From: Inquiry into End of Life Choices POV eSubmission Form

<cso@parliament.vic.gov.au>

Sent: Friday, 31 July 2015 12:36 AM

To: LSIC

Subject: New Submission to Inquiry into End of Life Choices

Inquiry Name: Inquiry into End of Life Choices

Mr David Peake



SUBMISSION CONTENT:

--

In this submission I intend to use my personal experience of working in aged care for 10 years to encourage the Parliament to reform laws to allow and facilitate individuals to ultimately choose the manner in which they, as my grandfather put it, "shuffle off this mortal coil."

In my years of working as a personal care attendant, I have cared for many people in the final moments of their life. A privilege which reminds me of why this is an important job. In most cases, at least one family member is there, and I very much like talking to the loved ones of someone I've cared for. I get a great sense of what they were like when they were younger. One of the most difficult things family members have to endure aside from coping with watching their loved one die is seeing them as a shell of what they knew that person to be. Being on palliative care, usually with a chest infection as a result of not eating or drinking for a period of time. Their body is shutting down and losing the will to fight the infection. Each breath is a struggle. They are receiving morphine for the pain and are unable to communicate or comprehend what is happening, unable to feel their loved one squeezing their hand and telling them it's alright to go. It's hard to watch and think that this is somehow normal. I know that the person on the bed would not want their loved ones seeing them in that state, for that to be the last memory of them. The look in the eyes of the family echo this. They know that this is not how they would have wanted to go.

A care plan is designed to create a structure for how a resident of aged care spends their daily life, but in terms of their end of their life, there is usually only two pieces of information. For resuscitation/not for resuscitation and the information of their chosen funeral home. The legislation does not allow for someone to make choices about the circumstances of their own death. I believe it wholeheartedly that it should.

My support for dying with dignity doesn't just end at advanced care directives in a palliative care setting. Over the years I have experienced a particular conversation several times, with several different people. When a client (patient) has formed a friendship with me to the point where they feel comfortable to share very difficult issues with me. As soon as it starts, I know exactly what they're trying to tell me. They talk about their life, and how they feel like they've lived it as best they can, and they feel like it's now at its end,

and they now wish to die. Hardly ever does this conversation take place when there is a serious illness present which is threatening their life. They are, of course, dealing with age related issues and declining faculties, losing the ability to do the things they love. The knowledge that they will not get better has overcome their ability to enjoy life. Protocol would dictate that I report this to the RN and the client would be assessed with the Cornell scale form for depression. This often prompts a pharmacological based solution, to add to the many tablets they take to get through the day. Although it's a valid response to the situation, the question will still not have been answered for the individual. The question of "why must I go on living?" The vast majority of residents in aged care experience some symptoms of depression on a daily basis, which I find very understandable, so being assessed for depression seems to be a moot point.

Also, In this process, there is currently very little in place to support me, the worker, in being confronted by this. There is inadequate training in this area and it's a particularly difficult thing to deal with, leaving me to accept it as part of the job, unfortunately.

At 29, I have quite a few of older friends whom I like talking to about the issue of voluntary euthanasia. The baby boomers are the next generation of people to start entering the aged care system and I know that most of them won't accept things the way they are, with the prospect of going through what their parents went through. They will want to be able to choose an opportune time, invite their family and friends around for a party and cap it off with a nice 'green dream'. I think I would like the same. I believe in cognitive civil liberties: an individual's freedom to make choices about their own mind and body, to exercise full autonomy. I don't know the best way to legislate for it but I would hope that changes can soon be made to extend this choice to people who believe they are capable of making it for themselves. To say no to a death with pain and suffering. To say yes to a death that reflects the life they have lived. With joy, wearing their best outfit and bravely accepting what we all know to be true. We will all die.

"The fundamental fact about all of us is that we're alive for a while but will die before long. This fact is the real root cause of all our anger and pain and despair. And you can either run from that fact or, by way of love, you can embrace it." - Jonathan Franzen

File1:		
File2:		
File3:		