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The Hon. A.J. Roberts  
Parliament of New South Wales  
Macquarie Street  
SYDNEY NSW 2000

Dear Mr Roberts,

**Regarding: Voluntary Assisted Dying Bill 2017**

I am writing on behalf of 101 Palliative Care health professionals who are concerned and opposed to the present euthanasia and physician assisted suicide bills before the Victorian and New South Wales parliaments.

For some time, one strategy of the proponents of the bills has been to downplay, obfuscate and corrupt the intentions and effectiveness of Palliative Care. The aim of the strategy seems to be to create fear in listeners that Medical, Health Care and Palliative Care professionals cannot help people with terminal illness, increase or prolong peoples' suffering and, conversely, that Palliative Care hastens patients' death in a covert way.

This letter has been written to refute these claims, to present a factual account of Palliative Care, to call for rejection of medically assisted suicide legislation, and increased commitment to Palliative Care services in Victoria and New South Wales, in order to address the needs of those nearing their last years of life.

These bills are a most serious threat to the wellbeing and safe care of people with terminal illness, and to those with severe, chronic and disabling conditions, who may feel they have become a burden to others. Both the NSW Auditor General's report on Palliative Care service provision and the Victorian enquiry into end of life choices have both emphasized the need to address inequity and shortfalls in service, and for better service delivery.

Yours sincerely,



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## **An Open Letter to Members of Parliament by Australian Palliative Care Professionals**

**We, the undersigned Australian Palliative Medicine professionals, do not support the introduction of medically assisted suicide or euthanasia in the states of Victoria and New South Wales.** We are also writing to address claims made about Palliative Care by assisted suicide advocates, including Mr Andrew Denton, to the public and in the media. We do not intend this response as an attack on Mr Denton, and wish him well with a good recovery in his present illness.

**We work every day with people who are seriously ill and dying, to support them and their families and carers when burdened by their illness or condition, and in their time of need.**

Although the standard of Australian Palliative Care services, whether in the home or in the medical setting, are currently rated second in the world, this is not widely known in our community, and these services and our care are not well understood.

**Our work is a good news story that should provide the public with great confidence.**

Instead, in the current debates on euthanasia and assisted suicide, we frequently observe that public confidence in Palliative Care is being actively and deliberately undermined. Assertions include that Palliative Care doctors either cannot or will not relieve suffering and that assisted suicide, and in some cases euthanasia, is needed to address this.

This is simply false.

**Current Australian data indicates that no more than 2 in every 100 Palliative Care patients would be in moderate or severe pain at the end of life. In these unusual cases where when all other methods of palliation for pain and other symptoms is inadequate, and if the patient agrees, palliative sedation therapy is available to provide adequate relief of suffering.**

This is not just a 'pharmacological oblivion' as some have claimed. It is the careful management of pain and other severe symptoms through individualised medication plans at therapeutically recognised doses, and with dignified

personal care, delivered by experienced doctors, nurses and allied health workers. Family and carers are also supported with emphasis on a holistic approach.

**No one is abandoned and everyone can be assisted or supported in some way.**

Mr Andrew Denton also claimed at the recent 'Communities in Control 2017 Conference' in Victoria, that because Catholic thinking holds that suffering can sometimes be of benefit to the person, Catholic Health Care service providers and Palliative Care professionals are deliberately under-medicating symptomatic patients at the end of life. This false assertion implies that professionals in these services are deciding that their patients should experience pain and suffering because it is somehow good for them.

It is contrary to fact that any Palliative Care service or its employees, of any faith or secular belief, would behave this way. The approach to Palliative Care across all Australian and New Zealand services is held to professional standards, with rigorous and transparent quality control and benchmarking, contributing to our high world ranking.

**One has to question the targeting of services and professionals providing the majority of the care and support of those who are terminally or chronically ill, and their families.**

Ironically, Mr Denton and others simultaneously claim that Palliative Medicine sets out to end peoples' lives in the guise of giving pain relief. Both claims are false. Research has shown beyond doubt that therapeutic doses of opioid medications and sedatives in palliative care settings do not shorten life.

**The often-repeated claim that Palliative Care professionals purposely shorten the lives of patients with medication and other practices is untrue, and risks discouraging terminally ill and vulnerable patients from seeking the assistance of Palliative Care, or from taking the very medication which would ease their pain.**

As defined by the World Health Organisation and re-stated by the Australia and New Zealand Society of Palliative Medicine, the discipline of Palliative Care aims "to improve the quality of life of patients and families facing problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychological and spiritual."

Good end of life care, supported by the skills and expertise of Palliative Care professionals, also enhances a person's choices, including the individual's choice to refuse life-prolonging, or other medical treatments unacceptable to that individual.

**All Australians should have the confidence that their care and support in their time of need will be defined by this approach, and not by the ill-advised and erroneous observations of those who are rushing to legalise assisted suicide.**

For the sake of public confidence, we ask that all sides of the current debate respect the role of Palliative Care services and the dedication and competence of all the professionals that staff them.

**If assisted suicide or euthanasia laws are ever considered by our parliaments, that consideration should not be based on the false belief that we cannot assist or support those with pain and suffering in a professional and ethical manner.**

If there is a problem facing Palliative Care in Australia it is that access to high quality services is not yet universal. We therefore warmly welcome the commitment of the New South Wales government to provide an additional \$100M to the sector focussing on rural and regional service delivery. We call on the Victorian Government to support the call by Palliative Care Victoria for \$65M recurring funding to assist the service to provide care for those in need.

**It would be unethical for any state jurisdiction in Australia to move to legalise for assisted suicide or euthanasia whilst many ill, aged and disabled Australians cannot yet access the support that they need. Such a move would not enhance choice, but instead reduce choice around the care and support for those in real need.**

We call all legislators to recommit to Palliative Care and the other services needed to better benefit all Australians, and not to let the agendas of others undermine more pressing Health Care and Community Service priorities.

## Signatories

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