Patients must come first in euthanasia debate

The Australian
November 24, 2016

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The doctors’ lobby is caught between life and death, desperate to promote the value of traditional medicine while somehow accommodating emerging views on euthanasia.

But the doctors’ official position is now secondary to the earnest wishes of their patients, customers and clients. The terms of the debate have changed and the arguments of “the establishment” must change too.

The Australian Medical Association is trying clumsily to bridge the gap between doctors’ professional obligations and their responsibility to their patients. But in continuing to oppose doctor-assisted suicide, yet somehow claim a right to help develop any such laws, the AMA risks irrelevance.

People want a greater say over their lives and the timing and nature of their deaths.

There is a real fear among some of the community that their final days will be undignified, painful and distressing, both to them and their loved ones.

In this policy update, the fact the AMA has promoted the need for properly resourced palliative care is an acknowledgment that some people don’t have faith in the system.

Yet, in the same document, the AMA has kept, almost word for word, its recommendation that a request for information about euthanasia be handled with clinical suspicion.

“Such a request may be associated with conditions such as depression or other mental disorders, dementia, reduced decision-making capacity and/or poorly controlled clinical symptoms,” it says.

Whether this comes from the God complex, or an inability to legally consider other options, doctors are doing their patients a grave disservice.

The health and aged-care system has allowed doubts to emerge about end-of-life matters, and the AMA still argues that people cannot make decisions for themselves.
People must, ultimately, be empowered to make informed decisions for themselves and supported at a time of need.