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To: LSIC
Subject: Inquiry into end of life choices

Legal and Social Issues Committee
 Parliament of Victoria

SUBMISSION BY CAROLYN O'LOUGHLIN ON END OF LIFE CHOICES

I am writing as this issue concerns not just Victoria but affects the whole of Australia. If euthanasia or assisted suicide gains a foothold in Victoria, people will come from other states. I am against euthanasia and assisted suicide because no legislation can be guaranteed against misuse. Words are subject to definition and re-definition. For instance feeding by tube as been- to me- arbitrarily defined as "medical treatment" rather than 'basic care'. This has been used as an excuse to dehydrate comatose patients to death.

What constitutes 'terminal illness' can be hard to define. For instance, Alzheimers appears to be associated with a shortened life but probably has a less predictable path than most terminal illness. If euthanasia was legal, and Alzheimers was defined as 'terminal' then persons who signed an advance directive many years before, could be killed. Indeed 'the elephant in the room' in this debate is surely dementia. Patients who can no longer consent can be killed as has happened in Holland.

The big problem with Euthanasia is that the primary person involved is killed- and dead patients tell no tales. Experience in countries that have legalised euthanasia has shown that there is a widening of the categories of people who can be killed.

In Belgium, in particular, people with psychological pain are being killed. A particularly sad case was that of Nancy (Nathan) Verheist. Nancy was rejected by her parents simply because she was a girl. She sought a sex change operation but when this didn't turn out as planned became very depressed, and sought and was given euthanasia! There is also the tendency for euthanasia to expand to include those who have not consented. This happens in Holland and Belgium. In Holland, a deliberate blind eye is turned to sick infants being killed.

The reason for this 'slippery slope' is based in human psychology. Since the media is generally biased in favour of euthanasia , it will report voluntary euthanasia in glowing terms and people will be inclined to think "If it's good for those who consent, then why should those who can't consent be denied it?"

I next come to the topic of Palliative care. Naturally, I strongly support the expansion and improvement of Palliative care.

Pain relief is absolutely crucial. For this reason, I would ask that you do an impartial investigation as to the effectiveness of Heroin versus Morphine.

Some people claim that Heroin is better for the dying as it improves mood and does not cause nausea. If this is proven to be the case then it should be available to them - under strict controls, of course. People should not be denied the correct application of a drug simply because some irresponsible people abuse it.

There is also the issue of deep sedation. If a person has severe pain that cannot be relieved in any other way, I support sedation.

However, what is called " Terminal Sedation " can live up to its sinister sounding name. This happens when a patient is sedated with the intention of causing their death from dehydration. It takes about 10 days to die of dehydration. If deep sedation is to occur it must be strongly mandated that fluids and nutrition continue to be supplied. This could be done by tube, IV or temporarily lessening the sedation so the patient can eat.

To sum up, I support the valid choice of Palliative Care but do not consider euthanasia or assisted suicide valid 'choices'

The extent to which they can be truly 'chosen' is problematic. Some people's self esteem is dependant on regarding themselves as useful.

Some people who are dying are without social support. Some elderly people are too trusting and thus can be influenced into signing away their lives.

All these vulnerable people would be candidates for manipulation towards euthanasia and no 'safeguards' can guarantee it will never happen.

Human nature can be corrupted and many relatives -even those who were initially loving- may view euthanasia as a way out of their pain.

With our ageing population there will also be an economic incentive for euthanasia. People over 75 years old cost the health care system more than others and even governments may be tempted to dispose of them.

For all these reasons euthanasia or assisted suicide should not be allowed to gain a foothold in Australia.

Yours sincerely

Carolyn O'Loughlin