

From: [Info](#)
 To: [LSIC](#)
 Subject: No to euthanasia assisted suicide urge support for palliative care
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- **In reply to the following Inquiry into End of Life Choices - Legal and Social Issues Committee**

- On 7 May 2015 the Victorian Legislative Council agreed to refer the matter of the need for laws in Victoria to allow citizens to make informed decisions regarding their own end of life choices to the Legal and Social Issues Committee to inquire into, consider and report, no later than 31 May 2016. The Committee has now called for submissions which must be made by 31 July, 2015.
- Improvements in effectiveness, availability of and access to palliative care are needed to give any credence to end of life "choices." Improved care, not killing, should be offered to us when facing the end of our lives.

Legalising euthanasia or assisted suicide would undermine palliative care. It would affect amount of investment of resources in improvements to palliative care if the seemingly easier and cheaper option of euthanasia or assisted suicide were legally available. **(a) World Medical Association:**

- ***"Adopted by the 53rd WMA General Assembly, Washington, DC, USA, October 2002***
and reaffirmed with minor revision by the 194th WMA Council Session, Bali, Indonesia, April 2013
 - *Euthanasia, that is the act of deliberately ending the life of a patient, even at the patient's own request or at the request of close relatives, is unethical. This does not prevent the physician from respecting the desire of a patient to allow the natural process of death to follow its course in the terminal phase of sickness.*
 - The WMA similarly opposes assisted suicide:
 - *Physicians-assisted suicide, like euthanasia, is unethical and must be condemned by the medical profession. Where the assistance of the physician is intentionally and deliberately directed at enabling an individual to end his or her own life, the physician acts unethically. However the right to decline medical treatment is a basic right of the patient and the physician does not act unethically even if respecting such a wish results in the death of the patient.*
- Euthanasia and assisted suicide are not palliative care.
 - **Voluntary euthanasia becomes Involuntary euthanasia:** The experience where euthanasia and assisted suicide have been legalised is that the categories of those who can ask for euthanasia or assistance to suicide has been extended. In the Netherlands euthanasia has been extended by

practice beyond the provisions of the law to children and in Belgium the original voluntary euthanasia law has been extended to those suffering from dementia and to children

○ **Safe guards – can they ever be adequate?**

- Wherever euthanasia has been legalised experience has shown the “safe guards” do not work and vulnerable people are therefore at risk. In the Netherlands, Belgium, Luxembourg, Oregon, the record shows that the “safe guards” are often ignored and there is no investigation or any consequences. In the Netherlands there is evidence of consultation not being sought in 35% of cases of involuntary euthanasia (see “End-of-life practices in the Netherlands under the Euthanasia Act”, op cit). In Oregon a patient must be referred to a psychiatrist or psychologist for treatment if the prescribing or consulting physician is concerned that the patient’s judgment is impaired by a mental disorder such as depression. In 2007, none of the people who died by lethal ingestion in Oregon had been evaluated by a psychiatrist or a psychologist (Oregon Department of Human Services (DHS) Death with Dignity Act. Portland, OR: dhs; 2007. Available online at: www.oregon.gov/DHS/ph/pas/ors.shtml).
- Euthanasia and assisted suicide are against the codes of ethics of peak medical bodies.
- Experience in countries where euthanasia and assisted suicide is legalised is that it opens the way to expand the categories of persons who can request it.
- Safe guards can never be adequate to protect the vulnerable.
- Australian parliaments have rejected 16 euthanasia and assisted suicide bills moved since 2002.
- Advanced Care Directives should be descriptive, rather than prescriptive. They would be better called *Advance Care Plans*, which focuses on what is *planned* rather than setting in writing a legally enforceable directive that a person does not want specified medical care/treatment if a specified health issue arises. As an illness or as age advances a person’s experience of reduced mobility and reduced ability to engage or to deal with the illness or frailness may very well change and they may not make the same decision about refusing medical care/treatment they did when making the ACD
- The Declaration of Geneva states, ‘I will maintain the utmost respect for human life from the time of conception’ and the International Code of Medical Ethics says that ‘a doctor must always bear in mind the obligation of preserving human life from the time of conception until death’.
- The World Medical Association reaffirms its strong belief that euthanasia is in conflict with basic ethical principles of medical practice, and
- The World Medical Association strongly encourages all National Medical Associations and physicians to refrain from participating in euthanasia, even if national law allows it or decriminalizes it under certain conditions.”

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