

To Ms Lilian Topic, Secretary, Legal & Social Issues Committee,  
Parliament House , Spring Street, Melbourne VIC 3002.

23 July 2015

A Submission to the LSI Committee re “Inquiry into end of life choices”.

Bad deaths, those where suffering with an incurable ailment cannot be relieved by palliative care, do occur with trauma for the patient and those who love them. Even if only 5% of deaths are ‘bad deaths’ they involve a significant number of people who are severely harmed.

This severe problem could be mitigated by the inclusion of another choice in the 1988 Medical Treatment Act viz ‘a patient with an incurable ailment and whose suffering cannot be relieved by palliative care may on their request be supplied with a terminal medication’. Palliative care has developed considerably in recent years but some deaths cannot be peaceful for the patient and all concerned.

Doctors should not be compelled to participate; they should have the right to not register as a provider of terminal medication.

Conditions should be specified so as to minimise fraud, culling .or black market provision of terminal substances. Especially there must be strong protection against unrequested termination for patients who do not choose termination. There should also be legalisation of advance directives to ensure that a patient’s well considered wishes would not be hidden by incompetence late in life.

Merciful ‘Assisted Dying’ is now allowed by law in many parts of the world; please allow Victorians that choice. Choice and dignity in dying is a sensible approach after good medical care during life; enforced continuation of suffering, be it extreme pain, suffocating breathing difficulties, degenerating nervous system or general loss of competence in a person’s last days is irrational and grossly unfair to those whose beliefs do not require protracted suffering to improve their lot after death.

I trust that my brief but heartfelt statement and request above will be accepted as a response to the third term of reference for the Inquiry, but appropriate amendments would need to be made to the Victorian Crimes Act if merciful assisted dying was decriminalised within the Medical Treatment Act.

There would also need to be legalising of ‘advance directives’ especially since the Medical Treatment Act does not allow refusal of a treatment before the ailment is active in the patient , and refusal can only be made by a competent patient – a horrible impass if loss of competence comes before a patient’s wishes about refusal of treatment are recognised.

At present, serious ambiguities exist within palliative care, in hastening death by shutting down life support systems, by increasing palliative medication, and/or depriving patients of food and water to drink.

I joined the ‘Voluntary Euthanasia Society of Victoria’ in 1990 after the death of my father. That group name changed to ‘Dying with Dignity Victoria’ (with emphasis on assisted dying and advance directives) a few years ago and I am currently Convenor (Chair) of the Ballarat and District Group of DWDV. Each participant in the Ballarat Group is a member of DWDV and has been close to bad

deaths of relatives and/or other friends. There are 60 persons on our mailing list with about 15 of these able to attend regular meetings.

Yours faithfully,  
Ken Clements,

