

Ms Lilian Topic
Secretary
Legal & Social Issues Committee

I am a Geriatric Psychiatrist working at one of the largest health service in Victoria. I have been a medical practitioner for over 40 years and I have worked in India, the United Kingdom and for the last 20 years in Victoria. I was attracted to work with the elderly from the time i started my training in psychiatry as it is a cinderella speciality working with some of the most vulnerable in society, the elderly suffering from mental illness. End of Life issues are at the forefront of our daily practice. We have an ageing population in Victoria with increasing physical and mental frailty. End of life issues including capacity assessments, advance directives and palliative care are daily challenges that we have to grapple with. I have no doubt that we need much more emphasis about adequate palliative care services in our state.

I am however very concerned about the possibility of legalising euthanasia and Physician Assisted Suicide. The legislation of euthanasia will grant to some people a claimed right, but at the cost of putting at risk the lives of many other vulnerable people. There is evidence from Netherlands, the first country to legalise euthanasia and PAS, that many people are increasingly being killed without a specific request. The criteria for euthanasia have expanded from severe physical suffering, terminal illness and competent adult patients to include psychological distress and children, even infants. The implication is that children/infants with disability and the dementing elderly do not have the capacity to make an informed decision and so family members and doctors can therefore make the decision to end their lives. The very existence of the possibility of legal euthanasia or physician assisted suicide increases pressure on the sick and elderly, who already feel they are a burden on their family or society, to request it. I am already seeing an increasing incidence of attempted suicide in older people without depression

but feel that this is the only option they have because they do not want to be a burden on their family or because of the fear of ending with dementia or some incurable physical illness.

My personal journey as regards euthanasia began as a young intern. A newborn infant was left one night at the entrance of the hospital I was working. On examining the infant, it was found that the infant had no limbs and only stumps for limbs (as seen in cases where mothers had thalidomide during pregnancy). We could not verify the history in this case. At a case conference to decide the fate of the infant, the decision was made to give the abandoned baby half feeds so that that eventually the baby would get weaker, catch a hospital infection and die. This decision was against my moral and ethical values and I protested. The challenge was then thrown to me to do something about it. I found a Christian orphanage and arranged to take the infant there. The baby was adopted later by a lady from the US where she was lovingly cared for. The baby is now a grown woman of 41 years, has a post graduate degree, works in a University in USA and has started her own charity to help similar disabled people. The happy ending in this case may not be the case if euthanasia and PAS is ever legalised in Victoria as seen in the Netherlands and Belgium.

Working in the public sector and with some of the most vulnerable members of our society, I am very concerned about the possibility of Victoria legislating to legalise euthanasia and PAS. My hope is that our legislators will have much wisdom and consider the most vulnerable in our society and the rights of those who are unable to have their voices heard.

Professor Kuruvilla George