Grantham Street General Practice

[redacted]

Dr John Stanton
Dr Joanna Flynn AM Consultant
Dr Leone Piggford
Dr Li-Hsia Neoh
Dr Debra Wilson
Dr Kenneth Bretherton
Dr Ohnmar John
Dr Meredith Lewis
Dr Choi Kwan

Dianne Coffey Practice Nurse
Louise Morrison Practice Nurse
Caroline Woolmer Practice Nurse
Roger Lindenmayer Diabetes Educator
Dr Alicia Evans Mental Health Nurse
Dr Jenny Lloyd Clinical Psychologist
Gemarja Lomas Physiotherapist
Ian Lomas Physiotherapist

6 July 2015

Attention: Lilian Topic
The Secretary
Legal and Social Issues Committee
Legislative Council
Parliament House
Spring Street
MELBOURNE VIC 3002

Dear Legal and Social Issues Committe

Re Inquiry into End of Life Choices

I wish to make a submission to the End of Life Choices Inquiry as a General Practitioner with over 35 years experience.

Like many General Practitioners, I look after 2 or 3 patients a year in the final months of their life. Most of these patients are adults with terminal cancer or elderly nursing home residents with dementia.

Over the years, there have been several patients who have made a major impact on my attitude to helping people during their last stage of life.

In 1973, as a newly graduated doctor, I was working as a hospital intern. It was my task to prescribe pain relief for a man dying from oesophageal cancer. The cancer had produced complete obstruction of his oesophagus and he was unable to swallow food or fluids. He died a slow death from starvation. Due to lack of supervision from registrars and consultants, I did not prescribe higher enough does of narcotics to make him comfortable and prevent a slow death. This experience made me think that there must be better ways of helping dying patients. Palliative Care was an embryonic discipline at the time.

Over the years, I have helped a number of patients with terminal cancer die a dignified death. This has usually been in the patient's home with support of family, friends and a domiciliary palliative care team. I have learnt to prescribe adequate doses of narcotic analgesia to make a patient comfortable and pain free, even when these doses may speed up the inevitable death.

Palliative Care is now an established discipline and I believe we now treat patients with terminal cancer with humanity and respect in their homes and prevent slow painful deaths.

However, I consider we do less well with patients who have a non cancerous terminal condition. We do less well with patients who have a degenerative neurological condition eg multiple sclerosis, motor neurone disease, patients with end stage respiratory disease eg Chronic Obstructive Pulmonary Disease (COPD) or patients with dementia. These conditions do not cause physical pain, but they do cause major existential pain. I consider that we do less well in managing existential pain compared with physical pain. People with a terminal condition do not want to go through a prolonged death.

Giving narcotic analgesia to relieve the pain of a person with terminal cancer, although this may speed up their death, is well accepted. Giving narcotic analgesia, or other medications, to patients with non cancerous terminal conditions and to treat their existential pain, although this may speed up their death, is less well accepted.

During the last two years, I have assisted two patients with advanced dementia in the last stage of their lives by providing active palliative care. Both patients were women and had been nursing home residents for many years. They were now bed bound. They were incontinent of both feces and urine and were fully dependent on nursing staff to change their pads, bathe them and to turn them regularly to prevent pressures sores. They had a reflex action to swallow when a spoon of soft pureed food was put in their mouth by nursing staff. They had lost their memory and did not recognise family or nursing staff. When fully independent adults, living at home some years previously, they had both stated that "they did not want to live as vegetables".

The daughters of both these patients had Medical Power of Attorney for their mothers when they approached me for help. Following the death of one of these patients, I sent a letter (attached) to the nursing home thanking them for their help. The daughter of the patient sent me a thank you letter (attached). The daughter states that "I have struggled for a long time with this decision and could only ask someone else to help me when I knew in my heart that I could have carried out the process myself."

I question where we have come to as a society, when a person thinks that they may have to end their parent's life themselves, if their doctor is unable to assist. It is reasonable for people to be able to access medical care at the end of their lives. I also consider it imperative that there is law reform so that doctors who assist the patient's with their End of Life Choices are not fearful of prosecution.

I am available to appear before the End of Life Choices Inquiry.

Yours sincerely

[redacted]

Dr John Stanton
MBBS BEd FRACGP DRANZCOG

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Ros Martino Practice Nurse
Cliff Mason Diabetes Educator
Alicia Evans Mental Health Nurse

[redacted]
[redacted]
[redacted]
[redacted]
Email [redacted]
Argus Emai[redacted]

[redacted] 2013

[redacted]

Dear [redacted]

Re: [redacted]

I would like to thank you and your staff for the care and compassion that you have shown to [redacted], partciularly during the last few days of her life.

She has been a long term resident of [redacted] and this has become her home. She was fortunate to be able to achieve a peaceful death in her home.

[redacted] had advanced dementia. She had become bed bound and was dependent on full nursing care for her feeding, bathing, bladder and bowels. She had lost her memory and was no longer able to talk. She no longer recognised her visitors. She has previously made it known to her daughter that if she was ever in such a position, she would not want her life to be prolonged unnecessarily.

It can sometimes be very confronting to us as health professionals when we receive a request from a patient, or their advocate, not to prolong their life any further. It makes us question our own ethical and moral position and attitudes towards dying. It makes us think about how we, and those close to us, would like to die. These are the difficult decisions that I have been pondering for the last few days. It is likely that you and your nursing staff have also been reflecting on these issues.

Please pass on my thanks to your staff for the high standard of care that they have provided to [redacted] as we all questioned our own attitudes to supporting another human being to die in peace and with dignitiy.

You are most welcome to pass this letter onto your staff who have been caring for [redacted].

Yours sincerely

[redacted]

Copy [redacted]

[redacted]

[redacted] 2013

Dear John,

Thankyou for sending us the copy of your letter to [redacted] at [redacted] nursing home.

Our family would like to thank you for helping to allow my mother to die peacefully.

I have struggled for a long time with this decision and could only ask someone else to help me when I knew in my heart that I could have carried out the process myself.

This was our final gift to my mother and it felt like she acknowledged this just before she died. We were priveledged to have been with her in her last moments.

Thankyou again for making this as easy as is possible.

Yours Sincerely

[redacted]

[redacted]

BRIEF CURRICULUM VITAE

Dr John Stanton
Grantham Street General Practice
[redacted]
Tel [redacted]
Email [redacted]

My qualifications are:

- MBBS (University of Melbourne, 1972)
- FRACGP (1978)
- DRANZCOG (1977)
- BEd (Latrobe University, 1978)

I have worked as a General Practitioner for over thirty-five years.

Previous positions include:

- Medical Educator, RACGP Training Program (1980-1982).
- Senior Lecturer, Department of General Practice, University of Melbourne (1990-1992).
- Manager, General Practice Unit, Vic Department of Human Services (1997-2001).
- Chair, Melbourne General Practice Network (2006-2008).