Submission No 68

INQUIRY INTO PROVISIONS OF THE VOLUNTARY ASSISTED DYING BILL 2021

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Assisted suicide

Submission

Why We should NOT legalise assisted suicide?

1.Doctors are trained to treat patients during different stages and types of diseases including end of life to help them to die in comfort and dignity i.e. palliative medicine.

To be part of assisted suicide/ dying is a huge shift and departure from their own duty, objectives and norms.

2. Oregon's data have shown that the main reasons people seek assisted suicide are social and not medical[i]. These data shows resemblance of Assisted suicide close to suicide from other reasons. Surveys have shown that many people are unaware what palliative care is before they were told about it.

When they were informed they overwhelmingly respond that they would want it for themselves or their family members if they were severely ill (Kelley Amy S., Morrison R. Sean. Palliative Care for the Seriously Ill. New England Journal of Medicine (2015) 373: 747-755).[ii]

3. The decision to end life carries irreversible consequence, the irreversibility and changes in circumstances which may make initial verdict not valid any more has encouraged lots of jurisdictions to band the capital punishment.

There is no reason not to believe that the patient will change his mind should her remained alive. I have treated many patients who changed their mind in due time in regards to end of life/ ceiling of care when circumstances or emotional and psychological conditions change.

4. The more humane and medical alternative to assisted suicide is (Palliative care), such care can minimise and abolish the suffer and turn them very comfortable until they die peacefully and naturally. I will recommend that we support and encourage the palliative care instead. Palliative care looks after the patients and their family. When death happens naturally every one will have sense of satisfaction that they have done their best to help the deceased.

The alternative may be sense of self criticism with all the negative consequences which may follow.

5. Medically Assisted suicide approval will change the doctor- patient relation and minimise the chance for the doctor to offer his services to his patient in formal and professional way.

6. The position of major professional organisations ranges between neutrality and opposition, no major professional body is in support. The neutrality in some organisations is based on very strange concept demanding opposition on very high majority NOT just more than 50%.

The American College of Physicians, the largest medical professional body of more than 140 members has consistently maintained it's position being in opposition.[iii],[iv].

Other professional bodies whose members are affected by the issue - the BMA, the RCGP, the British Geriatric Association, the Association for Palliative Medicine and the World Medical Association - oppose assisted dying.[i]

While the Royal College of Physicians of London UK which represents over 35,000 doctors opposed the legalisation in 2017, it conducted another online survey in 2019, 43.9% of respondents to the poll voted that the RCP should be against euthanasia legalisation. A further 25% voted to remain neutral.[v] This survey drew lot of controversy and was challenged legally because the college demanded super majority to change position from neutrality.

The position of the Royal Australasian College of Physicians remains vague but it's literature and interviews with different clinicians, in my view, is clearly favour offering palliative care and keeping doctors -patients relationship to offer them the best care to help them to die peacefully and naturally.

7. Our experience with opioids use adds even more concerns over this matter. Opioids usage for pain which was thought to be safe but it turned to be one of worst health disasters with ongoing loss of lives, wealth and families wellbeing.

In Australia we are not immune to this disaster, according to the 2019 National Drug Strategy Household Survey (NDSHS), an estimated 9.0 million (43%) people aged 14 and over in Australia had illicitly used a drug at some point in their lifetime (including the non-medical use of pharmaceuticals) and an estimated 3.4 million (16.4%) had used an illicit drug in the previous 12

months.[vi] In USA The estimated prevalence of Opioid usage (Only opioid not all illicit drugs)[vii] among persons ≥ 12 years old in the United States was 0.6% in 2019, with higher rates reported in patients treated with opioids for chronic noncancer pain.

8. My personal opinion is based on my experience as a clinician for more than 4 decades and heavily involved in end of life matters across the community and contributed to the dialogue at national level.

I am categorically against assisted dying in any way.

The natural better alternative is to value life, educate, improve palliative services to cope with ongoing demand and generate initiative to make the palliative care more popular, sustainable and match patients and their families comfort and dignity.

This is risky slippery path it lacks the support of overwhelming clinicians and the major professional institutions globally as indicated earlier.

The other drawback if this bill will be legalised will be to affect patient-doctor relationship and change the image of the clinicians on the contrary I have observed that looking after terminally ill patients has strengthened those relationships and took it to a higher and more compassionate level.

In Australia we are privileged to have an excellent holistic health care and expertise and we are treating patients with terminal diseases and their families very well.

I am happy to go a step further and to respond to questions and WITNESS in front of the honourable members of the committee if requested .

Best Regards

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[i] https://www.rcplondon.ac.uk/news/assisted-dying-why-rcp-should-be-opposed
[ii] https://www.acponline.org/acp_policy/letters/acp_letter_on_ca_pas_to_gov_brown_2015.pdf
[iii] https://www.acponline.org/acp_policy/policies/ethics_and_the_legalization_of_physician-assisted_suicide_2017.pdf
Vi https://www.rcplondon.ac.uk/news/assisted-dying-why-rcp-should-be-opposed

[v] https://theboar.org/2020/05/133692/
[vi] https://www.aihw.gov.au/reports/australias-health/illicit-drug-use.
[vii]https://www.dynamed.com/condition/opioid-use-disorder