RE: Submission to Inquiry into End of Life Choices

I Joanne Di Lorenzo like to thank the Legal and Social Issues Committee for allowing me to express my views on the subject of end of life issues. I believe that euthanasia and assisted suicide are not medical options and should never be made law. I will point out why I reject any kind of euthanasia and assisted suicide to be used.

- It would expose vulnerable people, those who are old, frail and/or suffering from a chronic illness or disabled, to be made to feel they should request assisted suicide or euthanasia, that they a burden and it is their duty to use a legal means of removing that burden from their loved ones.
- Euthanasia legislation is unnecessary since excellent palliative care is available in this state and is able to control severe pain and other symptoms in almost all dying patients. In providing this care, doctors should be able to provide sufficient treatment to relieve the pain and distress suffered by their patients, even if it may have the secondary effect of hastening death
- We should care for the dying, not kill them
- If this Bill passes elderly people would be exposed to coercion, no one should feel like a burden, maybe we need to put ourselves in their shoes because we all will be there one day, if we are lucky.
- The doctors should uphold the value of life in all circumstances, to comfort always, but never to kill or assist in killing.
- All human life is precious

I encourage you to read the following declaration from Doctors, who oppose euthanasia, To Care – not to kill

1We, Doctors Opposed to Euthanasia affirm that:

Patients at the end of life should receive diligent and competent care to relieve their pain and suffering. The doctor has the obligation to use all the means available to achieve this end, without intentionally causing or hastening death.
If a competent patient refuses treatment or requests its withdrawal (or has made wishes explicit previously), his or her wishes must be respected.

Modern palliative care skills, drugs and technology can ease or relieve symptoms in all terminally ill patients. These methods should be universally accessible.

If a doctor who is caring for a dying patient is unable to adequately control the person’s symptoms, he should have access to the necessary Palliative Care expertise and support to enable him to do so.

In extreme situations, when adequate pain relief cannot be achieved in other ways, the doctor may employ means that reduce the level of consciousness, without this reduction being the primary goal. The minimum level of sedation to relieve distress should always be pursued.

To provoke death voluntarily, by lethal injection or any other method, cannot be considered under any circumstance as “care”. Euthanasia is not 'progressive', but an erosion of hard-fought and hard-won principles of medical and general ethics. No human being should ever have the right or responsibility to judge another human's life as either worthy of existence or unworthy. To kill a patient in order to end his or her suffering would weaken the bonds of trust between doctors and patients.

Once the Euthanasia principle is accepted - that death is an allowable response to suffering - gradual expansion of this principle is inevitable, from terminally ill patients to any mentally competent patient with any subjectively intolerable suffering. Once it is accepted that elderly patients may choose euthanasia to prevent being a burden, the elderly will feel increasingly that they are a burden on society.

We must learn from the negative experiences of countries that have made the error of legalizing euthanasia. Legalisation or decriminalisation cause more problems than it is claimed to solve; those documented in the medical and legal literature include:

- High rates of euthanasia without consent;
Euthanasia in children;

The impossibility of ensuring adequate reporting and respect for safeguards;

A loss of trust in the doctor-patient relationship;

Conflicts within medical teams and families;

Expansion from 'terminally ill' cases to patients with psychiatric illness and non-terminal disability;

Organ transplant for euthanased patients.

Our medical associations must continue to fulfil their role as protector of the public and of life, and support doctors in their efforts to improve the quality and accessibility of care of the dying, thus allowing all patients to receive excellent symptom relief throughout their illness and at the time of death.

We are a voluntary organisation of doctors of all faiths and none, who believe that the power to kill should not be given to doctors.

So as you notice the accurate role of a doctor is to uphold the value of life in all circumstance, to comfort always, but never to kill or assist in killing. Ethical and moral values that honour our nation should be upheld by all governments.

Also this brochure points out a myth that 2 Euthanasia is necessary to relieve pain

Fact: Good palliative care, not killing, is the answer to relieving pain for the dying. Palliative Care Australia says that good, well-resourced palliative care gives people the ability not only to live well in their illness, but to die well too, “free from pain, in the place of their choice, with people they wish to be present, and above all, with dignity”. Great medical gains are being made in palliative care and many families speak of palliative care as providing very precious time with their loved one. But the fact is that palliative care is not offered to many dying people in Australia and in some places there would be no opportunity to receive it, even if a person in great pain asked for it. No one should be talking about euthanasia in Australia until we have righted this wrong

I strongly urge all Members of Parliament to uphold all value of precious life
I request a reply in writing to my submission, thank-you.
Yours sincerely,

Joanne Di Lorenzo