

## **YOUR DEATH YOUR CHOICE COMMUNITY FORUM SATURDAY MAY 19 MAROOCHYDORE**

Before I address the question posed, I want to say I believe strongly that Palliative Care is a great concept and I support the expansion and development of the services offered.

The dedication and passion for what they are doing is always evident when I meet professionals or volunteers involved.

The Dying with Dignity and Voluntary Euthanasia movement worldwide believes that optimal PC should be available to all who seek relief during the dying process.

I make that initial point lest I am misunderstood in what I am about to say.

It seems to me the framers of the question *"Will the inadequate funding of palliative care services drive more Queenslanders to request physician assisted suicide?"* Are aiming for an answer like "yes – of – course, if people experience unrelieveable suffering then they will seek an early death therefore voluntary euthanasia (or PAS) must never be decriminalised until PC is available to every dying person.

Nice try – but it misses the point that PC and VE are not mutually exclusive, they are complementary.

The question also has a paternalistic ring about it. It implies that everyone who is dying would find their needs met in the model of PC we are talking about and that no-one would bypass PC and opt for an early death if they had access to PC.

We all know that PC cannot relieve all suffering. In a policy statement in 1999 no lesser authority than PCA stated *"that while pain and other symptoms can be helped, complete relief of suffering is not always possible, even with optimal palliative care; and they 'recognise and respect the fact that some people rationally and consistently request deliberate ending of life."*

That statement does not appear in more recent PCA publications, I think it might have been considered a little too frank. Shame really - because it was an honest, factual statement.

That PC cannot meet the needs of all is demonstrated by the people who lawfully choose to die peacefully on their own terms despite having access to PC. Why, for example do very ill patients take the arduous and expensive journey from England to Switzerland to die? England is the birthplace of modern PC. Australians have travelled to Switzerland also. When the NT VE law was active terminally ill patients travelled there to die from SA and NSW, two states with good PC services.

Those places where doctors can lawfully assist patients to die, Holland, Belgium, Luxemburg Oregon and Washington all have high quality PC services. In fact the lesson learned from those jurisdictions is the Right to Die debate and subsequent passage of legislation has resulted in greater community and government understanding of and expansion of PC services.

There is a significant body of research on the reasons why dying people ask for a hastened death. The primary reasons, perhaps not surprisingly, are areas that PC finds difficult to address. Loss of autonomy, loss of control, irreversible loss of dignity, feelings of being a burden and hopelessness. Summed up I believe in the phrase 'Existential suffering'.

My advocacy is that people who find PC does not meet their needs and those who might decline to avail themselves of the service should have the option to choose a peaceful death on their own terms.

Currently, they do have options but they are not good ones.

A question we should ask simultaneously as the one before us is "Are people hanging themselves today, not because they cannot access PC but because they cannot access the drugs required to die peacefully when they want to?"

The answer to that question is yes. Not only are they dying violently, hanging the most common method, but firearms comes second then comes gassing, poison and drowning, but make things worse, they people have to sneak away quietly to do the job or somehow get the

spouse to leave the house so they can carry out their plan without implicating anybody.

*(We were encouraged to talk openly and frankly about death and dying at this forum) That's what I'm doing.*

How civilised it would be to allow the terminally ill to discuss their end of life plans with their doctor, receive advice, and organise to die peacefully in the company of loved ones, where and when they choose.

Isn't it time we stopped pretending that doctors don't deliberately hasten the death of very ill patients when circumstances warrant and hide behind the doctrine of double effect. Many doctors will privately admit doing it.

You might say 'what's wrong with that'; everyone is usually relieved when it occurs. Well there is plenty wrong with that.

For a start it is illegal. The offence just happens to be murder and for a doctor to be confident no one will complain he must be convinced that the patient is in such a poor state that no one will question his actions.

Secondly, the patient has no say in the matter; complete control is in the hands of the doctor, exactly where the AMA wants to keep it.

Thirdly, there are no safeguards or scrutiny. All proposals for VE involve multiple checks and balances to avoid accidents or abuse.

Lastly I say let's be honest and acknowledge that the common practice of terminal sedation where nutrition is withheld, is slow euthanasia.

We know the patient is going to die as a result of our actions which are motivated by a desire to relieve intractable suffering. Do we really believe that if the patient had a choice of a quick painless death in minutes they would choose a slow, (presumably painless) death over several days?

No one I know would choose the slow option. Least of all for the sake of the family by the bedside.

I'm not saying TS should be stopped, or that doctors should not be able to deliberately hasten death in appropriate circumstances, I am saying we

should stop the charade and acknowledge that TS is commenced for the same reason voluntary euthanasia is requested, to end suffering by hastening death.

We should also recognise the Dying with Dignity movement is not driven by a lack of access to PC or a misunderstanding of what PC can offer. It is driven by a strong belief in personal autonomy and a desire to avoid the futile treatment and pointless suffering they have seen others endure.

Voluntary euthanasia should be a last resort PC option available to competent adults – as it is in Belgium where both are seen as integral aspects of good end of life care.

Thank you.

*Perron.*  
2012