



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,
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Submission Cover Sheet

End of Life Choices in the ACT

Submission Number: 115

Date Authorised for Publication: 29/3/18

From: Genevieve & Geoff
To: [LA Committee - EOLC](#)
Subject: Submission to the ACT Legislative Assembly committee on End of Life Choices
Date: Thursday, 15 February 2018 9:46:23 AM

Dear Committee Members,

I am a retired doctor, having worked in health for 3 decades primarily in Anaesthesia but also some Intensive Care, Accident and Emergency and General Practice. Rather than specifically address the terms of reference, I have tried to present my viewpoint on dying in Australia, gathered from personal experience.

On over 40 occasions parliaments around Australia have looked at End of Life Choices and only twice, in the NT in the 90's and recently Victoria, have acted in the interests of the overwhelming majority of ordinary Australians. How can so many parliaments repeatedly ignore the wishes of 80% of all Australians? The answer is that effective reactionary lobby groups exercise disproportionate power.

I would urge the committee to consider this issue foremost from the viewpoint of suffering patients.

Thank you for the opportunity to make a submission

About 2000 people die in the ACT each year and of these deaths very few (perhaps less than 0.2%) will be truly awful, but with 100% certainty shocking deaths will occur. It's no-one's fault: it's just what happens in any large population because medicine is not perfect and disease can be cruel. We are helped with these stats about suffering in dying from 2 decades of record keeping in Oregon (a comparable community to the ACT) where Voluntary Assisted Dying (VAD) has been legal for 2 decades, and is now strongly accepted by their community.

In my medical career, I have seen patients with end stage Motor Neurone Disease (MND) paralysed on life support staring at the ceiling for 3 months before finally dying from pneumonia, cancers eroding the spinal cord and fracturing multiple bones, and bedfast, incontinent, stroke patients enduring in rooms smelling of urine and faeces.

I have been asked to help end lives but with the law as it is currently, patients pleading for an end to suffering can put physicians in a bind. If I had strongly sedated my MND patient then removed life support, as he desperately wanted, this may look to some very much like murder, potentially attracting a gaol term. Suicide is legal but helping someone suicide is a crime, and 'helping' in this context has never been clearly defined. Ambiguous laws help neither patients, families or doctors. The patient's wishes should be paramount and doctors must be free to act in their interests.

What would the committee members wish for themselves in such dire circumstances? If, like me, you would want what consistently around 80% of Australians support, namely, to have control of your own life and death, then patients' end of life choices need to be protected and the current law is inadequate (with the exception of Victoria in the near future).

When Oregon legalised Voluntary Assisted Dying, the incidence of violent suicide dropped by a highly statistically significant extent, with a 98% certainty that it did not occur by chance.

Currently the commonest suicide method chosen by suffering people is hanging. What sort of society allows this to happen? Try to imagine the suffering, fear and anguish needed to induce such desperation, or a family's horror finding a loved one hanged.

The Euthanasia debate is mired in misinformation aiming to create fear and uncertainty. Arguments such as the 'slippery slope' and 'honey pot' theories are often raised despite there being no scientific evidence. It is claimed that legalising VAD would make the weak and vulnerable feel pressured to end their lives, despite the fact that suicide is already legal.

For all those who oppose VAD, making it legal would not alter their current situation in any way at all. They would remain as free as they are today to let their disease run its natural course.

About a third of Australians die from cancer and when diagnosed, sufferers invariably fear what could happen to them. In their situation, wouldn't you like to know that if pain becomes intractable, a peaceful, dignified death is always an option? Patients have stated that once they got hold of (illegal) barbiturates, they felt a huge relief at having acquired the ultimate control over suffering. Some also felt stronger and more positive in dealing with their illness, hence it can be a powerful palliative measure.

Both sides of the VAD debate acknowledge that even the best palliative care fails in up to 5% of cases. And herein lies the bottom line of this whole debate: when medicine proves inadequate, suffering untreatable and death inevitable, who among us can decree that this small, extremely unlucky but inevitable few must suffer on and endure the vagaries of their disease to the bitter end?

Failure to act is a poor option as this small group of untreatable patients, even with the best will (and palliative care) in the world, are now and will continue to suffer until their voice is heard and needs met.

I strongly request that the fundamental human right to control one's own life and death, and hence to die in dignity and peace as far as is humanly possible, be enshrined in law in the ACT.

Thank you for considering my submission.

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