

## Doctors for Voluntary Euthanasia Choice: Opening statement (Dr Ken Harvey)

First of all, I thank the Committee for allowing me to make a presentation on behalf of [Doctors for Voluntary Euthanasia Choice](#).

We are a national organisation of Australian medical practitioners, both current and retired, who are working towards having voluntary euthanasia (VE) legalised for patients with intolerable, incurable and unrelievable symptoms.

Assistance may be by doctor provision of medication for the patient to consume, or (if the patient requests help) by doctor administration.

As well as aiming to legalise VE we advocate that professional medical bodies adopt or maintain a neutral attitude towards the legalisation of VE in order to reflect the range of views of their membership.

We provide evidence that the practice of VE can be ethical, that it is actively sought for by patients in Australia, and that it is acceptable to most Australians.

We convey this evidence through courteous communications to professional medical bodies, politicians and to the general public through the media, usually through writing letters but also by encouraging and participating in public education and debate.

For example, one of my own activities is to run an 8 week course for the University of the Third Age, Melbourne City titled, "Health Care Interventions – Choosing Wisely" in which we discuss end-of-life issues such as dying with dignity, advance healthcare directives, refusal of treatment and enduring medical power of attorney certificates. We also review short videos aimed at improving communication between doctors and patients on end-of-life planning which you may be interested in viewing.

Participants in this course often share end-of-life experiences they have had with dying partners and/or relatives. Regrettably, a number of these stories are not happy ones. The problems experienced include uncontrolled pain, suffering and loss of dignity because of faecal and urinary incontinence, lack of autonomy with advanced health care directives ignored by nursing home staff (and also on acute hospital transfer) and lingering and slow death from voluntary refusal of treatment including food and fluid.

Medical ethics currently permit practices that amount to assisting with hastened death with the patient's consent. These include refraining from administering or discontinuing life-sustaining treatment, administering medication in doses which may hasten death and palliative sedation which is legal as long as causing death is not the doctor's prime intent (the double-effect doctrine).

However, as many have pointed out, the difference between these practices and physician-assisted voluntary euthanasia is illogical and ethically insignificant. The consensual withdrawal or removal of life sustaining treatment from a patient is legal, even if this action results in the patient's death. The consensual administration of drugs to shorten a patient's life in order to end intolerable and unrelievable symptoms, is illegal. The inconsistency of the legal illogicality is obvious and discriminatory.

Currently, many medical practitioners may not provide such measures because of the legal uncertainty, the fear of complaints and concern about prosecution for murder, manslaughter and aiding and abetting suicide.

This legal uncertainty needs to be clarified in new Victorian legislation. There should be no civil or criminal liability if measures (including physician-assisted death) are taken in accord with ethical practice and the patient's desire to relieve intolerable, incurable and unrelievable symptoms.

Palliative care and physician-assisted death are not mutually exclusive; the former should be universally provided at a high level, and the latter should be available as a last resort option.

Other submissions, such as that from [Dying with Dignity, Victoria](#), have reviewed overseas practice with respect to VE and the key safeguards put in place to prevent abuse.

In conclusion, Doctors for Voluntary Euthanasia Choice believe it is time that Victoria joined Canada and an increasing number of other jurisdictions in legalising voluntary euthanasia (VE). I table this statement and a [relevant editorial](#) from the New England Journal of Medicine about the recent Canadian decision.