

Admin, LACO

Subject: FW: Submission to Committee

From:

Sent: Sunday, 22 October 2017 10:58 PM

To: Joint Select Committee on End of Life Choices <eolcc@parliament.wa.gov.au>

Subject: Submission to Committee

Dear Sir

I am a retired GP with fifty years' medical experience. While I provided palliative care to my terminally ill patients, it was not a special interest of mine but I was fortunate to have colleagues who assisted me and provided sound advice about such care from time to time. I am a member of the ALP and a member of a local Uniting Church..

I understand the Committee is seeking feedback concerning the possible introduction of legislation concerning end of life choices that includes assisted dying.

One of the principles I was taught at UWA School of Medicine was the quote from the nineteenth century writer, Arthur Hugh Clough, viz. "Thou shalt not kill but needst not strive, officiously to keep alive." Part of the original Hippocratic Oath (Translated) reads, " I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect"

I do not support 'euthanasia'. Such a process provokes a conflict between the principal role of doctors to save lives and reducing suffering. I had a good friend who was the President for a period of one of the branches of the AMA (not W.A.). A colleague who worked in a neighbouring practice and who was a well-known advocate of "medical" euthanasia and who was renowned in his area by his medical colleagues as being incompetent in his ability to provide palliative care. Good palliative care should give people a "good" death.

I acknowledge that polling suggests the majority of the population support "euthanasia". Watching someone you love die is not easy and causes emotional distress for those watching and waiting for the end. I wonder if many of the population who support euthanasia have not been through the process and the attendant grief. Death is part of life and I suspect many who euthanasia after observing the dying process do so because of their own emotional suffering and loss.

All a bit negative. I wonder if an alternative to immediately introducing legislation similar to that passed this week in the lower house of the Victorian Parliament would be:

- Greater support for education of health professionals about palliative care, perhaps including financial support,
- Conducting a survey of people who have been through the process of watching the terminal illness and death of someone they loved and having a review of the quality of palliative care provided to the people who died (that the patient's pain and other symptoms were well controlled) and the adequacy of support provided to them through the grief process. I am not sure of the number needed for a survey to be a valid process, possibly fifty to one hundred. I am not sure whether such a process has been undertaken elsewhere)
- I wonder if there needs to be an educative process for family members about what to expect in the dying process that the patient's pain will be controlled and that he/she will probably be very drowsy and probably be uncommunicative and have laboured breathing but will not be suffering although family observers will experience understandable emotional distress.
- I wonder if educational films have been made for family/friends of terminally ill patients so that they understand what to expect will happen in the care of the terminally ill relation/friend and the dying process, so that they can understand what is happening and what to expect. Perhaps the general population would benefit from such education.

I think the care of people with severe dementia is a more difficult problem, often a protracted process. The individual with good nursing and medical care often has no insight and is often unaware of what is happening. The distress is, in general, experienced more by the family as the patient dies in a sea of mindlessness and with what the family perceive to be loss of dignity.

Yours sincerely

