

Admin, LACO

Subject: FW: Submission to Join Select Committee on End of Life Choices

From: Tina Jack

Sent: Monday, 23 October 2017 3:00 PM

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

Subject: Submission to Join Select Committee on End of Life Choices

To the Honourable Members of the Legislative Council
Chair and Members of the Joint Select Committee on End of Life Choices

Inquiry into the need for laws in Western Australia to allow citizens to make informed choices regarding their own end of life choices.

I do not support the changing of State laws to provide for voluntary euthanasia or 'Physician Assisted Dying' in Western Australia, from both my professional experience as a therapeutic radiographer working in Radiotherapy for several years, and from my personal experience with the death of a close family, from Cancer.

I worked in Radiotherapy for ten years, as a technician operating the radiation apparatus, as well as daily caring for those with terminal illness, during which time patients usually began to trust us, and talk to us about issues they felt uncomfortable talking about with their family and friends. I observed a common pattern. Typically, patients initially presented with a mixture of feelings that included distress, anger and frustration. At the beginning of their 6 weeks of radiation/chemotherapy treatment, it was not unusual for them to express a fear of pain, the fear of not being in control, and the fear of becoming a burden to the people they love.

However, I observed over the course of treatment, with care and support, the patients were enabled to come to a place of peace and calm. The natural passing of time seemed to allow them to come to terms with the diagnosis. I also heard stories of heartfelt talks with families, of the satisfaction with being able to put their affairs in order, and even of reconciliation with estranged family members.

From personal experience, my father-in-law passed away after a long battle with Melanoma that slowly attacked various parts of his body. During that time he participated in every treatment he could, until there was no hope left. He was then fortunate to receive palliative care and support, that managed his pain and symptoms, and enabled him to die at home, surrounded by his family. It was a peaceful and positive experience for both my father-in-law and his family. I remember him with admiration. He showed us how to live and die with real dignity.

He was a proud and self-sufficient man. If there had been the choice of Physician Assisted Dying, I suspect he may have been tempted to take up that option, in order to save his family from distress, and because none of us were aware of the high standard of palliative care available. We would have missed out on this valuable time with him.

Not all terminally ill patients have relatives who keep them safe from pressures. Some elderly may be coerced to 'do the right thing' in order to solve issues, perhaps financial, for the relatives who feel they are a burden. Other relatives may want the end to come quicker, not so much because of the patient's pain, but to relieve their own emotional distress. We have an aging population. We have a duty to protect our elderly citizens, not kill them.

I am aware that whenever any law of this type is introduced, there is always a softening of it in practice. Bills also get modified. Therefore, once Parliament allows intentional killing of persons with chronic or terminal illness, the law can be easily extended to cover those with lesser conditions. The vulnerable members of our population: the elderly, the very young and the disabled are most at risk. I have read reports that a growing number of people in the Netherlands and Belgium are being euthanased without their consent.

I currently work in Health Education with teenagers, and have observed that they are prone to make emotional choices under the guidance of the opinion of their peers, through social networking sites, rather than professional counselling. We already face issues with teenage depression and/or suicide. I fear teenagers will see Euthanasia as a 'community endorsed option' when going through temporary, emotional turmoil, rather than working through the usual adolescent issues, and growing to maturity.

WA has the opportunity to lead the way, to show that we treat our citizens with real dignity, by offering high quality palliative care and support.

There is no dignity in being put down like a dog.

Yours sincerely,
Christina (Tina) Jack