Guide for letter writing:

Medical aspects of Australian Euthanasia legislation

Letters to politicians are powerful. At times a parliamentary committee may call for submissions. At any time you can write to your local member or other politicians to express your views. Healthcare workers should also consider contacting politicians in the area in which they work.

- Politicians are answerable to their electorates, and need to know your views.
- Personal stories are very powerful. Politicians need to understand the consequences of supporting a voluntary assisted dying law.
- If you have a personal story to share with politicians, feel free to include a photo of the people involved.
- Please maintain a respectful tone.
- In the case of submissions, committees usually prefer letters to be type-written and submitted in electronic form, although handwritten submissions are also acceptable. All submissions should include an email address, a postal address and a telephone contact number. Information will be available on the relevant parliamentary website page. In the case of personal letters, hard copies are preferable to email. Mass email campaigns jam parliamentarians' email inboxes and are irritating for them.

Template:

Use this guide to structure your letter

Subject: Euthanasia and assisted suicide legislation

Content: Write about the issues raised in the relevant inquiry, or the issues that are important to you. A list of possible topics to discuss are found below, which you can rephrase in your own words.

If you would like information on any of these topics to help you write your letter, explore the Resources page on this website. We also have examples of letters written in response to previous investigations and submissions on this website.

ALL SUBMISSIONS SHOULD CONTAIN AN EMAIL ADDRESS, A POSTAL ADDRESS AND A TELEPHONE CONTACT NUMBER

General points to consider

1. Currently there is much misinformation in the media regarding medical care of terminally ill patients, in particular regarding analgesia and sedative use at the end of life. There is comprehensive evidence that therapeutic use of opioids and sedatives do not shorten life, in fact there is some evidence to suggest they prolong life. (1) There is also lack of understanding about the metabolic changes in terminal illness and reduced appetite which have been interpreted as doctors 'starving' these patients and hastening death. (2)

2. It has been claimed that practice of euthanasia by doctors and nurses is widespread and that the health care professions need to be regulated. If such a practice does occur it is regarded as medical negligence, and laws already exist to control such behaviour.

3. The goals of medicine and healthcare involve the preservation of life where possible and comfort care when cure it not possible, while neither hastening nor deferring death. The role of doctors is to assist/support a person in their healthcare and to try and achieve these goals. Legislation which legalizes doctor-provided suicide assistance and euthanasia lead to the position where the truly ethical doctor, who complies with traditional goals, is seen as a conscientious objector, or unsympathetic to their patient, under new legislation.

4. By altering the criminal law to allow one citizen to kill another without penalty is to make a fundamental change in the values of our society, that is, that we do not kill each other, even for reasons of mercy or compassion. Following this initial change in our law in which killing is no longer criminal, it will be easier to move the boundaries of who can be killed, which is likely given evidence from overseas jurisdictions where euthanasia and physician-assisted suicide have been legalised. (3) Review of the brief period when euthanasia was legal in the Northern Territory showed that guidelines

did not protect vulnerable patients from inappropriate use of the law. (4)

5. Evidence shows that the wish to hasten death reduces in patients who receive good palliative care. (5) Furthermore, in jurisdictions where euthanasia is legal, pain is an uncommon reason for euthanasia requests. Psychosocial problems are more commonly a reason to request euthanasia. (6) Therefore it is not a failure of medicine that lies beneath the call for euthanasia and assisted dying.

6. Most patients at the end of life want to live, sometimes at any cost. Support for euthanasia and assisted dying are much less common in those at the end of life compared to the general (healthy) population. (7)

7. The successful doctor-patient relationship depends on a high level of trust, which would be eroded if the doctor could not be depended on to preserve life and assist a patient through periods of transition, adjustment and distress. For example, this has happened in Belgium. (8)

8. Unassisted suicide rates have increased in jurisdictions where euthanasia and assisted suicide are practised. (8) Health workers have traditionally worked to stop suicides. Legal euthanasia and assisted suicide turn this principle upside down and risk further increasing the already troubling suicide rate.

9. The timing and location of the euthanasia debate – when we have more medical cures than ever before in human history, when medical care is at a standard never previously experienced, primarily in Western countries, suggests that it is not a medical issue but a social one. Therfore, involving health care workers in the debate is not due to necessity, but an attempt to legitimize killing patients by portraying euthanasia and assisted suicide as some kind of ‘medical’ procedure.

10. For these reasons, even if euthanasia or physician-assisted suicide is legalised in

Australia, doctors, nurses or other health workers should not be included in its execution. A separate category of individuals to provide this 'service' should be developed, as in the case of capital punishment in the USA.

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Recommended viewing: Winner of the 2017 Tropfest short film festival, The Mother Situation https://www.youtube.com/watch?v=Uw3qGznmKH4