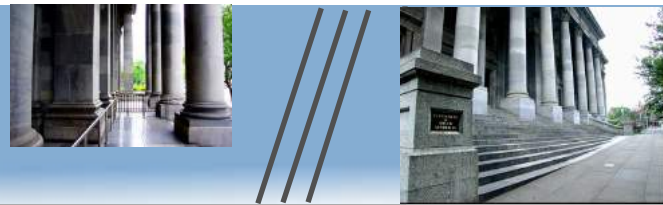


End of Life Choice



Newsletter on current debates

Palliative care and voluntary euthanasia: 'concepts of care'

'Advocating choice for voluntary euthanasia, and promoting palliative care, are often viewed as divergent causes; but this easily overlooks their common ground. This includes respect for human agency and autonomy, compassion for suffering, and support for dignified dying. Palliative Care and voluntary euthanasia are therefore complementary concepts of care. Palliative care provides coordinated medical, nursing and allied services for people with a life-threatening illness who are approaching the end of life. Voluntary Euthanasia is a medically assisted painless death at the request of and in the interest of a patient, which follows prescribed safeguards.

The common ground between palliative care and voluntary euthanasia has been highlighted by Emeritus Professor Ian Maddocks, first President of Palliative Care Australia (PCA), and the 2013 Senior Australian of the Year. In stating his support for the decriminalisation of assisted dying he argued 'It [assisted dying] calls for the same full appreciation as palliative care physicians seek to bring to their work'.

In 2011 Dr Scott Blackwell, the then President of PCA maintained 'In some ways I think let's legislate it [voluntary euthanasia] and let it just find its place'. Australian palliative care pioneer and recognised expert, Dr Roger Hunt, has also offered his support for legalising voluntary euthanasia, claiming:

All the research that I have seen from the most prestigious palliative care units shows that dying patients have multiple concurrent symptoms and sources of suffering in many dimensions. Even with state-of-the-art palliative care many patients will experience substantial physical suffering that cannot be adequately controlled by palliative medicine.

Between 5-10% of cancer pain may be of this type and in some cases can only be

'palliated' by producing a prolonged unconsciousness, coma, or 'pharmacological oblivion' which may last for days. This is not a dignified process, and approximately 5% to 10% of hospice patients persistently request voluntary euthanasia. Therefore, the ideal of palliative care being able to provide a pain free, death with dignity, is often unobtainable and should neither be purported nor promised.



However, despite the evidence, some palliative care practitioners deny the need for the option of assisted dying. Speaking on behalf of a group of palliative care practitioners opposed to the legalisation of voluntary euthanasia, Dr Douglas Bridge states:

As palliative care practitioners, we know this supposed common ground is both a contradiction in terms and contrary to sound medical practice. From our experience of caring for people who are ill and vulnerable, legalising euthanasia and physician assisted suicide [sic] is unnecessary and unsafe.

This is despite the limits to palliative care that are openly acknowledged by PCA in a 2006 policy statement on voluntary euthanasia which states:

[PCA]recognises and respects the fact that some people rationally and consistently request deliberate ending of life' and 'acknowledges that while pain and other symptoms can be helped, complete relief of suffering is not always possible even with optimal palliative care.

This statement begs the question as to the fate of patients who cannot be assisted under this model of care. However, in Oregon, where assisted dying has been legal for over 20 years, the Oregon Hospice Association also openly acknowledges the limits to palliative care but promotes the social benefits that come from respecting people's right to choose assisted dying. The association states there is no need for this 'either/or' model of care:

In public debates over assisted dying opposing alternatives are often offered 'suffer or die', 'hospice or physician-assisted dying'...but

Oregonians can choose from among the options on the end-of-life continuum of care...Oregon's hospices support patient choice.

Palliative care practitioners Quill and Cassell have also argued against the constraints of this 'either/or' scenario stating:

'[the question] "would you rather have excellent palliative care or access to physician-assisted dying? offers a false dichotomy. A better question might be something like: If you have access to excellent palliative care, and your suffering becomes intolerable, what options should you be able to pursue with your physician? Or, from a policy point of view, Is it better to have an open, legally regulated response, or an underground, more idiosyncratic, passively prohibited process?'

