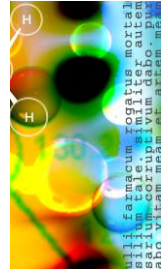


medicinewithmorality.org.au

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

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



Submission to the

Legal and Social Issues Committee

Legislative Council of Victoria

re

medical options for end-of-life care

Dr Lachlan Dunjey
0407 937 513
lachlan@medicinewithmorality.org.au

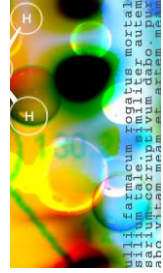
July 2015

Killing must never be seen as a solution

medicinewithmorality.org.au

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

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



31 July 2015

**Submission to Legal and Social Issues Committee
Legislative Council of Victoria
re medical options for end-of-life care**

We, the doctors of *Medicine with Morality*, are united in our resolve to care for those who are at the end of their lives.

We are grateful to live in an age and a country where **Palliative Care** is an accepted and almost integral part of end of life care. Further, for those of us with the privilege of primary care for our patients, we are grateful to be able to call on assistance and advice from specialists and ancillary carers expert in this field.

In my general practice last year I personally had four patients die of cancer – each of them I had looked after for 40 years or more and with two families delivered their children. So the circumstances were ideal in terms of trust and continuity of care and I was able to care for them through to a dignified, pain and distress free death with the aid of the excellent Palliative Care Services in WA.

We recognise that in some areas palliative care is not so readily available and we applaud all moves to remedy this.

It is known that when good palliative care is given then requests for assistance to die are rare.

We deplore the situation in some places in the world (e.g. Oregon) where funding is available for assisted suicide but not as readily for treatment. In this “lucky country” end of life care should never be compromised by the conflicting need to contain costs.

We note that one of the common reasons put forward by the public for doctors to be involved in the provision of physician assisted suicide and euthanasia is for relief of pain. *But relief from pain and distress is increasingly achievable and obtainable.*

For those at early stages of end-of-life care who express a desire to be “put out of their misery” we note that 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.

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.

Killing must never be seen as a solution

It is of great significance that the closer people are personally involved in good palliative end of life care – particularly relatives – support for euthanasia to be available also diminishes.

We further state that there is a clear demarcation between good compassionate medical care to the end of life and deliberate interference for the express purpose of ending that life.

In the best traditions of medicine the doctors of *Medicine with Morality* are resolutely opposed to any legislative changes that permit or facilitate the practice of euthanasia or physician assisted suicide in Australia.

The rest of this document is about why physician assisted suicide and euthanasia should not be contemplated as options for legal approval in Australia

Morally, it is wrong to kill. It is especially wrong to kill those for whom we have been given a mandate of care. It is for very good reason that the Hippocratic Oath states that *I will give no deadly medicine to any one if asked.*

If legislation were to be introduced there would be inevitable flow-on consequences for society.

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 expectation that they will agree to be killed because it is better for society e.g. the elderly with multiple health problems.

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.

No legislation has been successful in confining euthanasia to those capable of informed consent.

Overseas experience has shown, and the results of enquiries have confirmed, that legislation has never 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 <http://www.mercatornet.com/backgrounders/view/euthanasia> .

In light of this it should be recognised by every MP that if they were to support moves to legalisation they would *also*, by default, be giving approval to involuntary euthanasia.

Weakening of national strategies to reduce suicide.

Support for physician-assisted suicide sends a wrong message to the community about the legitimacy of suicide as a solution for distress.

Killing must never be seen as a solution

The common use in supportive arguments of terms such as 'existential' or 'intolerable' distress would legitimise suicide where living with a relatively minor condition, or even life itself, is considered intolerable by the person seeking euthanasia.

Given the present tragedy of suicide in Australia we must avoid anything that lends 'state' approval for suicide as a valid option. We should make all efforts not to add to the philosophy already apparent in our society: *if things get too hard, I'll just kill myself*.

But it is clear that significant people in the euthanasia and physician assisted suicide lobby want suicide made easy and intend exactly that.

Ludwig Minelli head of *Dignitas International* claims that suicide and assisted suicide are human rights and then argues

If the Right to Suicide is a Human Right... we must accept that, in order to make use of this right, there must be no legal requirements other than that the person has the mental capacity needed to decide to end his or her own life. Any conditions which insisted that somebody must be terminally or severely ill would interfere with the essence of that Human Right. Human Rights are, inherently, unconditional.

[Assisted Suicide Backers Mislead the Public](#) by Wesley J. Smith August 11, 2008, Life News.com

Dr Philip Nitschke also argues that anyone – even troubled teens – should have the right to kill themselves: ...all people qualify, not just those with the training, knowledge, or resources to find out how to "give away" their life. And someone needs to provide this knowledge, training, or recourse necessary to anyone who wants it, **including the depressed, the elderly bereaved, the troubled teen.**

National Review Online, 5 June 2001

<http://www.nationalreview.com/interrogatory/interrogatory060501.shtml>

In conclusion it is worth noting the testimony of Professor Theo Boer, who for nine years was a member of a regional review committee in The Netherlands:

"I used to be a supporter of legislation. But now, with twelve years of experience, I take a different view. At the very least, wait for an honest and intellectually satisfying analysis of the reasons behind the explosive increase in the numbers. Is it because the law should have had better safeguards? Or is it because the mere existence of such a law is an invitation to see assisted suicide and euthanasia as a normality instead of a last resort? Before those questions are answered, don't go there. Once the genie is out of the bottle, it is not likely to ever go back in again".

From <http://www.mercatornet.com/careful/view/14424>

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.

Dr Lachlan Dunjey MBBS FRACGP DObstRCOG
33 Bunya St, Dianella WA 6059