



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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From: Mr Malcolm R Prior
To: [LA Committee - EOLC](#)
Subject: I am an ACT resident, here is my submission to the inquiry
Date: Friday, 23 March 2018 10:10:45 AM

Re: I am an ACT resident, here is my submission to the inquiry

Dear Secretary,

In recent years my wife and I have cared for our four elderly parents and one brother as they have faced their respective deaths. In three cases a palliative approach was adopted, one being in Clare Holland House. One parent may well have endorsed an assisted end of life approach, but as the time came decided to embrace a pro-active palliative treatment. WE have followed the feedback from the experiences in Belgium and some USA locations. The outcomes are mixed at best and in the case of Belgium very disturbing. The dilemmas for medical professionals and many of the associated family members are plain to see. Why not provide a substantial boost to the excellent palliative arrangements: both residential as at Clare Holland House and via the mobile palliative units which visit the patient at home. The pain management techniques are highly developed and family members are also able to have the necessary time to gain closure. We wonder whether the "social engineering" capacity in our societies has reached a danger point which offsets perceived immediate benefits against deeper realities. A 62 year old friend developed a terminal inoperable brain tumour, so aggressive that a 6 month to 2 year horizon was prescribed by top specialists. Strong radiation treatment eventually resulted in an outcome that astounded the doctors ie total disappearance of the tumour but left the patient heavily paralysed due to the necessary radiation to the brain stem. The lady (a very intelligent, professional, active person of faith) was desperate to depart this world and not be a burden on her family. Her doctor husband became her carer and over a period of 6 years has seen a rehabilitation take place to the point of her being able to walk, communicate with people actively, and get out for short holiday breaks. Her doctors deem her a "medical miracle". My point is that it is so dangerous to create an expectation that any of us can manage our own time and mode of dying when the ethical, social and relational issues are so interwoven. Long painful, or demential type illnesses (such as my mother suffered) are an ethical enigma. But the family feels that given her palliative care and peaceful final years, we are at peace ourselves with the fact that we allowed nature to take its course. We would be burdened had we taken on a decision to end her life on our own recognisance.

Sincerely,
Mr Malcolm R Prior

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