

This submission is a response from the *Respect Life Office Catholic Archdiocese of Perth*, to the call from the *Joint Select Committee on End of Life Choices* to inquire about the need for laws in Western Australia to allow citizens to make informed decisions their own end-of-life choices, and is written by the Director; Bronia Karniewicz.

The Respect Life Office supports the Government's intention to advocate for the ability of people to make decisions about their end of life and to have their medical wishes about medical treatment respected in so far as this does not involve euthanasia or assisted dying.

It is a common misconception to believe that we receive our dignity through how we contribute to our society and likewise lose our dignity when we can no longer do things that are seen by others, or ourselves, as valuable contributions. However, this utilitarian view of the human person is incomplete; it trivialises our own humanity to such a degree that our own worth as human beings is seen as something that can be easily stripped or lost. Our dignity is, in fact, an innate part of our being; not dependent on our usefulness to others or our health, but inherent in our humanity, and we should all be treated and cared for as such, even when we are coming towards the end of our lives. Any future legislation in the area of end of life choices should recognise and respect this innate dignity.

In the provision of end-of-life care, Palliative Care is an option that better supports our dignity, and is an area that needs to be better resourced. In our work educating on issues of life, we encounter a lack of understanding about the functions and benefits of Palliative Care, and have noted that there is little community education in the area; which is a major contributing factor to the underutilisation of this life-changing service. There are many misunderstandings in the community, even among health professionals, about life-limiting illnesses, Palliative Care, and end-of-life care.

For many, their end-of-life journey is one of suffering, whether physiological, psychological, or existential, which is not easily alleviated. All Western Australians seek a compassionate response to death and suffering, and many, believing it to be for the good of the other, advocate for the "right" to be able to "die with dignity;" for people to be able take their own life to end the suffering. This is misguided thinking, and rejects the notion of our own innate dignity. In this thinking, our lives become dispensable when we are no longer healthy, useful, or are seen to be a burden on others. It also makes a bold statement about the worth of others living with the same or similar condition.¹ We must remember, to relieve suffering we must first address the cause of the suffering, not end someone's life because of the suffering. There is nothing dignified about being killed or assisted to suicide, even in the name of compassion for suffering. Suicide is always a tragedy.

¹ O'Connor, S., "Why we didn't back the euthanasia bill," *New Zealand Herald*, 8 September 2017.
http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=11900872 [Accessed 20 September 2017]

Quality, well-resourced Palliative Care gives people the ability to live well with their illness, and to die well, too, “free from pain, in the place of their choice, with the people they wish present, and above all with dignity.”² With modern pain management, patients can expect to remain virtually pain-free throughout the length of their illness.³

High quality Palliative Care can increase the quality of life and death for those with a life limiting illness and reduce the incidents of complicated grief for their loved ones.⁴ Unfortunately not all Australians can have access to good Palliative Care. With fewer than 200 Palliative Care specialists in the country, and of these most are predominantly found in metropolitan areas, many people do not have the opportunity to receive adequate care at the end of their life⁵. Investment in Palliative Care will have a greater impact on society than the introduction of laws to make assisted dying legal.

Laws allowing euthanasia or assisted dying can indicate to vulnerable people that we see them being better off dead, or that we would be better off if they were dead. Studies from around the world have demonstrated that the legislation of euthanasia and assisted dying significantly impacts those already in the margins of our society, and makes them even more vulnerable than they already are.⁶ Adverse effects have been noted in these studies on Indigenous Peoples⁷, those living with mental ill-health⁸, and the elderly⁹, among others, particularly with reference to the increasing comorbidity of life-limiting illness and depression¹⁰. We cannot discourage suicide by enabling it.

We agree that terminally ill people have a right to die with dignity but would say that, regardless of the state of the person or how they are treated by others, every person has an inherent dignity that cannot be taken from them. The *Respect Life Office* has deep concerns about any future legislation on end of life choices that include euthanasia or any form of assisted dying. Western Australian citizens need laws that protect and care for the most vulnerable in our society.

² Palliative Care Australia, *National Palliative Care Consensus Statement and Call to Action*, 7 July 2011.

<http://palliativecarewa.asn.au/site/national-palliative-care-consensus-statement-and-call-to-action/>

³ Palliative Care Victoria, *About Pain Management*, November 2015. <https://dr892t1ezw8d7.cloudfront.net/wp-content/uploads/2015/11/Pain.pdf> [Accessed 19 October 2017]

⁴ Palliative Care Australia, *Pre Budget Submission 2016-2017*, April 2017, p.2. http://palliativecare.org.au/wp-content/uploads/2015/04/PCA006_Pre-Budget-Submission_ONLINE.pdf [Accessed 18 October 2017]

⁵ Palliative Care Australia, *Pre-Budget Submission 2017-2018*, June 2017, p.3.

https://static.treasury.gov.au/uploads/sites/1/2017/06/C2016-052_Palliative-Care-Australia.pdf [Accessed 17 October 2017]

⁶ Saint Vincent’s Health Australia, *Position on Assisted Suicide and Euthanasia*, 2017, p.2. <http://www.cam.org.au/Portals/71/SVHA%20-%20Position%20on%20Assisted%20Suicide.pdf> [Accessed 28 September 2017]

⁷ Collins, J. & Brennan, F., “Euthanasia and the potential adverse effects for Northern Territory Aborigines”, *The Lancet*, 28 June 1997.

⁸ Rosenstein, Donald L. “Depression and End-of-Life Care for Patients with Cancer.” *Dialogues in Clinical Neuroscience* 13.1 (2011): 101–108. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3181973/> [Accessed 17 October 2017]

⁹ Watkins, J., *So much to lose if we allow voluntary assisted dying*, Calvary Care, 15 August 2017.

<http://www.calvarycare.org.au/blog/2017/08/15/much-lose-allow-voluntary-assisted-dying/>

¹⁰ Kang, Hee-Ju et al. “Comorbidity of Depression with Physical Disorders: Research and Clinical Implications.” *Chonnam Medical Journal* 51.1 (2015): 8–18. *PMC*. Web. 20 Oct. 2017. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4406996/> [Accessed 17 October 2017]