Thursday 30th July 2015

The Secretary,
Legal & Social Issues Committee Parliament House, Spring Street, Melbourne, Victoria 3002

It is my pleasure to endorse the attached submission to the Legal & Social Issues Committee regarding the Inquiry into End of Life Choices, prepared by the Knights of the Southern Cross (Victoria) Inc.

The Knights of the Southern Cross was inaugurated in 1921 as a national organisation of Catholic men dedicated to works of charity and social welfare within the community, and to the promotion of the Christian way of life in Australian society. Our activities include care for the aged, support for education and various charities, as well as activities that support local communities throughout metropolitan and rural areas.

Our interest in the Legal & Social Issues Committee’s inquiry into end of life choices stems from concern of our members that the legalisation of euthanasia and assisted suicide will seriously undermine the fundamental right to life of all people in society. There is sufficient evidence from other countries in the world that shows that introduction of euthanasia in any form will inevitably lead to cases where people have their lives ended prematurely without their consent.

The Knights of the Southern Cross, Victoria instead encourages any initiatives to further develop palliative care by increasing funding for research, and increasing the availability and access to palliative care for all Victorians regardless of where they live. The KSC does not support the introduction of voluntary or involuntary euthanasia or assisted suicide in any form, and considers euthanasia to be the antithesis of medical treatment.

I commend this submission to your careful deliberations and am available should you wish to discuss it further.

Yours sincerely,
Michael Palma (State Secretary)

on behalf of

John Hennessy
STATE CHAIRMAN
KNIGHTS OF THE SOUTHERN CROSS VICTORIA
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John Hennessy
STATE CHAIRMAN
KNIGHTS OF THE SOUTHERN CROSS VICTORIA
Legal and Social Issues Committee regarding Inquiry into End of Life Choices

The Knights of the Southern Cross, Victoria does not support the introduction or legalization of voluntary or involuntary euthanasia or assisted suicide under any circumstances. This viewpoint is based upon the following principles:

1) Legislating euthanasia or medically assisted suicide sends a message to our society and especially to young people that suicide is acceptable.

There are many initiatives happening at various levels of Government and in other organisations that are trying to reduce the tragic number of people committing suicide each year, especially amongst the youth.

The introduction of laws that would allow medically assisted suicide in Victoria would give some people in the community that are prone to suicide the message that there are circumstances where life is not worth living and that suicide is a legitimate way to overcome their problems. This message is totally opposed to the positive efforts that are being made to tackle youth suicide.

2) The introduction of euthanasia in any form will inevitably lead to cases where people have their lives ended prematurely without their consent.

In countries where voluntary euthanasia has been legalised, such as the Netherlands, there are also many instances of involuntary euthanasia despite safeguards being introduced to prevent his from happening.

In 1984 the Royal Dutch Medical Association and Dutch courts laid down guidelines for performing euthanasia to protect physicians from being prosecuted. Some of these guidelines were as follows:

- The patient's wish to die must be expressed clearly and repeatedly.
- The patient's decision must be well informed and voluntary.
- The patient must be suffering intolerably, with no hope of relief; however, the patient does not have to be terminally ill.
- The physician must notify the local coroner that death resulting from unnatural causes has occurred.

The Commission of Inquiry into the Medical Practice Concerning Euthanasia or Remmelink Commission (1991) uncovered 1,040 deaths (0.8 percent of all deaths in the Netherlands) that were from involuntary euthanasia. Similar figures were obtained from further reports in 1995 and 2001.

The British Journal of Medical Ethics released a report in February 1999 "Euthanasia Does Not Seem to Be under Effective Control in the Netherlands," where it was reported that the Royal Dutch Medical Association safeguards were not being followed. (1)
• Nearly two-thirds of euthanasia and medically assisted suicide cases were not reported to the coroner.
• In 20 percent of euthanasia cases, the patient did not make a clear request to die.
• In 17 percent of cases, other treatment for the condition was available (the condition was not necessarily terminal).

It appears from these reports that once physicians were permitted to perform euthanasia and assist patients to commit suicide, it was very difficult to maintain control over such practice. This leads to many instances occurring each year where people are being put to death without their consent.

If there is a possibility of involuntary euthanasia, then this will only decrease the confidence that a sick or elderly patient has that the physician will provide treatment in order to cure their condition instead of taking action to terminate their life prematurely. Elderly and suffering people should not have this extra worry placed on them at a time when they are already vulnerable.

The Netherlands is put forward as an example for other countries to follow by those groups and individuals who are seeking to legalise euthanasia and medically assisted suicide. Australia should learn from the experience that the Netherlands has had with regards to its euthanasia and assisted suicide laws, and retain the existing laws that do not allow medically assisted suicide in any circumstances.

3) Some pro-euthanasia lobbyists believe that medically assisted suicide should be available to people who are suffering from chronic pain or a mental, rather than a physical, illness.

In 1994 the Dutch Supreme Court ruled that euthanasia may be performed in cases of mental suffering. This resulted in the Royal Dutch Medical Association Guidelines being altered to allow physicians to assist depressed people to commit suicide. Some advocates of the “right to die” in Australia also propose that people with mental problems instead of physical illness should also have the right to medically assisted suicide.

