

Submission to Inquiry on the 'End-of-life Choices'

**Conducted by the
Victorian Legislative Council's Legal and Social Issues Committee
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From

SALT SHAKERS

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Submission

Introduction and Recommendation

Salt Shakers is committed to respecting the sanctity of life and is thus opposed to the legalisation of euthanasia or assisted suicide in Victoria.

We believe that legalising euthanasia devalues human life. Many people are very vulnerable, particularly when they are facing old age or when they are suffering serious illness. They are often susceptible to pressure that may push them towards ending their life so they will not be a burden to those around them and to society in general.

Euthanasia, a deliberate act to end a person's life and kill them, by a lethal injection or similar, is totally unethical for the medical profession to be involved in. Similarly, a doctor should not be allowed to provide assistance to a person – either actual poisons or other means – for them to kill themselves; commonly known as 'assisted suicide'.

Medicine should be about protecting and preserving life where that is appropriate. In fact, that is the essence of the Hippocratic Oath. People should be able to trust their doctors to provide the best medical advice and support. Thus palliative care, providing the best possible treatment, support and care to those who are terminally ill, is vitally important.

We urge the Committee to reject the legalisation of euthanasia and assisted suicide - and to provide additional services for palliative care for those who are seriously ill.

Submission

The *Terms of Reference* state that the Inquiry is to consider “the need for laws in Victoria to allow citizens to make informed decisions regarding their own end of life choices.”

The way the *Terms of Reference* have been drafted infers that a person has the ability to ‘exercise their own choice’ about the end of their lives. However, euthanasia and assisted suicide are illegal, and thus people do not have the choice to end their lives. They have the ability to decide on what treatment they receive, and also the type of assistance they want, as they near the end of their life.

The wording emphasises the **need** for laws, as though our current laws in Victoria are inadequate and need to be changed. We totally disagree with that interpretation.

The *Terms of Reference* then go on to ask people to look at the sort of laws in existence overseas, and to look at what sort of legislation is **needed** in Victoria – leading people to consider that euthanasia and assisted suicide need to be legalised. We reject that assumption.

Addressing the Terms of Reference

(1) assess the practices currently being utilised within the medical community to assist a person to exercise their preferences for the way they want to manage their end of life, including the role of palliative care;

As to ‘current practice’, according to the current laws in Victoria, the only legal measures available are those of standard medical practice, which provide treatment to the patient. A doctor is not allowed to deliberately end life, or to provide someone with the means to do that, as in assisted suicide. Thus this is not a current legal option.

If a person wants to commit suicide, there is no law preventing that, but doctors are not allowed to participate in that act. This is for very good reasons – to protect life and to allow people to trust their doctors.

If doctors are participating in euthanasia or assisted suicide, then they are breaking the law in Victoria.

We must also note that the provision of medication to ease pain, such as additional morphine, is not euthanasia since its primary purpose is to provide comfort, not to kill.

Palliative care has an enormous role to play. Doctors should provide whatever assistance and care to those who are dying, through ‘palliative care’, support and counselling. Palliative care provides a totally different type of care, with compassionate care and support.

Dr Brian Pollard, a retired palliative care doctor who started the palliative care service at Concord Hospital in Sydney, has said that people who were dying really appreciated the palliative care service. He said that, in his time running the service, none of his patients requested euthanasia – but that family members would often mention it to him!

That shows just how vulnerable the elderly and ill really are.

(2) review the current framework of legislation, proposed legislation and other relevant reports and materials in other Australian states and territories and overseas jurisdictions; and

No legislation is needed to legalise euthanasia or assisted suicide.

Palliative care should be promoted and extended.

There is already legislation enabling people to appoint a 'power of attorney' that can provide for someone to make medical (and other) decisions if the person is unable to do so. See <http://docs2.health.vic.gov.au/docs/doc/Powers-of-Attorney-Act-2014>

Just because other nations have legalised euthanasia or assisted suicide does NOT mean Victoria should do the same. In fact, we strongly oppose any such legislation.

In addition to legislation regarding euthanasia or assisted suicide, some jurisdictions have laws or regulations regarding 'Advance Care Directives'.

Victoria already has the provision for these and no legislation is needed – these are outlined at the Health Department website – it emphasises care and quality of life: see <http://www.health.vic.gov.au/acp/index.htm>

In fact, the formal document (June 2015 update) about Advance Care states, *"The Victorian government believes that all Victorians are entitled to quality end of life care which relieves pain and suffering and provides empowerment to patients and their family, friends and carers."*

See

[http://docs2.health.vic.gov.au/docs/doc/3B2DF6517829B622CA257E68007F65D1/\\$FILE/June%20ACP%20Update%20to%20Sector.pdf](http://docs2.health.vic.gov.au/docs/doc/3B2DF6517829B622CA257E68007F65D1/$FILE/June%20ACP%20Update%20to%20Sector.pdf)

However, these can be very problematic, since many people will write a 'directive' that does not apply in a situation they may find themselves in. For instance they may have a 'Do Not Resuscitate' request, or a 'No medical treatment' which may be appropriate if they are weeks away from dying from a terminal illness. However, it is totally inappropriate if they are 60 years old in very good health – if they have a heart attack, it may well be that they can be resituated, have a bypass operation and go on to live for many years.

Extending life 'at all costs' is not necessarily the appropriate answer either. A doctor must be able to assess all the medical circumstances - the person may be dying naturally, and keeping them alive artificially is inappropriate. Often difficult decisions have to be made, for instance about turning off life support. Again, this should NOT be confused with either euthanasia or assisted suicide.

Again, patients should be able to trust their doctors to provide the very best care in the circumstances.

Patients should be able to make an expression of the type of treatment they would LIKE to receive, expressed in positive terms to preserve life.

In some jurisdictions, statements about 'not receiving medical treatment' have been interpreted by courts to mean **NOT GIVING food and water**, including nutrition given by way of peg feeding. Most people would be horrified to think that this could be an interpretation of a statement they make about not getting 'medical treatment'.

(3) consider what type of legislative change may be required, including an examination of any federal laws that may impact such legislation.

We recommend that NO legislation regarding the legalising of euthanasia or assisted suicide be enacted in Victoria.

If further legislation is required to enhance the provision of, and funding for, palliative care, then we would support that legislation.

Recommendation

We urge the Committee to reject the legalisation of euthanasia and assisted suicide - and to provide additional services for palliative care for those who are seriously ill.