# End of Life Choice

# Newsletter on current debates

# A GP's story

With the Voluntary Assisted Dying (VAD) legislation due for debate in the Victorian parliament this week, there is finally the possibility that residents of Vctoria will be able to fulfil their wish for choice at the end-of-life.

The following is an edited version of a piece by Dr Nick Carr, a St Kilda GP, published in the Guardian Australia, October 5, 2017.

Dr Carr states 'As a clinician, I firmly believe that people have the right to choose how they live, which includes having choices about how they die. It's an option that only a very small group is likely to want or need.' Dr Carr continues 'Overseas experience indicates that only a tiny percentage of people with end-stage illness choose VAD. Even though people may not need it, why should they not be free to exercise this choice? Some of the questions and arguments put forward include':

# Could coercion occur?

Dr Carr highlights that the proposed legislation contains numerous measures to ensure that any request is made freely by someone of a sound mind. 'Could coercion still occur? Possibly, though with the safeguards built into the legislation it's difficult to see how it would not be identified. On the other hand, the current lack of any regulation leaves vulnerable people open to all sorts of risks of coercion. If coercion were a voting politician's main concern, the only logical position would be to support VAD. This would apply too when it comes to someone feeling a burden, as the decision about the level of burden a person will accept is only her or his to make; nobody else's.'

# Helping patients end their days well

"Primum non nocere" or "first do no harm" is a well-known phrase in the medical profession, and often held to be part of the Hippocratic oath that doctors take. However, it doesn't appear anywhere in the oath, even though it is arguably a sensible and appropriate dictum with which most people would agree. However, it is sometimes used as a reason against becoming involved with VAD; equating death with harm.' Dr Carr completely disagrees with this argument. When it comes to dying I see it as the last, and in some ways greatest, responsibility.' He claims to have seen 'awful deaths, average deaths and many deaths which went pretty



'If it has been my job to help people live their lives as healthily and well as possible within the bounds of their preferences, surely it is also my job to help them end it in a manner as befits their wishes? Helping someone end their days well, in accordance with their individual wishes where possible, is the final act of caring that I can provide.'

# Palliative care and VAD are not mutually exclusive

'So many complex ideas get reduced to simplistic binaries. Good palliative care is crucial, and should be properly funded and universally available. Palliative care and VAD are complementary, not mutually exclusive. VAD should not be seen as oppositional to palliative care, but an option for those whose suffering cannot be adequately addressed by even the best palliative care. For the overwhelming majority of people regular medical care, the help of family and friends, and at times high quality palliative care, provide all that is needed.

'There remains, however, a small but very important group for whom even the best care cannot relieve their suffering. This suffering may be physical, with pain, nausea,

pressure sores, the inability to eat, incontinence and so on, or may be the psychic distress that comes from the loss of function, independence and dignity associated with their illness. It may be a combination of any or all of these. Knowing that death is imminent, some would prefer to die sooner at a time and in a manner of their own choosing, with support from friends and family, rather than allow a protracted period of undignified suffering to drag pointlessly on to its inevitable conclusion... As a clinician, I firmly believe that people have the right to choose how they live, which includes having choices about how they die.'

# What about the "slippery slope"?

Dr Carr notes that this argument concerns many people but believes it is easily addressed.

- Research from jurisdictions overseas with VAD laws has not shown any significant evidence of slippage.
- The proposed Victorian legislation is the most cautious of any in the world.
- Any further change in the laws here could not just happen, but would require further debate and legislative change.

# **Furthermore:**

'Do we really want to avoid making a good law now because of some theoretical and unlikely concern about something that might, but probably won't, happen in the future? Using those criteria, I can't imagine too many laws of any kind that would pass. In the end, the central questions about VAD are not about doctors like me, nor politicians, lobby groups or anyone else...

Supporting VAD takes nothing away from anyone, makes no one worse off, but provides enormous comfort to a very small group of people.

'No one opposed to VAD has to make such a choice. People don't choose the life circumstances that lead them to request VAD', but Dr Carr argues that the choice should be available 'if and when it does become necessary'.

### Reference

Carr, N 'Helping someone die well is the final act of caring I can give as a doctor' Guardian Australia October 5. 2017

SAVES

South Australian Voluntary Euthanasia Society



Compassion for suffering
The freedom to choose
Add your voice to the call



SAVES was established in 1983 to campaign for legal, medically assisted choice in end-of-life arrangements. The aim is to relieve suffering by providing choice for people at the end of their life. SAVES works in the community and with Members of Parliament to achieve law reform.

Watch NPC address here | http://www.abc.net.au/ | news/programs/national-|

# Don't waste euthanasia chance, MPs told

The former Australian Medical Association president who led an expert panel on assisted dying has implored Victorian MPs not to "waste" the opportunity to legalise the practice.

Victoria's parliament will begin debating next week the government-drafted bill that could legalise assisted dying for the terminally ill under strict safeguards.

Neurosurgeon Brian Owler told the National Press Club in Canberra on Thursday that opposition to Victoria's conservative scheme was often based on a paternalistic view.

"The arguments that suggest that because a person is suffering and dying, a decision to ask for voluntary assisted dying means that they are not of sound mind, are not only paternalistic, they are offensive," he said.

"What people want at the end of life is control, autonomy and independence."

Dr Owler said he was a passionate supporter of palliative care, but for some people it wasn't enough to ease suffering.

the AMA, Dr Brian Owler

Neurosurgeon and past President of

press-club/

He says the current system can leave "deep lingering wounds in the hearts of family and friends".

"Life is not defined by a heartbeat. Life is more. It is the experience of this world, of those around us, it's the love and comfort of our families," Dr Owler told the function.

Assisted dying done within an established legal framework was consistent with good medical practice and upholds the fundamental objectives of being a doctor, he said.

He closed his speech by making a direct appeal to Victorian politicians: "This is an opportunity not to be wasted."

The voluntary assisted dying bill is listed for debate in the Legislative Assembly when parliament resumes on Tuesday.

The bill is based entirely on a report and framework devised by Dr Owler and his panel.

KAITLYN OFFER, Weekend Australian, October 12, 2017



### Resources

Andrew Denton's GoGentleAustralia website

http://gogentleaustralia.org.au

SAVES End of Life Choice Newsletters http://www.saves.asn.au/ newsletters.php

The Wheeler Centre podcasts Better Off Dead

http://www.wheelercentre.com/ broadcasts/podcasts/better-off-dead

The Voluntary Euthanasia Story: the epic journey to make it legal - Adelaide forum, June 2015 http://www.saves.asn.au/resources.php

