

Hon Edward O'Donohue MLC
Chair, Legal & Social Issues Committee
Parliament House
Spring St
MELBOURNE 3002

Dear Sir,

RE: End of Life Choices

I have been an Aged Care nurse for just over thirty years. In that time, I have observed the changes in End of Life, the way the Palliative Care system operates & the way people are treated in regards to their End of Life choices. The most disturbing thing that I have found is the disregard for the choices made by the dying person. I have always regarded that the choices made should be the choices given. As far as I am concerned, the person MUST come first.

For some reason, we as humans, have come to believe that the Hippocratic Oath (the preservation of life) must be adhered to at all costs, even if this goes against the dying persons wishes. There seems to be an innate fear that if too much narcotic pain relief (eg Morphine, Pethidine, Hydromorph etc) is given in the amounts needed for the dying persons pain to be relieved, then we are killing that person. We should be focusing on how we can help the dying person be relieved of pain whilst maintaining dignity in the twilight years of their life. This should be across the board. It should not mean that someone who is 20 years old with a malignancy & classified as terminal be given any different treatment to someone who 80 years old & is dying due to co-morbidities of old age. The outcome is the same.

End of Life Choices. In the Aged Care Home, residents & their families are given an Advanced Care Directive. This is legislated. This has to happen. Unfortunately, what is written on the form does not always mean that when the time comes it will be followed. Too many times, I have seen the family overturn the dying persons wishes. This then becomes a worthless piece of paper, the dying person is subjected to more & ongoing pain, there is then no dignity left.

Palliative Care. This is when the dying person should be receiving the care, attention & dignity they deserve. Instead, we subject them to pain & the indignities of dying in a fashion they do not wish for or want. Why are we so caught up in the belief that too much narcotic pain relief will see the doctor or nurse in the courts of law defending themselves when the dying person has passed on?

This all must change. Palliation is there to assist the dying person when they need it the most, yet we draw back when the necessary hard decisions are to be made. Legislation must include/encompass the dying persons wishes & ensure that they are adhered to.

When a person is dying & they become unresponsive, they are then unable to eat/drink. Death by starvation is quite horrendous. This causes a lot of pain. We come back to the same thing—narcotic

pain relief in the amount required to relieve pain will NOT kill the person, yet society believes that it does.

Medical & nursing staff should not have to worry that they will be dragged through the courts because a piece of legislation that is out of touch says that too much pain relief kills the person.

Please be aware, I am NOT for the wholesale slaughter of dying people, but I do believe that a properly instituted form of euthanasia would be appropriate.

End of Life Choices are made by people so that they can die with dignity & in peace. Our current legislation does not support that view. The Legislation has to cover the choices made, it has to cover the medical & nursing staff so that they can perform their duties without fear of retribution & it has to be all encompassing.

I have no hesitation in appearing before a public hearing into the End of Life Choices, in fact I would welcome it.

Yours Sincerely

Andrew Blackwell