

Ms Lillian Topic
Secretary,
Legal & Social Issues Committee

Re: Enquiry into End of Life Choices

I welcome the opportunity to make a submission to the Legal and Social Issues Committee regarding the Enquiry into End of Life Choices, and I would like to advise the Committee that I would be prepared to appear at a public hearing.

As a nurse in a large public hospital in Melbourne, I fully understand and comprehend the profound effect that the death of a relative, loved one, or friend, has on those present and loved ones left behind. While I acknowledge that not all deaths are absolutely free of suffering and pain as appears to be the overriding concern in many of the submissions to the Committee to date, I do not believe that euthanasia is the answer to this gap in our healthcare system.

The sound, holistic and ideal principles of palliative care in Victoria would be directly conflicted by proposals of euthanasia and any such proposals should be firmly rejected by Victorian legislators. Palliative Care Australia has adopted the World Health Organization's definition of palliative care, which is not simply limited to pain control but encompasses a wide array of symptom management, in addition to assisting family members during the patient's illness and through the grieving process, allowing for provision of holistic and comprehensive care.¹ It should be recommended that the extensive potential for palliative care in Victoria be enhanced and funded appropriately, to address the needs of those in our community in their final stages of illness, in particular allowing for provision of further home-based palliative care services.

The current situation in Victoria regarding implementation of advanced care planning programs and directives, such as the 'Respecting Patient Choices' program,² is concerning, as holistic end of life care should involve a carefully thought out process of administering treatments which are beneficial for a patient in their current state of health, and withholding treatments that would cause or are causing more burden than benefit to the person. When a person dictates in advance their own wishes regarding their care, this multi-disciplinary approach based on extensive knowledge of

¹ Palliative Care Australia, 'Understanding Palliative Care'
<http://palliativecare.org.au/understanding-palliative-care/>

² Advanced Care Planning Australia, 'Advanced Card Planning' (2015)
<http://advancecareplanning.org.au>

health care and best practice is not utilised. The concept of a binding advanced care directive presents numerous complex legislative deficiencies and medical difficulties, as treatment is outlined by an individual based on a set of hypothetical circumstances, which may not yet exist. In this manner, any form of advanced care planning documentation should remain non-binding by law, and Victorian legislation should reflect the advisory nature of these documents.

Open communication between patients, their families, friends and carers, and the multidisciplinary healthcare team, is an invaluable measure to alleviate anxiety, confusion and guilt throughout an illness and in the preparation for end of life.³ Appointing a representative to work closely with trained health professionals is an important aspect of end of life care and ensures that treatments are given or withheld based on whether that treatment is effective or overly burdensome. Those requesting or undertaking this task of representative decision-making should in no way consider this responsibility a burden. The Australian Health Ministers' Advisory Council acknowledges the importance of substitute decision-making reflecting the preferences of a person in situations when they are not longer able to make decisions.⁴ In this manner, the ever-changing circumstances that may surround an individual's health and health treatments can be taken into consideration. To guide the appointed representative and healthcare professionals, an individual may prepare a statement of general principles regarding their future care, which may become more specific in the event of a degenerative illness, however should not be seen to be definitive or binding.

Those who attempt to maintain that euthanasia can be regulated and controlled by legislation are blatantly ignoring the explicit and sound evidence from overseas jurisdictions where this has been legalized, with the vulnerable members of the community being at utmost risk. The 'slippery slope' phenomenon, while often rejected, is inarguable in jurisdictions where euthanasia has been legalized. 1.8 per cent of euthanasia cases in Belgium occurred without explicit consent, and the scope for euthanasia has been grossly liberalized, allowing euthanasia for minors, those who are simply tired of life, and forthcoming discussions relating to patients with

³ See The Australian Medical Association, 'Of Death and Dying' (Sept 2014) <https://ama.com.au/ausmed/death-and-dying>, and Palliative Care Australia, 'What is Palliative Care?' <http://palliativecare.org.au/what-is-palliative-care/>

⁴ Council of Australian Governments, 'National Framework for Advanced Care Directives' (2011) <http://www.coaghealthcouncil.gov.au/Publications/Reports>

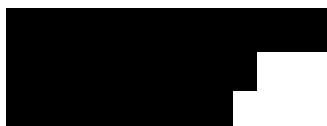
dementia.⁵ Legislators, the medical profession and the Victorian community should reflect soberly on such devastating outcomes, in which the lives of the most vulnerable members of the community are not protected.

In addition to ensuring the continued protection of the elderly, persons with disabilities and illness, and all other vulnerable members of our community, I ask that the Committee give thorough consideration to the effect that any changes in legislation would have on members of the medical profession and the trusting and positive relationships between medical professionals and their patients. Legislators should ensure that all moral and ethical codes of medical practice remain uncompromised.

The Australian community has long been proud of our positive attitude towards helping our mates in their time of need. We have pulled together as a community in such an admirable way for those affected by the various disasters that have faced our country over the past few years, and our sense of community and strong will would rival any other country around the world. Australia, as a country, does not need euthanasia. We are a nation far better than that. Victoria, as a state, should lead the way in providing our community with effective, respectful and holistic end of life care, supporting those making the inevitable journey from this life. Palliative care, in both public and private sectors, needs to be given priority by the Victorian government, as excellent palliative care can provide comfort and alleviate pain for those facing the end of their lives in addition to supporting their families, friends and carers. Holistic and accessible palliative care is the way forward in Victoria. Euthanasia, with its many dangerous consequences, is not. I urge the Committee to recommend on End of Life Choices accordingly.

Yours sincerely,

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⁵ Mortier, Leiva, Cohen-Almagor and Lemmens, 'Between Palliative Care and Euthanasia' (2015) Journal of Bioethical Enquiry, vol 12, no 2.