

End of Life Choice



Newsletter on current debates

Palliative care and voluntary assisted dying: the common ground

The following article by Em Prof Ian Maddocks AM was published in the Medical Journal of Australia, February 6 2017. Em Prof Maddocks explains the complementary relationship between palliative care and voluntary euthanasia.

ADVOCATES for palliative care and voluntary-assisted dying (VAD) have been formidable warriors, on opposite sides in the public debate about the legalisation of euthanasia.

Now, when there is the prospect of the introduction of VAD legislation in Victoria in the foreseeable future (1), is it time to explore ways to affirm them both, and to ask whether they are, in some way, complementary?

Palliative care prides itself on being “patient-centred”. Indeed, some prefer the term “person-centred” to emphasise that the individual receiving care not be confined to the dependent status of a patient “under the doctor”, but enjoys freedom to express opinion, to participate fully in decision-making and, as far as is possible, to exercise a sense of personal control.

In countries where it is legal, VAD is also person-centred, affirming autonomy — available only to individuals fully capable of an informed and independent decision about the best management for them when the end of life is threatened by intolerable suffering.

There are, of course, important differences in the two approaches to assistance for a dying person. In its intent and timing, palliative care seeks to maintain the best quality of life in the face of threatening death. It offers a process, a continuous attention to symptom control, and emotional and social support extending, if necessary, for months.

VAD’s intent and contract is for sudden death, a single effective intervention, only minutes in duration.

Palliative care is essentially clinical; its basis is good medicine, demanding of clinical training and skill and, at the same time, proving flexible and responsive to the changing needs and wishes of the dying person and of family and friends.

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Some might argue that VAD requires little clinical skill; in some countries, such as Switzerland, Germany, Japan, and Canada, it operates largely outside of established medicine. **Where it is legalised, VAD is based in good law and is required to adhere strictly to the law’s demands. It is inflexible; it defines in clear terms who is eligible to request VAD, who may provide it, what processes of explanation, consultation and delay must be followed, and what reports must be supplied to a watchful authority.**



Em Prof Ian Maddocks AM

Palliative care also takes advantage of good law. A practitioner offering palliative care for a patient with difficult and intractable discomfort in terminal illness may find that adequate relief is provided only with measures that risk hastening that patient’s death. In such circumstances, no criticism or charge shall apply if the treatments prescribed accord with accepted palliative care practice.

In a similar vein, VAD can be good medicine, if a request for assistance to die brings to

bear an unhurried, thoughtful and comprehensive approach of the experienced clinician. To ensure full attention to informed consent, underlying disease, symptoms, prognosis, other options for care and support of family throughout, VAD needs to embrace that clinical dimension.

Experience from countries that have legalised VAD suggests that requests for VAD for those who have major suffering in terminal illness will be few in number.

Palliative care will continue to carry the greater responsibility to provide relief for those patients, and the demand on its services will continue to increase. Though controversy may continue to bring it significant public visibility, VAD will provide only a very small part of the great mix of medical, social and political interventions that contribute to the public health.

Relatively few doctors may wish to practise VAD or build experience in its conduct. To ensure that it is done well and that it accords with best practice, VAD should seek to place itself alongside palliative care and learn from it.

The brisk legal imperatives that command VAD may be moderated through familiarity and close contact with palliative care. It may bring the doctor who approves a request for VAD an engagement with patient and family in far more than the assessment of a request and the writing of a lethal prescription. It may encourage the offer of a continuing medical presence willing to attend at the time a dose is taken, and to monitor later bereavement support for the family. That would be the way of palliative care.

Emeritus Professor Ian Maddocks AM is an eminent palliative care specialist, recognised internationally for his work in palliative care, tropical and preventive medicine. He was Senior Australian of the Year in 2013.

