

## Coroners Court of Victoria

65 Kavanagh Street Southbank 3006  
T 1300 309 519  
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W [www.coronerscourt.vic.gov.au](http://www.coronerscourt.vic.gov.au)

26 August 2015

Rec'd 1/9/2015

Ms Lilian Topic  
Secretary  
Legal and Social Issues Committee  
Parliament House  
Spring Street  
EAST MELBOURNE VIC 3002

Dear Ms Topic

### Inquiry into End of Life Choices

On behalf of Victorian Coroners, I attach a brief submission to your Inquiry.

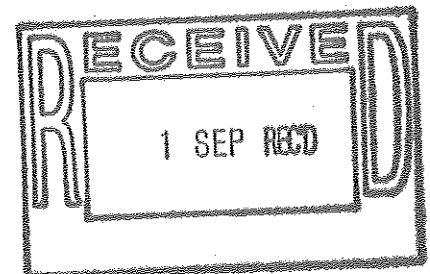
I also attach a document prepared by the Coroners Prevention Unit in relation to end of life choices. This contains some relevant case summaries.

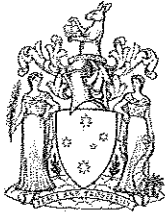
I hope this is a useful contribution to your Inquiry.

Yours sincerely

Judge Ian L. Gray  
State Coroner

Attachments: Submission by the Coroners Court of Victoria  
Coroners Prevention Unit Advice





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### Submission to the Victorian Parliament Legal and Social Issues Committee Inquiry into End of Life choices

The Coroners Court of Victoria (CCOV) jurisdiction involves the independent investigation of deaths and fires for the purpose of finding the causes of those deaths and fires and to contribute to the reduction of the number of preventable deaths and fires and the promotion of public health and safety and the administration of justice.

As such, it has a unique perspective on end of life issues.

Coroners are required to investigate all reportable deaths. In the last financial year, there were 6 260 deaths reported to the coroner. Section 4 of the Coroners Act 2008 contains the definition of 'reportable death.'

With respect to the Inquiry, CCOV seeks to raise two issues.

#### 1. Communication between medical staff at hospital with patient's family

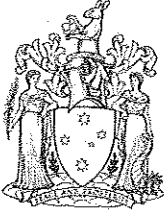
Many cases are reported to the coroner where the deceased has died in hospital. In some cases, the family of the deceased view the death as unexpected and the death is reported to the coroner. This is despite the death being medically expected.

A number of cases each year are reported to the coroner but are determined by the coroner not to be a reportable death after a preliminary investigation. The investigation of medical records often reveals the absence of communication about end of life matters between medical staff and family members.

It is acknowledged that end of life conversations are difficult and sensitive. In these cases, families express feeling isolated, confused and angry over the circumstances in which their loved one has died.

At the Asia Pacific Coroners Conference 2014, Associate Professor Charlie Corke, Intensive Care Specialist, presented the keynote address on end of life planning and decision making. He noted that most patients have no end of life orders in place and the process of communication with grieving families is often left to junior medical staff. He recommended coroners, as part of their investigation, look at whether there is appropriate documentation regarding end of life discussions on a medical file. In his view senior doctors should be having the end of life discussions with family and that poor preparation is detrimental for both the patient and family. Training was essential for junior doctors to deal with this challenging area of medical care.

Associate Professor Corke suggested an approach by medical staff in discussing end of life care to include the value of medical treatment as well as the legal status of the patient as decision maker.



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He also recommended patients consider the MyValues website, to clarify their wishes for end of life treatment and care.

Improved communication in the medical setting would assist to reduce the number of such cases being reported to the coroner, and reduce the associated distress for families.

## 2. Suicide in the context of irreversible decline in physical health

### Recent research

CCOV seeks to present to the Inquiry a short summary of recent research conducted by the Coroners Prevention Unit (CPU).

The research was at the request of a coroner who had carriage of a number of suicide cases where the deceased took his or her life after experiencing an irreversible deterioration in physical health.

The CPU comprises a multi-disciplinary team of investigators that support coroners to fulfil their prevention mandate. The CPU assists coroners to identify opportunities for prevention and strengthen public health and safety via the formulation of evidence-based and feasible recommendations.

