

END-OF-LIFE CHOICES: FILTERING FACT FROM MISCONCEPTION



Euthanasia and assisted suicide have dominated political, medical and ethical debate in 2018. It is difficult to think of a more divisive issue within the medical profession and community.

The AMA (WA) has taken a prominent role in these discussions, leading the debate in the media and being called upon twice to present to the Joint Select Committee on End of Life Choices.

Our symposium in May saw over 150 members discuss and debate the complex and delicate issues around end-of-life care in Western Australia. We were also fortunate to learn from the unique perspectives of overseas experts.

The Joint Select Committee on End of Life Choices delivered its recommendations in August 2018 after deliberating the evidence gathered over months of public hearings and hundreds of written submissions. Most prominent was the recommendation that the government introduce legislation to allow Voluntary Assisted Dying (VAD).

In November, it was announced that an Expert Panel, appointed by the Minister for Health, had been established to guide the development of legislation to introduce VAD.

The AMA (WA) continues to call loudly for this debate to focus on broader palliative and end-of-life care, rather than the narrow issue of assisted dying. We welcomed the strategy document on palliative care recently released by the Health Department.

However, it is critical that the government develop and release a fully funded implementation plan as soon as possible and well before the introduction of VAD legislation into Parliament. Failure to do so will risk lives being ended due to a lack of accessible and quality palliative care.

It is tempting to simplify this debate into a battle between respect for autonomy and protection of life, religion and atheism, or progressives and conservatives. The media has undoubtedly played a role in distilling the issues into headline grabbing one-liners, but there is a fundamental gap in the understanding of end-of-life choices and palliative care in our community.

Listening to the stories of callers to talkback radio on the subject, it has been striking how few of these stories, while heartbreaking, actually had anything to do with assisted dying. In fact, the majority either described poor palliative care or detailed the

grappling of a family member with issues around mortality and letting go of a loved one.

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provided ethically to a patient who is demented or delirious and that the tools and laws required for most deaths to be free from excessive suffering exist now.

For the overwhelming majority, it is good end-of-life planning, decision making and access to quality palliative care that we need.

This is misaligned with the cited overwhelming support in the community for assisted dying, including in a poll conducted by *The West Australian*. Crucial to any poll or survey is the wording of the question being posed. Asking people whether they want to have control over how they die, or if they want to suffer before dying or "go gently" means that the result is predetermined.

Wording aside, from where does this community support stem? It is our view that the perceived support for euthanasia results from the failure of our health system and the medical profession to properly implement and fund access to good quality palliative care.

It is encouraging that the Expert Panel appointed by the Minister for Health includes experts in palliative care, aged care, law, and disability sectors, as well as consumer representation. The AMA (WA) calls on the members of the panel to set their minds to developing proposed parameters for legislation that meet the real community need whilst protecting the vulnerable.

We will continue our advocacy in 2019. ■

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