

From: [Inquiry into End of Life Choices POV eSubmission Form](#)
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Subject: New Submission to Inquiry into End of Life Choices
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Inquiry Name: Inquiry into End of Life Choices

Dr Doug Gaze

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GP

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SUBMISSION CONTENT:

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Preamble.

I posted this to you 2 weeks ago but as it has not appeared on the submission list I am sending it again as time is short before closure.

I have made some minor additions so request that you accept this as my final submission.

SUBMISSION

Doug Gaze MBBS, Diploma of Integrative Medicine

Flinders Medical Centre, [REDACTED]

email: [REDACTED]

Wed 26 August 2015

Submission to the Legislative Council Standing Committee on Legal and Social Issues

INQUIRY INTO END OF LIFE CHOICES

Dear Committee members

I have been a practicing GP for close to 30 years after several years working in the hospital system. My wife died of pancreatic cancer aged 54 in 2010 and my mother died of stomach cancer in 2012. I have no children.

I have witnessed the illness, suffering and deaths of many patients over the years. Many deaths have been well managed with palliative care but there is a misconception that modern palliative care can alleviate most suffering and allow a dignified and reasonably comfortable death in nearly all cases. This is simply not so.

The vision of a dying patient on a morphine drip surrounded by family and slipping away peacefully is not the reality in a significant proportion of patients. Patients can suffer both physically, psychologically and existentially for weeks or

months and can die in great suffering, often alone in the middle of the night and often in confusion, fear and distress gasping for breath or choking on their own fluids. But for the sake of a small proportion of the community who will not accept a more humane way (including some Doctors), this is how things will continue.

In my mother's case of Linitis plastica (a form of stomach cancer), she had absolutely intractable and intolerable nausea and could not eat and this was not adequately palliated despite maximum involvement of palliative care services. It was dreadful to see her suffer without adequate relief. She asked me several times to be able to be put out of her misery but she had to endure it to the end in Caritas Christi hospice.

I can recall several other patients who were unable to be adequately palliated. In particular I vividly recall one unfortunate young woman who I saw in Wangaratta hospital over a weekend. She was dying of advanced vulval cancer and had the most awful ulceration with severe pain at the slightest movement or touch and offensive discharge, bleeding and odour. 15 years on her suffering still makes me feel sick inside. Nothing except death gave her release and death did not come peacefully despite morphine and palliative care. Patients dying of advanced motor neurone disease are also faced with unbearable suffering witnessing in full alertness a body that is paralysed and fearing choking to death as they lose every last vestige of independence and dignity. For some this is intolerable yet our society demands that they endure the full course of their illness no matter what their wishes.

I also urge you to view the video of Angelique Flowers as another case where palliative care has failed.

We regard ourselves as an advanced and rational society, yet there are a proportion of patients with terminal illnesses who are suffering awfully with nothing but death as release. I cannot see why we do not allow the choice to be able to die peacefully at the time of their choosing with their loved ones beside them if that is their determined wish. Those who do not wish to avail themselves of such an option have that right too but why do we deny the wish of the majority for the will of the minority. For many, if not most, just having the choice and means will give great comfort even if it is never used as it allows one last vestige of control in their final weeks or months.

Surely relief of suffering is the highest goal? Why allow intolerable suffering when it is within our power to give people a choice to relieve it? For some the only relief and the greatest kindness and humanity is allowing the choice of a peaceful death. My experience convinces me that I would want that choice. Many doctors feel the same and are placed in legal limbo by placing relief of suffering above the anachronistic laws in this state.

All the contrary arguments do have solutions and safeguards as has been demonstrated in comparable European countries and several U.S states which have legislated Dying with Dignity laws. But without allowing this basic humanitarian choice, there is no solution to preventing unbearable suffering in some people.

You will no doubt receive many submissions opposing law reform but I urge you to consider the fact that no amount or access to quality palliative care can guarantee complete relief of suffering for a small proportion of unfortunate patients. It is their situation's and suffering that must be paramount in your deliberations.

If the committee recommends anything less than this then I humbly suggest that you are not placing relief of suffering as the highest goal but are being influenced by people's moral and religious beliefs or some feeling threatened in their 'patch' as in the case of some palliative care Doctors who oppose law reform. I have seen it first hand and my considered opinion is that we need law reform in this area.

Yours sincerely Dr Doug Gaze, Flinders, Vic

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File1:

File2:

File3: