

End of Life Choice



Newsletter on current debates

When the suffering is unbearable and hopeless

The purpose of voluntary euthanasia legislation is to relieve unbearable and hopeless suffering. The cause of the suffering will vary from person to person, and in the 10 jurisdictions around the world where euthanasia or physician assisted dying is legal, it is the objective of ending unbearable and hopeless suffering which is the focus of the law.

Using “unbearable and hopeless suffering” to define eligibility for voluntary euthanasia allows a doctor and patient to reach the decision together. The **unbearable** relates to the person seeking euthanasia. Their suffering needs to be unbearable to them. No-one else can decide whether the suffering is unbearable, only the person seeking euthanasia. Hopeless relates to whether the doctor can identify any hope of relief from the suffering through further treatments; if there are no further treatments acceptable to the patient, then the criteria of **hopeless** has been met.

The words “unbearable and hopeless suffering” as the main criteria for euthanasia may appear simple, but they infer a complex set of actions and relationships and ensure that inbuilt safeguards are met.

The Request

The first step in a request for euthanasia requires the person to talk to their doctor. This happens when the person decides that their suffering is no longer bearable; they are seeking an end to their suffering through euthanasia.

Doctors have described this conversation as the most difficult request they ever receive from a patient. The response from the doctor is to firstly recognise the unbearable position their patient has reached, and secondly to investigate further treatment options to see if the suffering can be made bearable; in other

words, to investigate whether the patient's condition is hopeless, or whether hope can be provided through a different treatment.

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When the point is reached where the patient says their suffering is unbearable, and the doctor can find no further treatments acceptable to the patient to provide hope, then the doctor would then conclude that the patient's condition is hopeless.

It is at this point – when life is unbearable for the patient and the doctor can find no further treatment to provide hope - that a process for voluntary euthanasia could be set in place between the patient and doctor.

Depending on the legislation in each jurisdiction, the request is the first of a number of steps before euthanasia. These steps include the completion of a series of forms witnessed by independent witnesses, one or several consultations with other doctors, a waiting period, and always the possibility for the person to change their mind.

The decision about voluntary euthanasia is made between a patient and a doctor. It is appropriately witnessed and checked to ensure there is no coercion. It is the most difficult decision a person can make, and comes about when suffering is unbearable.



The doctor's responsibility is to identify different treatments, such as drugs or therapies, which could potentially relieve the suffering. If different treatments are acceptable to the person, this may change their suffering from unbearable to bearable; or they may decide, for example, that the side effects from further chemotherapy outweigh the potential benefits and further treatment is not acceptable.

Terminal Illness

Many Australian and international Bills have used the definition of terminal illness as the key eligibility criteria for euthanasia. The debate then focuses on defining a terminal illness - when is an illness terminal, which illnesses should be defined as terminal, who should determine whether an illness is terminal, should specific illnesses be listed in the legislation. This debate detracts from the purpose of the Bill, and is demeaning to those with unbearable suffering.

In practice, the evidence is that the majority of people who use euthanasia around the world have terminal cancer – in the Netherlands it is 75%; in Oregon it is 70%. Most people who request euthanasia around the world are white, well educated (mostly tertiary) and articulate – they are well informed and able to discuss the matter with their doctor. In the Netherlands over 85% die at home. In Oregon 90% die at home.

This debate is demeaning to those with unbearable suffering

The Question for Politicians

Why is it that Members of Parliament in every state of Australia (except Queensland where there has never been a voluntary euthanasia Bill), people who say they stood for election to make our society better, continue to insist that ill people should be made to continue suffering. By refusing to even allow time to debate a Private Member's Bill aimed at legalising voluntary euthanasia, Members of Parliament are in practice insisting that their constituents should suffer, and that they should continue to suffer to an extent that is unbearable to them.

The refusal to allow an informed debate about voluntary euthanasia in the Parliament shows that these MPs cannot claim to have compassion, or to care for people who are suffering unbearably. They show no understanding of why voluntary euthanasia is so important to their constituents. Members of Parliament have been told over and over again that 82% of the population - their constituents - support legalising voluntary euthanasia.

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

The idea that doctors should be allowed to prescribe lethal medication for some patients who are close to death or suffering greatly is gathering support across the West.

Merciful ends

Support for assisted dying, June 2015, %



The Economist commissioned Ipsos MORI to poll people in 15 countries on whether they thought the practice should be legalised (see chart). In America more than three-fifths support the idea in principle. In all but four countries more than half those asked supported extending doctor-assisted dying to other situations, such as unbearable physical suffering. (Economist, June 27, 2015)

See also Lateline interview with Dr Rob Jonquière, <http://www.abc.net.au/lateline/content/2015/s4251139.htm>