

Open Letter to South Australians regarding Voluntary Assisted Dying (VAD) Laws



Health Professionals Say No!

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We represent 850 health care professionals concerned by the sloganistic debate surrounding VAD legislation. As health professionals dedicated to the care of the chronically ill and dying, we reject the misleading notion that 'Compassion' demands VAD legislation. The campaign falsely promises an easy solution to suffering and sidelines the true societal and health care actions required to compassionately ease suffering (1).

The first responsibility of governments is to guard vulnerable individuals from harm. Their ethical duty is to provide structures that assist health professionals and social services in providing equitable care, improving the quality of life for those with aged, palliative care, mental health and disability-based needs, whether in urban or regional settings. Many recent Australian enquiries have shown many shortcomings and described abuse, including in aged care and disabilities.

The focus should NOT be on sanctioning legislation which values the autonomy of the vocal above the safety of the vulnerable. VAD legislation scope-creep (the 'slippery slope') is proven by overseas experience. There is no such thing as safe VAD legislation, and amendments only band-aid inherently unsafe practices. Good laws make it easier to do right and harder to do wrong – but VAD legislation only makes coercion and abuse more likely. Once enacted, VAD legislation will initiate a gradual shift from a 'Right to die' to a 'Duty to die'.

All South Australian citizens have a responsibility to influence their Members of Parliament to protect the vulnerable. A survey of 2000 Western Australian residents recently showed 75% would want their government to address Palliative care service provision and regional healthcare and social service access ahead of VAD.

The facts are:

- VAD is not healthcare. It is NOT a medical treatment, nor is assisting someone to end their life part of good evidence-based Medical or Palliative care (2). VAD terminology only seeks to provide a cloak of medical legitimacy to state sanctioned killing (5).
- Research proves that the desire to die decreases when a person is supported or has experienced Palliative care. Requests for euthanasia, physician assisted dying or VAD are usually due to undiagnosed depression, demoralisation, loneliness, fear of being a burden or lack of support. Making VAD legal does not make VAD a valid "choice" to replace quality Palliative care.
- It is NOT true that VAD lowers suicide rates. The opposite is actually the case in overseas jurisdictions. Government priority should lie in prevention efforts for the current crisis faced in regional Australia, amongst First Nation peoples and in the young (3,4).
- Suffering is subjective and even so, the cause of suffering is what should be addressed. It is NOT true that pain cannot be controlled or managed, nor is pain the usual cause of VAD requests. Defining suffering and incurable illness in legal terms is arbitrary and HAS inevitably resulted in extension of the law, even to children and elderly unable to speak for themselves, in jurisdictions where euthanasia and VAD practices exists.
- Clinicians and institutions involved in the care of vulnerable and disabled individuals, those with dementia or those with terminal illness should NOT be involved in roles to end a life. The undue influence this would create on patient choices and their care cannot be underestimated (5).
- Doctors, nurses, healthcare professionals and institutions practicing best practice health care and end-of-life care should not be forced by VAD legislation to act against their ethical standards.

We urge you to review the broad evidence of VAD legislation worldwide and to consider what is really needed to help those suffering around you, whether death is imminent or not. Speak up AGAINST this law that values the ending of a human life on the basis of autonomy more highly than fostering communal safety and care. Urge your government to INSTEAD address healthcare and residential care inequities and affirm the goal of better life quality for all citizens.

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1. https://www.mja.com.au/system/files/issues/209_07/10.5694mja17.01217.pdf
2. <https://www.anzspm.org.au/c/anzspm?a=da&did=1005077&pid=1280801211>
3. https://www.crrmh.com.au/content/uploads/RuralSuicidePreventionPaper_2017_WEB_FINAL.pdf
4. https://www.patrickdodson.com.au/voluntary_assisted_dying_a_first_nations_perspective
5. <https://www.acpjournals.org/doi/full/10.7326/M17-0938>