



7 August 2017

Dear Member of Parliament,

### **Deep Concerns raised by Victoria's proposed legislation on voluntary assisted dying**

Catholic Health Australia (CHA) is reaching out to you on behalf of your local health and aged care specialists to express concerns raised by Victoria's proposed legislation on voluntary-assisted dying (VAD).

CHA is Australia's largest non-government grouping of health, community, and aged care services accounting for around 10% of hospital based healthcare in Australia. Catholic services provide around 30% of private hospital care, 5% of public hospital care, 12% of aged care facilities, and 20% of home care and support for the elderly.

Our hospital members and associated clinicians are gravely concerned about the misleading assertions made by the proponents of VAD around public support for this legislation. In addition, the recent Ministerial Advisory Panel reports do little to assuage doubts of the potential for abuse and misuse. In many respects, the reports raise additional questions around the proposed legislation.

There is a significant lack of safeguards in place to with respect to VAD to address the needs of vulnerable people including the disabled community, those affected by mental illness, and people who live in rural and remote communities. Those suffering from terminal illness are particularly vulnerable to the abuse and exploitation that this legislation could introduce. Practical concerns that have yet to be adequately addressed include:

- the regulatory mechanisms for procurement of lethal self-administered pharmaceuticals;
- responsibility for the financial costs of implementing, funding, and reporting VAD;
- the ability for health services to conscientiously object to participating in assisted dying;
- access to services in regional and rural areas, particularly the availability of palliative care as the preferred alternative; and
- reporting considerations including the monitoring of VAD incidence.

Within the medical community, clinicians across all disciplines remain divided on this issue. Historical ethical traditions in medicine are strongly opposed to taking life. For instance, the Hippocratic Oath states, "I will not administer poison to anyone where asked," and I will "be of benefit, or at least do no harm." Linking VAD to the practice of medicine could harm both the integrity, and the public's image, of the profession.

There is a great deal of uncertainty and unanswered questions surrounding VAD. With current disciplines dedicated to relieving pain and suffering so severely underfunded and under resourced, there is reasonable concern that this could have unintended consequences that those unable to access these supports would be pressured towards VAD. Additionally, it is CHA's view that the Victorian healthcare system is not currently equipped or otherwise adequately resourced to provide equitable

access to the necessary professionals with the appropriate skillsets capable of facilitating a properly informed decision by an individual to pursue VAD.

CHA members are concerned that the community voice has not been adequately considered in the discussions surrounding VAD. There is a small but vocal percentage of the community strongly supporting this legislation that have received a great deal of media attention, however the experience of our members has been quite different, having encountered notable confusion and indecision within society surrounding this issue. It is essential to ensure that the community has been adequately informed and all voices heard before any consideration of the implementation of legislation, which has long-lasting and potentially injurious consequences.

Marginalised groups such as non-English-speaking Australians, the elderly and frail, prisoners, homeless, mentally and physically disabled, those living alone without supportive families, Aboriginal and Torres Strait Islander peoples, and individuals susceptible to elder and other forms of abuse are particularly vulnerable subsets of a group already rendered vulnerable by advanced terminal disease. For these individuals, susceptibility to mixed messaging and misinformation around treatment options and the value of such interventions is already problematic. Special care needs to be taken by palliative practitioners and other health professionals to ensure a compassionate, individualised response is provided to inform individuals from these demographics.

CHA and our members, who are providing hospital care for over 10% of Australians, remain vehemently opposed to VAD, object to the politicisation of what constitutes appropriate care for those at end-of-life and implore you to talk to clinicians to gain an understanding of this issue.

CHA feels this is an example of legislation being passed without adequate thought given to process and implementation considerations. Our members in Victoria have been seeking to meet with politicians interested to gain a deeper understanding of this issue. If you would like to talk to someone, we are happy to introduce you to palliative care physicians who can speak of their first hand experiences in caring for those at the end of their life and who can discuss these matters and concerns in greater detail. Please contact Stephanie Panchision, [stephaniep@cha.org.au](mailto:stephaniep@cha.org.au) and this can be arranged.

Thank you for your time.

Yours sincerely,



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