From: Inquiry into End of Life Choices POV eSubmission Form  
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Inquiry Name: Inquiry into End of Life Choices

Ms Cheryl Milley

SUBMISSION CONTENT:

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Since my father passed away in a regional Victorian palliative care facility in 2007, I have been enormously traumatised at the medical processes used to hasten my father's death without his consent, nor that of his family. I later obtained my father's medical records, which indicated that he had been placed on the Liverpool Care Pathway, allowing all fluids and food to be withdrawn. Dr Rodney Syme in The Age newspaper on May 14, 2015 also referred to this practise, which he named as 'terminal sedation' or 'deep continuous sedation' ..."whereby dying people in palliative care were put slowly but progressively into a coma, without the provision of hydration, and maintained in that state until their clearly foreseen death - and such deaths were not reported to the coroner". My own complaint to the Coroner did not receive any rebuttal and I later learned from the office of the Health Services Commissioner that such practise "is accepted".

My late father was a firm advocate of euthanasia but was not given the right to die with dignity. He had been living largely independently until his admission to palliative care at the urging of his family, in the mistaken belief that his life would improve by receiving intravenous fluids and pain relief. The next day his pain was totally under control and he felt comfortable and relaxed. His second night in palliative care he walked the corridors for exercise, boasting that he had done "a quarter of a mile". Within five days he was dead, myself and my siblings reeling in horror, sorrow and regret, and not understanding the hidden processes at work until it was all too late. My discovering of the heretofore unknown Liverpool Care Pathway revealed that the pathway is to be implemented when the patient is in a vegetative state, and after discussion with family. My father was clearly not in this category, yet he was placed on terminal sedation in high secrecy. The medical file disclosed that the family had NOT been consulted.

I ask the Committee to investigate why terminal sedation is a common tool used in palliative care and not a reportable death, yet medical euthanasia is against the law.

In my father's case, even in such deep sedation, when I asked him if he was comfortable, he clearly indicated that he was not and sat up in bed to try and tell me so, but his mouth and tongue were so dry and
swollen that he could not form proper words. He died the next day. It is so traumatising to watch a loved one shrivel up and die in utmost discomfort, their heart and lungs straining to keep the body alive, their tongue and mouth swollen and furry from no fluids. My family feels that the doctors and medical community that use terminal sedation have betrayed their patients and their tradition of "do no harm".

My uncle's life also ended this way, after suffering a stroke at 80. Having lived independently and walked everywhere for shopping and socialising (not having a licence), he was very fit. Yet he was put on the terminal sedation and died within a few days.

Two work colleagues related similar tales to me, and both are very much traumatised by what happened to their loved one. One mother who suffered a stroke, begged for a glass of water, but the daughter was advised by nursing staff that it was "kinder" not to provide it.

I also understand that public hospitals' policy means that a patient may request medical treatment or intervention, but the hospital has the right to decline the request. The patient's rights seem to be limited to that of refusing treatment.

I am a strong believer in medical euthanasia and cannot understand why any other person considers that they should have a right to say how much pain I, or any other person, should suffer and endure. Religious objections to euthanasia are personal and varied, and do not give the believer any right to impose those beliefs on others.

Once again, I wish your Committee to investigate and explain the use of deep continuous sedation, which is clearly against our current laws, when euthanasia is considered a crime. I also call for this practise to be abandoned. I understand that many lives have been ended mercifully by a medically given overdose of morphine, and advocate for this or the likes of Nembutal at the patient's request. It is ironic and outrageous that the merciful resolution is against the law, yet the barbaric practise thrives and appears to be condoned at the highest level of State Government.