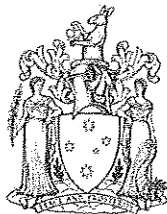
The CPU conducted a study to identify all suicides occurring in these circumstances where clearly consistent with suicide. The data source for this study was the CCOV's Victorian Suicide Register (VSR).

The CPU included any suicide death reported to the CCOV between 1 January 2009 and 31 December 2012, where there was evidence the deceased had experienced an irreversible deterioration in physical health due to disease or injury. Deaths that occurred in the following circumstances were generally included:

- The deceased's physical health deteriorated as a result of a diagnosed terminal disease (for example metastasized cancer, end-stage chronic obstructive airways disease) where the deceased was expected to die within a specified period of time.
- The deceased's physical health deteriorated as a result of an incurable chronic disease that was not necessarily expected to cause death in the foreseeable future; for example Huntington's disease, Parkinson's disease, multiple sclerosis, diabetes, motor neuron disease, osteoarthritis.
- The deceased suffered permanent physical incapacity and pain that could not be relieved as a result of an injury sustained in a motor vehicle collision, workplace incident or similar.

Deaths that occurred in the following circumstances were generally excluded:

- The available evidence suggested the deceased's reported physical ill health was a symptom or manifestation of mental ill health.



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- There was insufficient evidence for the CPU to confirm that the disease or injury was incurable.
- There was insufficient evidence for the CPU to conclude that the disease or injury was accompanied by an irreversible deterioration in physical ill health.
- The deceased was elderly and feared isolation, loss of independence, failing health or similar, but there was insufficient evidence that an irreversible deterioration in physical health had already occurred.

### Findings

The CPU identified 197 suicide deaths that met the inclusion criteria.

They accounted for 8.6% of the 2281 suicides investigated by Victorian coroners between 2009 and 2012.

The deaths were divided for analysis into two groups based on the aetiology of the irreversible deterioration in physical health, whether due to disease (n = 158) or injury (n = 39). Additionally, for comparison the CPU also included data relating to overall suicide deaths.

Firstly, the data showed there did not appear to be any notable difference in the male-female sex ratio between the three groups, suggesting that sex is not a strong factor in suicides following irreversible deterioration of physical health.

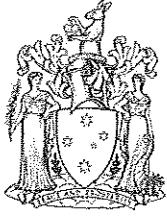
Secondly, the most notable finding regarding the suicide frequency by age group was that whereas overall suicide frequency peaks in middle age, the highest frequency for people who experienced irreversible deterioration in physical health due to disease was among those aged 65 years and over.

This finding probably reflects that with advancing age there is less ability to recover from the effects of disease, and additionally that over time the symptoms of degenerative diseases have a cumulative impact on quality of life.

Thirdly, the suicide method shows some notable divergences:

- Hanging was the most prevalent suicide method overall, but not among deceased who experienced irreversible deterioration in physical health.
- For those who suicided after experiencing an irreversible deterioration in physical health (associated either with disease or injury) the most frequently used suicide method was poisoning. This is potentially an access to means issue: most of the deceased would have been prescribed strong drugs to treat their physical ill health, which could be fatally toxic in overdose either singly or when taken together.

There was also a notably elevated frequency of suicides involving a firearm (21 deaths, 13.3%) among those who had experienced irreversible deterioration in physical health due to disease.



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### Conclusion

The CPU research indicates that nearly 50 people per year in the four years studied took their own life in the context of an irreversible deterioration in physical health due to disease or injury.

The prevalence of irreversible physical health deterioration among Victorian suicides is consistent with the broader literature linking physical illness and suicide. Back in 1966, Tuckman and others wrote:

It is commonly accepted that physical illness is an important factor in suicide. This is a reasonable notion since among the many consequences of physical illness are pain and suffering; anxiety, worry and depression; impairment of body image; and interruption of significant life activities. These consequences, singly or in combination, can produce considerable stress which, depending on the individual's personality structure and other factors in the social environment, may lead to suicide.<sup>1</sup>

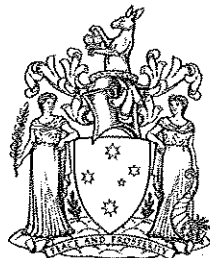
Recent comprehensive literature reviews have concluded that a wide range of physical illnesses and pain conditions are associated with increased risk of suicide and suicide attempts.<sup>2</sup>

The Coroners Court of Victoria can provide the full version of the findings in these cases if the committee wishes to read them.

