



2 April 2008.

Committee Secretary  
Senate Standing Committee on Legal and Constitutional Affairs  
Department of the Senate  
PO Box 6100  
Parliament House  
Canberra ACT 2600

Dear Sir,

**Inquiry into the Rights of the Terminally Ill  
(Euthanasia Laws Repeal) Bill 2008**

The doctors of *Medicine With Morality* are united in their opposition to any law that permits euthanasia in Australia. Decisions regarding euthanasia – as with other matters that determine our nation’s respect for human life – should transcend State and Territory rights. Euthanasia is wrong.

**Morally, it is wrong.**

It is wrong to kill. It is especially wrong to kill those for whom we have been given a mandate of care. It is even more wrong for doctors to be involved in that killing. It is for very good reason that the Hippocratic Oath states that *I will give no deadly medicine to any one if asked*. Similarly, a great dictum of medicine is *First, do no Harm* and is also from Hippocrates: *Primum non Nocere*.

**Medically, it is unnecessary.**

Although we have compassion for those who are dying and who want euthanasia, compassion does not mean simple acquiescence to any patient demand. Proper medical and *compassionate care* will help them get past that desire. The option of very good palliative care in this country makes euthanasia unnecessary. *Relief from pain and distress is increasingly achievable and obtainable*. Killing should never be seen as a solution for misery.

**Sociologically, it has significant ramifications.**

The legalisation of euthanasia has inevitable flow-on consequences for society.

There will be economic pressure on government to reduce palliative care services and for them to be less obtainable. We must not allow the cheaper option of euthanasia to

ever become an easy reason to adopt such a course of action. We can and we must ensure quality of care until death's natural end for all Australians.

We will also find that consent to euthanasia will be extended to being made on behalf of those considered unable to consent – as has been widely reported in The Netherlands. The very thought of determining which lives *are worthy to be lived* and the implications of this for the impaired and disabled should be terrifying for all of us.

Please also consider the effect that legislation will have on the doctor-patient relationship. Inevitably there will be pressure on the dying or infirm or handicapped to ask for or consent to be euthanased even when they want to keep on living. This is the so-called *duty to die* – to relieve emotional, physical or financial distress on relatives or carers involved.

The *duty to die* can also reflect a 'state' obligation. Try to imagine the pressure put on an elderly infirm person in an overcrowded, understaffed nursing home where there is an expectation that they will agree to be killed because it is better for society.

At the very least this leads to a perception by the patient of ambiguity in the role of the treating doctor and fear that their doctor's attitude might change somewhere along the line of care. Patients may justifiably conclude that doctors would be less enthusiastic in their care if they think the patient should be prepared to die and are supported in this view by society and the law.

Ethical and moral values that honour our nation should be upheld. The current law should remain in force.

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