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Lilian Tomic

Secretary

Legal and Social Issues Committee

Parliament House, Spring Street

VIC 3002

Dear Lilian

Submission: End of Life Choice

Thanks for this opportunity to have input to this community issue of particular interest to me as I have terminal bowel cancer. At this stage I have survived four years since diagnosis with aggressive medical intervention at my election including six operations, radiation, and a number of cycles of chemotherapy. I am currently on a chemotherapy trial which may slow the cancer and give me longer to live having exhausted curative options.

I have a number of points to make about supports towards the end of life, some of which would limit the final option of last resort I support where someone with a terminal illness has the right with restrictions and safeguards to choose a medically assisted death; that is euthanasia.

1. Patients should have access to an extended fully funded palliative care program in particular to enable end of life issues including pain management and quality of life issues managed in their home, noting 60 to 70% of Australians wish to die at home but most do not do so now. As noted by Hal Swerrissen and Stephen Duckett in the Medical Journal of Australia [(2015); 202(1):10-11], extending palliative care packages would be a net saving to the health budget. The costs would be more than offset by savings from avoiding ineffective and unwanted expensive acute and sub-acute hospital care.
2. End of life choices should be facilitated through an education program to encourage the community and the medical profession to consider patients treatment preferences and appropriate documentation through Advance Care Plans. A legislative framework should enable health professionals to coordinate and implement plans for patients who wish to have an Advance Care Plan.
3. The last resort option of medically assisted death or euthanasia should be a choice available to patients who wish to autonomously make this election. The State should properly regulate and restrict these circumstances to avoid patients and doctors taking the law into their own hands. That can have undesirable results as exemplified by Dr. Nitschke's unregulated approach, for example where an individual with depression rather than terminal illness was given euthanasia advice.

Medically Assisted Dying Choice- Safeguards

- The patient is a competent adult when recording their desire for euthanasia, ~~and is~~ ^{and is} terminally ill, and their quality of life becomes unbearable to that person and there is no reasonable chance of clinical improvement. The patient has a cooling off period before signing off on their euthanasia plan.
- There are no palliative care options reasonably available to the patient to alleviate pain and suffering to levels acceptable to the patient.

- The patient's Doctor is satisfied on reasonable grounds the patient has voluntarily and after due consideration made the decision, and further a second specialist Doctor confirms the first Doctors decision.

Please note this is a more restrictive option than some that have been in other failed or repealed Bills in jurisdictions such as South Australia, and for some of the international euthanasia law. This is because our community is not ready for euthanasia for example for children or those with serious mental impairments, although personally I would support the legislated right with safeguards for euthanasia for those with permanent loss of consciousness.

I would be pleased to support this submission in person if desired.

Yours Sincerely

Brian Pound