The case of the medically assisted suicide of Queensland woman Nancy Crick in 2002 highlights the dangers of re-introducing laws that allow euthanasia and assisted suicide. Mrs Crick was encouraged by members of the pro-euthanasia lobby in her suicide, but was not suffering from terminal cancer as had been reported. Dr Rodney Syme, president of the Voluntary Euthanasia Society of Victorian, was stated by The Age in its article “The unbearable pain of being” to have emphasised that the pro-euthanasia movement has never believed that terminal illness is the sole requirement for euthanasia. (2)

In the same article, David Kissane, professor of palliative care at Melbourne University, made reference to “the slippery slope phenomenon”, where “one day the public believes they are supporting the rights of the terminally ill to die with assistance only to discover the euthanasia advocates have shifted the goal posts to include what they term the "hopelessly ill" “. (2)

Chronic pain is not considered to be the main reason why people choose assisted suicide. The top reasons cited are depression, hopelessness, nothing to live for and loneliness. In other words, it is the vulnerable people in society without any feeling of family or community support who are those most likely to consider euthanasia.
The Knights of the Southern Cross has a very serious concern that if euthanasia is permitted for the terminally ill, then with the urging of the “right to die” lobby this could soon be extended to:

- People who are chronically but not terminally ill.
- People who are disabled. (A significant number of unborn babies already are being aborted because tests indicate that they have some form of serious disability.)
- People suffering from depression, loneliness or other mental illness.
- Elderly people who feel unwanted by their families or are pressured into “a duty to die” to satisfy the wishes of impatient or exhausted family members.
- Those who are kept alive by expensive medical treatment that may be deemed by some in the medical profession or wider community to be “uneconomical”.

In countries such as the Netherlands and Belgium euthanasia has been extended in recent years to children and to those suffering from dementia.

The position that is proposed by pro-euthanasia activists is basically “If you happen to feel that life is not worth living today, we would rather help you to die than make any effort to help you understand that life can still be worth living despite the pain you are now experiencing.” Euthanasia will become the “quick fix” or easy way out of a difficult situation for a selfish society.

We believe that governments and other sections of the community should instead demonstrate their real concern about the welfare of people who are suffering from chronic pain or depression and other mental illnesses by providing adequate resources to treat their conditions and assist in their comfort and re-assurance.

4) **Palliative care is a more appropriate treatment for a dying person than euthanasia.**

The KSC considers palliative care to be the appropriate treatment for people who have a terminal illness. As defined by the World Health Organisation in 1990, “The goal of palliative care is achievement of the best quality of life for patients and their families.”

Palliative care:

- affirms life and regards dying as a normal process;
- neither hastens nor postpones death
- provides relief from pain and other distressing symptoms;
- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;
- offers a support system to help the family to cope during the patient's illness and in their bereavement.

With palliative care, terminally ill people are treated with the dignity and respect they deserve right up to the point of their natural death. This is because even though this treatment requires on-going self-sacrifice on the part of those who provide the care to the dying person as well as from that person’s family, it reinforces the message that the person is loved for who they are.

Andrew Binns, director of the palliative care unit at St Vincent's Hospital, Lismore, NSW made the following important statement in 2007:
“When palliative care standards are high, euthanasia is seldom requested. When it is, it is usually a cry for help that can be dealt with if the resources are there.” (3)

Any move to introduce euthanasia in Victoria is likely to undermine efforts to increase access to and funding for palliative care services for those with a terminal illness.

The Victorian Government should focus its resources to further develop palliative care by increasing funding for research and clinical trials, and increasing the availability and access to palliative care for all Victorians regardless of where they live.

Currently the level of palliative care services that are available to a patient varies according to where they live and is below that recommended by peak Australian palliative care bodies.

The Australian and New Zealand Society of Palliative Medicine says that 1.0 full time equivalent palliative medicine specialist per 100,000 people is the minimum ratio for a reasonable provision of service. Palliative Care Australia recommends palliative care specialists should be provided to the level of 1.5 FTEs per 100,000 people.

The Australian Institute of Public Welfare 2013 report on palliative care services in Australia reported that in 2011, the average ratio of FTE palliative care specialists per 100,000 people was only 0.4. This varied from 0.5 in major cities to 0.3 in outer regional areas and 0.2 in inner regional areas.

Access to palliative care services regardless of where the patient lives is a matter of social justice and this should be a priority of the Victorian government.

5) Advanced Care Directives

The Knights of the Southern Cross are concerned that Advanced Care Directives tend to focus on setting in writing legally enforceable directives that a person does not want specified medical treatment if a specified health circumstance arises, rather than allowing for family, emotional and spiritual issues to be considered. As a person ages or their illness progresses, their views about refusing particular medical treatment may change from what they were at the time of making an Advanced Care Directive.

Catholic Health Australia states: “No one, however, should be compelled to issue instructions about future care, nor should any guidance we leave be too prescriptive.” (4)

We have been made aware of an example where a patient on life support was unable to breathe during a power blackout but was resuscitated when the back up power system came on. The General Advanced Care Directive would have suggested that she not be revived. The patient later recovered and was no longer dependent on life support.

The KSC would support the introduction of Advanced Care Plans which would be flexible to allow for unexpected developments, and be a wish list that would include arrangements for visits from a priest or minister of religion, and opportunities to say goodbye to family members.
References:
(1) “Euthanasia and Assisted Suicide - Euthanasia In The Netherlands”
a href="http://www.libraryindex.com/pages/573/Euthanasia-Assisted-Suicide-EUTHANASIA-IN-NETHERLANDS.html">Euthanasia and Assisted Suicide - Euthanasia In The Netherlands</a>

