

Attack on euthanasia laws

EXCLUSIVE NICK BUTTERLY

Premier Mark McGowan is facing fresh pressure over his Government's planned euthanasia laws, with the State's top palliative care experts uniting to vow to their patients: we will not kill you.

The attack comes as the Government braces for a series of rallies and emotionally charged events in the lead-up to laws being introduced, with numbers in Parliament said to

be "tight". In a statement, specialists from across the State have warned they do not believe euthanasia or assisted suicide are solutions to suffering, urging the Government to instead put more resources into palliative care.

Spokesman for the group, Douglas Bridge — regarded as the leading palliative care expert in WA — said the introduction of laws allowing euthanasia would pose a huge ethical problem for medical professionals.

"Do not kill is a foundational

ethical principle which has been observed by every civilisation for thousands of years," Dr Bridge said.

"Euthanasia and assisted suicide are not medical treatments and most emphatically not part of palliative care.

"We reaffirm our commitment to



our patients: we will continue to care for you to the best of our ability, guided by your choices, but we will not kill you," Dr Bridge said.

More than 20 palliative care experts have signed the joint letter.

Dr Bridge said WA had the lowest proportion of palliative care specialists in the country and the Government should provide more resourcing

to help the terminally ill. He said WA needed at least another \$100 million a year spent on palliative care.

A working panel on euthanasia was due to complete its work this week.

A Bill is likely to come before Parliament in August. MPs have been given a free vote on the issue. Numbers are said to be marginally in support of a change to laws though the Upper House is finely balanced.

READ THE LETTER PAGE 96

Specialists' open letter on euthanasia

The McGowan Government has invited public comment on its discussion paper Ministerial Expert Panel on Voluntary Assisted Dying.

We write as WA palliative care specialists whose vocation is caring for those who are dying. Between us we have been privileged to care for tens of thousands of patients and their families. We would like to explain our position regarding the Government's proposal to legalise euthanasia. In our conversations with our patients, their families, politicians, and even our medical colleagues, we are concerned about the confusion and misunderstanding regarding euthanasia and palliative care.

The confusion starts with the language. The discussion paper uses the term "voluntary assisted dying". This term is ambiguous. It could be used to describe palliative care: we provide assistance to people who are dying. It would be less confusing if the discussion paper were entitled Ministerial Expert Panel on Euthanasia and Assisted Suicide. The older term "mercy killing" has fallen out of use, but is actually a more accurate description than "voluntary assisted dying".

The proposal to legalise euthanasia and assisted suicide involves a massive change in the ethics of our society. "Do not kill" is a foundational ethical principle which has been observed by every civilisation for thousands of years.

Euthanasia and assisted suicide are not medical treatments, and most emphatically not part of palliative care.

We agree with the World Health Organisation statement on palliative care:

- 1) Affirms life and regards dying as a normal process;
- 2) **Neither hastens nor postpones death;**
- 3) Provides relief from pain and other distressing symptoms;
- 4) Integrates the psychological and spiritual aspects of patient care;
- 5) Offers a support system to help patients live as actively as possible until death; and
- 6) Offers a support system to help the family cope during the patient's illness and bereavement.

We support the patient's right to: 1) Refuse treatment (such as surgery and chemotherapy);

- 2) Cease treatment deemed unnecessary (such as kidney dialysis, ventilators and admission to ICU);

- 3) Control symptoms (including pain, breathlessness and agitation); and

- 4) Choose where they will die.
- Most people want to die at home. In Perth we are blessed with an excellent range of palliative care services, whether the patient is in a hospital, a Palliative Care Unit or at home. Sadly, many Western Australians do not have access to these services.

Unlike euthanasia, palliative care aims to provide total care (body, mind and spirit) for patients and support for their families.

With modern medications and

procedures, we can almost always control symptoms. In extreme cases, at the request of a dying patient and his or her family, we have occasionally used deep sedation to control symptoms that did not respond to the usual treatment.

Rarely, a patient will say to us, "doctor, I just want to end it all". Contrary to popular opinion, the reason for such requests is not pain, but despair and loneliness, also called "existential suffering". Euthanasia is not a treatment for despair and existential suffering. Provision of holistic care by a skilled interdisciplinary team of health professionals enables patients and families to acknowledge and attend to distress within themselves and their relationships. The time before death offers unique opportunities for psychospiritual growth and allows for healing even without a cure.

We agree with the discussion paper that, *"too many Western Australians are experiencing profound suffering as they die. This is, in part, due to inequitable access to palliative care"*.

According to the parliamentary records of 3rd April this year, Western Australia has the lowest proportion of specialist palliative care doctors of any state in Australia. We have 15 full-time equivalents for the state, less than one third the number required to meet national benchmarks. According to the Honourable Jim Chown,

whose motion was supported unanimously, WA needs at least another \$100 million per year spent on palliative care for staffing and education, in addition to funding for infrastructure such as palliative care wards and beds.

We do not believe euthanasia or assisted suicide are solutions to suffering. We reaffirm our commitment to our patients: we will continue to care for you to the best of our ability, guided by your choices, but we will not kill you. Although we work in a variety of institutions, these opinions are our own and not necessarily those of our employers.

Prof Douglas Bridge, BMedSc (Hons), MBBS, FRACP, FRCP (UK), FACHPM, DTM&H; Dr Anil Tandon, MBBS, FRACP; Dr Derek Eng, MBBS, FRACGP, FACHPM; Dr Ashwini Davray, MBBS, MD, FRACP, FACHPM; Dr Mary McNulty, MBBS, FACHPM; Nurse Practitioner Giuliana Duffy, MN; Dr Paula Moffat MBBS, FRACP, FACHPM; Dr Alice Phua, MBBS, FACHPM; Nurse Practitioner Lou Angus, MN; Dr Andrew Hart, MBBS, FRACP, FACHPM; Dr Shannyn George, MBBS, FRACP, FACHPM; Dr Sampath Kondasinghe, MBBS, FRACP; Dr Kevin Yuen, MBBS, FACHPM; Nurse Practitioner Natalie Panizza, MN; Penelope Tuffin, Adv Prac Pharm; Dr Ellen Knight, MBBS, FACHPM; A/Prof Alison Parr, MBBS, MSc, FRCP (UK), FRACP, FACHPM; Dr Lisa Cuddeford, MBBS, CCT, MRCPCH, FRACP; Dr Ranbir Dhillon, MBBS, FACHPM; Dr Carolyn Masarei, MBBS, MRCP (UK), PGDipMed(PC), FACHPM; Dr Scott Lee, MBBS, FRACP, FACHPM; Nurse Practitioner Claire Doyle, MN