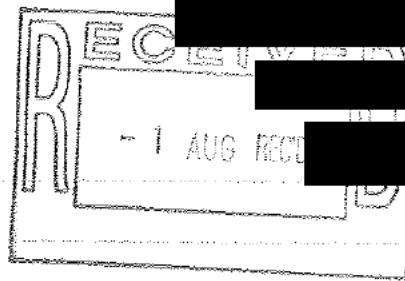


The Secretary
Legal and Social Issues Committee
Parliament House Spring Street
East Melbourne Vic. 3002.



27/7/15

Inquiry into End of Life Choices

I am an ordinary individual citizen, not a lawyer, but I believe in the inherent dignity of every human being and that respect is due to all regardless of age or capacity to be useful.

Decisions made now by govts and health professionals will have a profound effect on how much suffering (mental and physical) thousands of people may be forced to endure.

Because of the increasing preponderance of old people and the immense amount of money to look after them, there will be escalating pressure on govts and the medical profession to introduce euthanasia. At first and superficial sight euthanasia seems like a humane and easy solution. Experience in other countries indicates that, although euthanasia is introduced for a small group of people (voluntary and for the terminally ill) it progresses along a slippery slope. In some countries the categories have been extended to include people in pain but not terminally ill, physically healthy people with depression, and now there is a push to allow children with a serious disease to decide to end their lives. Also anecdotal evidence indicates that many cases have become involuntary, and are not officially reported as the law mandates.

2 A potent reason to avoid euthanasia is the mental anguish caused to the elderly who fear they are a burden on their family and feel obliged to "do the decent thing" and get someone to euthanase them. Euthanasia or "assisted suicide" always involves other person/s. This is a heavy responsibility.

Euthanasia should not be confused with a current medical practice which most doctors have practiced over many years, which is to seek to make a dying patient comfortable by giving doses of medicine which may shorten a patient's life but differs from euthanasia in not directly killing the patient. This may require a little more care and effort by doctors and nurses. It can be of immense comfort to patients who can preserve their own choice of death, their own dignity and comfort, and peace of mind.

At present, on the other hand, there is a tendency to overtreat dying patients, especially in emergency units. Just because technology has been invented does not mean it should be mindlessly used in all cases. I had an elderly aunt who was overtreated and whose life and suffering were needlessly prolonged. Part of the problem was that if the doctor asks the family would they agree to further treatment they make uninformed decisions like "Oh yes, you must do everything for Mum".

It is vital that people make end-of-life decisions before they become sick or old, and that they make these known.

3/ Sick and weak, the dying are totally at the mercy of others - some of whom may have their true welfare at heart and some of whom may not. While it is necessary to put in writing an outline of one's wishes (i.e. Powers of attorney) one should perhaps be wary of making too detailed instructions because the medical circumstances may change by the time one is dying - dying is a complex procedure. Most of all one needs a close relative or friend who knows the dying person's wishes and can make an informed decision if the patient is incapable of it. The views of such a Carer should not be ignored by medical staff if such views are reasonable.

Palliative Care I have known of several persons who have had their last days, weeks or months made tolerably comfortable by palliative care - importantly they have had great peace of mind. More palliative care could be provided by subsidised private institutions if there was the will to do it.

We are in many ways already a cruel society compared to earlier years. Making euthanasia legal would, over time, cause much more suffering than it might alleviate.

Freedom of conscience

Many dilemmas of freedom of conscience have been reported in countries with legal euthanasia. Health professionals should not be forced to be involved with euthanasia if they hold moral objections.

(MARY ANNE HAYES)