

End of Life Choice



Newsletter on current debates

The AMA and a doctor's experience with death

The AMA last week released a position statement on Euthanasia and Physician Assisted Suicide (PAD). The AMA statement confirms that "there are some instances where it is difficult to achieve satisfactory relief of suffering," and that "doctors have a responsibility to provide care which strives to ensure that a dying patient is free from pain and suffering". The statement continues "A patient's request to deliberately hasten their death by providing either euthanasia or PAD should be fully explored by their doctor ... Understanding and addressing the reasons for such a request will allow the doctor to adjust the patient's clinical management accordingly or seek specialist assistance."

This policy exactly mirrors the principle behind the criteria of "unbearable and hopeless suffering" central to the Voluntary Euthanasia Bill introduced by Hon Steph Key MP in February 2016. The Bill proposed that when the patient found their suffering no longer bearable, they could request euthanasia; the doctor would take this as a signal to explore further treatments in order to make the suffering bearable; this two way process would continue until the doctor could identify no further treatments acceptable to the patient which could make their suffering bearable; at this point their situation would be defined as hopeless; only then would the person meet the criteria for euthanasia or PAD.

The AMA statement says that if the law allows euthanasia or PAD, doctors must be involved in the development of regulations and guidelines.

It is indeed unfortunate for South Australians that the AMA took so long to review its policy.

Dr Rosie Jones writes (below) of her experience with death. Dr Jones is a founding member of Doctors4VEChoice.

Doctors experience death early in our training; usually as a medical student in our clinical years; certainly as an Intern in our Training Hospitals. Doctors are mostly unafraid of death.

Early in the rough house of African medicine, I was to encounter death in many forms. A large tuberculous cavity had eroded a major artery in the man's poor wizened chest. He was coughing up bright blood and vomiting out what was swallowed. I had two blood transfusions running full pelt and we were fast running out of available donors. It was not long before I recognised the hopelessness of my management and removed both drips. As he died there came over his face that remarkable look of serenity that the dead can exhibit.

Outside the sky was grey as was usual for Grantham, the home of Baroness Thatcher, but within, the warmth and brightness of the ward was undiminished. Centre stage was the new locum specialist, somewhat nervous of the vast entourage of doctors and nurses he had been able to accumulate without trying. He led the procession in the company of the Ward Sister. Beneath the steel-grey hair tucked well into her cap he sensed restrained warmth of personality. Together they received and resolved a succession of problems presented by the patients, cowering under their crisp white sheets. As they strolled towards the exit he noticed an unopened door to his right. "And who is in there then, Sister," he enquired. "Oh no, you wouldn't need to see her," she responded. "I think I will be the best judge of that Sister," he reproved.

And so in they went but just the two of them. Under the covers there lay a virtual skeleton, unresponsive to their entrance. "Ovarian cancer," she murmured. "Ah yes. And is she getting enough sedation?" "Oh yes, doctor, 10mgm morphine four hourly." "And the family realise that she...will not be leaving here?" "Oh yes indeed and Father Brennan has been in to give her the last rights." He straightened and facing her, instructed "my orders then, Sister, are to give her 15mgm every two hours." The sense of relief was almost palpable.

Outside he took her aside. "How come she has been suffering for so long?" She hesitated before saying, "it was a missed diagnosis and Dr Jackson blames himself for that. Just couldn't bear to let her go. Not only that, he felt the guilt but with him being a Catholic and all."

By the next morning she had died and the room lay empty awaiting another patient.

I was the new locum specialist.

Neither here nor in the previous situation was my management questioned. In the first, death was inevitable; its inevitability was assisted by cessation of life prolonging treatment. The second death lacked the drama of the others; it resulted in a considered, peaceful, assisted death.

Currently the futile prolongation of life occurs in our hospitals, even when assistance with death is requested by the patient. Such a frequent occurrence in our wards reflects the terror experienced by some doctors to be associated with "assisted dying".

Doctors are mostly unafraid of death. We routinely do things to patients that are much worse than killing them. We prolong their life when the prognosis is hopeless. We reject their reasoned requests for assistance to die.

The essence of any request for assisted dying has always been and must remain "patient centred". Requests from patients must come from their conclusion that their suffering is unbearable and the doctor's response must be that their condition is untreatable. As in all clinical situations it is a contract between the doctor and patient and exclusively instigated by the patient as part of his or her treatment. We'll do the job if we are properly supported. In the meantime, the politicians who have failed to enact the necessary legislation to allow us to do this must take responsibility for the continued suffering.

