From: Marilyn Coleman
Sent: Wednesday, 29 July 2015 3:53 PM
To: LSIC
Cc: 
Subject: Submission re ‘End of Life Choices’

To Whom it may concern

I welcome this opportunity to comment on the inquiry into ‘End of Life Choices’.

There is no doubt that with an ageing population, Australia’s health system is going to be pressured in the future. As many reach the later stages of life and face illness there have been increased calls to legalise euthanasia and assisted suicide as a so called ‘compassionate’ response to the ill.

With euthanasia, the intent to kill is always present, with or without the ‘patient’s’ consent.

Assisted suicide is the counselling of a person by a doctor, relative or friend, encouraging and/or aiding that person to take his/her own life.

Legitimising euthanasia ultimately puts pressure on the most vulnerable people: the lonely; the sick; the depressed, and, the disabled and elderly (who may feel they are an emotional or financial burden on their nearest and dearest or the community at large).

Whilst studying and subsequent research into the whole issue of euthanasia, I was reminded of Ernest Hemingway’s Iceberg Theory (or Theory of Omission) where one focuses on the surface elements (everything looking pristine and above board) without explicitly discussing underlying themes and this is where the crux of the matter lies... below the surface. By focusing on the ‘well intended relief of the suffering’ it is easy to be seduced into distancing oneself from the crux of the matter, which, in the case of legalised euthanasia, is an insidious doctrine of expendability. In an age where the Doctor’s Oath has been rendered down to a “bland generalised air of ‘best wishes’... being near meaningless formalities devoid of any influence on how medicine is truly practiced” (Dr David Graham (JAMA)) and considering there are supposed safeguards, the reality is that however good we think these safeguards are they will be open to abuse by those without scruples. This has been evidenced in the nations of Belgium and especially Holland, both who have legalised euthanasia and it’s sanitised version of assisted suicide.

The Dutch government established a commission in 1991 to reach some understanding of the problems of the medical practice of euthanasia and assisted suicide, headed by Professor Jan Remmelink. Quote: “The alarming statistics of the Remmelink Report indicate that in thousands of cases, decisions that might or were intended to end a fully competent patient’s life were made without consulting the patient”.

There are numerous reports and studies highlighting that in The Netherlands, euthanasia is beyond effective control. Quote: Canadian professor of law and medicine at McGill University, Margaret Somerville, has said “...strict guidelines or no, legalised euthanasia has less to do with unbearable suffering than with institutionalising murder in the medical profession” This is precisely what has happened in the Netherlands. In 30 years Holland has moved from assisted suicide to euthanasia, from euthanasia of people who are terminally ill to euthanasia of those who are chronically ill, from euthanasia for physical illness to euthanasia for mental illness, to euthanasia for psychological distress or mental suffering, and from voluntary euthanasia to involuntary euthanasia or as the Dutch call it ‘termination of the patient without explicit request’.
Dr Henk Jochensen of the Lindeboom Institute, and Dr John Keown of Queens’ College, Cambridge carried out a study in which they concluded: “The reality is that a clear majority of cases of euthanasia, both with and without request, go unreported and unchecked. Dutch claims of effective regulation ring hollow”.

Further: Dr Peggy Norris, chairwoman of the anti-euthanasia group Alert, said: “We need to learn from the Dutch system that euthanasia cannot be controlled”. “I know of patients in a nursing home who are carrying around what they call sanctuary certificates all the time, stating that they do not want to be helped to die. People are afraid of being sick or experiencing an accident in case a doctor takes the decision, without their permission, to stop treatment”.

This is not a path a civilised populace should choose to walk down. Surely Australia should be a nation that nurtures and cares for it’s most vulnerable! We do not want to countenance any Bill that sends the message that some lives are not worthy of longevity or worth caring for. Nor do we want to undermine the trust between doctor and patient.

The specialised area of healthcare - Palliative care - focuses on relieving pain and suffering. It aims neither to postpone or hasten death but provide ongoing support for the terminally ill, and, those experiencing physical, emotional, or spiritual issues. No one has to die in pain as proper palliative care might mean sedation in either the last days or for a time until the pain is relieved. A truly compassionate response to suffering is improved and extended palliative care. The patient is not the problem but the illness.

Thank you for your considerations.

Respectfully Yours,

Mrs Marilyn Coleman