

Ms. Angela Turner

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Submission; End of Life

To the Victorian State Government Senate Committee  
 Chairman; Hon. Edward O'Donohue MLC  
 David Davis  
 Email: [lsic@parliament.vic.gov.au](mailto:lsic@parliament.vic.gov.au)

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There are many opinions on how one's life should end medically and I believe it is possible for them all to be available as long as one makes it known to family, friends and doctors but some alternatives need much monitoring and constraint.

Where wishes are not known then the doctor's oath takes precedence; "do no harm". I take this to mean "do something".

My mother's heart was stuffed, literally; three blocked arteries and a faulty valve. If her continued life in a reasonable state of health required procedures that she was agreeable to then they should be done. She chose not to have operations and still continued to be ambulatory for over a year. If there were medicines that would help they should be given to her whether the problem was her heart or not.

When she was admitted to the Horsham nursing home adjoining the Wimmera Base Hospital I was pleased. I expected medical help to be available whenever needed. I was mistaken. The trained and experienced nurses had no authority to take ill patients to the emergency room next door. Three weeks after entering the nursing home my mother died of an infection within 24 hours. This was the doctor's choice!!

Australia is not a third world country. The major regional hospital had penicillin. Curing the infection should not have been difficult or expensive. That doctor was squirming when the same afternoon there were five people in his consulting room asking why her infection hadn't been treated.

I regret that the five of us remained civilised and civil.

What would this doctor have said if he had been at the invention of the iron lung? I suspect that he would have considered it an unnecessarily long term heroic intervention.

How long would Steven Hawkins have lasted in the Wimmera nursing home with my mother's doctor?

The nurses should have had more authority to make judgements.

That doctor exceeded his authority. He was playing God.

There are nursing homes in Melbourne where patients are bedridden for years. When those

residents become ill the nurses is able to phone for an ambulance to take the resident to hospital. After successful treatment the resident has returned to the nursing home and continued to be a bedridden patient for several more years.

I met a woman whose husband was told by the Peter McCallum Hospital that he was past treatment and to spend his last days at home with his family. This was advise that he refused to take and was given further strong treatment by another hospital. His wife said that his last months were so difficult she wished that he had taken the Peter McCallum's advise. He had the choice.

I have a friend who jokes that she will get a tattoo on her chest "Do not resuscitate". This is her choice and it should be respected and allowed.

I feel her view is extreme. Just because she is unconscience she doesn't deserve to die when standard procedures and medicines can treat her successfully; she doesn't deserve to die from something that in modern times is not usually mortal.

My choice is to get standard, reasonable treatment although I don't want my life to be prolonged "heroically" when imminent death is unavoidable.

If one is facing a terminal disease I don't see why there are restrictions on pain killers.

If one is facing a terminal disease I don't see why the patient can't volunteer to be treated with experimental drugs / procedures.

There should be an ample availability of hospice care, and hospice nurses for people who want to stay in their homes.

If people with terminal diseases knew that they could get comfortable care as painfree as possible a lot of pressure might be taken off hospitals.

I've read that hospice care is cheaper than hospital care and that home care is cheaper than hospice care.

It's one thing for my friend to say "Do not resuscitate". It's an entirely different thing for Philip Nitsche to perform or promote euthanasia. Euthanasia should be unnecessary in a modern civilised society.

The only patient who voluntarily underwent legal euthanasia in Darwin wasn't terminally ill. For all his campaigning he hadn't double checked the woman's diagnosis. Her autopsy showed a twisted bowel!

I believe that a lot of euthanised people will be like the Darwin woman and several death penalty victims; permanent sufferers of miscarriages of justice / diagnosis.

In the Netherlands there have been cases of vountary euthanasia by healthy, capable people who have been lonely. The case I heard on the radio was a childless lady whose husband of many years had died. Her doctor granted her wishes without arranging a counsellor to try to counteract her loneliness first.

I also expect that once our society gets used to euthanasia very ill people will have their worth considered in monitary value against the cost of care / treatment. Some vocal people will question a government spending money on certain medical treatments, aged care and nursing homes. It could even lead to medical procedures not being performed on people deemed able, on recovery, to contribute to society if they have the wrong attitude or personality for their assessors.

The doctor who was supposed to be treating my mother was playing God after visiting her just twice. He had never met her before her admittance to the nursing home. His lack of action has told the world that old, infirm or disabled people aren't worth bothering with; that society should go with the cheapest, easiest option.

Now that I'm about to go on the pension I'll catch a bus to another town's doctor rather than let him make judgements about this old person.

Another friend has just had her mother die. The dead old lady will be missed by many family members who had visited her often in the last ten years of her life which was in a nursing home. They are not grieving too much as she was 103 but they are all glad that she was around and cared for right up to her death.

Perhaps hospital administrators or the medical board should periodically, say every five years, query a doctor's choice of non treatment for patients who die soon after suspension of treatment. I know people die even when doctors do their utmost to help but a doctor such as my mother's shouldn't be allowed to continue clearing beds in nursing homes or hospital by his own decision.

If euthanasia is accepted banking executives should be on the euthanasia application board. It should be at least as difficult for a person to be killed as it was for me to get an eftpos machine! Five years ago I applied to Westpac, my bank for 26 years, for my first credit card. I had to fill in forms that had asked for my banking history, which an employee only had to push a button on the bank's computer to get, and details of all my insurance, including itemising the value of my furniture and jewellery. Three months later I applied to the same bank for an eftpos machine and had to fill out identical forms!

As long as the committee reads and considers my opinions I do not need to appear at a public hearing.

Confidential? No – not necessary.