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**From:** Committee Services Office  
**Sent:** Saturday, 4 July 2015 1:07 PM  
**To:** LSIC  
**Subject:** New Submission to Inquiry into End of Life Choices

Inquiry Name: Inquiry into End of Life Choices

Mr Gordon MacMillan  
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**SUBMISSION CONTENT:**

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We have had experiences with two mother-in-laws and a brother in law. My mother-in-law suffered from osteoporosis for a number of years and was in and out of hospital before we had to place her in a home, for care, after we had had her with us for 10 years. When she went in to hospital she, and my wife, agreed that there would be no medical intervention except for pain for which she latterly received morphine. When in care we had at least 4 calls when we were asked to attend but in each case she recovered miraculously, as described by the doctor. Subsequently we discovered that the recovery was due to a nurse who was administering antibiotics of her own volition. This prolonged the life of my mother-in-law who by this time had dementia and a very low quality of life.

In the UK, my mother suffered from dementia and was in a home for 5 years where subsequently she had a very low quality of life and a number of falls and injuries. The care was reasonable but the family strain very high.

Also in the UK my brother-in-law suffered from relatively early onslaught of Alzheimer's. He was looked after at home but the stress on all parties was apparent. Prior to him going to a home he had an immune collapse and in some ways he fortunately passed.

We both believe that individual requests for care or non-intervention should be respected and that there should be provisions in place for this. We also believe that there is a place for voluntary euthanasia at the request of the individual although there would need to be processes and procedures in place to facilitate this. Respect of the individual's needs are paramount in the conduct of all aged and palliative care.

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File1:

File2:

File3: