



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

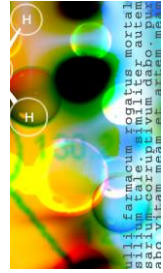
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medicinewithmorality.org.au

Australian Doctors concerned with the drift
of ethics away from moral absolutes

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Submission

on

End of Life Choices

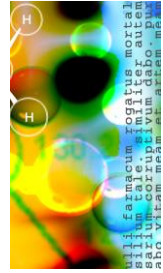
to the

Select Committee on End of Life Choices in the ACT
Legislative Assembly for the ACT
GPO Box 1020, CANBERRA, ACT 2601.

Contact Person
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19 March, 2018

Killing must never be seen as a solution



19 March, 2018

Secretary
Select Committee on End of Life Choices in the ACT
Legislative Assembly for the ACT
GPO Box 1020, CANBERRA, ACT 2601.

Re End of Life Choices

This submission relates to items 1 and 3 of the terms of reference as they pertain to good medical practice in end of life care and with respect to future proposed bills to introduce physician assisted suicide/euthanasia.

We, the doctors of *Medicine with Morality*, are united in our resolve to care for those who are at the end of their lives.

In the best traditions of medicine, we are resolutely opposed to any legislative changes that permit or facilitate the practice of euthanasia or physician assisted suicide in Australia.

We are grateful to live in an age and a country where Palliative Care is an accepted and almost integral part of end of life care. Further, for those of us with the privilege of primary care for our patients, we are grateful to be able to call on assistance and advice from specialists and ancillary carers expert in this field.

The effectiveness of Palliative Care

We note that one of the common reasons put forward by the public for doctors to assist a patient's request to die is for relief of pain. *But relief from pain and distress is increasingly achievable and obtainable.*

Yes, we have compassion for those who are dying and who want assistance to die, but true compassion means much more than simple acquiescence to any patient demand.

For those at early stages of end-of-life care who express a desire to be "put out of their misery when the time comes" we note that proper medical and *compassionate care* will help them get past that desire. The option of very good palliative care in this country makes euthanasia unnecessary.

We recognise that in some areas palliative care is not so readily available and we applaud all moves to remedy this.

It is known that when good palliative care is given then requests for assistance to die are rare and diminish as that care is given.

It is of great significance that the closer people are personally involved in good palliative end of life care – particularly relatives – support for euthanasia also diminishes.

We deplore the situation in some places in the world where funding is available for assisted suicide but not as readily for treatment.

In this “lucky country” end of life care should never be compromised by the conflicting need to contain costs.

We further state that there is a clear demarcation between good compassionate medical care to the end of life and deliberate interference for the express purpose of ending that life or the provision of a substance in a lethal dose for the patient to self-administer.

Morally, it is wrong to kill or to assist in killing. It is especially wrong for doctors to whom have been given a mandate of care. It is for very good reason that the Hippocratic Oath states that I will give no deadly medicine to any one if asked.

The effects of state approval for assisted death

Legalisation lends ‘state’ approval for assisted death as a valid option for people – including our young – to consider what they would otherwise not consider. There is then a wider community attitude and expectation that individuals will choose this option.

Consequently, there will be pressure on patients – implicit or outright – to ask for or consent to assisted dying even when they want to keep on living. This is the so-called *duty to die* – to relieve emotional, physical or financial distress on relatives or carers involved.

The *duty to die* can also reflect a state or society expectation that they will agree to be killed because it is better for society e.g. the elderly with multiple health problems.

At the very least this leads to a perception by the patient of ambiguity in the role of the treating doctor and fear that their doctor’s attitude might change somewhere along the line of care. Patients may justifiably conclude that doctors would be less enthusiastic in their care if they think the patient should be prepared to die and are supported in this view by society and the law.

We must not go down a “state approved” pathway of permission or expectation of vulnerable patients that they should agree to be killed for the sake of significant others or the state.

Weakening of national strategies to reduce suicide

Given the present tragedy of suicide in Australia we must avoid anything that lends ‘state’ approval for suicide as a valid option.

We should make all efforts not to add to the philosophy already apparent in our society: *if things get too hard, I’ll just kill myself.*

To legislate for assisted dying sends a wrong message to the community about the legitimacy of suicide as a solution for distress.

In conclusion it is worth noting the testimony of Professor Theo Boer, who for nine years was a member of a regional review committee in The Netherlands:

“I used to be a supporter of legislation. But now, with twelve years of experience, I take a different view. At the very least, wait for an honest and intellectually satisfying analysis of the reasons behind the explosive increase in the numbers. Is it because the law should have had better safeguards? Or is it because the mere existence of such a law is an invitation to see assisted suicide and euthanasia as a normality instead of a last resort? Before those questions are answered, don’t go there. Once the genie is out of the bottle, it is not likely to ever go back in again”.

Killing must never be seen as a solution

From <http://www.mercatornet.com/careful/view/14424>

The proper role of a doctor is to uphold the value of life in all circumstance, to comfort always, but never to kill or assist in killing. Ethical and moral values that honour our nation should be upheld by all governments.

A handwritten signature in black ink, consisting of a vertical line on the left, a large loop in the middle, and a horizontal line at the bottom that ends in a small flourish.

Dr Lachlan Dunjey MBBS FRACGP DObstRCOG

Killing must never be seen as a solution