Assisted Dying – Where the Ministerial Advisory Panel Got it Wrong

Dear

The recommendations of the Ministerial Advisory Panel on assisted dying will result in legislation that does not protect the vulnerable in our society and will expose them to coercion and abuse.

Soon, you have to make a decision between providing supposed compassion for a few individuals or **protecting the rights and safety of the majority** of the population.

You will have to make a decision not only about what the legislation says, but also about the **unwritten consequences:**

- In every country around the world where assisted dying has been introduced, there has been disregard for the laws and safeguards put in place to prevent abuse and misuse of these guidelines. Victoria will be no different.

- 'Once the barrier of legislation is passed, medically assisted dying takes on a dynamic of its own and extends beyond the original intent, despite earlier explicit assurances that this would not happen.' (Dr Robert Twycross, Emeritus Reader, Oxford University). Victoria will be no different.

Below are my comments on how and why some of the Recommendations of the Ministerial Advisory Panel will put vulnerable people at risk.

Dr Roger Woodruff

Former Director of Palliative Care, Austin Health
Board member and former Chairman, International Association for Hospice and Palliative Care (IAHPC)

Recommendation 2
A person must have decision-making capacity in relation to voluntary assisted dying, which in turn is defined as the criteria in the Medical Treatment Planning and Decisions Act.

Yes, but

- Few doctors would be familiar with the formal assessment of decision-making capacity.
- Assessment of decision-making capacity is not a black or white/tick the box routine.
- Assessment of decision-making capacity is not the same as obtaining informed consent for treatment.

Recommendation 8
A health practitioner cannot initiate a discussion about voluntary assisted dying

Good idea, but is totally unrealistic and cannot be policed or enforced.

Such discussions will occur
- The doctor saying 'There is nothing more that can be done' is equivalent to

initiating such a discussion for any patient who is aware of the availability of assisted dying.
- Pro-euthanasia doctors (who believe they are providing a magnificent service to their patients) will be encouraged by the new laws to initiate discussions about assisted dying more often and with more patients. What is discussed in the confines of the doctor-patient relationship is, after all, confidential.

Recommendations 15 & 16
The medical practitioner must complete specified training…

Both necessary and appropriate, but it will never happen.
- Busy medical practitioners will not take days off work (never mind a week) to seriously learn about assisted dying.
- The result is few or no trainees, or it is done with a nod and a wink over a cup of coffee one evening, which amounts to no training.
- Pro-euthanasia doctors are confident they know all that there is to know about death and dying and do not need further training.

Recommendation 22
The person is acting voluntarily and without coercion.

This is nonsense. It is akin to saying the actions of elected politicians are not influenced by the concerns of their constituents.
- Every person asking for assisted death brings with them the attitudes and feelings of their family, their socioeconomic problems, and whether or not they feel they are a burden.
- It is not possible for the doctor to easily distinguish those requests that are seriously influenced.

Recommendation 37 & 38
Recommendation 37 says that if the patient cannot self-administer the lethal dose, the doctor can do it to them.
Recommendation 38 says that if the patient cannot self-administer the lethal dose, the medication must be returned to the pharmacy, following which the doctor may administer 'the medication.'

This is obviously confused.
- It will be interpreted by some to mean that patients unable to ingest or digest the lethal dose (whether administered by themselves or the doctor) are eligible for euthanasia by injection.
- If euthanasia by injection is allowed as the exception, it will rapidly become the norm.
- Any legislation must include an absolute prohibition on euthanasia by injection. **If any proposed legislation does not include an absolute prohibition on euthanasia by injection, it should not be supported.**

And finally, a word about **Palliative Care**. Whilst the proponents of the assisted dying legislation in Victoria all swear to the importance of palliative care, their colleagues in Canada have taken the next step, which is to censure any palliative care service that declines to provide assisted dying. I have no reason to believe it will be any different in Victoria.
***