

David Perrin

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**The Secretary,
Standing Committee on Legal & Social Issues,
Legislative Council,
Parliament of Victoria,
Melbourne.**

SUBMISSION END OF LIFE CHOICES

I write as a former Member of Parliament in Victoria regarding the motion agreed to by the Legislative Council regarding end of life choices.

This issue has been examined on many occasions in the past by many Parliaments around the world and has also been examined extensively in Victoria and State and Territory Parliaments in Australia.

As the motion entails no specific legislation the general principles need to be examined-

- Palliative care correctly interpreted is the best option for assistance to those patients facing the end of life.**
- As good palliative care involves the actions of medical personnel it is essential that the relationship is not corrupted. Medical professional associations have made it very clear the medical professionals are not to be coerced into any activity that may damage the relationship between a patient and the professional. As has been shown in many enquiries around the world, medical professionals need the Parliaments to support ethical medical practice. Accordingly the Legislative Council must not consider any legislation that allows mercy killing, suicide, euthanasia or assisted suicide which would undermine ethical medical practice.**

- **Effective palliative care does not involve the option of mercy killing, euthanasia or assisted suicide as is being argued by some in our community. Palliative care is the alleviation of suffering and not elimination of the patient.**
- **Palliative care at its best should alleviate pain and suffering without extending to elimination of the patient. Because of this there is a community misunderstanding of the role of palliative care. Medical science today has advanced a great deal in pain management and symptom alleviation.**
- **Good palliative care must also accept that food and hydration are essential without going to extraordinary burdensome practices. Food and hydration are normal care due to a patient the withdrawal of which leads to acute pain and discomfort. This is why when food and hydration are withdrawn then sedation is acutely necessary.**
- **Palliative care and hospices must be effectively funded to ensure it is available to all patients that need it. This has consistently been argued in every report to Parliaments that have looked at the issue of end of life decisions.**
- **It is essential that Federal and State and Territory governments ensure that drugs are not available for the use of suicides by humans. The importation of drugs for this purpose, like Nembutal, must be restricted and controlled so that they are not available to the general public.**
- **Good palliative care should involve the choice to patients of where, if possible, it is delivered. Hospice care or home care can be effective choices to patients.**
- **As end of life decisions can be traumatic for the patient and their families it should involve support for their mental wellbeing. This should involve the medical practitioner and palliative care provider and provide help for depression and a positive outlook.**

This issue has been extensively investigated throughout Australia. It is regularly examined in South Australia almost annually. In Victoria palliative care has been supported consistently in a bipartisan manner over many years.

In other countries where they have adopted other practices in end of life decisions than palliative care, there has been constant report of abuse including decisions taken away from patients.

This is why in Australia we have never adopted medical practices in end of life decisions apart from palliative care.

I urge the Victoria Legislative Council to respond to this motion with a resolution to continue to support palliative care in end of life decisions.

**David Perrin
Former M.L.A**