
From: Lindsay GRIGG [REDACTED]
Sent: Thursday, 30 July 2015 10:06 AM
To: LSIC
Subject: End of Life Inquiry

Secretary, Victorian Parliamentary Enquiry into Euthanasia

I write as a private citizen, a retired surgeon who graduated in 1950, and have followed these issues closely over the past 65 years.

The early purported reasons for inducing death were based on poor pain control of terminally ill cancer patients. This is no longer valid, because proper palliation is available and should not be denied any patient. There are many more potential situations where a doctor's direct action, or inaction, can allow death to ensue naturally and peacefully, and I have faced most of these situations. I never met a single situation where it was necessary deliberately to give a fatal dose of drugs, but I never hesitated to give analgesics sufficient to relieve pain, even where there was a concomitant risk of this being fatal. I never acted at any time with fear of adverse legal consequences upon myself, and the recent promotion of this contingency is, or should be, a false consideration. It does not arise in any instance where the doctor truly respects his/her patient as a fellow human being.

Euthanasia, "good dying," is not the prerogative of those activists who believe they can determine the residual human worth of another individual. Their expansion of their indications to kill to other situations, such as depression, even in young people, shows that their real agenda is different. Their presumption to judge on their personal initiative, without reference to any other person, is a feature of behaviour in those countries where euthanasia has been legalised, where the evidence is that they act with total disdain for the Acts and their so-called safeguards. Recent in-depth reports from the Netherlands and Belgium make this quite clear. The frightening consequence has been a cultural shift, where the community has come to accept these aberrant concepts as normal. This does nothing to relieve the terror of the vulnerable that they will be killed contrary to their wishes, or in accordance with written consent that has been obtained by coercion, both by family and doctors.

I have personally allowed many patients to die well by not subjecting them to interventions which would only delay their inevitable death, but give them unwarranted further distress. For example, in patients with ruptured abdominal aortic aneurysm, already in renal failure, no surgery will save their lives, and, in my practise, I clearly regarded surgical intervention merely as mutilation, because it would not alter the outcome. I always spelled this out compassionately to the patient and relatives, allowing them to share the dying vigil whilst ensuring the patient remained pain free. I have rarely had more grateful patients and relatives. I never hesitated to discontinue ineffective treatment where it became apparent that the patient could not survive without mechanical intervention, and can quote those who pleaded for me so to act, where this was the humane course that gave them the least distress.

The millennia of medical attitudes to patients basically codified in the Hippocratic Oath have pertained because the underlying understandings are respect for fellow humans and that no human being has the right or authority to determine that a fellow human being is no longer of worth to society. The fundamental aim has always been to protect those who cannot protect themselves.

The current advocacy and practise of "euthanasia" is the outcome of individuals rebelling against this concept. This is a manifestation of changes in cultural concepts over the past half century, largely as a revolt against the dictates of religion, particularly "religion" in the sense of Judaeo-Christian ethics. This is a false assessment. The underlying issue is the hubris of a small minority who consider themselves to be superior to their fellows, and to be able to judge another's worth. Their case has been unduly amplified by

modern communications, but their argument is no less specious. The fact is that some of the most trenchant opposition to legalised euthanasia has come from those countries where this has been legalised, and the prominent critics are outstanding in that they are atheist secular humanists; yet their reactions reflect a humanity no less than that portrayed by those who claim a faith in God. They have demonstrated unequivocally that no legislation can protect the vulnerable. The only sure option is to ban "euthanasia," by whatever euphemism it is described - mercy killing, physician assisted death or other.

An important issue is to recognise that, as in any other social group, there are rogue doctors, whose behaviour is most surely recognised by their peers. Whilst we currently discuss publicly notorious names, we should not forget that the phenomenon is not new. The death of the late King George Vth, inevitable because he was already in terminal coma, was deliberately hastened by the intervention of his personal Physician, Lord Dawson of Penn, who hastened the end by intravenous injection of fatal doses of morphine and codeine. His motive, revealed 50 years later in his personal diaries, was to ensure that the news was conveyed by the Times, in the morning, rather than the vulgar afternoon tabloids. This "physician assisted death" would still be construed by most people as murder. Where does his action differ materially from what is currently being performed?

If this matter is to be seen as a religious issue, it is one of a conflict of religions. There is a vociferous minority who are completely religious in the pursuit of their concepts, which include that of assuming the right to determine a fellow human's residual societal worth; they are determined, but who can say whether they are courageous or foolhardy? The majority adhere to age-old understandings, which transcend particular religious understandings but are dominantly represented in this country by the Judaeo-Christian values on which this country has grown.

This debate is a typical example of a wide cultural trend to present desires as rights, and to insist that these rights over-ride the rights of others conscientiously to hold to different values. This has overflowed already into legislation directing doctors to act contrary to their consciences and to the embodied wisdom of many centuries of experience. Let it be seen for what it is, a deliberate intention to change the basic culture of our society, without one skerrick of legitimate justification. Let it also be said that those who are directly interacting with patients remain best qualified to judge these issues, always with the same historical oversight of the Law and those competent in theological matters. There used to be a triumvirate, each of equal worth in determining societal values. That was the Church, the Law and Medicine. That balance has been lost, and an unwritten obligation of this enquiry should be to see whether, and how, this balance can be restored for the benefit of all our society.

"Euthanasia," as at present debated, is a perversion of the Greek meaning. Good dying continues to be practised every day, best accomplished by compassionate doctors who value human life. The current misapplication should never become a part of legislation, other than to reject it.

Yours faithfully

Lindsay Grigg. FRCS(Eng). FRACS
Retired Cardiothoracic and Vascular Surgeon