(1) *In addition to Victoria, three other State Parliaments are set to consider voluntary euthanasia legislation in 2017: the Tasmanian Parliament will debate the Dying with Dignity Bill 2017 in May; a Bill is scheduled for the NSW Parliament this year; and there are discussions about a Bill to be introduced into the WA Parliament.*



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.

The letter (below) was published in the MJA, May 2017, in response to a September 2016 MJA Perspective by Briony Murphy giving her hypothetical view on who might access the option of voluntary euthanasia. The MJA invited Murphy to respond to Julia Anaf's letter (see below).

Voluntary euthanasia laws in Australia: are we really better off dead?

TO THE EDITOR: In her MJA article, Murphy poses the question "who are we talking about when we discuss voluntary euthanasia laws?" and presents two hypothetical scenarios.¹

The South Australian Voluntary Euthanasia Bill 2016 defines an eligible person as a competent adult, subject to unbearable and hopeless suffering, with no impaired decision-making capacity, and who has lived in the state for no less than 6 months.² The degree to which the suffering is unbearable is determined subjectively. A person's suffering is considered hopeless if medical treatment cannot reduce or relieve the suffering to a level that is bearable to the person. The nature, availability and potential effectiveness of such treatment are determined objectively under the provisions of the Bill. As Murphy observes: "Every person's story is different and we must be careful not to lump them together".¹ It is also true that aged care and mental health systems need much greater government investment. However, this alone will be unable to deal with the highly particularised needs of people whose lives have become unbearable despite the best medical or palliative care.

The 2016 Victorian inquiry into end of life choices stated: "Under the existing legal framework, Victorians with serious and incurable conditions and irremediable suffering are exposed to the possibility of a traumatic death. Some are driven to suicide."³ The inquiry recommended a legal framework to allow assisted dying for the small number of people who seek help to end their suffering.

Such legal reform would surely provide great reassurance by ending the fear of enforced protracted suffering, which leads to pre-emptive and often violent suicides. Examples of the tragic circumstances triggering these actions were compellingly recounted by Coroner John Olle before the Victorian inquiry⁴ and alluded to in Murphy's own account of reading "emotionally draining" case files of suicides in nursing homes. The legal status quo is an indictment of a civilised society.

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Competing interests: I am vice president of the South Australian Voluntary Euthanasia Society. ■
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Voluntary euthanasia laws in Australia: are we really better off dead?

IN REPLY: I thank Anaf for her thought-provoking and considered response to my reflection on suicide among nursing home residents and voluntary euthanasia laws.¹ I take this opportunity to clarify my position and express my agreement with many, but not all, of her statements.

I agree that the legal status quo is inadequate for society's needs. A social problem has been identified and there is a strong belief that a human right is being denied. Survey results during the 2016 federal election showed that over 70% of the Australians surveyed supported euthanasia.² This deserves to be considered and investigated thoroughly, as it should be for any human rights issue. I believe more open and robust discussion about death, disability and ageing is exactly what we need.

It is also true that greater investment in the aged care and mental health systems may have little or no benefit for the small number of people who meet the criteria under the South Australian Voluntary Euthanasia Bill 2016. It would, however, benefit the entire population of older Australians and the large number of individuals requiring mental health services.

It is important to uncouple the two quite separate issues of voluntary euthanasia and suicide prevention among older people. Men aged over 85 years have the highest suicide rate in Australia at 39.3 per 100 000 people.³ The assumption is that this rate will be reduced by enacting voluntary euthanasia laws, as individuals who would have suicided using violent means will finally have a legal avenue to end their own lives. However, despite legalisation of euthanasia in countries such as Belgium and the Netherlands, suicide rates among older men remain high in these countries.⁴

Euthanasia cannot be the single solution to the problem of suicide among older people. The solution must include development and implementation of targeted suicide prevention strategies at the individual, organisational and societal level, as would be afforded any other age group.⁵

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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/SANursesSupportingChoices)
[facebook: My Body My Choice](https://www.facebook.com/SANursesSupportingChoices)

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

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>

