

Transcript



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Program: NATIONAL PRESS CLUB ADDRESS Time: 12:30 PM
Compere: CHRIS UHLMANN Summary ID: M00071539380
Item: NATIONAL PRESS CLUB ADDRESS WITH DR MICHAEL GANNON,
PRESIDENT, AUSTRALIAN MEDICAL ASSOCIATION, FULL SPEECH AND
Q&A.
INTERVIEWEES: MICHAEL GANNON, PRESIDENT, AUSTRALIAN MEDICAL
ASSOCIATION

Audience:	Male 16+ 8000	Female 16+ 8000	All people 16000
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Chris Uhlmann:

Last year, we released an updated position statement on euthanasia and physician-assisted suicide. It came at a time when a number of states, most notably South Australia and Victoria, were considering voluntary euthanasia legislation. There was an expectation in some quarters that the AMA would come out with a radical new direction. We didn't. The AMA maintains its position that doctors should not be involved in interventions that have as their primary intention the ending of a person's life.

This does not include the discontinuation of treatments that are of no medical benefit for a dying patient. That's not even euthanasia. Perhaps what's been forgotten is doctors have an ethical duty to care for dying patients so that they can die in comfort and with dignity. We are always there. We will always be there to provide compassionate care for each of our dying patients so that they can end the last chapter of their lives without suffering.

We believe that governments must do all they can to improve end-of-life care for all Australians. They must properly resource palliative care services and advanced care planning, produce clear legislation to protect doctors who are providing good end-of-life care in accordance with the law. Of course, euthanasia is a matter for society and for its parliaments. But if new legislation does come into effect anywhere in Australia, doctors must be involved in the development of the legislation, the regulations and the guidelines. We must protect doctors acting within the law. We must protect vulnerable patients, those who do not want to participate, and the wider health system.

The AMA recognises that good quality end-of-life care can alleviate pain and other sources of suffering for the overwhelming majority of people. There is already a lot that doctors can ethically and legally do to care for dying patients experiencing pain. This includes giving treatment with the intention of stopping pain and suffering, which may have the secondary effect of hastening death. I reiterated all of this yesterday in an address to 40 MPs in Victoria, imploring them to legislate protections according to this well-established doctrine of double effect. Bills in South Australia and Tasmania have been defeated. I encourage politicians in Victoria to put the horse before the cart and focus on the everyday issues for the majority of patients in end-of-life care.

Our position does not appeal to everyone, least of all high-profile euthanasia campaigners, and their enthusiastic supporters in the media. We also have members who differ in their view, but our position, supported by the overwhelming majority of the Federal Council, is also supported by the bulk of the medical

profession. There are medical, ethical and moral responsibilities at the heart of the doctor-patient relationship, and we all take them and our oath, the Declaration of Geneva, very seriously, indeed.

Question:

Dr Gannon, thank you so much for your address, and a big shout-out to our doctors and nurses around Australia, doing the great job you speak of today. The *Fade To Black* movie, the life at the death of Peter Strong, a great Australian who came to Canberra and argued for euthanasia bills in legislation. Dr Rodney Syme provided him with nembutol but he never took it.

He had to go to palliative care. Seventeen thousand Australians enter palliative care each year, but more than 700 of them die a very, very painful death. I've heard what you said about euthanasia today, but ahead of the Victorian legislation, what will the AMA do to provide support to doctors who may be accused of criminal activity? Or is it good doctoring, which is what Dr Rodney Syme has said? What is the AMA's position on supporting doctors who assist their patients?

MICHAEL GANNON:

Well, I'm glad you've raised the issue of supporting doctors, because it might be legislative uncertainty that is stopping patients from getting the care they need. Now, we have inadequate legislation in most parts of Australia to protect doctors acting ethically and lawfully with inadequate doctrine of double effect legislation. So what I said in the opportunity to speak to the parliamentarians in Victoria yesterday, is let's put the horse before the cart. Ninety-nine per cent of end-of-life decisions do not involve requests to die. That is a very, very, very small part of the system. Now, one thing that I hope I've made very clear today is that I have no doubt that those colleagues of mine who would favour a move in this direction act every bit as compassionately and ethically in the care of their patients. But there is the potential in the bill before the Victorian Parliament to make things more difficult and to impair the care that people get. If they do not legislate for doctrine of double effect, the accusations that we might be dealing with, a case of euthanasia or physician-assisted suicide might arise.

So, there are so many things they need to fix first. And surely the aspiration of all people, whether they favour voluntary euthanasia or not, is to improve palliative care services. Most people don't even know what palliative care is. Those who have had experience with the system will know how good it is, how brilliant those practitioners are. They know a lot more about pain and suffering relief than codeine and morphine, I can tell you about that. They produce amazing levels of care. So much so that, for palliative care physicians, requests to them to end patients' lives are incredibly rare, and it's not hard to find palliative care specialists who will tell you they have never received a request from a patient to end their life.

So, the AMA position statement makes it extremely clear that we understand this is a decision for society: it's Parliament's, its legislator's. The AMA's position is that doctors should not participate in these arrangements. But what I did, when I spoke to those legislators in Victoria yesterday, is said, I know you're very interested in recommendation 49 of your upper house report, but please, please focus on recommendations 1 to 48, which talk about end-of-life care, which will affect all of us.

CHRIS UHLMANN:

Could you speak just a little bit more on the principle of double effect? I don't think that most people actually understand that it's available and actually exists in Catholic canon law, that if someone dies as effect of their pain management being turned up to a point where that's the secondary effect, that's something you can even request in a Catholic hospital. So could you explain how that works and what protections doctors need?

MICHAEL GANNON:

One of the things you have to be very careful doing when you're talking on ethical matters is to invoke Catholic canon law, because there are some people who would have great concerns about that. But, Chris, who I know is a scholar in this area, will be able to tell you that this all goes back to a St Thomas Aquinas, this is well established in Catholic ethics. And it's a well-established ethical principle which is very much secular as well. But in very simple terms it means that if your primary intention is to relieve suffering, and by secondary effect it has the effect of hastening someone's life, that is ethically, completely distinct from the intention of ending someone's life.

So, if we look at proposed assisted dying laws, the intention is to end the patient's life. If you look at palliative care, the intention is to relieve pain and suffering. The intention is important. I can promise you that palliative care physicians, the nurses who work with them, the teams they work in, they're a great example of multidisciplinary care for all of us, but they work very carefully and compassionately to provide a level of care which is seven levels above the morphine drip that you've all heard of.