medicinewithmorality.org.au

defending human life
defending liberty of conscience

lachlan@medicinewithmorality.org.au
PO Box 68 Morley WA 6943

20 May 2010

Hon <<mail merge>>
Parliament House
Perth 6000

Dear Hon….

Voluntary Euthanasia Bill 2009

In the best traditions of medicine the doctors of *Medicine With Morality* are resolutely opposed to any laws that permit euthanasia in Australia no matter how particular bills might be framed and the discussion below will give our reasons for this. *For the sake of the future of medicine in Australia please heed these reasons.* Less significantly we will then look at some specific problems with the particular bill before this house.

Euthanasia is wrong. Physician assisted suicide is wrong. We are united in our resolve to care for those who are suffering and for those who are dying but there is a clear demarcation between giving good compassionate medical care to the very end of a patient's life and deliberate interference or assistance for the express purpose of ending that life.

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.*

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.

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 attitude and expectation that individuals will choose this option.

Please consider the effect that legislation will have on the doctor-patient relationship. Inevitably there will be pressure on patients 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 or society obligation e.g. the elderly with multiple health problems 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 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 logically follow-on.

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. Five government-sponsored inquiries in England, Canada, USA and Australia into the consequences of legalising euthanasia have been published and all reached the *same* conclusion that such law would *always* be unsafe[1].

The usual scenario presented as the justification for euthanasia is of a patient with unremitting pain due to terminal illness when death is inevitable and imminent e.g. within days or weeks. Whether intended or not the bill before this house would encompass many more than just this kind of patient.

This leads us then to some specific aspects of the proposed legislation.

Specific comments on the bill before the house.

Clause 3 of the Bill (last definition page 3) defines "terminal illness" as follows:

> *terminal illness means a medically diagnosed illness or condition that will, in reasonable medical judgement, in the normal course and without application of extreme measures, result in the death of the applicant within 2 years of the date on which the request was made.*

The *two year* time frame allows inclusion of many diseases with unpredictable prognosis and varying response to routine treatments considered by some to be *extreme***.** An anorexia nervosa patient with insight into the suffering that lies ahead may decide that any treatments are *extreme* and request euthanasia. Likewise a patient with chronic renal failure which at this point might not be life-threatening

could request euthanasia while refusing routine treatment and dialysis. Similarly a cancer patient with a 90% chance of 5 year survival with standard chemotherapy may decline this as being *extreme* and opt for euthanasia.

Clause 6 (1)

(f) is experiencing pain, suffering or debilitation that:

(i) is considerable; and

(ii) is related to the relevant terminal illness; and

(g) has no desire to continue living,

These criteria allow for inclusion of patients with readily treatable diseases where even ordinary treatment is considered extreme by the patient and who considers that any prospect of suffering at all is unacceptable. For instance a 21year-old insulin dependent diabetic who doesn't want to face a life of injections could request euthanasia.

The loss of *desire to continue living* needs to be looked at very carefully with respect to unrelieved pain, inadequate care, stressful circumstances or depression all of which require appropriate management and relief. Indeed experience shows that many who request euthanasia change their mind when managed well. The bill makes no provision for an independent psychiatric assessment.

Now it may be that the framer of the bill fully intends that the net will be wide but it is important for all MPs to understand that this bill would allow euthanasia for many more than the usual scenario pictured.

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.

[1] http://www.mercatornet.com/backgrounders/view/euthanasia/

Dr Lachlan Dunjey MBBS FRACGP DObstRCOG General Practice (contact person)
33 Bunya St Dianella WA 6059
mob 0407 937 513

(signatories follow)