

Dr [REDACTED]
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30.8.2015

To the Legal and Social Issues Committee,

Thank you for the opportunity to make a submission to the “End of Life choices” inquiry. I would ask that my name be withheld from my submission. I request this as I have made submissions on other government policy in the past and have been quoted in the media without my consent. As a doctor, this has professionally compromised me and I wish to avoid this situation in future.

Please find my submission attached.

Yours sincerely,

Dr [REDACTED]

Submission to Victorian parliamentary enquiry on end of life choices

I am a general practitioner with an interest and experience in palliative care. I write this submission as someone who works on the “front line” and is informed on current medical practice and how palliative care looks in Victoria today.

I have read the submissions of other community members and it makes for very sobering reading. What is clear is that this is an issue that the Victorian public feel passionately about. What also struck me was that there seems to be a culture of fear and misinformation in the community around palliative care and end of life choices. This is understandable in our Western culture, as dying often takes place behind closed doors and so for many people it is hard to comprehend what their last days will look like.

I feel in this day and age this fear is not based in truth. In fact, if you talk to many working in the palliative care sector they have no fear at all of their own death. They know from experience that it is likely to be a pain free and peaceful passing and not a terrifying ordeal to be avoided at all costs.

The truth is palliative care has come a very long way in the last thirty years and I think most Victorians can reasonably expect to die a comfortable dignified death. Very occasionally a case will come along of a particularly rare or challenging medical condition that is difficult to palliate well. This is always distressing for all concerned, including the palliative care team but it is a rare occurrence and as palliative care advances, these cases become fewer and fewer. So as a general rule, as long as palliative care services are involved, people can generally expect to die a pain free, dignified death. Unfortunately this reality has not made it into public consciousness yet and so fear and misinformation continues to drive public opinion.

To make my stance clear from the outset I am strongly opposed to legalizing voluntary euthanasia and in particular physician assisted euthanasia. It is something as a physician I want no part of. I became a doctor to heal, to counsel, to console, to promote life and health. I do not see terminating life as part of my role. I feel it is in absolute opposition to the Hippocratic oath I pledged on the day I graduated - “First do no harm”. Put quite frankly, I did not become a doctor to kill people.

It is one thing to want to end your own life but quite another to expect another human being to be involved. No patient has the right to demand a doctor be involved in the terminating of his or her life. It is not the role of a doctor. In our state there are ten of thousands of doctors from different cultures and creeds who are morally opposed to euthanasia and would want no part in facilitating the deaths of their patients. To legislate physician assisted suicide would breach Victorian doctors basic human right to conscientiously object.

Finally, if voluntary euthanasia was ever legalized in our state, I have grave concerns for vulnerable groups in our community such as the mentally ill, intellectually disabled and elderly. These groups would be particularly prone to

abuse under these laws. Elderly patients with cognitive issues or individuals with mild intellectual impairment could be easily coerced into signing the necessary paperwork to facilitate their “voluntary death” by ill intentioned carers or family members. Experience abroad in Belgium and the Netherlands has shown is not possible to put adequate safeguards in place in legislation to protect against such abuses.

And where do you draw the line? If you legislate for people with physical pain to end their life, do you allow people in mental anguish to also have the right to die? It is palatable that the 89 year old man with cancer may wish to choose the date of his death but what about the 23 year old woman with severe treatment resistant depression. Both would say they had had enough. Both would say they couldn't stand the pain. With new treatments becoming available all the time, it is a very slippery slope before you are enabling people to suicide with potentially treatable conditions.

As a doctor I would say euthanasia is not a medical decision. It is not something a doctor should be part of. A doctor's role is to promote health and life. It is not to kill on request.

I would really encourage the enquiry to seek guidance from medical professionals involved in the palliative care sector to obtain an accurate view of what palliative care is offering in our community in 2015. I believe this information will show that what is needed is not changes to the legislation around end of life choices but rather, further funding into the palliative care sector to ensure that every Victorian is ensured a peaceful and dignified death when it is their time to go.