



**LEGISLATIVE ASSEMBLY**  
FOR THE AUSTRALIAN CAPITAL TERRITORY

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**SELECT COMMITTEE ON END OF LIFE CHOICES IN THE ACT**

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## Submission Cover Sheet

### End of Life Choices in the ACT

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Braidwood

NSW 2622

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The Voluntary Assisted Dying Enquiry,

Legislative Assembly,

ACT.



Dear Sirs/Mesdames,

As a resident of NSW I may be disqualified as a participant in this enquiry but I am currently having treatment in Canberra for what is effectively a blood cancer and would probably return here should there be a relapse or complications.

After nine years postgraduate training I was a provincial general surgeon in one location for 21 years and for 14 years in another. I have seen only a few instances where, although the problem was surgical, it was nevertheless impossible to effect any surgical cure or relief and in those instances voluntary assisted dying [VAD] would have been of immense benefit both to the patient and to me.

There is a much larger group of patients who, when faced with the prospect of radical surgery and/or chemo and radiotherapy, elect to have no treatment or, if they do, often refuse to have further intervention in the event of recurrent disease. Some of these take matters into their own hands.

In my first practice in the country our local federal member was Ralph Hunt [a member of what was then the Country Party] and he was Minister for Health in, I think, John Gorton's government. He had visited overseas as part of his role and I remember him saying that some large proportion [like 60%] of the Danish health budget was spent on keeping people with terminal cancer alive for another year. I have sometimes challenged oncologists with these assertions and they never seem to deny them but simply justify their intervention on the grounds that that extra year is very important to many patients. I have no doubt that this is true and for those people every available intervention should be available preferable without consideration as to cost. However frequently chemotherapy, in particular, has to be denied either on the grounds that, although it can be effective, trials show a minimal cost/benefit, or because it is just too expensive. It is particularly tragic if treatment has to be denied to children on these grounds. I am conscious that VAD may seem

an extreme intervention for those who simply do not want, on various grounds, to have aggressive treatment but such a rejection would make available valuable resources which might otherwise be denied to those who do want them. Although rare, it should not be forgotten that some people take their own lives in a pre-emptive fashion even if apparently well.

Palliative care is usually cited as the solution to the management of painful death. However I have serious reservations as to its ready availability in all instances and as to whether it can cope with an ever increasing burden and at what cost.

Prominent among the opponents of VAD are those with a religious orientation which is understandable but we are a secular society and it is surely wrong for religious groups to be able to impose their value systems and beliefs on non-believers. My belief is that the decision to choose VAD should be primarily that of the patient but with the collaboration of the attending medical practitioner. Others invoke no religious belief but are nevertheless opposed to VAD. Paul Keating is one of these having declared, in typically grandiose fashion, the process is "an abrogation of the core instinct of survival". Considering the circumstances this is breathtaking in its crassness and fatuity. One is reminded of George Bernard Shaw's preface to "The Doctor's Dilemma" where he says something to the effect that, having decided it is desirable to pay for a loaf of bread, to do the same for an amputation makes one despair of human logic. There are two indications for amputation, one is that it is a threat to life and the other intractable pain. Yet amputations are performed frequently for the latter reason with scarcely a thought. Why can it not be the same when the whole body, as opposed to a limb, are racked with pain?

Reverting to my own situation, contrary to what I had hoped would be my decision in these circumstances, I accepted an 8 month course of chemotherapy on the grounds that the outcome is usually very satisfactory and that within a couple of weeks I would be able to resume more or less normal activity. Before treatment I certainly had multiple areas of pain and these have resolved. However there is a persisting pain in the right knee where there has been a total replacement which no one nor any radiological investigation seems to be able explain. It is no exaggeration to say that this pain has rendered me a cripple for the last 8 months. Added to that, as I was warned, I am weak with a low energy level and have no taste and therefore no appetite. I was advised that about 2 months after cessation of treatment, which according to the blood tests, has been successful, these side effects would wear off. My treatment ceased less than 2 weeks ago and I was hoping for some improvement in quality of life although not immediately as I have had 2 week breaks before, as part of the planned course, with no improvement. However towards the end of the treatment I developed another condition which seems far more sinister than the first and I have to see an oncologist about it this afternoon. Beyond a lump in the groin [which has been biopsied] this condition is not causing any obvious symptoms but I suspect will involve a lot of complicated investigations and therapy should I wish to

pursue the issue. I doubt I will want to do that so at some stage I may need palliative care and it would be very reassuring to know that VAD was an option also.

Yours sincerely

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