

Ms Amber-Jade Sanderson MLA
 Chair of Joint Select Committee on End of Life Choices
 Legislative Assembly
 Parliament House
 PERTH WA 6000



15th October, 2017

Dear Ms Sanderson,

With regards to your Inquiry, I would like to make some comments on possible End-of-Life legislation (EOL).

Terms of Reference:

(a)

- Very sick people have limited choices in their end-of-life management: palliative care, refusing treatment, starvation/dehydration or other means of suicide. Patients might be begging to be helped to die, especially those in nursing homes, but that preference cannot be accommodated. Genuine choice needs the option of control over our end of life.
- Many doctors seem to see death as a medical failure and will do their utmost to prolong it, even where it is futile and against the patient's wishes. However, there is also anecdotal testimony of euthanasia already being carried out by medical practitioners, usually under the guise of extra pain relief with the unintended effect of hastening death.
- As patients cannot currently count on receiving any help, regardless of their suffering, regulation to allow *voluntary* physician-assisted dying (PAD) would provide legal protection to both the doctor and the patient.
- Without the certainty of PAD, some people will use desperate measures while they still can, such as hanging. Instead, seriously ill people should be able to die easily and at a time of their choosing with their family or friends around. Certainty of assistance with dying would lessen anxiety for patients, potentially making it bearable for them to live a bit longer. It would certainly make the last stage of one's life easier.

(b)

- Practices in overseas jurisdictions and provisions within the Northern Territory's *Rights of The Terminally Ill ACTI* (1995) prove that sufficient safeguards against abuse can be developed within PAD laws.

(c)

- Any EOL legislation including PAD should apply to the terminally ill and those who suffer unbearably.
- People with a non-terminal but seriously incapacitating and incurable illness whose pain, poor quality of life and associated loss of dignity cannot be relieved, should also be eligible for PAD.

- ‘Unbearable suffering’ must be as defined by the patient. This also applies to quality of life, as this is subjective and each person has different values.
- Decisions must be patient-centred and respect a patient’s autonomy and right to self-determination, be this for more treatment, appropriate palliative care or indeed for PAD.
- Applying for and obtaining PAD should not involve having to comply with dozens of conditions.
- Requests should be assessed by two medical practitioners.
- PAD should always be voluntary for both the patient and the doctor(s).
- Good palliative care must be available for anyone who wishes and needs it.

(d)

- Advanced Health Directives (AHD) must allow the refusal of palliative care and of forced feeding/hydration.
- AHDs must be enforceable. Medical practitioners must be held liable, if they ignore the stipulations in a patient’s AHD.
- If a valid AHD specifies PAD, it must be respected.
- A relative or friend with Enduring Power Of Guardianship (EPOG) should not be allowed to overrule an AHD.
- A verbal retraction of an AHD by a patient should be witnessed or testified to by more than one person.
- If a patient without an AHD is kept alive artificially and further treatment is not likely to improve the patient’s condition, NOK or EPOG should have the authority to request cessation of treatment and PAD.
- Medical practitioners should not be forced into PAD but should be required to inform a patient of complying practitioners.

COMMENTS:

Opponents of PAD often stress that improved palliative care is the answer. They seem unable to grasp or unwilling to admit that not everyone wants to have such care.

It is also claimed that anyone making a request for assisted dying is mentally unstable or has treatable depression; therefore, the person cannot be competent and requests for PAD are not genuine. Of course people feel disconsolate and are grieving when they know they are going to die. That does not mean they can no longer make rational decisions or conclude they do not wish to prolong their suffering and/or become totally dependent.

Some opponents appear to assume that old and/or sick people are open to manipulation by greedy or uncaring relatives. If people can be manipulated, then it also works the other way: patients are being pressured into staying alive when they are suffering and do not wish to bear any more. It can equally be argued that families are being very selfish wanting to keep their loved ones alive when in constant and great pain or utterly dependent and when they desperately want to die.

A related argument against PAD legislation is the risk of some so-called vulnerable people requesting VE because they do not want to be a burden on the family.

We protect our children as much as we can for as long as we can; that is our job as parents. Why should we not be allowed to protect them from lasting memories of seeing us scream in pain or weep with the constant humiliation of needing help with toileting? Again, we must have the right of self-determination; it is no-one else’s life.

It is not possible to legislate against individual abuse of any system but does that mean no changes should ever be made and the overwhelming majority of people must be denied a genuine choice?

Many people hold any life as sacred and would not ever contemplate PAD. I accept that. However, I cannot accept that they have the right to force me and others to adhere to the same views or deny us control over our own lives.

Motherhood statements of true compassion and respectful care completely ignore any wish a person might have for self-determination or of someone's intense abhorrence of being dependent. Many of us feel there is only humiliation in needing help with basic human functions. Forcing us to endure such an existence is a type of abuse.

I do not know if I would ever avail myself of PAD but I am certain that the principles of human autonomy and a compassionate society should take priority over any objection to voluntary PAD.

A supposed Right to Life must not ever equate to the Duty to Live, let alone to a Duty to Suffer.

Yours faithfully,

Eva J J Lager, Dip.Teach, B.Ed, M.Ed (Prelim)



Please do not publish my personal details on any website. Thank you.