Secretary, Legal and Social Issues Committee, Parliament House, Spring Street, Melbourne,

In response to your invitation, we as aging individuals, wish to put forward the following submission regarding Victorian laws and the medical options available at the end of our lives.
We do not wish to appear at a public hearing.

The fundamental points we wish to make are these.
1. Current laws regarding end of life issues are adequate. They should not include provisions for euthanasia, assisted suicide or legally binding advanced care directives.
2. Palliative care is important, needs improved resourcing and is an essential part of any society.

Euthanasia and assisted suicide could be promoted by some people as a solution to the economic drain on state coffers which some claim that the care of the elderly places on society. This approach fails to appreciate the contributions which the elderly make within their families and in the wider community. As a result the aged and impaired may well be encouraged to feel they are a burden to society. At best their confidence and self-worth will be damaged with emotional and psychological consequences while at worst they may request euthanasia.

In some countries where euthanasia and assisted suicide have been legalised these practices were firstly aimed at the aged. Subsequently laws were adjusted to include younger people, even children, in some perverted effort to afford human rights. Promised 'safe-guards' often fail to protect the vulnerable.

Fortunately, in Australia, euthanasia and assisted suicide are not viewed as palliative care. Our peak medical bodies do not include these practices in their code of ethics. Multiple bills to legalise euthanasia and assisted suicide have been rejected by parliaments across Australia since the early 2000's.

It is vital that Australia's aged and infirmed maintain their confidence in the medical fraternity. Medical practitioners must not be identified as being party to the dispensing of human life, contrary to the high ideals of their Hippocratic oath. The relationship of trust between doctor and patient, which at this date exists in Australia, will be irreparably fractured.

Making euthanasia or assisted suicide lawful would undermine the provision of palliative care. It would seem easy and cheap and the temptation would be to reduce the investment of resources in the provision of palliative care.

'Advanced Care Directives' may well help family and medical practitioners to deal with people nearing the end of their lives but they should be viewed as generally descriptive, rather than a legally binding directive with regard specific medical treatment for a specific health issue. As a person ages, conditions change or the illness advances, the patient may not make the same decision about refusing treatment as they did at the time of writing their 'Advanced Care Directive.'

Finally we would wish to stress that 'end of life choices' will be better provided for if widely available, quality palliative care is provide in home or institution. A caring society would ensure that this is an effective and optimum choice. Loving care, not killing, should be offered to us as we near the end of our lives.

Sincerely,

Dora and Max Corby. 30th July, 2015.