

Lilian Topic
The Secretary,
Legal and Social Issues Committee,
Legislative Council Parliament House,
Spring Street,
Melbourne
VIC 3002

August 17 2015

Dear Ms Topic


Thank you very much for your kind invitation to provide a submission to your very important Inquiry into End of Life Choices.

I would like to make the following points:

1. As medical practitioners have no special status under the law (our protection is based on the discretion of prosecutors and on judicial precedent), many, if not most medical practitioners are cautious, even fearful about discussing end of life care and relief of suffering with their patients. In general they are relieved to quickly close the discussion, often to relieve their own concerns, with or without saying 'don't worry we won't let you suffer', or "we'll deal with that when the time comes" or they will delegate it to palliative care practitioners, without ever dealing with the patient's real wishes and needs.
2. In general, in these sorts of discussions, the fact that some suffering will only end with death is never acknowledged or raised.
3. Because of caution and the fear of the law mentioned previously there is little opportunity for medical practitioners to discuss these real problems with their professional colleagues, as it may be seen to bring their colleagues into a potentially difficult situation.
4. There is almost complete silence within the profession about the end of life practices that do occur, and this lack of transparency actually can open up the possibility of abuse. This may well not be occurring but we simply don't know, as the whole issue is swept under the carpet.
5. For many doctors their ability to provide adequate end of life care and to relieve intolerable pain and suffering can become an entirely arbitrary situation which depends on the medical practitioner's courage and moral beliefs, on the patient's disease, and on where the patient is based e.g. hospital, hospice, institution or home.

6. Many medical practitioners who have a poor understanding of all the elements of suffering at the end of life ignore immense psychological and existential suffering, while assuming suffering is confined to pain and other physical symptomatology.
7. The lack of protection for medical practitioners currently afforded by the law and the aforementioned lack of transparency in practice, prevent real progress being made in compassionate and effective end of life care that can deal effectively with the rational decisions of patients with utterly intolerable suffering. This lack of protection for medical practitioners can harm patients directly, and can harm the medical practitioners themselves albeit indirectly.
8. If we as caring and compassionate Victorians can provide the necessary legal protection and guidelines to medical practitioners, they can be liberated to engage in open, transparent and needed end of life discussions. In this way they can, on our behalf, provide appropriate assistance when justified under careful guidelines, to the immense relief of patients, their relatives, other health care workers and society as a whole.
9. I will end my submission with an acknowledgement of my self-interest. I and my greatly loved wife Annie are in our sixties and we could possibly end up having a condition in which one of us would have to endure immense pain and suffering. We have no idea. But we would really want our treating physicians to have clear legal guidelines under which they could provide relief of intolerable suffering should either of us need it. For our benefit, for the benefit of our family and as importantly for the benefit of our treating physicians.

Yours Sincerely



Rob Moodie AM, MBBS, MPH, FRACGP, FAFPHM, DTM
Professor of Public Health, University of Melbourne
Professor of Public Health University of Malawi