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From: Inquiry into End of Life Choices POV eSubmission Form
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Inquiry Name: Inquiry into End of Life Choices

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SUBMISSION CONTENT:

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Practising clinical medicine for over 50 years, in both western countries and the third world, I have seen many people die.

It has often been my privilege to be able to try to help such people and their next of kin at these times.

I have also been present at the deaths of family and friends, including my mother not so long ago.

My approach has been to be liberal with the use of pain-relieving medications and other therapies, to try to make myself available as much as the patient wants and to make sure that the best accessible palliative care is made available.

I have done nothing that was intended to shorten life.

This approach I have not regretted.

Some doctors and some activists take a different stance and would argue that, at times, intentional killing is the way to go.

I think this is wrong and should not be done and should not be countenanced by law.

Hearing accounts of the breaching of "safeguards" included in euthanasia-tolerating legislation, e.g. in Europe suggest that even by the standards of rudimentary prudence such legalisation is risky. That's arguable, I suppose. But I do not consider the question of the wrongfulness of deliberate killing to be arguable.

The Palliative Care movement was first started in England by Dr Cicely Saunders (also known as Dame Cicely Saunders), a medical practitioner who spent years researching pain relief and in 1967 set up, in London, Saint Christopher's Hospice, the world's first purpose-built hospice

What was original about Dr Saunders's innovation was the idea of multidisciplinary teams to simultaneously provide relief of physical pain and help with the spiritual and mental needs of the patients and their families.

To her, palliative care meant the medical alleviation of pain and other distressing symptoms, so as to improve the quality of life of those with life-threatening illness. To her, euthanasia could not be part of palliative care.

To legalise euthanasia and/or assisted suicide would arguably reduce the incentive to invest in palliative care research -- or to increase its availability.

Already in Australia the number of full-time palliative care specialists is below levels needed for reasonable provision of service as recommended by the ANZ Society of Palliative Medicine.

I think most Australians don't know what euthanasia is -- they think euthanasia means letting people die. They don't note the distinction between allowing to die and willing death to occur.

Although I was not brought up as a Catholic, I have come to understand that the basics of the euthanasia issue are best summed up in the Catechism of the Catholic Church:

"An act or omission which, of itself or by intention, causes death in order to eliminate suffering constitutes a murder gravely contrary to the dignity of the human person and to the respect due to the living God, his Creator

"Discontinuing medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome can be legitimate; it is the refusal is merely accepted

"The use of painkillers to alleviate the sufferings of the dying, even at the risk of shortening their days, can be morally in conformity with human dignity if death is not willed as either of "over-zealous" treatment. Here one does not will to cause death; one's inability to impede it an end or a means, but only foreseen and tolerated"

In conclusion I sum up by saying that euthanasia and assisted suicide should not be legal.

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File1:

File2:

File3: