



# Euthanasia and Physician Assisted Suicide

## Position Statement

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**Palliative Care Australia** (PCA) is the national peak body for palliative care. PCA provides leadership on palliative care policy and community engagement in Australia. Working closely with consumers, Member Organisations and the palliative care and broader health workforce, PCA aims to improve the quality of life and death for people with life-limiting illnesses, their families and carers.

### Preamble:

At the date of release of this position statement, the practices of euthanasia and physician assisted suicide are illegal in Australia.

Internationally, legislation of euthanasia and physician assisted suicide are two frequently debated issues that are seen as important matters for society to consider. These issues are highly complex and raise significant and ethical issues. PCA acknowledges that there is a broad spectrum of opinion and a level of support for reform within the Australian community which reflects diverse cultures, belief systems and populations. PCA recognise that some competent people may elect to request euthanasia or physician assisted suicide.

### Palliative Care Australia believes:

- The practice of palliative care does not include euthanasia or physician assisted suicide.
- Palliative care does not intend to hasten or postpone death.<sup>(1)</sup>
- Every Australian living with a life-limiting illness should have timely and equitable access to quality, evidence-based palliative care and end-of-life care based on needs.<sup>(2)</sup>
- There is clear evidence of the benefits of timely access to palliative care and end-of-life care for persons, family carers and the health care system.<sup>(2-6)</sup>
- The main goals of palliative care and end-of-life care are symptom relief, the prevention of suffering and improvement of quality of life. Palliative care and end-of-life care are person-centred and focused on individual and family needs.
- Compassion, dignity, respect and participation in decision-making are important to all and integral to delivery of high quality palliative care and end-of-life care. A request for euthanasia or physician assisted suicide requires a respectful and compassionate response.
- When aligned with a person's wishes, withdrawing or refusing life sustaining treatment, (including withholding artificial hydration) or providing medication to relieve suffering, do not constitute euthanasia.

## **Palliative Care Australia calls for:**

### **Improved access to palliative care and end-of-life care that is adequately funded, in all settings across Australia.**

**WHY:** There is unmet need for high quality palliative care and end-of-life care, and forecasts indicate significant increases in need in the years ahead.<sup>(7)</sup>

### **Improved access to timely, appropriate and adequate support for carers.**

**WHY:** Support for families and carers, including information, training, respite, practical help and emotional, social, financial and bereavement support, is essential to promote the wellbeing of carers and to enable them to sustain the caregiving role. Comprehensive support for carers can reassure the people receiving care that their families are being supported.

### **A fully resourced and sustained national public awareness and engagement strategy about palliative care and end-of-life care, death and dying so that the broad range of issues can be explored in an inclusive and constructive manner.**

**WHY:** There are many misconceptions in the community and among some health professionals about life-limiting illnesses, palliative care and end-of-life care. In order to engage in constructive deliberations about euthanasia and physician assisted suicide. Australians need access to accurate information about palliative care and end-of-life care. Palliative care and end-of-life care are often inappropriately thought of as the natural opponents of pro-euthanasia advocates, however, the polarising nature of this perspective is not helpful and should be avoided.

### **An adequately resourced and appropriately trained health workforce to engage in respectful dialogue with people about end of life wishes in a way that allows time to explore the social, cultural, spiritual, emotional and physical aspects of their care decisions.**

**WHY:** While requests for euthanasia and physician assisted suicide are few in number,<sup>(8)</sup> people who express these wishes must be supported in a way that allows time for full exploration of their concerns. Currently, the majority of health professionals in Australian have not undergone formal training in communication skills, advance care planning conversations or effective strategies to respond to the needs of people with a life-limiting illness, their family and carers.

### **Informed choice and participation in decision-making about goals of care and treatment must be an integral part of all health and care services across Australia.**

**WHY:** Australia needs nationally consistent laws regarding the end-of-life, including advance guardianship laws that govern the appointment of substitute decision makers and their powers to refuse treatment. Australia also needs a nationally consistent approach to advance care planning, where laws and options provided to people with a life-limiting illness must be integrated into all health care and be made widely known. The benefits and harms of any treatment (including the provision of medically assisted nutrition and hydration), should be considered before commencing such treatments and reviewed regularly. People receiving care aimed at symptom management must be informed and able to exercise choice in the receipt of that care.

### **Public discussion and policy development on issues related to euthanasia and physician assisted suicide should be informed by research.**

**WHY:** There is insufficient research into euthanasia and physician assisted suicide. A national research strategy is required to build evidence so Australians can receive high quality care tailored to their individual needs.

## Definitions:

Term	Definition
<b>End-of-life care</b> <sup>(9)</sup>	<p>End-of-life care includes physical, spiritual and psychosocial assessment, and care and treatment delivered by health professionals and ancillary staff. It also includes support of families and carers, and care of the person's body after their death.</p> <p>People are 'approaching the end-of-life' when they are likely to die within the next 12 months. This includes people whose death is imminent (expected within a few hours or days) and those with:</p> <ul style="list-style-type: none"> <li>• advanced, progressive, incurable conditions</li> <li>• general frailty and co-existing conditions that mean that they are expected to die within 12 months</li> <li>• existing conditions, if they are at risk of dying from a sudden acute crisis in their condition</li> <li>• life-threatening acute conditions caused by sudden catastrophic events</li> </ul>
<b>Euthanasia</b> <sup>(10)</sup>	<p>A physician (or other person) intentionally killing a person by the administration of drugs, at that person's voluntary and competent request.</p>
<b>Life-limiting illness</b> <sup>(11)</sup>	<p>Used to describe illnesses where it is expected that death will be a direct consequence of the specified illness. Such illnesses may include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• cancer</li> <li>• heart disease</li> <li>• chronic obstructive pulmonary disease</li> <li>• dementia</li> </ul>
<b>Palliative care</b> <sup>(1)</sup>	<p>Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. Palliative care:</p> <ul style="list-style-type: none"> <li>• provides relief from pain and other distressing symptoms;</li> <li>• affirms life and regards dying as a normal process;</li> <li>• intends neither to hasten or postpone death;</li> <li>• integrates the psychological and spiritual aspects of patient care;</li> <li>• offers a support system to help patients live as actively as possible until death;</li> <li>• offers a support system to help the family cope during the patients illness and in their own bereavement;</li> <li>• uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;</li> <li>• will enhance quality of life, and may also positively influence the course of illness;</li> <li>• is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.</li> </ul>
<b>Physician assisted suicide</b> <sup>(10)</sup>	<p>A physician intentionally helping a person to terminate his or her life by providing drugs for self-administration, at that person's voluntary and competent request.</p>

## References:

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