Draft 13 October 2018 by Doug Bridge

We commend A/Prof William for his perceptive of the complex issues involved in Euthanasia and Assisted Suicide (EAS)[1]. In contrast to the euphemisms in the popular media, he confronts us with some uncomfortable realities: EAS is actually homicide or suicide; doctors considering EAS may be (unconsciously) demonstrating "countertransference of their helplessness onto the patient"; and relief of all suffering is a fantasy beyond the ability of doctors, politicians and lawyers.

Similar concerns are expressed by seven Canadian physicians in a critique entitled, "Euthanasia in Canada: a Cautionary Tale"[2]. Contrary to the rosy predictions of its proponents, within two years the Canadian experiment with EAS has failed to meet expectations, and with increased costs to healthcare.

The passing of the Voluntary Assisted Dying Bill 2017 by the Victorian Parliament marked a "seismic shift" in medical practice, overturning 2,500 years of medical ethics: the Hippocratic prohibition on killing patients.

The draft scholarly RACP report by its "Euthanasia and Physician Assisted Death (EPAD) working party" contained valuable material, but recommended a position of "Critical Neutrality". This draft fails to acknowledge the comprehensive 2014 New Zealand branch RACP position statement opposing EAS, which drew from the position statements of both the Australian and New Zealand specialist societies of Palliative Medicine[3] and Geriatric Medicine.

Many physicians found this draft deeply disturbing, and 104 Fellows have requisitioned a College General Meeting. As the peak physician organisation in Australasia, we urge the RACP to make a clear, unambiguous statement to the general public, the medical profession, and politicians, including these basic facts:

- EAS is not part of best practice, evidenced health care.
- EAS should not require involvement of doctors.
- EAS creates irreconcilable conflicts with our responsibilities to our patients.

If a medical association declares neutrality on this important issue, it squanders the precious role such associations have in providing guidance to doctors, the public and government. That squandering comes at precisely the time this debate would be immeasurably enhanced by the expertise and wisdom of those members of the community most involved in the care of patients with serious illnesses.

References

1. William L. Medical assistance in dying: a disruption of therapeutic relationships. MJA 2018, 209:286-2872.
2. Leiva R, Cottle M, Ferrier C, Harding S, Lau T, McQuiston T, Scott J. Euthanasia in Canada: a Cautionary Tale. World Medical Journal, September 2018: 17- 23.
3. http://www.anzspm.org.au/c/anzspm?a=da&did=1005077. Accessed 13 October 2018.

343 words plus references