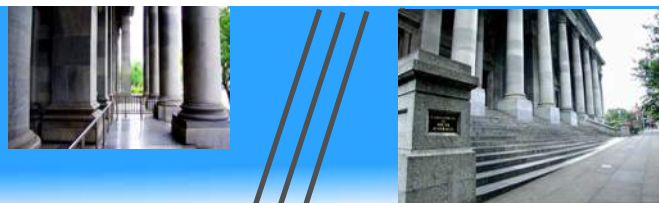


# End of Life Choice



Newsletter on current debates

## A Palliative Medicine Specialist Speaks

**Dr Roger Hunt has been a specialist in Palliative Medicine for over three decades. He was awarded Life Membership of the Palliative Care Council, and achieved a Doctorate of Medicine by published work. In this Newsletter Dr Hunt takes us through the questions he has asked himself about voluntary euthanasia.**

I came to palliative medicine as a young doctor with no fixed view about voluntary euthanasia. As I cared for terminally ill patients, I witnessed their experiences and listened to their wishes. Some very likeable and persuasive patients pleaded for me to hasten their demise. Their influence shaped my view in favour of law reform.

### **The critical question: murder or mercy?**

Under existing law, if a doctor intentionally hastens a patient's death, that doctor can be prosecuted with the most serious of crimes – murder.

Is this a just law? If you say, 'Yes . . . the doctor should be charged with murder', then you are against law reform. If you say, 'No . . . the doctor should not be charged with murder', then you favour law reform.

I think there are three morally relevant factors that make voluntary euthanasia very different from murder: Firstly, the context of hopeless illness with unbearable suffering; secondly, respect for the expressed wishes (autonomy) of the person suffering; and thirdly, the motivation of compassion and mercy in responding to the suffering person.

80% of Australians believe a person with terminal illness should have a legal option of voluntary euthanasia to end their suffering. [1] About 50% of doctors favour law reform, while palliative clinicians and parliamentarians have shown the lowest level of support. [2]

### **Can all suffering be palliated? Is there a need for voluntary euthanasia?**

Like King Canute trying to stop the tide, palliative care cannot eliminate fatigue, dependency, loss of dignity, and all the symptoms caused by failing organs, nor change peoples' long-held beliefs about their end-of-life wishes.

Surveys in the best hospices consistently show patients have multiple concurrent symptoms. In up to 50% of hospice patients, severe refractory symptoms have been reported, including confusion, nausea, suffocation and pain, requiring palliation with deep sedation. [3]



Many terminally ill patients wish their death would come more quickly, and between 5% and 10% of terminally ill patients request their carers to speed it up. This proportion is actually higher in patients who receive hospice care, perhaps because they feel empowered to express their wishes. [4,5] Some patients and families see the existing law as 'a lame duck' and pressure clinicians to perform voluntary euthanasia.

### **What steps should clinicians take for unbearable suffering?**

The doctor's duty is to relieve suffering, so what should be done for a hopelessly ill patient with 'unbearable' suffering?

1. *The first step is impeccable assessment of the causes of suffering to establish what treatments, if any, may help ease the suffering. A range of disciplines may be needed to tackle the multi-dimensional nature of suffering. As indicated above, suffering does not always respond to the usual repertoire of palliative treatments, but ongoing palliative efforts are imperative.*
2. *It is the patient's right to refuse life-prolonging treatments, and it is legal to withdraw and withhold these treatments. For some patients, this can result in a release from suffering through death.*

3. *It is also legal to deeply sedate a patient to relieve their suffering, even though death is hastened. The patient is rendered unable to eat or drink or move, and it can take days and sometimes weeks for the person to whittle away, disintegrate and die. This has been called 'slow euthanasia'.*

4. *Many people would prefer a humane fast option that enables loved ones to be present at the time of death. Parliamentarians now must consider making legal this option for hopelessly ill patients with unbearable suffering.*

### **Will legal voluntary euthanasia undermine palliative care?**

In fact, the evidence is that the opposite occurs. As law reform is considered, the importance of widely-available, quality palliative care services becomes obvious to everyone, including parliamentarians and health care administrators, and the development of palliative care is naturally enhanced rather than undermined. South Australia should be no different from all other jurisdictions where assisted dying has been legalised and palliative care services have been subsequently strengthened. [6,7]

### **CONCLUSION**

**The overwhelming majority of people want a choice about ending their life should they become hopelessly ill and be suffering unbearably. Indeed it can be empowering to have this choice. It is misguided paternalism that denies this choice; it is a lack of mercy that mandates suffering; and the current law unjustly puts doctors at risk of serious prosecution.**

### **REFERENCES**

- [1] Morgan Gallup Polls in response to the question: 'If a hopelessly ill patient, in great pain with absolutely no chance of recovering, asks for a lethal dose, so as not to wake again, should a doctor be allowed to give a lethal dose, or not?'
- [2] Medical opinion – Dying with Dignity NSW. [dwdnsw.org.au/medical-opinion/](http://dwdnsw.org.au/medical-opinion/)
- [3] Cherny N, Portnoy R. Sedation in the management of refractory symptoms: guidelines for evaluation and treatment. J Pall Care 1994.
- [4] Hunt R, Maddocks I, Roach D, McLeod A. The incidence of requests for a quicker terminal course. Palliative Medicine 1995; 2: 167-168
- [5] Seale C and Addington-Hall J. Euthanasia: the role of good care. Soc Sci Med 199. (English study of 639 people dying in 1987 and 3696 in 1990).
- [6] Oregon Death With Dignity Act, 2012 Annual Report. <http://www.healthoregon.org/dwd/>
- [7] Legal Regulation of Physician-Assisted Death — The Latest Report Cards Timothy E. Quill, M.D. N Engl J Med 2007; 356:1911-1913

# 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](http://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](https://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](http://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](http://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

### Medical Assistance in Dying: A Patient-Centred Approach

In February 2015, the *Supreme Court of Canada* concluded in *Carter v. Canada* that in certain circumstances, the provisions of the Criminal Code that prohibit medical assistance in dying violate the rights of individuals that are protected by the Canadian Charter of Rights and Freedoms. The Supreme Court gave the Canadian Parliament 12 months to enact legislation, or the Court would rule in support of assisted dying. In January the court granted the government a 4 month extension to June 2016.

**Meanwhile, in December 2015, Quebec enacted assisted dying laws and the first person died using this law the same month.**

The Canadian Parliament established a Special Joint Committee on Physician-Assisted Dying which tabled its report in February 2016. The Committee made 21 recommendations, including:

- "That medical assistance in dying be available to individuals with terminal and non-terminal grievous and irremediable medical conditions that cause enduring suffering that is intolerable to the individual";
- "That the capacity of a person requesting medical assistance in dying to provide informed consent should be assessed using existing medical practices, emphasizing the need to pay particular attention to vulnerabilities in end-of-life circumstances";
- "That the permission to use advance requests for medical assistance in dying be allowed any time after one is diagnosed with a condition that is reasonably likely to cause loss of competence or after a diagnosis of a grievous or irremediable condition but before the suffering becomes intolerable".