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Lilian Topic,
Secretary, Legal & Social Issues Committee
Parliament House
Spring St Melbourne VIC 3002

Dear Lilian,

RE: Submission to Inquiry into End of Life Choices

I write a personal response to the Victorian Parliamentary enquiry into choices for end of life care and my views do not necessarily represent those of the organisations to which I am involved. I undertake in Palliative care at our local rural hospital and in the community as a General Practitioner. It is a privilege to work with people who are dying and to assist them and their loved ones during an often difficult time.

I ensure that the utmost respect is given to the patient, particularly around their expressed wishes concerning pain relief, comfort and dignity. This is responsible medicine. Assisting them to die is not a "medical option," not one that I as a family doctor would ever feel ethically comfortable with, and is outside the scope of palliative care. Administering a lethal treatment is not a medical action and is not palliative medicine.

I would be concerned that if euthanasia/assisted suicide were permitted under legislation that patients would not always have their wishes safeguarded, that abuses of the legislation would occur whereby patients would feel pressured if not coerced into assisted suicide, and that vulnerable people would be the ones to suffer the ultimate penalty of death. We only have to look as far as cases in Belgium and the Netherlands.

I refer also to the Tasmanian Parliamentary enquiry into the need for euthanasia legislation which concludes similarly to my points in the preceding paragraph, especially that (emphasis added): "legalisation of **voluntary euthanasia would pose a serious threat** to the more vulnerable members of society." That report also concludes that good Palliative medicine is sufficient in the vast majority of cases and that the remainder do not justify voluntary euthanasia. It furthermore concluded that "legislation of voluntary euthanasia [was not] an appropriate solution to abuses that may be occurring in the current system."

In my treatment of patients I have on occasion had to escalate pain relief medication to ensure the patient's analgesia is adequate. This may or may not result in depressed level of consciousness and respiration as secondary or "double effects". Such double effect is legally permissible since it is accepted as part of best medical practice when the aim to provide appropriate palliative care.

Good end of life care should be made available to all Victorians, indeed all Australians under our health care system. Any deficiencies in this should be addressed first through education and provision of resources rather than legalising a non-medical act of intentional killing.

Yours Sincerely,

Joseph V Turner