

From: [REDACTED]
To: [LSIC](#)
Subject: Submission -End of Life Choices
Date: Sunday, 19 July 2015 12:51:02 AM

Ms Lilian Topic
Secretary,
Legal & Social Issues Committee.

Dear Ms Topic

I write as an experienced general medical practitioner to express my conviction that the medical profession should not be subject to legislation wherein a doctor has the right to end a patient's life. Our profession is concerned with healing, comforting and "first doing no harm" - the act of taking someone's life is not a medical act and must not be part of our culture.

I have experience with caring for the elderly in nursing homes near the end of their lives, and for those suffering terminal illness, and the pressing needs are for holistic care that provides compassionate support and for excellent palliative care services providing relief from distressing symptoms. The bleak alternative of offering death through legalized euthanasia is a mean-spirited alternative. The vulnerable in our care deserve better.

We only need to learn from the experience of other countries such as the Netherlands and Belgium, where legalizing for death in certain circumstances, then becomes an accepted and expected option in many other circumstances.

In my experience, patients do not ask to "end it all" but do request relief from pain & distress. When their fears are addressed and effective treatments given, they and their loved ones are grateful that the appropriate care often gives them more time to spend together. The sense of being valued and important helps the ability to withstand suffering and find meaning in life and death. In contrast, when care is perfunctory, dismissive or inadequate, patients and their loved ones suffer more, feeling rejected and demeaned.

Having euthanasia as a legal option would devalue those struggling to manage chronic illness and ageing. It puts pressure on the vulnerable to "move on" to avoid being a "burden" on those they love and society. The chronically ill do not need this added stigmatization when they struggle to survive with dignity, and contribute as well as they can to their families and society.

At a time when the suicide rate in our society is one of great concern, it seems highly inappropriate that legalizing physician assisted suicide could be considered. There are stories of families where young people have managed to access this option and have never had the option of careful counselling and support or even correct diagnoses. The risks are too high.

The focus should be on providing excellent medical care for patients at all stages of their lives. At the end of life, it is important to not overburden patients with futile or distressing treatments, and to accept that patients can refuse such options. Providing adequate pain relief may shorten a patient's dying process, but this is quite a different treatment regime to a deliberately given lethal injection. Patients need to know that pain management is a vital part of their care. Resources should be directed to improving care, not bypassing it.

Thank you for considering this submission.

Yours sincerely,

Dr Mary Walsh MBBS FRACGP

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