



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

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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Submission to:
Select Committee
on
End of Life Choices
in the
ACT

Submitted by:

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Our submission is in response to Terms of Reference Item 3 “Risks to Individuals”

Ordinarily one would expect that the request by a patient to a doctor to end their life would be met with concern by the doctor for the patient’s mental and/ or physical health. The doctor (one might expect) would then delve into the patient’s past, to establish a regime of treatment as a way forward for the patient. It is an unnatural response for a patient to choose death over life just as it is unusual and unprofessional for a doctor to prescribe death for their patient. Yet this seems to be the line of thinking which is gripping affluent nations like Australia, ironically countries which have the best health care systems available to their citizens. The doctor’s role has always been to facilitate the healing process for the patient or initiate the palliative process if that was the best that could be achieved. In short, to act in the patient’s best interest. This proposed paradigm shift of roles begs the questions.

How do I (the patient) know the doctor is giving me the best advice?

How can I be sure the doctor is acting in my best interests?

What if I have lost capacity?

What is to stop my attorney from having me euthanized if my death would (e.g.) gain that attorney quicker access to my estate?

It would appear that introducing euthanasia (in whatever form) would most likely have a **negative** ripple effect on many facets of society. Many countries which have resisted the introduction of such laws have done so on the basis that effective safeguards cannot be put in place to ensure that those citizens who do not request euthanasia won’t also be euthanized against their will.

To avoid this occurring, the medical profession must remain true to its charter as healers and carers. With the advances in modern medicine, especially in the area of pain management, they now have so much more to offer.

Applying a holistic approach to palliative care, catering for the physical, mental and spiritual health of the person, will provide a far better outcome for the patient, their family and the wider community, enabling the person who is passing from this life and all who support them, to do so with dignity.

As we write this submission we are also journeying with a family member who is experiencing palliative care. Our aunt has out lived the doctors’ prognosis. Each day she sets herself goals and strives to enjoy the day for what it is. Some days are better than others. She feels secure in the support she receives from both the medical profession and her family. We are encouraged and inspired by the way in which she embraces whatever time she has left with us. All is not easy but it is good. When the inevitable occurs we expect that there will be no regrets, only lots of memories to ponder and stories to share, a celebration of her life.

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