

Submission to the Inquiry into End of Life Choices.

Although the terms of reference do not specifically mention euthanasia and/or assisted suicide, I am opposed to the legalisation of these practices and I will include this opposition in my submission.

1. How current medical practices and palliative care can assist a person manage their end of life

According to the Victorian Auditor General's Report on Palliative Care (2015) "patients should be supported to die in their place of choice, be that in hospital or in their home. The provision of palliative care services at home is more cost-effective than in hospital. However, some metropolitan community palliative care services are struggling to cope with increasing demand. This means that some patients are not able to access services in their home and this, combined with increasing stress on carers at the end of life, can result in people spending their last days in their less preferred and more expensive hospital setting."

"Health services are developing better systems to identify and manage palliative care patients including making wider use of advance care plans (ACP)—a patient's documented end-of-life preferences. As ACPs are one of the central pillars of effective palliative care, more needs to be done to promote and embed them across the health system."

Tragically the number of specialist palliative care doctors per head of population in Australia is well below the recommended level. Inadequate access to proper care and symptom management could put an additional burden on the terminally ill who might feel forced to seek euthanasia or assisted suicide as a way out. Euthanasia and assisted suicide are not 'medical options'. Deliberately acting to cause the death of a person is not a medical act and should never be considered as a medical practice. Equitable access and availability of appropriate care at recommended standards and better use of ACPs are the real problems to be addressed.

2. How this issue is managed in other Australian and international jurisdictions

The "Community Development Committee Report On The Need For Legislation On Voluntary Euthanasia (1998)" found that while in a small percentage of cases palliative care is ineffective in relieving all pain, this is not sufficient cause to legalise voluntary euthanasia. The legalisation of voluntary euthanasia would pose a serious threat to the more vulnerable members of society and the obligation of the state to protect all its members equally outweighs the individual's freedom to choose voluntary euthanasia.

It is recognized internationally that the codification of voluntary euthanasia legislation cannot adequately provide the necessary safeguards against abuse. For example, the Canadian Medical Association (May 2010) reported on the practice of Euthanasia in Flanders, Belgium that 32% of all euthanasia deaths

were without request or consent. This highlights the fact that so called 'safe guards' are not effective.

In 2012 the Law Society of South Australia and the Australian Medical Association (SA) both strongly opposed a bill introduced into the S.A. Parliament to legalize Doctor Assisted Suicide. The then AMA State President Peter Sharley said that existing palliative care legislation already protected doctors and that the bill was really about doctors ending the lives of patients, i.e. providing euthanasia.

3. Potential changes to the legislative framework.

Doctors are already adequately protected in law against any claim of hastening a death where the double effect principle is applied and where their actions are in line with best medical practice and the intention and action is to relieve pain and symptoms.

There needs to be more effort made to ensure that all Victorians have access to the best end-of-life care and that, while such services are not up to recommended standards and available to all on an equal basis, legalised euthanasia or assisted suicide should never be considered.

Thank you for considering my submission in regard to the very important inquiry into End of Life Choices.

Yours sincerely,

Mrs Bernadette Davies