Admin, LACO

Subject: FW: Attention: Principle Research Officer. End of Life Choices Inquiry

From: mary
Sent: Monday, 23 October 2017 9:30 AM
To: Joint Select Committee on End of Life Choices <eolcc@parliament.wa.gov.au>
Cc: mary
Subject: Attention: Principle Research Officer. End of Life Choices Inquiry

23rd October 2017.
Attention: Principal Research Officer
Joint Select Committee on End of Life Choices
Legislative Assembly
Parliament House
PERTH WA 6000

Terms of Reference

(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;

(b) Review the current framework of legislation, proposed legislation and other relevant reports and materials in other Australian States and Territories and overseas jurisdictions;

(c) Consider what type of legislative change may be required, including an examination of any federal laws that may impact such legislation; and

(d) Examine the role of Advanced Health Directives, Enduring Power of Attorney and Enduring Power of Guardianship laws and the implications for individuals covered by these instruments in any proposed legislation.

With respect to the Terms of Reference I make the following submission.

Euthanasia and assisted suicide are often claimed to be not killing but "acts of mercy"

Euthanasia refers to the deliberate action, usually by a medical professional to end the life of another person [e.g. by lethal injection]

Assisted Suicide refers to when a person ends their own life, with the help of a medical professional [e.g. by prescribing or providing lethal quantities of drugs]

The two separate terms are often incorporated into 'Medical Aid in Dying'

Whatever the terms that is used, these are actions which have the deliberate intention to directly end a person's life: in other words these are murderous acts which are incompatible with any form of medical care.

Palliative care providers across Australia are united in their opposition to euthanasia and assisted suicide as a means of 'treatment' for chronic or terminal illness. With good palliative care, pain and other

symptoms can be effectively managed, so that “if you provide the right palliative care urgently, effectively and confidently, you don't have to have the sorts of deaths that proponents of this legislation are suggesting you can't avoid”(Former AMA Victoria presidents urge MPs to reject euthanasia legislation, abc.net.au, 19/09/2017)

The proponents of Euthanasia & Physician assisted suicide present it as a compassionate option for people who suffer unbearable pain at the end of life. Graphic stories are told of deaths like this [e.g. by journalist and campaigner Andrew Denton, speaking of his father]

No-one wants to die a prolonged and agonising death or to see their loved ones suffer. However, according to Mary Brooksbank, the former chair of Palliative Care South Australia, “no one dying an expected death needs to die in extreme, agonising pain. If they do, it’s because they haven’t had access to good quality palliative care.” [Dr Mary Brooksbank, palliativecare.org.au/palliative-matters/expert-opinion-the-euthanasia-debate.]

Instead of offering to help end these people’s lives, we must work to provide comprehensive and life-affirming care to all people. It is true that it may be necessary. In some cases at times, to use high doses of morphine or other drugs in order to relieve extreme pain for those in palliative care, and this may have the consequence of shortening the life of the patient However, this is vastly different from providing euthanasia: the intention here is to eliminate the suffering, not the one who is suffering. When death does occur, it is not deliberately caused by an act intended to kill. Rather, the medicines administered have an unintended side effect of contributing toward, but not directly causing, the person’s death. The community at large need to be educated about this difference and broad & early access to palliative care needs to be provided to all who need it

Perth-based palliative care consultant Dr Ashwini Davray believes the proven benefits of early involvement in palliative medicine need to be more well-known and in an article published in Medical Forum in Oct 2011 stated: “In one landmark study in 2010, early involvement of palliative medicine in metastatic non-small cell lung cancer resulted in improved quality of life, improved rates of depression and prolonged survival.”

Euthanasia and assisted suicide is a dangerous option for vulnerable people. Many elderly, disabled and chronically ill people already feel they are a ‘burden’ on their family and marginalised by society. Rather than affirming the value of every person to our society, even presenting the legal option of physician assisted death for frail and dependent people further embeds the idea that they are ‘better off dead’ and their lives not worth living." (Former AMA Victoria presidents urge MPs to reject euthanasia]

Legalised Euthanasia and assisted suicide are at odds with the efforts of all in the community who work to raise funds and to help and improve the lives on those suffering from disabilities and to provide funds for research into disease. This year in Western Australia we have celebrated the 50th anniversary of Telethon – and with it the efforts of countless numbers of people who work tirelessly to raise funds for those suffering from disabilities; to fund research into chronic and severe diseases, early environment, brain and environment and Aboriginal health.-to mention only some of the organisations, people and causes in the community which have been helped by the community through their efforts for and donations to Telethon, [the highest fundraising telethon per capita in the world, raising nearly $232 million so far]. How can it be that parliamentarians in our state are contemplating introducing measures to allow state sanctioned killing of some or any of these same people?

It is claimed by many advocates of ‘medically assisted dying’ that legalising euthanasia or assisted suicide is about enabling people to “die with dignity” but this is based on an erroneous idea of what human dignity means. Our dignity is not about being independent, autonomous and free: nor is it found in the subjective quality of our lives – but in the objective fact of our being human. Nothing that we can do and nothing that

can happen to us can affect our inherent human dignity. People do not "lose their dignity" in the face of death, pain, incapacitation, dementia, incontinence or any other limitations. No,- Living - and Dying- with true dignity means to see the inherent and inviolable worth in every human person, despite their life circumstances and to offer them the care they need. A disabled, sick or elderly person is not a burden on society but a person to be loved and cared for: This is truly showing compassion and acknowledging a person's dignity.