As we all recognise, an assisted dying law would not result in more people dying, but in fewer people suffering.



Dr Rosie Jones

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.

SAVE-YA Syndicated Australian Voluntary Euthanasia Youth Advocates

Facebook: Support SAVE-YA Law Reform



A national youth lobby group which aims to provide a youth voice in support of legalising voluntary euthanasia in all States and Territories. Members between ages 18 and 35 are encouraged to join, make contact with their local MP and inform them of their support for voluntary euthanasia law reform.

Christians Supporting Choice For Voluntary Euthanasia

christiansforve.org.au

We are Christians who believe that, as a demonstration of love and compassion, those with a terminal or hopeless illness should have the option of a pain-free, peaceful and dignified death with legal voluntary euthanasia. The overwhelming majority of Australian Christians support choice for voluntary euthanasia.



South Australian Nurses Supporting Choices in Dying

Facebook: SA Nurses Supporting Choices in Dying

We are a group of passionate nurses who believe in our patient's right to choose the end of life care they wish. The group provides a forum for the nursing voice and perspective on legalising voluntary euthanasia and other patient choices in end of life care.



MY BODY MY Choice-VE

facebook.com/pages/MY-BODY-MY-Choice-VE

MBMC provides a voice for people with disability in the VE reform debate. MBMC represents the interests of people with disabilities who wish to exercise choice in all aspects of their life, including choice at the end of life, with the view that choice and control are a fundamental human right for everyone.

MBMC argues that people with disabilities know how it feels to lose personal autonomy through their ongoing fight for self-determination, independent living and disability rights.

MBMC believes that people with disabilities, who have struggled to control their own lives and bodies, must be allowed to maintain control and autonomy throughout their life, especially at its end.



Doctors for Voluntary Euthanasia Choice

drs4vechoice.org



We are a national organisation of Australian medical practitioners, both current and retired, who are committed to having a legal choice of providing information and assistance to rational adults, who, for reasons of no realistic chance of cure or relief from intolerable symptoms, would like to gently end their lives. Assistance may be by doctor provision of medication for the patient to consume, or by doctor-administration.

Lawyers for Death with Dignity

saves.asn.au/lawyers

Lawyers for Death with Dignity acknowledges the need for people with profound suffering to have the legal choice for a medically assisted and dignified death. The current law says suicide is not illegal, but assisting suicide is. People in a terminal state may have profound, unbearable suffering and be in the undignified position of being unable to end their life without assistance. Advances in medicine have improved life expectancy, but South Australian law has not changed to reflect the often forgotten deterioration in quality of life a longer life expectancy may bring.



BREAKING NEWS...BREAKING NEWS..BREAKING NEWS..BR

Most doctors would help terminally ill die: AMA

A majority of doctors would help terminally ill people die if voluntary euthanasia became law, a landmark survey of GPs and medical specialists by the Australian Medical Association has revealed.

The AMA unveiled a policy rejecting euthanasia and doctor-assisted suicide, but acknowledging for the first time that right-to-die laws are "ultimately a matter for society and government".

The position statement spells out how doctors can ethically give drugs and treatment to dying patients that hasten death, provided the intent is to relieve suffering.

The AMA spent a year revising its stance on euthanasia after the hot-button issue was revived by an ultimately unsuccessful cross-party bid in South Australia to push right-to-die legislation through the state parliament and ongoing moves to frame such a law in Victoria.

The AMA review was underpinned by a voluntary survey of 30,000 doctors*. About 4000 responses came in.

Dr Gannon said 30 per cent of the responding doctors favoured a change in AMA policy to endorse or to shift to a neutral position on euthanasia, while 15 per cent were undecided.

The relatively close margin of about 55-45 per cent for and against or undecided on the existing policy underlines that doctors are as divided as the public.

"The fact that a majority of doctors don't support a change in our statement or the law did not surprise me," Dr Gannon told *The Australian*. "What did surprise me is that our members have made it very clear that if society moves, they want doctors involved in euthanasia."

* 30,000 represents 29% of doctors in Australia; 4,000 is less than 4% of doctors in Australia.
(Jamie Walker, The Australian, 24.11.16)