



To the Joint Select Committee on End of Life Choices
Legislative Assembly
Parliament House
Perth

Proposed euthanasia and assisted suicide laws in Victoria, completely reverse our philosophy in Australia of caring and giving comfort and support to the dying, weak and vulnerable. After over 2000 years of a culture of nurturing life, through which Western society has prospered, we plan to turn to a culture of death through doctor assisted suicide.

Doctors have always based their practice on the Hippocratic Oath, pledging to save human life, not destroy it by giving poisons or lethal injections.

The AMA rightfully opposes euthanasia, assisted suicide and state sanctioned killing, as a very dangerous practice, which is impossible to control. In keeping with their role of showing compassion and care to the sick, they are calling for an increased focus on improving palliative care.

If laws were to be changed to allow doctor assisted suicide, in order to give informed consent, patients would need to be offered all reasonable treatments to reduce their suffering, including doctors and nurses well trained in palliative care, fully adequate pain management, home care, and strong mental and emotional support.

Up to now we have had confidence in knowing our relatives are well cared for when they go into hospital and hospices, free to die peacefully in dignity with adequate pain relief, clean and comfortable beds and efficient care.

In places such as India, hospices are rare and the terminally ill are routinely left to die on their own, abandoned by family and society. However, it is possible to relieve suffering in very poor environments such as Kolkata. An outstanding example of this is the Perth supported Ruma Abedona Hospice, which has a philosophy of CARE BEYOND CURE, improving the quality of life and peace of mind for those almost on the threshold of death. It provides caring support by medical staff and trained volunteers to dress wounds, comfort and minimise pain and the fear of death. Hospices like this which operate on a very small budget can make an enormous difference in giving hope to a community.

Nobel Prize nominee Dr MR Rajagopal will be in Perth on October 25. His mission is to relieve unnecessary human suffering in the country of India, which has 1.25 billion people, by bringing ethical practice to modern medicine, through whole person care and universal access to essential, but heavily restricted, pain medicines.

On the contrary, the Victorian government is planning to legislate state sanctioned killing by doctors and issue government suicide permits. The rate of deaths by legal suicide is expected to follow the pattern of the Netherlands, which would be about 6000 people a year, above diabetes as a cause of death. The proposed legislation will send a message to terminally ill people that they are a burden on their family, friends and society, and so will feel pressured to obtain suicide drugs. In Oregon, U.S.A., more than 50 per cent of people assisted to suicide speak of their concern that they are a burden to family and friends.

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Recommendations by the End of Life Choices Inquiry, such as the patient being in enduring and insufferable pain to qualify for assisted suicide, are being ignored by the Victorian Minister for Health. After obtaining the prescription for lethal pills, they will be abandoned by the government and cut off from all further medical care, even if they survive the suicide attempt.

There are terrible dangers inherent in any Euthanasia legislation, as no safeguards can make euthanasia safe. Fortunately state sanctioned killing is illegal in every state, but if allowed, there will be no stopping going down the slippery slope to compulsory elimination of society's unwanted, such as is happening to the mentally ill in Belgium, where there are even protocols for children.

Vulnerable young people and anyone facing challenges may get the message that their life is not of great value and that suicide is an easy option promoted by government legislation. Already, suicide is the number one cause of death of people under 35. The devastating effects of their suicide on family, friends and the community can only be multiplied by state sanctioned suicide.

With respect for the value of human life gone, and support services cut, euthanasia becomes a normal death option for Alzheimer's Disease, the disabled, including children and babies, the aged and even for the lonely and depressed. In Oregon, the doctor can prescribe lethal medication to give the patient "peace of mind", as this is regarded as an appropriate way to stop suffering. In the Netherlands those with Alzheimer's Disease are routinely euthanised. If you were an old person there, you would fear going into hospital, in case you were euthanised.

The flow on effect from the timed taking of life, raises ethical issues such as organ harvesting within minutes of the heart stopping beating. But with the pain relief, care and support of good palliative services, there is no need to cross ethical lines. The vast majority of patients feel valued when provided with good care and say they don't want euthanasia.

People can state their preference through living wills or advance directives, as to whether they want their life extended by life support treatments or alternatively not go on life support. If they choose to let nature take its course, this is not euthanasia, as there is no intentional taking of a person's life.

How you die does matter, a natural death differs from an inflicted death. Refusing life support treatments and allowing the natural course of events is vastly different from doctor assisted suicide. Euthanasia is a very dangerous terror management device and is no substitute for compassionate human care from family, friends, community and the medical profession.

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