



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON END OF LIFE CHOICES IN THE ACT

Ms Bec Cody MLA (Chair), Mrs Vicki Dunne MLA (Deputy Chair), Ms Tara Cheyne MLA,
Mrs Elizabeth Kikkert MLA, Ms Caroline Le Couteur MLA.

Submission Cover Sheet

End of Life Choices in the ACT

Submission Number: 355

Date Authorised for Publication: 19/4/18

From: audrey miller
To: [LA Committee - EOLC](#)
Subject: End of Life Choices
Date: Thursday, 22 March 2018 6:15:14 AM

Dear Secretary,

Please accept this letter to the Select Committee in regards to the upcoming review and report on end of life choices in the ACT.

Allowing assisted dying respects a patient's right to choose. Assisted dying doesn't affect or diminish the effectiveness of palliative care - access to assisted dying can actually lead to improved end-of-life care. Forcing terminally ill patients to endure suffering when they are at their most vulnerable and don't have a voice is inhumane... this concurs with Lord Falconer's Bill in 2014 (UK) which proposed to allow terminally ill, mentally competent adults to have an assisted death after being approved by two doctors.

To differentiate between euthanasia and assisted dying (and the moral implications for medical practitioners) has been outlined by C S Campbell in JME... "the prohibition of euthanasia in the Hippocratic Oath, 'I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect', presumes a background of acceptance and practice of administering 'deadly drugs'" He continues "In practices of caring for the dying, what moral purposes or ends might give support to the taking of human life? It is possible to differentiate morally permissible and impermissible reasons. For example, the restoration and affirmation of human dignity in dying is a valid and important objective in any

programme of care for the terminally ill and certainly extends to efforts to give the person a sense of control over his or her own dying by promoting their decision-making capacity. Secondly, caregivers are rightly concerned with the pain and suffering of the terminally ill and how they can best express the virtues of care and compassion, that is, to suffer with another. Zach Moss differentiated assisting dying from euthanasia by quoting "Dignity in Dying advocate an Assisted Dying Bill for the UK based on the Oregon and Washington model, where the dying person takes the life ending medication themselves. It is not comparable to Swiss or Benelux models, which have wider eligibility criteria than terminal illness. In the Benelux countries which allow for voluntary euthanasia a doctor administers medication directly to the patient."

I am a Registered Nurse and have been witness (alongside patients' loved ones) to some of the most horrific last moments of a human beings' life. This is largely unspoken of in our culture because it is 'too difficult' to deal with. The moral implications of even mentioning assisted dying is still taboo... I'd like to take a stand and encourage it to be incorporated into the patient centred care model which has already been embraced. If we are to truly embark on the patients' voice being heard, why does one believe that when it comes to end of life choices, we choose not to listen. It doesn't make sense.

I challenge those in the position of power making decisions, to walk alongside a Nurse refilling miniscule doses of Morphine into syringe drivers to ease some of the pain and witness how limited the current medical intervention can legally and ethically assist peaceful end of our life under ACT Law. Abhorrent is not a word I use frequently, but is called for in this instance.

There is a great deal of consensus about the rights of patients both to choose and to decline medical treatment and about the need to protect patients who are not able to make informed choices. There is common ground on the importance of restoring control over

dying to the patient and of alleviating patient pain and suffering... so let's allow terminally ill patients to have full control over how much pain and suffering they're to endure. Please be mindful that assisted dying is not for everyone... it's a decision that will encompass prognosis and family impact. At this moment in time, advanced care directives provides limited quality end of life options, let's give the fully informed patient real choices - to die in peace and with dignity.

Yours sincerely

Audrey Miller
Registered Nurse