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Secretary – The Legal and Social Issues Committee  
Parliament House  
Spring Street  
Melbourne Vic 3002

SUBMISSION - Victorian Parliamentary Inquiry into End-of-Life Choices

We are members of the Victorian community, we are part of an aging population and we have loved ones who we care deeply about. So, for many reasons we would like to contribute to this discussion about “End-of-Life” choices.

To initiate “talk” about choices for “end of life”, the conversation inevitably turns to euthanasia, passive and active. Knowing that pain and death can be very confronting making decisions before a situation or condition even presents, as with Advanced Care Plans, is directing people to forward plan with a choice that they might otherwise reject when faced with reality.

We believe strongly in high quality, readily available and affordable palliative care as the first and lasting response to patient care and pain control. Practitioners and carers must maintain and demonstrate high levels of training and compassion to those entrusted into their care whilst providing adequate supportive services for the families of palliative care patients.

Legislation sanctioning euthanasia/physician assisted suicide would shift the focus and subsequent funding away from this level of expertise resulting in restricting palliative medical training and research, clinical trials etc. In summary, it would diminish the incentive and opportunity to improve and provide quality palliative care.

We are particularly concerned that in countries such as the Netherlands, Belgium and US (Oregon) where euthanasia is legal, no amount of “safe, strict guidelines” are able to protect the vulnerable: that is, the disabled, those with dementia or psychiatric illness, the elderly who could be made to feel that they are a burden and those suffering depression or anxiety. The degree of trust imposed by legislation will deter most – but not all - abuse of the patient-doctor-carer relationship.

Belgium legalised euthanasia in 2002. Last year the Belgian parliament legalised euthanasia for children of all ages. A new study by the New England Journal of Medicine (NEJM) revealed that Belgium’s eagerness for killing the terminally ill often spills over into doctor-initiated mercy killing that was not requested by patients. The report, titled “Recent Trends in Euthanasia and Other End-of-Life Practices in Belgium,” was published in the March 19, 2015 issue of the NEJM. The study revealed that Belgian doctors deliberately “hasten the death” of patients without their consent at a rate of more than 1,000 patients a year1.

In the Netherlands, despite the supposed safeguards, the Dutch government’s own statistics show that more than 300 people die each year from euthanasia without explicit consent. The practice of euthanasia has expanded to the unconscious, disabled babies, children aged 12 and over and people with dementia and psychiatric illnesses2.


In Oregon US the legislation allows lethal drugs to be administered without oversight, leaving enormous scope for family pressure or elder abuse to be applied.

Is this the path we in Victoria want to follow? Is human life only valuable when it is healthy? Opening the way for any of us to make “End-of-Life Choices” which indicate the choice to choose death when life lived is still an option, dangerously sets a precedent to terminate lives. Usually the terminally ill are the prime targets for this “quick fix” and the plea to “Die with Dignity” infers that dying any other way cannot be dignified.

The Tasmanian Parliament voted twice against bills to introduce euthanasia in their state. The “Voluntary Assisted Dying Bill 2013” which offered assisted dying for “advanced and irreversible medical conditions for which there are no treatment options and no effective pain relief” could NOT ensure safe and effective constraints. Medical advances in pain management and treatments for “terminal” conditions are constantly being researched and initiated into patient care. Legislatively for today’s conditions will not be appropriate for future diagnoses.

Wonderful, caring staff in aged-care facilities or family members of an elderly or very sick relative at home, confront dying daily and have done so through the ages. They in fact practise palliative care and those in their care in most cases “Die with Dignity”. There is nothing truly dignified about being killed or assisted to suicide, even when the motive is compassion for suffering.

The opposition to euthanasia is strongest amongst doctors who work most closely with dying patients and are most familiar with treatments available. Euthanasia and physician assisted suicide are contrary to the codes of ethics of the World Medical Association (WMA) and the Australian and New Zealand Society of Palliative Care (ANZSPM). The Australian Medical Association (AMA) submission to the Senate inquiry into the Exposure Draft of the Medical Services (Dying with Dignity) Bill 2014 stated it “opposed making it legal for doctors to prescribe and administer an end of life substance”3. The British Medical Association (BMA), the Royal College of Physicians (RCP), the Royal College of General Practitioners (RCGP), The Royal College Anaesthetists, the Royal College of Surgeons of Edinburgh, the Royal College of Nursing and the British Geriatric Society also remain strongly opposed to euthanasia.

If euthanasia becomes law the medical profession would change. There would be two kinds of doctors. Those who kill and those who do not kill. We would no longer be sure what role the doctor would play – killer or healer. We are equally concerned that doctors and nurses would be asked to administer this death penalty thereby compromising their integrity and the trust we have in their ability to treat us, as patients, with respect and best care practise. In addition to the life ended through euthanasia, it is highly probable that medical professionals involved in deliberately ending a life could experience long term psychological damage themselves, either immediate or deferred.

Additionally, most are concerned about the high level of suicide in our country and fully endorse the resources, expertise and funding being injected into suicide prevention each year. With this in mind, it is ironic that our Parliament may consider sanctioning euthanasia or assisted suicide. Surely this sends out a false message - some lives matter more than others.

Finally, rather than legislation incorporating induced death by euthanasia/physician assisted suicide (which always involves more than one person), we recommend that resources and funding be directed in improving, educating, promoting and availing all fellow Victorians, in urban as well as rural areas, access to expert palliative care.

Yours sincerely

Action for Life Executive Member