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<sup>1</sup> Tuckman J, Youngman W, Kreizman G, "Suicide and physical illness", *The Journal of General Psychology*, 1966, no 75, p.291.

<sup>2</sup> See for example Stenager EN and Stenager E, "Physical illness and suicidal behaviour", in Hawton K and van Heeringen K (eds), *The International Handbook of Suicide and Attempted Suicide*, 2000, pp405-420.



# Coroners Court of Victoria

## Coroners Prevention Unit Advice

Attention: Coroner Caitlin English

Date: 19 August 2015

Re: Case summaries for Inquiry into End of Life Choices

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### Background

Coroner English requested that the Coroners Prevention Unit (CPU) provide material to assist preparation of a submission to the Inquiry into End of Life Choices. The CPU drafted five case studies drawn from suicides investigated by Victorian coroners where the deceased was experiencing irreversible deterioration in physical health. The case studies were selected to illustrate the range of circumstances in which these suicides occur, and are presented below with identifying information removed.

### Case studies

#### Case Study 1

A middle-aged man was diagnosed with a metastatic colorectal carcinoma approximately three years prior to his death. During that time, he received chemotherapy, radiofrequency ablation and underwent surgical intervention to try and counter the progression of the cancer. The man's general practitioner observed a steady decline in his mental and physical health despite the various medical treatments. In the weeks preceding his death, the man expressed suicidal ideation to his family on two occasions indicating that he would rather die than face deteriorating health in hospital. He bought a rope from a hardware store and two days later he hanged himself in a public location, he had left a note to his family at their home.

#### Case Study 2

A driving age teenager was involved in a motor vehicle accident after swerving to avoid wildlife on the road. He sustained significant injuries in the accident and was diagnosed with C6 incomplete quadriplegia, retaining limited use of his arms. The young man's neck was fused and he became wheelchair bound. His condition caused ongoing pain, chronic gastrointestinal problems and reoccurring infections, as well as further injuries resulting from his limited mobility. Medical interventions were unable to reverse the damage caused in the accident and the man suffered with depression and anxiety in addition to his numerous physical concerns. He attempted to end his life on several occasions and was finally successful after inflicting several lacerations to both his lower limbs, subsequently dying due to blood loss.

#### Case Study 3

An elderly lady took her life after experiencing a significant decline in her quality of life, due largely to her amounting medical concerns. She had lived alone since her husband passed away and was socially isolated. The lady had suffered a cerebrovascular accident in the short time preceding her death, resulting in a substantial loss of vision. She was frustrated by her deteriorating mobility, loss of independence and lamented her inability to read. The lady expressed suicidal

ideation to her neighbour, but did not discuss her intention with a medical practitioner. In ending her life, she exhibited a single-minded determination to die, inducing lacerations to her wrist with a variety of different implements, finally succumbing to blood loss.

#### Case Study 4

An elderly man ended his life by intentionally ingesting a fatal dose of medication that he had stockpiled from a previous prescription. At the time of his death, the man was suffering with depression and a variety of physical ailments. His mobility and eyesight were failing and he expressed resentment over his inability to pursue his hobbies. The man openly discussed his views towards euthanasia and believed that a person should have the right to end their own life, instead of suffering through debilitating physical decline. The man discussed his stance on suicide with his doctor, but did not indicate a specific plan to end his life or ask for support in carrying it out.

#### Case Study 5

Following a workplace accident, this middle-aged man suffered a permanent injury to his spine. Consequently, the man experienced chronic pain and was largely unable to work. Medical treatment was never able to reverse the damage and the man expressed frustration and anger over his condition. He developed a dependence to pain medication and continued to seek higher dose. The man made a few unsuccessful attempts to withdraw from pain medication. He struggled with obesity and had a strained relationship with his family. The man took his life by intentionally ingesting a fatal combination of medication.