

## **Inquiry into End of Life Choices-Parliamentary Inquiry 2015**

Thank you for the opportunity to contribute to this Inquiry into the important issue of end-of-life care.

As a GP of over thirty years' experience, including regular management of patients in Residential Aged Care Facilities (RACFs), I have often been involved in supporting patients, their families and carers, as well as staff in RACFs, through end-of-life care. It has been my common experience that, with access to present day medications and support mechanisms in Australia, patients can be managed through their terminal care in a humane, caring and significantly pain-free way. Working with patients and their carers is a privilege, and involves a very significant degree of trust and communication at every stage in the evolving process of dying. Despite patients sometimes having expressed a desire to "end it all" prematurely, prior to their end-stage care, many later express thankfulness that they have had the opportunity to relate to family or carers more closely, set their affairs in order (including resolving long term emotional and relational issues), and be involved in the management of their various symptoms in a collaborative way. At this time in our history, Australian patients can, and regularly do, receive optimal palliative care, and die with dignity, without resorting to euthanasia or assisted-suicide.

To legalise euthanasia or assisted-suicide would undermine the quality of palliative care offered to individual patients. At present, even in unusual situations where family members, carers or even RACF staff may try to exert pressure for a dying or infirm patient to receive treatments which would accelerate death, patients are protected by legislation from being potentially placed in this position. Patients are very vulnerable to suggestion by family members and carers at times when they have deteriorating physical and mental function, and the legalisation of assisted-suicide could pressure such patients to feel they should make a decision to submit to such "treatments" so that they do not pose a burden to others, financially, physically or emotionally. Putting vulnerable people in this situation would place an intolerable pressure on many to feel they "owe it to others" to die prematurely by active means.

Assisted-suicide and euthanasia are directly opposed to good quality palliative care. The latter encourages patients (along with their carers) to be supported through the final months or days of their lives in a highly individual and affirming way. It is extremely important that people in this position are given a clear message that their continued existence is valid, valued and can be managed with dignity and good symptom control. Once the spectre of euthanasia is present, there could be an inevitable loss of trust by patients in their doctors, carers or facility staff, and they may feel that treatments being offered could accelerate death, and that they should agree to such treatments, regardless of their core beliefs.

Another serious concern around legalisation of euthanasia is that patients at any age, with any illness (or even no illness, but simply a loss of perspective about the value of their own lives), could receive the “right” as well as the means to commit suicide. There is already serious concern in the health sector at the rising rate of suicide, especially among young people, and those with mental illness. Setting “safe parameters” around the legalisation of assisted-suicide is nearly impossible, and the legalisation itself gives a clear message to individuals that they have the “right” to end their lives at any time for any reason, no matter how invalid or transient the issues may appear to outside observers. Rather than legislating to make it easier for troubled people to pursue suicide, our society needs to assertively support these individuals, enabling them to receive appropriate and timely treatment, counselling and follow up, and re-affirm the value of every human life.

In summary, any legislation developed around end-of-life choices needs to support good mental health and palliative care for all people, and promote and support excellence in end-of-life care. It should therefore educate and inform the general public about these issues and the availability of services that foster high quality ethical care for the sick, the vulnerable, and the dying and their families and carers. In this way, any end-of-life care legislation should include the affirmation of the intrinsic worth and inherent dignity of every human being and support:

- The provision of high quality palliative and supportive care, to enable all people to live positively and comfortably with illness, disability and dying.
- The optimal relief of pain and other distressing symptoms for all patients with life threatening and chronic illness at all stages of their life.
- Genuine solidarity with and compassion for the sick, the disabled, the vulnerable, the distressed, the dying, and their families and carers.
- The process of planning for future care needs, involving ongoing dialogue between patients, their chosen representatives and skilled health care practitioners.

There should be NO legalisation of voluntary euthanasia or any form of assisted suicide or ‘medical assisted dying’ for reasons that include:

- Putting at risk the care and wellbeing of the most vulnerable and dependent people in our society, including those with mental illness, social deprivation (such as homelessness), existential trauma, and victims of abuse of all kinds.
- Endangering respect and value for human life, especially for those who are marginalised, sick, disabled, or near the end of life.
- Undermining trust between patients and health-care professionals.
- Corrupting the fundamental principles and ethical foundations of the medical and nursing professions.
- Altering the role of the doctor and the nurse from someone who heals and cares to someone who takes life.

I believe that any legislation for 'medical assisted dying' carries too great a risk for our society, especially for the weak and vulnerable, and risks undermining the integrity and ethics of palliative and mental health care services specifically, and the healthcare system and its practitioners as a whole.

**Dr Michele Browne**