Submission Cover Sheet

End of Life Choices in the ACT

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TO:

“CONFIDENTIAL”

The Committee Secretary  
Select Committee on  
  End of Life Choices in the ACT  
GPO Box 1020  
CANBERRA ACT 2601

Dear Sir/Madam

Enclosed is my response to the Inquiry as above.

Yours sincerely

Heather J Robinson (Mrs B.A.)
SUBMISSION
SUBMISSION: an Inquiry into End of Life Choices in the ACT:

By

Heather J Robinson (Mrs B.A.)
HAWKER ACT 2614

To:

The Committee Secretary
Select Committee on End of Life Choices in the ACT
GPO Box 1020
CANBERRA ACT 2601
EUTHANASIA

We should, as a nation, not even mention Euthanasia. It should not even cross our minds, unless it pertains to dogs, cats, horses, in short, never to a human being.

It is not permitted, ever, for a human to take the life of another human, including when illness is involved.

Euthanasia is a rather vexed subject because very many people do not know about the intricacies of the law.

For instance, there are many who do not realize that when a patient is extremely ill and in extreme pain, the doctors would have prescribed the most suitably strong pain relief, yet still the pain persists. If the attendant gives the patient the largest dose of painkiller (ordered by a doctor) and it does not work, and the patient dies, that is not euthanasia, because the intention, aim of the attendant is not to kill the patient but to give him/her relief from the pain.

A nursing colleague of mine told me of just one example of excellent palliative care:

An old man who had terminal cancer was discharged because he wanted to die at home. A few days later the community nurse arrived at an appointed time, to check on the condition of her patient. She rang the doorbell. The wife showed the nurse through the house and into the back yard, where the patient was sitting in his favourite chair in the chook yard under the shade of a tree, smiling, talking softly and patting his chooks. He was very happy and comfortable, as, when the pain began he just pressed the button on his syringe-driver (strapped to his waist within easy reach) which automatically injected a metered dose of morphine straight into a vein.

The nurse greeted him, and spoke to the patient’s wife. The three of them were satisfied that the patient was happy and comfortable.

The above is only one good example of palliative care, into which funds need to be greatly increased. Ideally, a relative should never be even tempted to think of euthanasia, which, I believe, should be in the statute books as Murder.

These days there are pain clinics in the major hospitals, perhaps several in the capital cities. I spoke to the staff in one pain clinic. They said they have literally thousands of drugs and combinations of medications, as well as
physiotherapy and other techniques to stop/prevent pain; they see a very great many patients and are able to solve the patients’ pain problems in most cases.

When I visited a widow, friend whom I had not seen for many years, she said she had been in extreme pain for about ten years, and asked me to organize an appointment for her to meet with Dr Philip Nitschke, the Dr who “specialises” in euthanasia. I immediately agreed to disagree with her and advised her to request a referral from her GP to a specialist pain clinic which was to be found in the local large general hospital. The next time I spoke with her she had been to the pain clinic and was subsequently much more comfortable.

It would have been unconscionable to have the abovementioned woman “put down” like an animal.

It has been noted that the people who usually request euthanasia are not terminally ill patients, but are very often young people, even teenagers, who are depressed and cannot sort out their lives. It would be quite wrong to just give them a lethal injection when they could be helped with some counselling. If they are in physical pain they could be helped by the pain clinic, too.

We must not begin “euthanasing” human beings.

There needs to be a great deal more education of the general public about euthanasia.

In some other countries where euthanasia has been legalized, there is a very slippery legal slope, the laws become slackened, and relatives begin to manipulate the laws, often for reasons of greed—i.e. they want the estate to be resolved as soon as possible, or because there is no love, only resentment for the patient. Often the death certificates have been dishonestly filled in even by medical staff, suggesting that the death was caused by some other reason than euthanasia.

I could write pages more on the evils of euthanasia.

After fourteen years of registered nursing in big hospitals I am all the more convinced that euthanasia is wrong.

Yours sincerely

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