From: Inquiry into End of Life Choices POV eSubmission Form <cso@parliament.vic.gov.au>
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To: LSIC
Subject: New Submission to Inquiry into End of Life Choices
Attachments: 55b735afdf3f6-Submission to the Victorian Legislative Council.docx

Inquiry Name: Inquiry into End of Life Choices

Mr Neil Bach
[redacted]

SUBMISSION CONTENT:

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see attached word file

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File1: 55b735afdf3f6-Submission to the Victorian Legislative Council.docx

File2:

File3:

Submission to the Victorian Legislative Council
Enquiry on End of Life choices

This submission addresses issues relevant to term of reference (1)

"assess the practices currently being utilized 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;"

Context

1. I have thirty years of clinical practice as vicar of Anglican parishes and at times as honorary chaplain. This included visiting those with incurable illnesses and terminal illnesses in homes, hospitals and hospices. I have consistently liaised with the medical profession as appropriate.
2. I ministered to those who reach the point of refusing further medical treatment as well as those taking all options available.

Principles informing end of life issues

1. I respect and applaud this MLC inquiry, however this matter is ultimately a national issue and encourage any action to be Australia wide.
2. Our society is built on holding the equal value of every person and an understanding that we cannot intentionally kill ourselves or another person.
3. There are limits on personal autonomy to do what we always wish because of our respect for each other and society's common good
4. The end of life is as important as our birth. 'Assisted death' can be understood to weaken the value of a person, as some still living will feel further 'unwanted'.
5. For many, including me, the sanctity of life under God, and His overall prerogative to give and take life adds and informs the above societal principles.
6. A good death can be achieved in the current climate by current means available and used by the medical profession.

Practical observations and realities

Legislation

1. Previous Bills in Victoria, for example the Medical Treatment (Physician Assisted Dying) Bill 2008, suffered from significant deficiencies as the role of doctors, the nature of suicide and the role of the State was not clearly appreciated.

Palliative Care.

2. I support the wide provision of palliative care. My experience of hospices in particular leads me to conclude that people do die well with proper palliative care and support in the last days of their lives. This care can be extended to private homes for much of a person's end time. By palliative care I mean the dedicated specialized offering of medical care, always properly supervised by specialist doctors and specialized nursing staff, complemented by an holistic approach with psychological, spiritual and other support as requested.
3. I have been privileged to see people die with great dignity and comfort. Three brief examples. The last person I visited decided to decline further medical treatment and, despite the prediction, remained functioning in a reasonable fashion to within days of death. Secondly I recall a person with a fast moving cancer. She

made peace with herself and as importantly her family and because of superb palliative care died a comfortable death. Thirdly, I recall a lady in the late 1970's, with cancer that took 12 months to infiltrate her systems. She lost weight and was hospitalized. It was distressing to see her fading away, yet the careful provision of analgesics, care, support of family and friends saw her die well. By her own admission she was glad she had extra time to reflect on life and be ready to die.

4. I recognize that there will be other examples of difficult death and of people who do not want to live. I do not think creating provisions to allow people to take others lives, in these circumstances, advances our common good. The best help that can be provided to die well needs to be offered to people, without unnecessarily prolonging life.

Family concerns

3. In discussion with relatives of dying people, some often have greater distress at the impending loss of a loved one than the dying person experiences. It is not always the case, but sometimes insecurity and fears are projected onto the dying loved one. And sometimes this drives the request for euthanasia.

Doctors

4. Doctors are rightly involved in the saving and preserving of life at great cost. They are trained and inclined that way, they act that way and it is why we trust them.
5. To ask the medical profession to be involved in palliative care corresponds to that profession's life sustaining purpose, to ask doctors to move to providing assisted death (euthanasia) is a tragic misunderstanding of the purposes of the medical profession.
6. As a Federal Senator (Herron) said 20 years ago "why pick on doctors to kill us?" I agree, do not ask doctors to kill us.

Self-death

7. It troubles me to hear the view that 'we have the right to take our own life' implying no one else is harmed. This thinking fails to comprehend the consequences of suicide. In thirty years of practice where I have attended or later ministered to families the impact of suicide has been distressing in the families and had rippling ongoing impacts in the near communities. I have never dealt with a family who did not feel betrayed by a suicide of a loved one.
8. Any move to other forms of medical practice that allows the deliberate taking of life by necessity involves others in death in unacceptable ways.

I commend the Victorian Parliament for this inquiry.

I offer the view that these matters of 'end of life' should not finally be decided by consensus or by examples of difficult deaths. A member of my own family had a difficult death. The issue under review goes to the heart of life and death in society at large, and professionals and other trained people in this area work from deep values, and practical experience. This is why there is strong support for palliative care as the preferred option consistent with our society.

Neil Bach.