

20 July 2015

Hon Edward O'Donohue MLC
Chair
Legal and Social Issues Committee
Email: lsic@parliament.vic.gov.au

Dear the Hon Edward O'Donohue MLC

Palliative Care Australia (PCA) welcomes the opportunity to make a submission to the Legal and Social Issues Committee Inquiry into End of Life Choices, being held by the Victorian Parliament.

PCA is the national peak body established by the collective membership of eight state and territory palliative care organisations and the Australian and New Zealand Society of Palliative Medicine. Together PCA members network to foster, influence and promote local and national endeavours to realise the vision of quality care at the end of life for all.

Whilst the Victorian Parliament's Legal and Social Issues Committee inquiry into the need for laws in Victoria to allow citizens to make informed decisions regarding their own end of life choices covers a wide area of reference, including:

- Assessment of the practices currently being utilised within the medical community to assist a person to exercise their preferences for the way they want to manage their end of life, including the role of palliative care;
- Reviewing the current framework of legislation, proposed legislation and other relevant reports and materials in other Australian states and territories and overseas jurisdictions; and
- To consider what type of legislative change may be required, including an examination of any federal laws that may impact such legislation.

this submission addresses PCAs view in relation to the role of palliative care in end of life care only, including PCAs view in relation to assisted suicide and euthanasia.

PCA believes euthanasia and physician assisted suicide are not a part of palliative care practice. Dying is a natural part of life and declining or withdrawing aspects of treatment is acceptable if it aligns with the informed wishes of the patient. This does not constitute euthanasia or physician assisted suicide.

It is PCAs experience that much community interest in euthanasia and physician assisted suicide is caused by a need for assurance that pain and suffering will be relieved and that individual end of life decisions will be respected. Many of these fears can be addressed through the provision of quality care at the end of life that includes the opportunity for individuals to articulate care preferences

through advance care plans. This is for future circumstances in which they may no longer be able to express their wishes.

The Australian community needs to openly discuss death and dying in order to recognise that dying is a natural and expected part of life. PCA believe that engagement in advance care planning will greatly contribute to this discussion.

Please find attached PCA's position statement on Euthanasia and Physician Assisted Suicide, which sets out the position of PCA and its members on this issue.

Yours sincerely

Liz Callaghan

Chief Executive Officer

Palliative Care Australia



Euthanasia and Physician Assisted Suicide

Position Statement

Palliative Care Australia (PCA) is the national peak body established by the collective membership of eight state and territory palliative care organisations and the Australian and New Zealand Society of Palliative Medicine. Together, PCA members network to foster, influence and promote local and national endeavours to realise the vision of quality care at the end of life for all.

Palliative Care Australia believes:

- Euthanasia and physician assisted suicide are not part of palliative care practice.
- Every Australian at the end of life should have timely and equitable access to quality, needs based and evidence based care.
- Dying is a natural part of life, and declining or withdrawing aspects of treatment is acceptable if it aligns with the informed wishes of the patient. This does not constitute euthanasia or physician assisted suicide.
- There are a wide range of views and perspectives in the Australian community about the ethical issue of the deliberate ending of life for a person living with a terminal condition. PCA recognises and respects the diversity of personal, religious and cultural views of people and encourages open and honest discussion.
- Much community interest in euthanasia and physician assisted suicide is sparked by a need for assurance that pain and suffering will be relieved and that individual end of life decisions will be respected. Many of these fears can be addressed through the provision of quality care at the end of life that includes the opportunity for individuals to articulate care preferences through advance care plans, for future circumstances in which they may no longer be able to express their wishes.
- Informed discussion about euthanasia and physician assisted suicide is hindered by our failure as a society to guarantee access to quality care at the end of life.
- The Australian community needs to openly discuss death and dying in order to recognise that dying is a natural and expected part of life. Engagement in advance care planning will greatly contribute to this discussion.

Palliative Care Australia calls for:

- The development of health and social policy that:
 - affirms death as a natural part of life;
 - actively supports those who are dying, their families and their carers;
 - informs the Australian community about all aspects of quality care at the end of life;
 - accepts quality care at the end of life as a basic human right;
 - allocates sufficient resources to enable access to quality end of life care, including specialist palliative care for all, in accordance with PCA's population based approach.

- Promotion of informed community discussion about death and dying including ongoing communication initiatives.
- Development and implementation of initiatives designed to increase community and health professional capacity to consider and plan for quality end of life care.
- Development and roll out of national guidelines and systems to promote good practice in advance care planning, as outlined in the PCA Position Statement on *Advance Care Planning*.¹

Definitions:

Palliative Care as defined by the World Health Organization² is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

Palliative care provides relief from pain and other distressing symptoms:

- affirms life and regards dying as a normal process;
- intends neither to hasten nor postpone death;
- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;
- offers a support system to help the family cope during the patient's illness and in their own bereavement;
- uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;
- will enhance quality of life, and may also positively influence the course of illness;
- is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

Euthanasia is the act of intentionally, knowingly and directly causing the death of a patient, at the request of the patient, with the intention of relieving intractable suffering. If someone other than the person who dies performs the last act, euthanasia has occurred.

Assisted suicide is the act of intentionally, knowingly and directly providing the means of death to another person, at the request of the patient, with the intention of relieving intractable suffering, in order that that person can use that means to commit suicide. If the person who dies performs the last act, assisted suicide has occurred.

Last updated: October 2011