

Euthanasia Submission -Gwen Anderson with reference to

Terms of Reference

Section a) 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 have spent 13 months caring for my Mother after a stroke affected her left side with the help of my Father. (2014-2015)

During this time we were part of the initial group that experienced the Aged Care Packages (Level 4) packages for In- home care; experienced respite facilities, worked with numerous health professionals including Surgeons, Physiotherapists; Occupational Therapists ; Masseuse; Chiropractors; GP's and Facilitators of the packages.

There is a general feeling among these people that strokes are irreversible and degenerative. Fortunately the Physiotherapist we had didn't think so, but this is not enough. For a person who is brain affected, they have to learn new associations and relearn many of the functions that we take for granted. The greater the injury, the harder the course of recovery is. We forget that the brain is a muscle and can repair and replace the sections that have been affected. ¹

The worst thing that can be done is having mixed beliefs in the people who provide health care to the patient. Stroke survivors are weak, vulnerable and have an altered sense of the world because they don't have both sides of the brain working to allow reflection and the making of balanced decisions. It is all too easy to give in to the easy way of doing things and so become increasingly incapacitated.

I would strongly suggest that our medical system is so understaffed and funded that it is not wise to make any move on the legalisation of euthanasia.

I would put it to you that the hard yards have to be undertaken so that we have long term support for the health system that is too overworked. There must be adequate levels of rest and security of employment for health professionals; which means that the present system of hiring nursing staff needs to be scrapped.

Let's be realistic. The lack of beds plus the minimal contracts that are on offer for these dedicated people is unconscionable. It is also costing more as temporary staffing is used to

¹ Refer the work of Dr Caroline Leaf

fill some of the gaps. When they are not replaced, the remaining staff are required to work double shifts or go short staffed.

Combine this with the effect of shift work on the Circadian rhythm and there is **no way** that they can assist anyone to make good decisions on their end of life.

Longer term contracts would the work life balance of those who provide this service. This means the patients would benefit.

With a better health service, many of the situations where people see no hope would not exist. I would strongly suggest that it is not our prerogative to play with the life of people, but totally within our power to be responsible with the care we provide...by caring for the Carers!

Yours faithfully

Gwen Anderson