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FROM: Janet Wallace



INTRODUCTION

I welcome the opportunity to contribute to the End of Life Choices Inquiry. It has made me think more deeply about a very important issue that affects all of us.

- a. From observation there is a great deal of confusion regarding Palliative Care and Pain Management.

'in medicine, specifically in the end-of-life care, palliative sedation is the palliative practice of relieving distress in a terminally ill person in the last days or hours of a dying patient's life, usually by continuous or subcutaneous infusion of a sedative drug' 'Palliative care is an option of last resort for patients whose symptoms cannot be controlled by any other means. It is not a form of euthanasia as the goal is to control symptoms, rather than to shorten the patient's life' (excerpt taken from Wikipedia)

- Creating public awareness is more than requesting more funding.
- Exchanging information even in the simplest form is very effective.
- Volunteers are also an invaluable resource often overlooked.

- b. and c.

This inquiry is seeking community views on the need for laws in Western Australia to allow citizens to make informed decisions regarding their End of Life Choices.

Although not stated, the Terms of Reference imply the possibility of changing current legislation to allow euthanasia to become lawful.

This would be contrary to Federal law. Federal law states euthanasia is illegal - in keeping with Australia's commitment to the UN International Covenant on Civil and Political Rights (ICCPR)....

..... *'Every human being has the inherent right to life. This right shall be protected by law.*

No one shall be arbitrarily deprived of his life'

Article 6(1)

Legislators, together with the Australian public, need to be fully aware of the various classifications of euthanasia:

1. Voluntary - performed with the patient's consent
2. Non-voluntary - performed where patient is unable to give their informed consent (this would include a child)
3. Involuntary - performed on a patient against their will.

Our most powerful human instinct is survival. The fundamental question we should be asking is Why?

- Why would a person want to end his or her life?
- Why is their life so emotionally or physically unbearable they want to end it?
- Why do they feel so alone, so overwhelmed - or such a burden that the only way is out?
- Why, why, why are we so inept at helping people in distress?

- d. Advanced Health Directives (AHD), Enduring Power of Attorney (EPA) and Enduring Power of Guardianship (EPG) are very useful to have in place to ensure there is no confusion regarding End of Life treatments.

The current Govt. of W.A, the Dept. of Health and W.A. Cancer and Palliative Care Network Brochure 'Preparing an Advance Health Directive' is attractive, well set out and informative.

Recommendations:

1. Add, for further clarity, the words.....'**including life sustaining measures, palliative care and chronic pain management**' to the end of the 2nd sentence on page 2.
'Treatment includes medical, surgical and dental treatment and other health care.....'
2. (a) Reassess current Advance Health Directive form. When signed this form becomes a legal document. It therefore needs to be fully understood before it is signed.
(b) Remove 'Notes about treatment decisions:' on page 1 and incorporate information taken from the Guardianship and Administration Act 1990 – SECT 110S 1- 6 (now pages 86,87 of Reprint 5). The reason being very few will read the miniscule footnotes 1-5, have the time or 'know how' to check them out.
(c) An Advance Health Directive form should never be issued (online or otherwise) without it being part of the explanatory brochure 'Preparing an Advance Health Directive'
(d) This Advance Health Directive form should include a clause.....
e.g. 'I have read and understand information in 'Preparing an Advance Health Directive.'

CONCLUSION

Having cared for both aged parents and then a sister with terminal cancer I have come to realise, and admire, the resilience of the human spirit when we are challenged most. The cement that binds us is unconditional love. Along with the prolonged suffering of my sister came the joy of experiencing the devotion and care of her daughter who was unstinting in her efforts to do everything she could for her mother. And after her death, along with the grief, there was the consolation and peace of mind of knowing that there was nothing more that could have been done. This is so important. Grief combined with guilt is a heavy burden to carry.

From womb to tomb we travel an unknown journey. How we travel that journey depends on circumstance. All we can do is our best and I hope this inquiry brings forward many ways we can help each other as we face the end of our lives.

Signed:

M. Wallace

Date: 19/10/2017