

Submission to Enquiry into End of Life Choices.

As a retired Registered Nurse with over 45 years experience in the profession, I can safely claim that I have, over those years, been involved with death and dying in all age groups. No two death processes are ever the same, nor are the needs of the dying person or, indeed, of their families and/or significant others.

In my personal experience, there have been only a few requests to hasten the end and both the requester and I have known there was no avenue for me to facilitate that although there were many times I wished both nature and the law to have been more generous. I know of no nurse who has not been faced with this dilemma.

Do we have a right to die at a time of our choosing? I firmly believe that the ability to make this choice for ourselves is fundamental to our personal identity and forms an intrinsic part of who we are when the need for making life challenging decisions arises.

Although we can make 'living wills' and 'advance directives' and appoint enduring powers of attorney, I have seen them over ridden so often as to render them worthless and, sadly the folk who made them in good faith, were obliged to go down the path they had hoped to avoid because others, in their infinite wisdom, had no respect for choices and decisions previously made by them.

Loss of autonomy and fear of being a burden underpin an individual's need to make plans for the time decision making might be out of their control and being able to do so confirms their sense of self and imbues a certain assurance and peace that all will be as they planned. As the law stands, it is only in a very rare case that such a 'best laid scheme' does not 'gang agley' (sorry, Robert Burns).

We may well argue that there are good palliative care procedures and supports available to those who choose to use them. There are good nursing homes and aged care and dementia units and home supports and any number of other services that will assist with increasing dependence and debility. Not everyone needing them will want or choose to use the facilities offered, and, let's face it, soon there will be so many of us poorly enough and/or in the aged category, that the needs will not be able to be met except to those well heeled enough to afford them.

It is imperative to get real!

What is needed now is legislation that will enable security in the knowledge that what has been put in place with forethought and good planning by perspicacious individuals, will indeed come to pass without repercussion or blame.

The right to die is not about having a terminal illness or an untenable condition. It is about quality of remaining life and the personal choice to end it. When I say I want to die, I do not want to be treated for depression. I want to be taken seriously!

I fully support the Terms of Reference set down for the Inquiry into End of Life Choices and sincerely hope that the issue of Voluntary Euthanasia and the Right to Die when I want to will be resolved well before I need to call on the findings.

Hetty Veldman