

Friday, 28 August 2015

Submission to the Standing Committee on Legal and Social Issues, Inquiry into End of Life Choices

I am a Registered Nurse and I have worked in acute hospital settings, principally in intensive care, in various nursing roles for over 20 years. I am grateful for the opportunity to contribute to this Inquiry on the important issue of end-of-life choices.

I believe the law should not permit voluntary euthanasia or any form of assisted suicide. A host of problems would arise if voluntary euthanasia or assisted suicide were legally sanctioned, including:

1. The frail and vulnerable in our community would immediately experience pressure, real and perceived, to consider ending their lives. One person's 'choice' would soon become another person's obligation. We do not live in isolation; we are a community where one person's decision to end his or her life could adversely affect many other people who are seemingly far-removed.
2. There would quickly be cases of non-voluntary euthanasia. Australian and overseas experience shows that it is not possible to put in place or enforce adequate safeguards around euthanasia and assisted suicide: requirements for written consent have been ignored; requirements for mandatory reporting have been ignored; requirements for a second opinion and consultation have been ignored.
3. Rather than being a 'last-resort' option for cases of intractable suffering for the terminally ill, euthanasia or assisted suicide would quickly be extended to become a 'first-resort' option for the non-terminally ill, including the disabled, the mentally ill and other vulnerable groups. The pace at which the grounds for euthanasia have been extended in overseas settings has surprised even the most ardent supporters of voluntary euthanasia.
4. There will be a shift in the tone of public policy debate, where Australian citizens will increasingly be judged, overtly and covertly, on the basis of their usefulness rather than their inherent worth.
5. Funding for services and research into care of the dying would come under increased pressure.
6. Efforts to tackle the widespread problems of depression and suicide would be undermined. Laws allowing intentional killing would send a powerful contradictory message to the one of hope and resilience that sufferers of depression and loneliness really need to hear.
7. Genuine solidarity with and compassion for the sick and vulnerable, and for their families and carers, would be seriously undermined. Walking with people who are sick or suffering, being with them on their journey through illness, and caring for them holistically is at the very heart of the Nursing profession. Deliberately ending a person's life is the antithesis of this fundamental Nursing ethos.

Frail patients with complex conditions are sometimes admitted to acute hospitals when they experience an acute health crisis. It requires considerable expertise and excellent communication and referral processes to provide optimal care to these patients. Clinicians caring for these patients need:

1. Time to undertake a comprehensive health assessment.
2. Timely information from the patient's usual carers, such as family members, GPs and case workers.
3. Rapid access to advice from experts in resuscitation and end-of-life care.
4. Outstanding communication skills so that they are equipped to discuss the situation with the patients and their loved ones.

I commend to the Inquiry the 'National Consensus Statement: Essential Elements for Safe and High-Quality End-of-Life Care' that was developed by the Australian Commission on Safety and Quality in Healthcare. The Consensus Statement, which does not advocate euthanasia or assisted suicide, provides a pathway to excellence in the provision of end-of-life care in acute hospitals.

Care 'plans' are important and are greatly preferable to care 'directives'. 'Plans' promote conversation and the ongoing refinement of care with the goal of providing the best care. 'Directives', on the other hand, shut down communication and hinge on an unrealistic faith in our ability to accurately anticipate how complex health scenarios might unfold and what we might want in the future.

Yours sincerely,

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