which also extends to the family. As I understand it, palliative pain relief may actually hasten death, but the intention to relieve pain is primary.
- Palliative care should be widely available in peoples' homes, nursing home and hospices. This would alleviate much angst about suffering and dying.
- The palliative approach to end of life should be compulsory in medical training.
- It should also be part of medical professionals' training to confidently speak to patients with terminal illnesses pragmatically about what may give the best *quality* of life, not necessarily what may extend life. These discussions could include the family thus placating emotional relatives who may seek to prolong life at all costs or conversely encourage the person to end their life prematurely.
- State sanctioned assisted dying may compromise the role of doctors and health professionals if they, as third parties, have to carry out the act of precipitating the death of the their patient. Is it clear that there are drugs that always work effectively and will cause no unexpected side effects in causing a human death?

Health Care Directives

- Advanced health directives or end of life directives could be normalised through public education campaigns. This may have the benefit of alleviating many costly yet fruitless medical interventions when a good death could be achieved through easily accessible and adequate palliative care.
- People need confidence that their health care directives will be acted upon, not altered by intervention of relatives nor ignored by medical professionals.
- The wording and options of these directives obviously need careful consideration, as do the implications for medical practitioners carrying them out.

Legislation

- I believe it is important to take as clear and as unemotional a response as possible to end of life choices because once things are written and legislated the potential for amending laws and the intent of the law cannot be easily mitigated.
- So-called safe guards can too easily be altered, reinterpreted or omitted if people become more 'comfortable' with the idea of assisted death.
- Given we, the people, are so often referred to as 'consumers', mere cogs in an economy, this does not auger well for the time when aged care or disability becomes more costly to state and federal government budgets than it already is, and an 'economic' solution may see more than 'voluntary' assisted deaths.

General comments

- Couching death as an individual's 'right' distorts the reality that it has an impact much more widely, and should be seen in that communal and relational sense. As for the often quoted need to 'die with dignity', it has been my experience that if those tending the dying person *treat* them with dignity their inherent human dignity is honoured. Losing control of bodily functions does not constitute lack of dignity. A respectful, compassionate society accompanies and ministers to the dying; it does not 'put them down'.
- Assisted dying will not quell the fear of death and dying. As a mature society we need to confront and discuss death, how we manage it and come to accept it as a normal part of the life.
- Social media particularly can popularise an issue without going more deeply into implications, nor 'listen' to the wisdom of elders, nor experienced medical professionals. The populism of voluntary euthanasia, for example, seems based on providing a 'convenient' solution to an unpleasant issue, rather than compassionate care of the ill and elderly. Too often death is portrayed as negative and traumatic, so too much decision making is based on emotion, distress or avoidance, rather than confronting the issue with a calm and reasoned response.
- Protection of life has always been of paramount societal consideration. If the management of the end of life is funded properly with widely accessible palliative care, and advanced health care directives are encouraged and acted upon, then there may be no need for government sanctioned means of actively ending life, which may proceed further than the honourable intentions at the time of drafting such legislation.

Thank you for the opportunity to give my comments to the committee. I do not need to make a direct presentation to the committee, except if there is a need for clarification of any points.

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