

G & S Parker


Legislative Council,
Standing Committee on Legal and Social Issues
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Dear Sir, Madam, We would appreciate it if our contact details are kept private. - Thank you

Legislative Council - Standing Committee on Legal and Social Issues

2015 Inquiry into End of Life Choices

We appreciate the opportunity to make this submission as it is one that we feel is very important.

Dying With Dignity

It seems that everyone agrees that dying with dignity is a fundamental human right.

The difficulty arises when trying to achieve this end. There are very many reasons why people are placed into a care facility away from their home. They feel it reduces their ability to make decisions about their end of life choices.

A study has shown that 70% of Australians want to die at home but only 14% are able to achieve it. Most die in hospital or aged care facilities, after having to be placed there because they are unable to accomplish their desired objective.

If these people were able to understand their options for palliative care, discuss those options with their loved ones, and make a decision accordingly, the process for 'end of life' would more likely accommodate their desires.

We believe it appropriate that each individual should be able to put in place a process which will accommodate their death according to their individual wishes.

There are those who want to 'squeeze out the last drop of their life' (quantity without necessarily achieving quality of life).

There are others who wish to die in a manner which enables them to facilitate the end of their life by terminating it at a time when they may be able to say goodbye to their loved ones without the tortuous pain that accompanies some deaths.

I believe that each individual should be able to pre-determine a quality of life (ill-health) threshold which they would not want to get past, and be able to end their life with the dignity they feel appropriate for themselves and their family (quality without achieving the maximum quantity of life).

There are very few options for older people to make important decisions. The existing Refusal of Medical Treatment for medical conditions is inadequate because it requires people to identify one or more medical conditions which may arise in the future. However, many are unable to nominate a medical condition which may end their life in the future.

End of Life Plan

The establishment of an 'end of life plan' (sometimes referred to as a directive) and an 'Enduring Power of Attorney (Medical treatment)' would be a satisfactory. The implementation of the plan would then be about the individual's right to implement.

Who should have the right to determine another's right to make a free choice

We believe that each person should be able to achieve this 'end of life plan' or 'advanced care plan' without intervention by state or church. So far the Governments of Australia have not been willing to accept the right of the individual to make their own choice about their death. Some for political reasons and some for religious reasons.

The establishment of an 'end of life' directive could be established under the advice of a medical practitioner, thus taking the threat of any contravention of the law away from the medical practitioner.

This proposal is not suggested as compulsory, not a requirement. It is only if the individual wishes.

Right to make a choice

We believe that for those people who wish to do so, they should be allowed to 'take control' of their own lives. The individual's right to determine their own quality and quantity of Life, depending upon their own circumstances.

Political and Religious Beliefs.

Religion is a belief, a faith in a higher god, pertaining to life under monastic order. It is a choice some people decide to make during their life; one they choose to allow to govern all or part of their views and practices. There are also other belief systems which are not based upon a god but based upon their families and friends, work colleagues, etc. All are acceptable but should not change the right of the individual to elect, if they so desire, the right to die with dignity at a time which provides a quality of life they believe appropriate for themselves.

Life is precious, but to what extent it continues to be so should be the individual's right to determine how precious.

Historically, it has not been the old and frail who have made the decision about "end of life choices", but politicians, often influenced at times by religious beliefs, or their individual experience.

Personal Experience

Father died of Alzheimer's disease after a drawn out period of eight years. My mother was not well enough to look after him, but tried very hard to get assistance for him to implement his end of life plan, even when he was of sound mind. She went to the nursing home virtually every day, took his washing home, and tried to ensure he was comfortable. His quality of life was very poor; and certainly not precious.

Mother died of multiple cancers. She swore she did not want to go into a nursing home. We looked after her in her home until such time the doctors decided she needed to be in hospital for medication and palliative care. She pleaded not to go in, but was in extreme pain. We had to put her into a hospital, and fortunately she died within a few days.

Appropriate palliative care made all the difference.

Thank you

Parkers

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