

From: [REDACTED]
To: [LSIC](#)
Subject: Submission to End of Life Choices Inquiry
Date: Monday, 31 August 2015 11:48:27 PM

Lilian Topic
Secretary,
Legal & Social Issues Committee
Parliament House

Dear Committee members,

Please accept the following submission to the End of Life Choices Inquiry. The submission may be made publicly available but please ensure that my name is not shown. If this is not possible, please accept my submission as one not to be publicly available.

SUBMISSION – Communication In Doctor-Patient Relationships

I believe a major factor in the quality of care of the dying centres around the communication that patients and families receive from health professionals, particularly treating doctors in hospitals.

I wish to express my concern that economic pressures on health budgets should not result in any reduction in the quality of care of the dying within our health system.

Palliative care provides extraordinary benefits to many patients. It is important that these benefits be extended to as many patients in need as possible.

There are heart wrenching stories of suffering but the response from Parliament should not be to change laws with focus exclusively on the hard cases.

I am very concerned that any changes to allow euthanasia will not be controllable and will result in practices that were not envisaged. There is well documented evidence of voluntary euthanasia legalised in The Netherlands and in Belgium resulting in high numbers of patients being intentionally killed without procedures being followed and often there being no voluntary choice involved.

My mother passed away in March with a blood infection detected following a fall. My mother previously had bowel cancer and also suffered long term mental health issues. Whilst I ultimately came to understand the diagnosis and reasons for decision making around withholding medical treatment, the attitude of medical practitioners and their failure to communicate the diagnosis astounded me and caused me great concern until a palliative care nurse better explained my mother's diagnosis and prognosis.

I believe that inadequacies in the health system in terms of communication by treating

doctors with patients and their families would mean that any legal change allowing advance care directives to have effect beyond an existing condition will result in patients dying in circumstances that were not envisaged. It is undoubtedly due to the considerable work pressures on doctors that communication is inadequate. I believe this situation will worsen if doctors have advanced care directives that can be applied beyond existing conditions. This is particularly a concern within the context of ever growing financial pressures on hospitals and their need to get best utilisation of hospital beds.

The medical power of attorney seems to be a valuable option that encourages communication between doctors, patients and relatives. This is a step in right direction whereas the use of advance care directives is surely a move in the wrong direction as it would appear to be perceived by busy doctors as reducing the need for good communication.

The concerns I have expressed regarding extending the use of advance care directives also among the reasons why I am alarmed at proposals to legalise euthanasia.

In addition, I am concerned greatly by the message sent to vulnerable patients and to the elderly generally if society legalises euthanasia even if it is seemingly restricted to very limited circumstances. Many patients nearing the end of their lives need support to encourage them to value their lives and not become overwhelmed by the idea that they are a burden on society. To legalise euthanasia would be very detrimental to many vulnerable people in terms of the way they view their lives. The trust in the doctor-patient relationship that we are very much dependant on would also be undermined.

Please take positive initiatives to improve the quality of care of the dying. Please do not take steps which will result in elderly and vulnerable people viewing their worth in a more negative manner and taking decisions to have their lives actively ended or ended by withdrawal of medical treatment in circumstances beyond the existing conditions experienced at the time of advance care directives.

Yours faithfully

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(NAME NOT TO BE PUBLICLY AVAILABLE)