

Doctors for Voluntary Euthanasia Choice



24 July 2015

Lilian Topic
Secretary
Legal & Social Issues Committee Parliament House
Spring Street, Melbourne VIC 3002

Dear Ms Topic

Re: Submission – Inquiry into End of Life Choices

In Australia the ability of a person to exercise a preference in end of life choices is constrained by factors not freely or easily controlled by that person, such as location of the person's domicile, type of illness, medical practitioner attitude, legal inconsistencies and religious pressure.

Location

Location plays a major role in limiting access to specialist palliative care for the optimal management of end of life care. Palliative care services and practitioners are concentrated in major cities and less well represented in distant townships and country areas. The provision of on-line consultation allows some alleviation of this divide but is not a completely satisfactory alternative to that provided by face-to-face, experienced carers. Choice of institutional care options is likely to be similarly reduced.

Restrictions on provision of terminal medical care

It is acknowledged that even with optimal palliative care availability, 5-10 % of patients continue to experience inadequate relief of their suffering. Current medical practice fails these people. This is the group who will receive relief of their suffering only by death; but it is this group whose achievement of the desired relief is somewhat of a lottery and dependent on the medical practice of their care givers.

The Palliative Care Council makes the statement that voluntary euthanasia and assisted death are not part of palliative care. This claim is rational; if voluntary euthanasia or assisted death were practiced openly as part of palliative care, palliative care givers would be acting illegally.

The appropriate use of drugs for symptom control is an established and effective part of palliative care. When large doses of sedatives are used in the presence of refractory symptoms, the practice becomes terminal sedation: the end point is death of the patient. The essential difference between the administration of drugs to achieve euthanasia or to undertake terminal sedation is the intent of the doctor responsible for the procedure. Even when requested by the patient, intending to end a life by terminal sedation is illegal: administering drugs sufficient to control symptoms, which may result in the death of the patient, is not illegal. The end point of each procedure is the same: the

legality or not is based on the intent of the medical practitioner which can be known only to each practitioner at the time.

It is recognized that a few medical practitioners do agree with a patient's rational request to end suffering by administering drugs in sufficient concentration to control symptoms by the ending of the patient's life. This practice requires both subterfuge and personal courage on behalf of the practitioner: it persists in the face of its illegality because it has ethical impetus, a feature to which current laws are blind.

Type of illness

A person's ability to achieve assistance in obtaining relief of intolerable suffering may depend on his or her type of illness. The consensual withdrawal or removal of life sustaining treatment from a patient is legal, even if this action results in the patient's death. The consensual administration of drugs to a patient not dependent on life support, is illegal. The inconsistency of the legal illogicality is obvious and discriminatory.

Continued Religious Influence

Within the community there exists a small, vocal and strong opposition to assisted death and voluntary euthanasia on the basis that human life is sacred and divinely given. In general these groups are well supported by various religious bodies, which allow them to exert political influence disproportionate to their numbers and to maintain the limitations on assisted death as a choice at the end of life: a choice which is favoured by more than 75% of the Australian community in general. A similar number of people professing a religion see voluntary euthanasia as consistent with their faith. Australia has become a secular society, but a society in which the freedom to practice personal and religious beliefs is retained and respected. The maintenance of law based on the beliefs of a selected, but disproportionately influential few, significantly reduces choice in end of life care for the majority and is implicitly undemocratic.

Increase in end of life choices

Currently many Australians die in unsatisfactory circumstances and with unrelieved suffering. We have outlined areas which limit the provision of optimal choice of care at the end of life. Some are location dependent and difficult to solve but the salient restriction which can be addressed and which is desired by most of the Australian community, is the removal of the undemocratic legislation prohibiting voluntary euthanasia and assisted death as a choice in end of life care. The essential element in any liberalisation of the law is that of personal choice.

Yours sincerely



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