
From: Inquiry into End of Life Choices POV eSubmission Form
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To: LSIC
Subject: New Submission to Inquiry into End of Life Choices

Inquiry Name: Inquiry into End of Life Choices

Mr Gerard Flood
 [REDACTED]
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SUBMISSION CONTENT:

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The Secretary
 Lilian Topic
 Legal & Social Issues Committee
 Parliament House, Spring Street, Melbourne VIC 3002

Inquiry into End of Life Choices

Re Terms of Reference :

"How current medical practices and palliative care can assist a person manage their end of life".

"How this issue is managed in other Australian and international jurisdictions".

"Potential changes to our legislative framework."

It would be bad, faulty and dangerous public policy for any introduction of officially permitted killing, whether by assisted suicide, assisted dying, voluntary euthanasia, or other active purposeful ending of life.

Any such proposals would corrode the community's trust in the practice of Medicine by moving Medical Services delivery from the principle of care in the direction of killing the patient. This would move the principle of medical practice from one founded on ethics, to one of the other, ie. "unethical", "improper", "dishonest".

In 2002 and again in 2013, the World Medical Association said that "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.

BE IT RESOLVED that:

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.”

In a Victorian [environment], proposals for an "Advanced Care Directive" would most appropriately feature a structure of description of plans, preferences or wishes, rather than a structure of formalising firm directions. A Planning and Preferences structure would increase the patient's, or deponent's, freedom of choices which is appropriate given the uncertain course of health issues and their therapies' efficacies.

The availability of assisted dying, by whatever name, would ratchet up the pressure on the State to reduce the provision of palliative care, which latter categorically excludes assisted dying etc.

In the context of this inquiry, any availability of legal killing would bring about dangers and irreparable harm, despair and desolation to vulnerable citizens and their families which would be far in excess of the real and apparent levels of suffering which are best addressed by reasonable social justice through well-established palliative care.

Gerard Flood.
Victoria.

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File1:

File2:

File3: