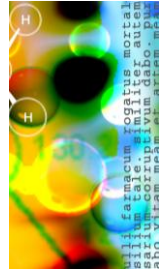


[medicinewithmorality.org.au](http://www.medicinewithmorality.org.au)

Australian Doctors concerned with the drift
of ethics away from moral absolutes

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Submission to
**Joint Standing Committee of Community
Development**

Parliament House, Hobart, 7000
committees@parliament.tas.gov.au

DYING WITH DIGNITY BILL 2009

by Medicine With Morality
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28 July 2009

DYING WITH DIGNITY BILL 2009

The doctors of *Medicine With Morality* are united in their opposition to any law that permits euthanasia in Australia. Euthanasia is wrong. Physician assisted suicide is wrong. There is a clear demarcation between giving good compassionate medical care to the very end of a patient's life and a deliberate interference or assistance for the express purpose of ending that life.

Morally, it is wrong.

It is wrong for doctors, given a mandate of care, to be involved in or assist in the death of their patient. 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 assistance to achieve that, 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*. It is well known that many who wish to die change their minds when they receive good palliative care. Killing should never be seen as a solution for misery.

Sociologically, it has significant ramifications.

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

Legalisation lends 'state' approval for assisted dying as a valid option for people – including the young – to consider what they would otherwise not consider. There is then a wider community attitudinal expectation that individuals will choose this option.

Legalisation will have a significant effect on the doctor-patient relationship. Inevitably there will be pressure on the patient with terminal illness to ask for or consent to be assisted to die 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. Inevitably there will be pressure felt by the elderly and infirm with 'terminal' illness in overcrowded, understaffed nursing homes to 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.

Inevitably 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 or physician assisted suicide 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.

Overseas experience has shown, and the results of enquiries have confirmed, that no legislation has been successful in confining euthanasia only to those capable of informed consent. The push to extend the 'right to die' from those who are 'mentally competent' to those who are not and to have agents respond on their behalf are logical follow-ons.

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. Ethical and moral values that honour our nation should be upheld by all governments. We urge your strong opposition to this bill.

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