In Australia 85% of the adult population call for voluntary euthanasia as an open, legal, and regulated option of last resort, even though in reality it would only be used by a very small minority – on average, 1% of all deaths in the 12 jurisdictions around the world where it is legal (*End of Life Choice Newsletter 41*). In circumstances when palliative care cannot, or can no longer, serve the interests of the patient, it is no longer a 'concept of care'. At this point we need to strive to allow for equitable access to the 'good death', just as we do for the 'good life'. There is neither justice nor compassion in denying choice for voluntary euthanasia: a merciful release to patients whose suffering can never be relieved.

References and links

Maddocks, I 2017 Palliative care and voluntary-assisted dying: the common ground <https://www.doctorportal.com.au/mjainsight/2017/4/palliative-care-and-physician-assisted-dying-the-common-ground/>

Hunt, R cited in South Australian Voluntary Euthanasia Society (SAVES): A Synopsis Of Disease And Symptoms Which Are At Best Difficult, At Worst Impossible To Control With Modern Palliative and Medical Care http://www.saves.asn.au/disease_and_symptoms.pdf

Oregon Hospice Association <http://www.oregonhospice.org/>

Bridge, D 2017 Palliative care, euthanasia and physician assisted suicide <https://www.doctorportal.com.au/mjainsight/2017/10/palliative-care-euthanasia-and-physician-assisted-suicide/>

Quill, T. E. & Cassel, K. (2003) Professional Organisations Policy Statements on Physician-Assisted Suicide: A Case for Studied Neutrality, *Annals of Internal Medicine*, 138 208-211.

SAVES

South Australian Voluntary Euthanasia Society

saves.asn.au



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.

Drops of Mercy

You begged

I didn't do it

there was no strength
in my hand to push
the shaft of that syringe to add
drops of mercy to your cup

you begged and I couldn't

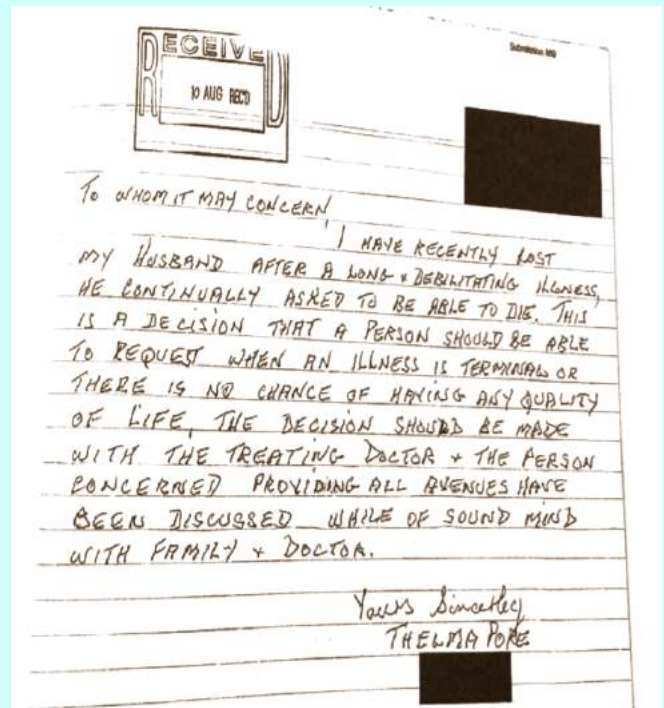
was it cowardice
behind a screen
of Hippocratic oath
did I not love enough?

Barbara Westwood

Poem and letter from *The Damage Done*,
Go Gentle Australia, 2016

Poem p 115

Letter p 153



Voluntary Euthanasia Advocacy Groups

Christians Supporting Choice for Voluntary Euthanasia
christiansforve.org.au

Doctors for Assisted Dying Choice
drs4assisteddyingchoice.org

South Australian Nurses Supporting Choices in Dying
facebook: [SA Nurses Supporting Choices in Dying](https://www.facebook.com/SANursesSupportingChoicesinDying)
My Body My Choice

facebook: [facebook.com/pages/MY-BODY-MY-Choice-VE](https://www.facebook.com/pages/MY-BODY-MY-Choice-VE)

Voluntary Euthanasia Youth Advocates
facebook: [Support SAVE-YA Law Reform](https://www.facebook.com/SupportSAVE-YA-Law-Reform)

Lawyers for Death with Dignity
saves.asn.au/lawyers

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>

