



7 November 2009

(individually addressed letter to supporters of euthanasia bill)
Parliament House
North Tce, Adelaide SA 5000

Dear ,

**Consent to Medical Treatment and Palliative Care (Voluntary Euthanasia)
Amendment Bill 2008**

We understand that you have supported the passage of this bill. We plead with you to consider the matters below.

Re Section 43(2)

- (a) administering drugs in appropriate concentrations to end life;
- (b) by prescribing drugs for self-administration by a patient to allow the patient to end his or her life; or
- (c) by withholding or withdrawing medical treatment in circumstances that will result in an end to life.

Part (b) equates to physician-assisted suicide. This sends such a wrong message to society. Suicide must never be seen as a “state approved” option to end suffering. This section taken in conjunction with 19(1)(b)(ii) where the “medical condition... irreversibly impairs the person's quality of life so that life has become intolerable to that person” would lend legitimacy to an 18 year-old with depression or insulin-dependent diabetes choosing suicide with or without seeking physician assistance.

Given the present tragedy of suicide in Australia this bill would undermine the good that is being done on so many fronts to combat this. As a nation we must not go down the path of suicide approval. There are those who want to allow euthanasia and physician-assisted suicide for “existential distress” and this could fit within the category of “intolerable” as in (ii) above.

Part (c) confuses euthanasia with what can be good and appropriate medical practice in palliative care.

They are not the same. Intentional killing, i.e. euthanasia, as a deliberate interference in natural processes is quite different from appropriate withdrawal of medical treatment as a part of good palliative care when death is both imminent and inevitable.

To pass the bill as it stands would drag ordinary and ethical palliative care into a legal quagmire with implications and confusion for doctors involved in palliative care being too afraid to let their patients die.

On these grounds alone the bill should be thrown out.

The rest of this paper concerns euthanasia proper i.e. intentional killing. The doctors of *Medicine With Morality* are united in their opposition to any law that permits euthanasia in Australia.

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, true compassion means much more than 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.

Likewise we must never put patients in the situation – as in Oregon – where health funds allow funding for physician-assisted suicide but not for treatments that may keep the patient alive.

We will also find that consent to euthanase 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 or assisted to suicide 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. 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.

The proper role of a doctor is to uphold the value of life in all circumstance, to comfort always, but never to kill or assist in killing. We urge you to seriously consider these matters and reject this bill.

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(other signatories follow)