



Health Professionals Say No!

www.healthprofessionalsayno.info

Health Professionals Say No is an independent secular network of 870 health care professionals dedicated to the care of the chronically ill and dying. Of the greater than 420 represented in NSW, many like myself have been, or are, on the coalface in public health and leadership positions, or with other significant associations in NSW Health and care institutions. We reject the misleading notion that 'Compassion' demands state sanctioned killing and assisted suicide in the guise of VAD legislation and oppose the expected involvement of Health care toward this legislation. The campaign falsely promises an easy solution to suffering, ignoring and side lining the true societal and health care actions required to compassionately ease suffering. We seek to assist and inform governments in providing the real care that is needed toward this.

The first principle of health care is to do no harm. Enabling the state to empower doctors to directly participate in prematurely ending the lives of their patients does much harm and violates our key medical ethical principles, which are affirmed by the World Medical Association which opposes assisted suicide.

The first responsibility of governments is to guard vulnerable individuals from harm. It is an ethical duty of government 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 and amongst our First Nations people. Many recent Australian enquiries have shown many shortcomings in these areas and described abuse and coercion, including in aged care and disabilities. Our experience and witness confirms the severity of shortcomings in care to be true.

We are particularly concerned by recent announcements from Mr Alex Greenwich MP regarding the release of a Private Members Bill to legalise euthanasia and assisted suicide in this State, with a view to tabling the bill this year. Societies 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. To prioritise VAD legislation ahead of true and equitable health care and social services toward provision, is in itself a form of coercion, as there then is no viable choice. Our priority at this time must therefore be focused on equitable delivery of accessible quality and evidenced based care, especially at this time of crisis.

We believe that once enacted VAD legislation will initiate a gradual shift from a 'Right to die' to a 'Duty to die'. All NSW 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 shortfalls in Palliative care, 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. VAD terminology only seeks to provide a cloak of medical legitimacy to state sanctioned killing.
- 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.
- 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. Doing so will erode trust in the ambiguity it creates for health care systems and therapeutic relationships.

- 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 conscience or ethical standards.

We speak up AGAINST a law that values the ending of a human life on the basis of autonomy more highly than fostering communal safety and care. We urge our governments to INSTEAD address healthcare and residential care inequities and affirm the goal of better life quality for all citizens. When you seek to oppose this legislation reflecting the concerns of what I personally consider to be the significant majority of NSW doctors.