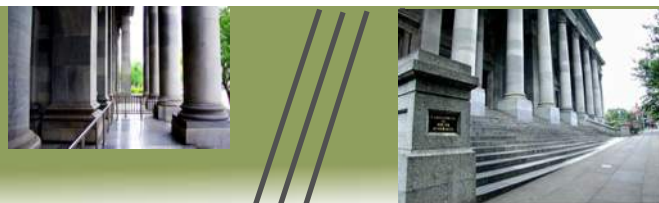


End of Life Choice



Newsletter on current debates

Clinical practice in assisted dying: global analysis

A recent global analysis has shown that the rate of complication - or adverse events - following the use of common over-the-counter analgesics is greater than the adverse events experienced during assisted dying procedures.

In jurisdictions where assisted dying is legal the associated monitoring and reporting procedures provide important research data. The *Journal of the American Medical Association* (JAMA) has recently published a 'report card' on clinical issues associated with the practice of assisted dying.

Professors from universities in the USA, the Netherlands and Belgium studied data from government and statutory authority reports, primary scientific studies, and other sources to examine how assisted dying has been practiced in different legal jurisdictions around the world. This includes for self-administered medication, physician-administered medication, or both.

A key finding was that **the research does not support the 'slippery slope' hypotheses**, with the researchers concluding:

Euthanasia and physician-assisted dying are increasingly being legalized, remain relatively rare, and primarily involve patients with cancer. Existing data do not indicate widespread abuse of these practices.

Other key findings include

- ★ public opinion supporting assisted dying in developed countries has been increasing, or remains stable, at high levels of approval
- ★ approval amongst physicians seems to be consistently lower than amongst the public
- ★ assisted dying occurs in all jurisdictions, including those where it remains unlawful
- ★ most people who choose assisted dying have advanced cancer
- ★ supposedly 'vulnerable' groups are not over-represented in assisted dying figures

★ numbers of assisted deaths in lawful jurisdictions continue to increase, but continue to represent a tiny minority of deaths; in jurisdictions where only self-administration is allowed, assisted deaths represent approximately 0.3% of all deaths; in jurisdictions where physicians may administer medication, assisted dying represents 3–5% of all deaths.



Prof Ezekiel Emanuel, lead author, Professor of Medical Ethics and Health Policy, Uni of Pennsylvania

The main reasons for seeking assisted death include loss of autonomy and dignity and the inability to enjoy life and regular activities; not physical pain. Assisted deaths for minors and people with dementia comprise a very small minority of cases. Honouring a request for assisted death is emotionally difficult; not a routine or welcomed option for clinicians.

Comparing assisted dying complication rates with other medical interventions

All medical interventions involve risk. For example the use of paracetamol or ibuprofen can result in an adverse outcome. A study of common over-the-counter analgesics for short-term pain management showed significant adverse effects occurred amongst 13.7% of ibuprofen users, 14.5% of paracetamol users and 18.7% of aspirin users. An analysis of primary research concerning surgical outcomes revealed that 14.4% had adverse events, almost half of which (47.5%) were moderately severe to fatal.

The adverse event rate from self-administration or physician administration of assisted dying reported in this study is lower than the adverse event rate after the use of common over-the-counter analgesics or surgery.

Recent data from Oregon and Washington shows a relatively low complication rate (Oregon and Washington have legalised self-administration only). For example:

- ♣ In Oregon, the complication rates represent approximately 2.4% for regurgitation and 0.7% for awakening from coma
- ♣ In Washington, the rates are 1.4% for regurgitation, plus one reported case of seizure.

Data from Dutch sources of the 1990s report a higher rate of adverse outcomes. At the time, assisted dying was allowed as the result of court cases and informal guidelines developed by the Royal Dutch Medical Association. Assisted dying legislation was not introduced until 2000 and enacted in 2002. Until the legislation came into force, clinical practice was not as well-defined, and a range of drugs were used, including opioids. Current practice involves the almost universal use of barbiturates, which have fewer adverse outcomes. The researchers expressly noted that complication rates may well have reduced over the last 20 years. The 1990s data shows that for self-administration, adverse outcomes were reported in swallowing difficulty (9.6% of cases), vomiting or seizures (8.8% of cases), and waking from coma (12.3% of cases). Where the drug was administered by a physician, the 1990s data showed technical problems (such as difficulty in finding a suitable vein) in 4.5% of cases, vomiting or seizures in 3.7% of cases and waking from coma in 0.9% of cases.



Supporting best clinical practice for assisted dying

Each jurisdiction allowing legal assisted dying represented in the JAMA research has comprehensive safeguards, transparent monitoring and data collection relating to assisted dying practice. These systems support ongoing research and facilitate reviews of best clinical practice. In Australia, the lack of a legal framework under which assisted dying can be practiced results in clinical practice being conducted non-transparently, in necessarily covert and arbitrary ways; in such an environment there is no capacity for the development of professional and interdisciplinary best practice guidelines. Lack of transparency also limits monitoring, reporting and accountability. Doctor surveys repeatedly show that in this environment doctors are assisting patients to die every day, but without the advice of colleagues, agreed guidelines or professional oversight.

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 of quality of life that a longer life expectancy may bring.



BREAKING NEWS BREAKING NEWS BREAKING NEWS

VOLUNTARY EUTHANASIA BILL



Australian Nursing and
Midwifery Federation
(SA Branch)

With you at work and in practice

The State Parliament is due to consider legislation in the next month or two that would legalise voluntary euthanasia.

Consistent with state and national policy statements, ANMF (SA Branch) is supporting reforms in this important but sensitive area. We are cognisant of the need to ensure that Nursing and Midwifery staff are able to elect to not participate in processes associated with the decisions of a client to voluntarily end their lives in approved circumstances.

The need for controls and safeguards is also a central issue in the debate.

The first important step in an informed debate is to ensure that the Bill proceeds to a full debate in the House of Assembly and is considered clause by clause. This would allow for serious discussion about the details of such legislation rather than simply rejecting the Bill entirely as has occurred previously.

The debate is a matter of conscience for all MPs with people on both sides of politics both for and against reforms in this area.

ANMF (SA Branch) will be meeting with a number of MPs in the coming weeks to assist them in understanding the Bill and our position on it and we would welcome your participation.

(Notice to members, ANMF SA Branch, July 2016)