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Fax (09) 242 4067**FACSIMILE TRANSMISSION****TO:** Mr Neil Bell
Member for Macdonnell
089 530 211**FROM:** Catholic Doctors Association**DATE:** Monday, February 19, 1996**NUMBER OF PAGES:** 5**Communiqué**to
all members
of the

Legislative Assembly of the Northern Territory

Our Doctors' Association in Western Australia is of the firm belief that any legislation concerning euthanasia, introduced in any Territory or State of Australia, will necessarily have profound repercussions on the attitude and practice of all doctors and nurses throughout the community.

Therefore we respectfully request that you give special consideration to the enclosed policy statement on euthanasia produced by the Western Australian signatories.

Signatories
in
Western Australia

Catholic Doctors Association

Catholic Health Care Association

St John of God Health Care System


St Anne's Hospital

Southern Cross Homes (WA) Inc.

Catholic Homes Inc.

LJ Goody Bioethics Centre

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PUBLIC STATEMENT ON PROPOSED EUTHANASIA LEGISLATION

At the present time there are a number of attempts around Australia to legalise euthanasia. Euthanasia is the intentional killing of another person by act or omission. No doctor or nurse in Australia should ever be asked to deliberately kill anyone. If we accept euthanasia, we are asking our doctors and nurses to accept a legal entitlement to kill some of their patients. This is not only unjust to our doctors and nurses but would also tend to undermine the trust of the community in our health care providers.

1. Withholding/discontinuing life prolonging treatments.

In the course of illness, the time arrives when it is no longer possible to restore health, functional consciousness, and no longer possible to reverse the dying process. The most that even the aggressive use of sophisticated technology can achieve is to prolong that dying process. It is in these situations that we speak correctly of withholding or withdrawing interventions that are not benefiting a person's life, but only prolonging a person's dying. It is in these situations that we speak correctly of allowing a person to die.

We all have the responsibility to take reasonable care of health and life. But in a situation of terminal illness, when a person is dying with no hope of cure or improvement of condition, then any aggressive medical treatment may well be quite futile and excessively burdensome to the person. Both the patient and the doctor are ethically entitled to refuse, or to withhold or withdraw such medical treatment once it has become futile and excessively burdensome. It is sound medicine, proper nursing care, traditional ethics, and should always be legally justifiable.

This is not euthanasia.

2. Palliative care.

Doctors have a professional and moral mandate to use every reasonable means available to free patients from pain and other symptoms that cause them to suffer. The relief of pain and other

symptoms has nothing to do with euthanasia. The purpose of such treatment is to free patients from the pain and intense discomfort that dominates consciousness and leaves no psychic space available for the personally important things people want to think about, say and do before they die. The aim of such treatment is to liberate life, not to terminate it.

The science and art of palliative care has made such great advances that our doctors and nurses can now keep patients virtually pain-free until they die. It may indeed sometimes be the case that recourse to proper palliative care and pain control may foreseeably but unintentionally somewhat shorten the life-span of the patient. Hence, when there is no intention to deliberately cause death, the shortening of life is understood as a side-effect of proper palliative care. Such procedures for the benefit of the patients are morally justifiable and should be free of any legal restrictions.

This is not euthanasia.

3. Euthanasia.

Euthanasia is totally different from the above cases. It is the deliberate decision to terminate the life of the patient. By euthanasia is understood an action or an omission which of itself, or by intention, causes death in order that all suffering may in this way be eliminated. The exact meaning of euthanasia is found in the intention of the will and in the methods used. In good medical care, one is using all proper methods to eliminate the distress of the patient and maintain all possible patient comfort. In euthanasia, the purpose is to use lethal methods to eliminate the distress by eliminating the patient in distress. Euthanasia can be used for reasons other than the distress of the patient. Convenience, expediency or material gain can be the motivation for euthanasia.

Legalisation of euthanasia would ask doctors and nurses to live out a terrible contradiction in their lives. They would be expected to do everything possible to preserve health and promote the life and well-being of their patients. At the same time they would be asked to do the opposite and destroy life. We are confident that the great majority of the medical and nursing professions will find that contradiction unacceptable and abhorrent.

CONCLUSIONS

1. Any acceptance of euthanasia by the community in general would manifest a reduced sense of the worth of individual human life. The life of each human person is of unique value to be protected and nourished by each person and by society as a whole through its laws and regulations. Any deliberate destruction of human life by neglect, drug abuse, suicide, or murder is to be totally rejected by wise legislation. The loss of life can be devastating to parents, relatives and friends, and equally devastating to those who have taken the life of another whether by accident or intent.
2. After a lifetime of loving and caring, service and dedication that so many parents and grandparents, friends and community members have given to us all, rather than seek to dispose of them as unproductive burdens, we should lighten their final days with us by showering on them the love and care and compassion, the best palliative care and every form of personal and spiritual comfort that would enable us to give genuine truth to the phrase 'dying with dignity'.
3. Governments and all healthcare authorities should make it a high priority not only to establish well-equipped hospices, but also to ensure that future doctors and nurses are given the very best training in palliative care which the wonderful advances in modern medicine and technology have made possible.
4. If the community is brought to an adequate understanding of the patients' and doctors' right to refuse futile and excessively burdensome treatment, and also to keep the patients comfortable and pain free by proper palliative care, then the medical case for euthanasia disappears.
5. We strongly urge all legislators to ensure that doctors and nurses, hospitals and hospices, can continue to be persons and places of love and care for our terminally ill patients. We totally reject any legislative programmes which would not only be legalising the killing of our patients, but also killing in the hearts of doctors and nurses their sensitive dedication to the care and welfare of their patients.