

## **Response to Question on Notice | Dr Michael Casey, Australian Catholic University**

At the hearing of the Committee which I attended on 13 December 2021, Hon. Trevor Khan MLC read to me four paragraphs from the evidence of Ms Abbey Egan about the circumstances in which her partner Jayde died. In relation to Jayde's suffering, Mr Khan asked me "is that the sort of person who should not be assisted by a voluntary assisted dying law?" I agreed to answer the question on notice.

I am not a medical practitioner and I am not qualified to offer comments on Jayde's illness and treatment. Anyone hearing or reading the paragraphs of Ms Egan's evidence which Mr Khan read to me would be deeply moved and sorry for the terrible suffering they describe.

By way of offering some more general observations to the committee in response to Mr Khan's question, it is important to point out that while voluntary assisted suicide would allow people suffering in terrible circumstances to end their lives, it would not help in any way to ensure that they receive effective treatment of their symptoms in the course of their illness. Palliative care should be provided not only at the very last stages of disease. It should be made available, as required, as soon as possible to help a person manage the symptoms of their disease from an early stage and to maximise the possibilities for quality of life as it progresses.

Palliative care encompasses many ways of dealing with the physical, emotional, spiritual and mental health effects of living with a grave illness. I do not speak as an expert in palliative medicine, only as someone who has taken an interest in this issue for some time. I trust that palliative care physicians and nurses have provided the Committee with evidence to the committee on what palliative care can do to enhance care and quality of life for people in various circumstances with a chronic or life-limiting disease. More needs to be done to inform the public about what palliative care is, and about the contribution it can make to both managing pain and symptoms, and respecting the suffering person's wishes and dignity.

Everyone in New South Wales with a chronic or life-limiting illness should be assisted by enhanced provision of palliative care. No one who requires high quality palliative care, including people living in remote and regional parts of the state, should suffer because it is not available. The legalisation of euthanasia or assisted suicide will enable suffering people to choose to die, but it will not help them in the course of their illness. Universal access to excellent palliative care for everyone who needs it should be the Parliament's priority. The legalisation of euthanasia or assisted dying should not be contemplated before this has been achieved.

Michael Casey  
4 February 2022