Exposure draft of the Medical Services (Dying with Dignity) Bill 2014 Submission 15

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Submission from Alex Greenwich MP, NSW Member for Sydney Exposure draft of the Medical Services (Dying with Dignity) Bill 2014

Like 80 per cent of Australians, most of my constituents want the option to choose a painless death if they or someone they love becomes terminally ill and experiences severe suffering that cannot be relieved. The law must remove futile suffering.

Physician assisted dying and voluntary euthanasia allow a doctor to prescribe or administer lethal medication to a patient at their request.

Assisted dying laws exist in Switzerland, Oregon, Washington, Belgium, Luxembourg and the Netherlands but these options are not lawful in New South Wales or anywhere in Australia.

Palliative care cannot always prevent a slow and painful death because it can't relieve all forms of pain and suffering like extreme weakness and fatigue, disability, insomnia, difficulty swallowing, psychological distress and loss of dignity.

Last year my constituent Loredana Allessio-Mulhall shared her story with me. She is 63 and has had multiple sclerosis for 37 years. Her condition has deteriorated and she now requires assistance for everything including to eat, dress, bathe, toilet and even move an inch. She has a device that allows her to answer the phone with her mouth but sometimes she can't reach. She can speak however this ability will soon go.

Loredana gets the maximum care of seven hours a day but the rest of the time she is alone in her flat unable to move. Loredana does not want to die now but wants to when her body shuts down further and she wants to do it safely and painlessly surrounded by her family.

There are many sad stories from people who have seen their loved ones die after immense suffering. A daughter writes of her father whose incurable cancer prevented him eating because of serious stomach pain. He suffered mouth inflammation making him difficult to understand and he couldn't go to the toilet, sleep or swallow.

The son of a man who contracted motor neurone disease and lost capacity to speak and swallow writes of his father taking his own life out of fear of starving to death or dying from choking on his saliva. He stresses that his father wanted to live longer but took his life when he could still independently administer medication to avoid putting others at risk of conviction.

A woman whose husband was diagnosed with progressive supranuclear palsy which eventually prevents the ability to walk, talk, write, eat or see properly followed by a likely death by choking tells of how her husband took his life prematurely because he feared his dying days. She points out he could have been around longer and died with her by his side if he had access to assisted dying.

These stories are heartbreaking and highlight how ludicrous the current situation is. If people will suffer significantly and death is inevitable, they should be able to end their life when the suffering becomes unbearable with their family by their side.

Last year Cate Faehrmann introduced her Rights of the Terminally III Bill which was defeated in a conscience vote in the other place. The bill included strong safeguards including requirements for the patient to be at least 18 years old and suffer from an illness that causes severe and unacceptable pain or distress. The patient would need to have been mentally capable and have been fully informed of the diagnosis, prognosis and treatment, certified by a psychiatrist and two physicians. Physicians would not be forced to assist someone to die. Cate should be commended on her work on that bill, and I hope to work with colleagues in the next term of parliament towards another bill.

Those few opposed to assisted dying generally take a hard line Christian view against human intervention in death. But medication to prolong life is intervention and the group Christians Supporting Voluntary Euthanasia argues that assisted dying is consistent with Jesus's message of love and compassion.

The Australian Medical Association does not support voluntary euthanasia because it believes medical practitioners should not be involved in interventions that aim to end a person's life. Surely it is harmful to prolong a slow, painful and inevitable death against someone's will. Surely it is in the patient's best interest avoid severe suffering and t die peacefully with their loved ones close.

I've been contacted by Doctors for Voluntary Euthanasia Choice in support of Dr Rodney Syme who assisted a patient whose oesophageal cancer made him little more than a living skeleton, unable to swallow, nourished by a tube running into his stomach. The medical practitioners say voluntary euthanasia and assisted dying in lawfully defined circumstances is a final, compassionate act of palliative care.

We must support the rights of those who are terminally ill and experience severe pain and distress to end their lives with the assistance of a physician and by the sides of their loved ones.

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