Inquiry into End of Life Choices 2015

Thank you for the opportunity to contribute to this important Inquiry into the issue of end-of-life care.

We, the undersigned, are an ad hoc group of more than 100 medical doctors from a range of specialties. We come from various backgrounds and we do not represent any particular organization.

Whilst recognising the danger of prescriptive legislation for the many challenging, complex and difficult situations faced by healthcare professionals on a daily basis, we welcome legislation that promotes, facilitates and supports excellence in end-of-life care. We also welcome government involvement to better educate and inform the general public about end-of-life issues and the availability and expectations of services which foster high quality and ethical care for the sick and the dying.

In this way, any end-of-life care legislation or policy should affirm the intrinsic worth and inherent dignity of every human being, regardless of age, disability or illness and should seek to promote and support:

- The provision of and access to high quality palliative and supportive care, to enable all people to live positively and comfortably with illness, disability and dying.

- The optimal relief of pain and other distressing symptoms for all patients with life threatening and chronic illness at all stages of their life, provided the doctor's primary aim is to relieve suffering and not to hasten death.

- Genuine solidarity with and compassion for the sick, the disabled, the vulnerable, the dying, and their families and carers.

- The process of planning for future care needs, involving ongoing dialogue between patients, their chosen representatives and skilled health care practitioners.

However, there should be NO legalisation of voluntary euthanasia or any form of assisted suicide or ‘medical assisted dying’ for reasons that include:

- It puts at risk the care and wellbeing of the most vulnerable and dependent people in our society.

- It endangers respect and value for human life, especially for those who are sick, disabled, or near the end of life.

- It undermines trust between patients and health-care professionals.

- It corrupts the fundamental principles and ethical foundations of the medical profession.

- It may alter the perception of the role of the doctor from someone who heals and cares to someone who takes life.
We believe that any legislation for ‘medical assisted dying’ carries too great a risk for our society, especially for the weak and vulnerable, and risks undermining the integrity and ethics of healthcare and its practitioners.

Our opposition to any form of legalised ‘medical assisted dying’ is supported by almost every national medical association around the world, who consider it to be unethical and incompatible with the nature and integrity of medical practice.

To support our position we have included excerpts from recent documents by leading medical associations around the world and in Australia. They reflect the 2400 year old Hippocratic tradition and wisdom which states: “I will not give a lethal drug to anyone even if I am asked, nor will I advise such a plan”\(^1\). Such wisdom has set the standard for the ethical care of the sick and the dying for millennia.

**The World Medical Association:**
(Representing 111 National Medical Associations)

‘Statement on Physician Assisted Suicide’\(^2\)

“Physician-assisted suicide, like euthanasia, is unethical and must be condemned by the medical profession. Where the assistance of the physician is intentionally and deliberately directed at enabling an individual to end his or her own life, the physician acts unethically.”

“World Medical Association Resolution on Euthanasia”\(^3\)

"The World Medical Association reaffirms its strong belief that euthanasia is in conflict with basic ethical principles of medical practice, and The World Medical Association strongly encourages all National Medical Associations and physicians to refrain from participating in euthanasia, even if national law allows it or decriminalizes it under certain conditions."  

**The Australian Medical Association:**

‘Position Statement on the Role of the Medical Practitioner in End of Life Care’, 2007\(^4\) and AMA Victoria’s Issues Paper- regarding the proposed Medical Treatment (Physician Assisted Dying) Bill 2008’, dated July 2008.\(^5\)

“medical practitioners should not be involved in interventions that have as their primary intention the ending of a person's life.”

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\(^1\) [https://www.nlm.nih.gov/hmd/greek/greek_oath.html](https://www.nlm.nih.gov/hmd/greek/greek_oath.html)


\(^3\) 53rd WMA General Assembly, Washington, DC, USA, October 2002


The Australian and New Zealand Society of Palliative Medicine

Position Statement: The Practice of Euthanasia and Assisted Suicide (2013)⁶

“(a) The discipline of Palliative Medicine does not include the practice of euthanasia or assisted suicide;

(b) ANZSPM endorses the World Medical Association Resolution on Euthanasia, adopted by the 53rd WMA General Assembly, Washington, DC, USA, October 2002.

(c) ANZSPM opposes the legalisation of both euthanasia and assisted suicide.”

The New Zealand Medical Association

‘Euthanasia and Doctor-Assisted Suicide’, July 2005⁷

“The NZMA is opposed to both the concept and practice of euthanasia and doctor assisted suicide. Euthanasia, that is the act of deliberately ending the life of a patient, even at the patient's request or at the request of close relatives, is unethical. Doctor-assisted suicide, like euthanasia, is unethical.”

“The NZMA position is not dependent on euthanasia and doctor-assisted suicide remaining unlawful. Even if they were to become legal, or decriminalised, the NZMA would continue to regard them as unethical.”

The British Medical Association

‘Assisted dying – a summary of the BMA’s position’, June 2006⁸

“The current policy is that the BMA:
• believes that the ongoing improvement in palliative care allows patients to die with dignity;
• insists that physician assisted suicide should not be made legal in the UK;
• insists that voluntary euthanasia should not be made legal in the UK;”

“The BMA opposes all forms of assisted dying…even when terminally ill patients request that or when an individuals’ suffering cannot be fully alleviated”.

“The primary goal of medicine is still seen as promoting welfare, protecting the vulnerable and giving all patients as good a quality of life as is possible… The BMA’s policy is that assisting patients to die prematurely is not part of the moral ethos or the primary goal of medicine and, if allowed, could impact detrimentally on how doctors relate to their own role and to their patients.”

“Although the BMA respects the concept of individual autonomy, it argues that there are limits to what patients can choose if their choice will inevitably impact on other people.”

⁸ http://bma.org.uk/practical-support-at-work/ethics/bma-policy-assisted-dying
“If assisted dying were an option, there would be pressure for all seriously ill people to consider it even if they would not otherwise entertain such an idea. Health professionals explaining options for the management of terminal illness would have to include assisted dying. Patients might feel obliged to choose it for the wrong reasons, such as if they were worried about being a burden or concerned about the financial implications of a long terminal illness.”

“The concept of assisted dying risks undermining patients’ ability to trust their doctors and the health care system. In particular, it could generate immense anxiety for vulnerable, elderly, disabled or very ill patients. It could also weaken society’s prohibition on intentional killing and undermine safeguards against non-voluntary euthanasia of people who are both seriously ill and mentally impaired. For such reasons, the BMA opposes it.”

**The American Medical Association**

**AMA Policy E-2.21 Euthanasia**

“Euthanasia is fundamentally incompatible with the physician’s role as healer, would be difficult or impossible to control, and would pose serious societal risks”.

“Instead of engaging in euthanasia, physicians must aggressively respond to the needs of patients at the end of life. Patients should not be abandoned once it is determined that cure is impossible.”

If you have any questions or queries regarding this submission please contact:

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We thank you for considering our submission.

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