Legalising assisted suicide and euthanasia sends a confusing message about suicide prevention. As a society, we are actively committing ourselves to reducing the tragedy of suicide – except; it seems, for those who are old and unwell. This is an inexcusable double standard. Furthermore, data from the US shows that the legalisation of assisted suicide is actually linked to an increase in the overall suicide rate, and a massive 14.5% rise of suicides among over 65s (D Jones and D Paton (2015), How does legalization of physician assisted suicide affect rates of suicide? Southern Medical Journal, 180 (10), pp. 599-604).

Legalising Euthanasia and assisted suicide is at odds with the efforts of government departments, NGOs and voluntary bodies who work to support those contemplating suicide, groups such as Samaritans and Beyond Blue to mention only two. It is also at odds with the efforts of medical staff and emergency services such as St John Ambulance, police and others who work to treat and save those who have attempted to commit suicide.

Suicide is contagious. We humans do not live in isolation and the more our culture sends messages that some lives are less valuable than others, the more some people will internalise messages to end their lives. Oregon, the first state in the US to legalise assisted suicide, has a general suicide rate some 40% higher than the American national average. Whether legal "assisted suicide" fuelled that State's culture of suicide, or was fuelled by an otherwise existing culture of suicide, the Oregon experience at least suggests that suicide as a culturally accepted "value" and legislation permitting "assisted suicide" go together. [Arthur Goldberg and Shimon Cowen, "The Contagion of Euthanasia, the Corruption of Compassion" published in the American review 11th September 2017]

Destruction of Trust

Legalising Euthanasia or assisted suicide is often presented as a compassionate option -in order to allow people who are in fear of a painful death, or so called loss of dignity to feel that "they are in control of their death and can end their lives or be assisted to do so when they wish" We are told this provides peace of mind.

The price of this 'peace of mind' for some is the fear and desperate anxiety of other vulnerable people in the community that they may be deemed worthless and their lives not worth living. It will destroy the bond of trust between doctor and patient, it will undermine the confidence that we will be cared for and looked after when we are frail and /or elderly/or disabled.

Permitting euthanasia does not just harm those who are killed. It also harms those who are forced to kill, or else suffer legal consequences or be forced from a profession. Legislation implemented in Ontario –and similar legislation proposed in Victoria –forces physicians who oppose personal involvement in euthanasia or "assisted suicide" to "effectively refer' their patients to another physician who will kill.

Dr Michael Gannon, Australian Medical Association president quoted by Paul Kelly in The Weekend Australian Oct 14-15, 2017, says "Our position is we need to do better with end-of-life care and we say that doctors should have no role in intentionally ending a patient's life. The medical profession is concerned because we will be expected to be involved." Of 109 national medical associations representing different countries 107 oppose euthanasia. Euthanasia/physician assisted suicide makes us a poorer society not a richer one Gannon says. Euthanasia constitutes an immense failure of public policy.

Liz Carr, Disabled Advocate for Life spoke to MPs at Parliament House in Victoria on 26 Mar 2017 and on the risks and difficulties of safeguards she said "is it about the benefits to the few?- OR is it about the risks to the many?

Laws should be about protecting the majority and safeguards are difficult. The mere admission that we need safeguards is itself an acknowledgement of risks in the first place. The harm of changing the law outweighs the risks of harm of leaving it where it is. **What is worse**? **Killing someone who does not want to be killed? Or not killing someone who does want to be killed?"**

THERE ARE NO SAFEGUARDS WHICH WORK ANYWHERE IN THE WORLD.

Experience in Belgium, the Netherlands, Canada, Oregon show this and there are many well documented studies which that despite the so-called safeguards introduced and promised with the original legislation these have been continually expanded and watered down. In The Netherlands last year, sanctioned killings and assisted suicide accounted for about 6000 deaths –or one in 25 of deaths from all causes. The initial legislation in 1984 was introduced with the usual pledges that euthanasia without request would not occur, yet a series of official Dutch surveys disclose that physicians "have with virtual impunity failed to report thousands of cases and have given lethal injections to thousands of patients without request." [John Keown, the Rose Kennedy professor at the Kennedy institute of Ethics at Georgetown University]

I can only touch on the greater potential for elder abuse [for varying reasons, including but not limited to 'inheritance impatience'] which legalised euthanasia or assisted suicide could pave the way for.

Financial motives could also be brought in to play on a wider scale. Insurance companies, trying to save money, can seek to replace *sanctity of life* with so –called *quality of life* Dr Brian Callister, an associate professor at the University of Nevada School of medicine attempted to transfer two patients to hospitals in other states so they could receive potentially lifesaving treatments unavailable in Nevada. His patients were denied insurance for their transfer and treatment. The Insurers asked: "have you considered suicide?" Speaking from personal experience Dr Callister says, "Assisted suicide changes the way we care for patients. It creates a dangerous segue to perverse incentives for insurance companies and there is no going back from that."

As a resident of Western Australia i am concerned that there should be any change to the law prohibiting euthanasia or assisted suicide in our state, and strongly oppose any such changes

Instead, we need greater awareness of and resources for palliative care services; so that all people can access the medical, pastoral and spiritual care they need at the end of their life. This is the only truly humane and dignified response.

I urge the Parliament to not enact any Bills legalising killing under the euphemisms of "euthanasia" or "physician assisted suicide" and instead be insistent on providing better and more accessible palliative care.

Sincerely,

Mary veronica Rose BA, TC

Sent from Outlook