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From: John Bruce [redacted]
Sent: Thursday, 30 July 2015 5:11 PM
To: LSIC
Subject: SUBMISSION TO "END OF LIFE CHOICES" INQUIRY

The Secretary

Legal & Social Issues Committee Parliament House,

Spring Street,

Melbourne, Victoria 3002

TO WHOM IT MAY CONCERN

I am making this submission as a private, concerned individual. I find it *"sad"* that my legislators have to talk about **"End of Life Choices"** when we could be talking constructively about "**Celebrating Life and a Good Death**".

I am a seventy year old and have seen my mother and father, relatives and friends die. The majority of them died "naturally" and my family celebrated their lives and mourned their dying and their deaths. And we also celebrated and supported those left behind whose mortal time is diminishing.
I had a niece die in a car accident some twenty years ago and that seemed such a senseless waste of a young life. Our family have never really gotten over Julie's dying.
More recently a nephew committed suicide. He had been bullied by his partner and committed suicide on Christmas Eve. No note .. just suicided. Why? We can only speculate. A young man with his life ahead of him .. so it seemed. Sometimes life is not what it seems.
Even more recently I shared one of my father's sister's death. She had been in an aged care home, had a fall and was transferred to hospital where she contracted *golden staph*. She returned to the aged care home and died there receiving palliative care. She had as good a death, as the infection allowed and we knew that her dying was as pain free as it could be. She was truly stoic and although she sometimes said that she was uncomfortable and in pain, she never complained. But that did *"bring home to me"* that hospitals are not as a good at providing as good a death as *aged care homes* where palliative care specialists are so important. *And people are at home!*
Then even more recently my mother in law died in a local aged care home. She received fantastic care over the last couple of weeks of her life and her family, relatives and friends were able to speak to her, hold her hand and feel that they were helping her to die "naturally" and pain free. The Staff of the home were always there in the background, caring and ready to explain what was happening. Their assistance made her dying so much easier for everyone. And for us left behind, her dying was more like a *"transition to somewhere else"* in accordance with her beliefs and values.

If our society allows access to suicide, assisted suicide and those choices that shorten life, I feel that our moral and social values will have been diminished, if not totally degraded and we will be in the same position that other societies *(like some European ones)* now find themselves in. Once those values are diminished or removed we can't get them back. So let's learn from the mistakes of other societies and not just copy them.

I place great value in palliative care. I understand it is a relatively recent medical "stream" - formally, only some sixty years old. Medical science is ever evolving and palliative care is also evolving. What's good can be made better and more widely available. We do not need to pursue alternatives.

What I also find disturbing about the alternatives to palliative care is that we will be making doctors and nurses into *"life-takers"*. I have always thought that the medical profession's principal value was to preserve life - not take it! This "scenario" becomes even more hideous if the delivery of *"death"* is to be placed in the hands of non-medical people.

Death is not *"something"* that happens to one person. One's death affects many, whether the person who dies is young or old. People - relatives, friends, carers and very often people who never knew the person who died - care about others, live with them and want to see them live as well as possible for as long as possible. That can be achieved with education about palliative care, access to palliative care, knowledge about treatments, understanding end of life care plans and knowing how your own home, aged care homes and hospitals fit into the dying process.

In our society we don't like confronting death - nor our mortality. We live thinking that's always going to happen to someone else. It does, until that someone else becomes you! Dying and death is not a conversation that my society has. Consequently, we avoid it and are ignorant of the advice that experts can give us and the solace and direction that we can receive from friends, support groups, church groups, etc. Why can't we have a fair and balanced public conversation instead of people taking sides and *"shouting"* their point of view? This is not a black and white issue and we are never all going to agree. But let each of us make a reasoned decision with as much information in our possession as we can. But there again, I suppose that's one of the "problems" that today's society has - we have access to so much information and so many competing contemporary priorities that we don't take the time to inform ourselves the way we should - until it's too late.

The debate about legalising euthanasia *"muddies"* the discussion about treatments that can assist the dying process. Some medical treatments are designed to alleviate pain and others may hasten death, but this is not euthanasia. These are complex medical treatments that the dying person and their families and friends must have with knowledgable practitioners. In these circumstances advanced care planning becomes so important. I agree that people approaching the end of their lives should have choices - supported by information and evidence. Palliative care is so important to the end of life process and more research should be given over to progressing this important "process".

I end this submission by asking you to encourage public conversations about dying, death and palliative care. Be positive and constructive and encourage celebrating life and a "good" death.

If you hold public hearings and want me to elaborate on my submission I would be happy to make myself available to do so.

Yours Sincerely

John R Bruce
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