

**Submission  
No 35**

**INQUIRY INTO PROVISIONS OF THE VOLUNTARY  
ASSISTED DYING BILL 2021**

**Organisation:** Australian Paramedics Association (NSW)

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# Submission to the Provisions of the Voluntary Assisted Dying Bill 2021 Inquiry

## **Introduction**

The Australian Paramedics Association (NSW) is a registered trade union representing Paramedics and operational support staff working for NSW Ambulance. We are grateful to have the opportunity to provide submissions on the proposed Voluntary Assisted Dying Bill.

Paramedics not only witness firsthand the devastation that facing terminal illness without adequate choice and dignity causes but also suffer from having to deal with the consequences. It is not only the patients who suffer greatly without this dignity and choice, but their family, and the health professionals who treat them, suffer as well. We need a better resourced health system that can provide a higher standard of palliative care, offering all our patients access to advancements as they become available. We also must provide terminally ill patients with choice and dignity in their end-of-life care.

## **Paramedic support for voluntary assisted dying**

There is overwhelming support for Voluntary Assisted Dying legislation by Paramedics, with 82% of our members supporting APA (NSW) joining the *Voluntary Assisted Dying Alliance*. Many are so passionate about this issue that they wanted to be involved personally with the alliance.

APA (NSW) represents a highly diverse group from across the state, including a broad range of religious and political views. That there is such a degree of support for this legislation indicates the extent to which Paramedics see the stark impacts of the failure to provide patients with choice and dignity in how they live and die.

Paramedics face the trauma of suicide and attempted suicide more than most people could comprehend. The National Coronial Information System shows that of the 495 deaths reported to the NSW Coroner where a person over 40 has died as an act of intentional self-harm, 1 in 5 was a person who had ended their life when they had a “terminal or debilitating physical condition, or had experienced a significant decline in physical health prior to their death.”.

Below, an Intensive Care Paramedic in metropolitan Sydney outlines why their experience with suicide and suicide attempts by terminally ill patients informs their support of voluntary assisted dying legislation.

*As a Paramedic, I have the privilege and the burden of standing alongside patients and their loved ones as they reckon with the raw reality of death, pain, suffering, and grief. We strive to do all that we can to provide those who we serve with the highest possible quality of comfort and care. Despite the best efforts of palliative care teams and treatment plans, these patients are often left in pain or distress in their final moments. Some patients receive little or no care at all – particularly if they have poor health literacy. Some patients may also choose to not engage with palliative care services at all.*

*For those suffering from terminal illness, intolerable and untreatable pain can be an everyday reality. These patients and their families are often let down by the absence of a legal structure to acknowledge their experience, and to empower and support them through it. It can be this lack of empowerment and support to make their own decisions for their lives to be most debilitating. It leaves adult patients who have made their own decisions for their own care their entire lives left feeling infantilised and humiliated. This lack of control can leave patients feeling that suicide is their only option and their final act of self-determination over their own lives.*

*In my role as a paramedic I have attended a number of cases whereby a terminally ill patient has chosen this path. Tragically some of them have succeeded in their goal. Perhaps even more tragic are those that have not been successful and caused themselves more pain and suffering for the remainder of what time they have left.*

*There are two such cases that stand out to me.*

*The first was an elderly man had received a terminal diagnosis with an aggressive and debilitating disease. Such was his despair at his diagnosis and what faced him that he returned to his home and stabbed himself in the abdomen multiple times with a screwdriver. He then took the fork end of a large hammer striking himself in the head multiple times. He survived his injuries but ended up with multiple traumatic injuries that would have undoubtedly worsened his remaining time with his family.*

*The second was man in his 90s, who exhausted from his chronic pain and end stage breathing difficulty stabbed himself in the chest with a large kitchen knife. He pierced a ventricle of his heart and died.*

*Voluntary assisted dying laws are absolutely crucial to restoring agency and dignity to those facing terminal or debilitating illness. It should be seen as one of a range of tools society can provide to people who need them. Even if*

*it prevents just one case like those I have outlined and ends a person's suffering then we shall have succeeded.*

This trauma is for many Paramedics made more difficult when they know the patient well. Across NSW, but particularly in regional NSW, Paramedics will come to know many of the palliative and terminally ill patients in their community. It is vital that in any discussion of the issue of voluntary assisted dying, consideration is given to the secondary trauma to health workers and family that comes from either watching patients and loved ones die a slow, painful death that they do not wish to experience or from attempts at suicide, whether they are successful or not.

This submission from a Paramedic highlights the impact that patients not being provided with choice and dignity can have on the health professionals providing their clinical care:

*My views in support of the Voluntary Assisted Dying Bill have been formed, in person, firsthand, witnessing the family and patient as they progress towards their end of life.*

*I have sat and talked with the family of the limitations set by laws written by those, who I believe have not been in such close prolonged contact with a family member who is just waiting to die.*

*I have experienced the patient with all their meager strength look up at me with haunted, sunken eyes and ask me to help them die.*

*I believe and support Palliative Care and encourage it's increased funding and utilisation while also understanding it is not suitable for all patients.*

*The levels of pain over extended weeks and months some endure rather than the drugged fog that is the limits of treatment for them is something we the fit, hail and well-kept do not understand.*

Paramedics are the first responders to the failures of successive NSW Governments to put in place legislative and legal frameworks to provide patients with dignity and choice in death. These words from Paramedics on the frontline, we hope, provide a small window into what the reality is for terminally ill patients without choice.

## **Conclusion**

There have been significant advancements in palliative care protocols Paramedics follow, and Paramedics have and will continue to advocate for the best palliative protocols to be available to their patients. However, we cannot shy away from the fact that many of our patients do not wish to have a prolonged death or period of suffering and that palliative care cannot always prevent this. These patients should be afforded the right to choose to die with dignity.

Paramedics face the consequences of patients not being afforded that right. It is those of us who work on the frontline who take on that burden, alongside the absolute privilege of being there for our patients. The harm that we suffer can last the rest of our lives and lead to significant mental health issues of our own.

It is unreasonable to ask our patients to continue to suffer, simply because we are too uncomfortable as a community to face these difficult questions.

As Paramedics, our responsibility is to our patients, and in providing them the highest possible standard of care we can. We cannot continue to deny our patients something as basic as choice and dignity.