medicinewithmorality.org.au

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

lachlan@medicinewithmorality.org.au

18 October 2016

To Members of Parliament South Australia
re Voluntary Euthanasia Bill 2016

Caring for patients with terminal illness.

We, the doctors of *Medicine with Morality*, seek to uphold the intrinsic value of all human life in all states of disability and dependency, from fertilisation to life's natural end.

We 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.

On a personal level over the past 49 years of general practice I have had the privilege of looking after many dying at home – including in families where I have also had the privilege of delivering their children. Hence the circumstances were ideal in terms of trust and continuity of care and I was able to provide care through to a dignified, pain and distress free death with the aid of the excellent Palliative Care Services in WA.

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.

We deplore the situation in some places in the world (e.g. Oregon) 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 note that one of the common reasons put forward by the public for doctors to be involved in the provision of physician assisted suicide and euthanasia is for relief of pain. *But relief from pain and distress is increasingly achievable and obtainable.*

For those at early stages of end-of-life care who express a desire to be "put out of their misery" 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.

Although we have compassion for those who are dying and who want euthanasia, true compassion means much more than simple acquiescence to any patient demand.

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 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.

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

Specific problems with this bill

Section 10.4 (a) shares the common weakness of being open to differing interpretations of what is "terminal" in terms of time. Indeed, this is further complicated by 10.4 (e) discussing "inevitable" when it is said "*it is not necessary to establish that the death is imminent not that it will occur within a particular period.*" (Italics mine.)

Together with the vagueness of 10.4 (d) where "intolerable" is to be determined "subjectively" and "cannot be challenged", this would seem to leave open conditions where the patient could have a life expectancy of months or years – even decades – and yet would meet the criteria for voluntary euthanasia.

The inclusion of 12.2 (c) (v) "just because a person makes a request for voluntary euthanasia, the person need not actually end their life" leaves open the possibility of the decision being made on their behalf when the person may be experiencing variable awareness and consciousness.

A further matter which should be a problem for the medical profession – given our legal liabilities for our signatures being in effect "statutory declarations" and warnings in matters as simple as signing an off-work certificate – is that we are instructed in such legislation to deliberately tell a falsehood on the death certificate and *not* using the terms of suicide or euthanasia.

Medical practitioners must never be forced by state to falsify documents or to cover up the truth.

Other consequences to legislating for euthanasia

Inevitably there will be pressure on patients to ask for or consent to be euthanased or assisted to suicide 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.

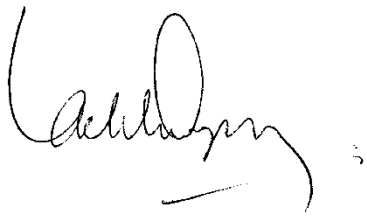
The push to extend the 'right to die' from those who are mentally competent to those who are not, and to have agents respond on their behalf, logically follow-on.

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.*

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".
> 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.



Dr Lachlan Dunjey MBBS FRACGP DObstRCOG
33 Bunya St, Dianella WA 6059 mob 0407 937 513

PS STOP PRESS
Please see this short 14' documentary just released
Compassion and Choice DENIED explores the effects efforts to legalize physician assisted suicide have on those who are living with terminal illness but who do not want "aid in dying." The film features Stephanie, a wife and mother living with a terminal diagnosis. She has experienced first-hand the dangerous effects of California's recent legalization of physician assisted suicide.
http://www.cbc-network.org/denied/?mc_cid=fbad63e2ca&mc_eid=56f3952e37