Open letter to colleagues on euthanasia

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From Dr Alida Lancee

Dear colleague,

There is much hesitation and fear among doctors and nurses around the provision of adequate medications and dosing to relieve the suffering during the terminal phase of a patient's

The fear is that this may be misinterpreted as an attempt to hasten the dying process, as often this is the result.

This grey area demands clarification through end-of-life legislation – both in the interest of the patient and their loved ones, as well as to protect the compassionate doctors and nurses involved.

The terminally ill may suffer needlessly through under-medication, or doctors and nurses live in fear of legal ramifications.
The case I have written about involves an elderly patient with end-stage emphysema who had attempted suicide on two occasions as she could no longer bear the suffering from breathlessness.

Symptomatic management was not effective.

Ask yourself what you would have done in a similar situation.
You could refrain from getting involved and allowed the "natural process" to take its time, with possible weeks of a slow suffocation to death for this patient.
Or you could provide "terminal sedation" when symptom control is not effective in the last phase of a terminal illness. To me, this is not much different from euthanasia.

This sedation could cause a significant shortening of the dying process. In cases of severe physical compromise, such as end-stage respiratory disease, the breathing drive may be interrupted causing the patient to die from the sedation.

This is a risk every doctor weighs up and it causes much angst when it comes to the legal ramifications.

Terminal sedation has potential problems associated with it. Who can guarantee that there is no suffering just because the patient can no longer respond?

And their loved ones will have to grieve the loss of the person while the body is still there, sometimes for days to weeks.

Imagine sitting by, wondering when the last breath will be, especially as most dying people go through a phase of cyclical breathing called Cheyne-Stokes breathing, where respiration is intermittent, with pauses of minutes between 5-10 rapid breaths.
“Was that the last breath?” The minutes pass. No, breathing resumes, until, of course, at some point, it does not.
This can go on for days to weeks. And it is an agony to witness.

Ask yourself which option you would prefer for yourself, or a loved one.

You can look at what would happen in cases like this under robust laws that permit euthanasia. The patient would have been able to openly request voluntary euthanasia. They would not have needed to attempt suicide.

Under a euthanasia law, they would have needed to request this on several separate occasions, more than a week apart, without the family present.

And at least one request would have to be in writing.

The patient could then be reviewed by two independent doctors who would make the following assessments:

- Is the patient’s condition terminal and without cure?
- Are they experiencing unrelenting, unbearable suffering?
- Have the palliative symptomatic options been optimised?
- Is the patient suffering from a psychiatric condition that may alter judgement?
- Is the patient of sound mind and able to make a rational request for help to shorten their dying process?

Any doctor could choose not to be involved and refer patients to a specialist end-of-life service with doctors who are trained to take on this role.

Once both doctors making the assessments agree that voluntary euthanasia could be an option, their report and the patient’s request would be reviewed by a board of experts representing palliative care, mental health, the legal profession and the public.

This board would review cases daily and make a determination in a timely manner.
Modern technology, including telemedicine, could enable this process to take place in a timely fashion, so as not to prolong the suffering of the patient.

Once approval is granted, a doctor could administer the medication with the family present without the need to scheme and hide their actions. This would allow open debriefing.
Everything would be above board, with safeguards in place.

Could our society be enlightened and progressive enough to put such laws into place?

The Australian public support euthanasia.

Surveys over four decades show a majority of Australians believe there should be a legal option of aid-in-dying for those suffering intolerably and without relief near the end of life.

Current support is 85% of Australians including three out of four Catholics, four out of five Anglicans, and nine out of 10 Australians with no religion.

But do the politicians listen to the public? No.

There have been multiple attempts to introduce legislation in various states and all but one have been rejected. And where it was approved, in the NT back in 1995, it was quickly overturned by the Federal Government under John Howard.

Researchers surveyed some 869 Australian doctors, and the results were published in 1997 in the ***Medical Journal of Australia***.

The doctors were were asked: "Do you think it is sometimes right for a doctor to take active steps to bring about the death of a patient who has requested the doctor to do this?"

62% answered yes.

93% thought such a request could be rational.

Palliative care organisations do not support such a law as they feel that with optimal palliative care measures, terminal suffering can be controlled sufficiently so there is no need.

This is true most of the time, but not always.

Most palliative care doctors would admit that patient suffering is sometimes not controllable by their symptomatic care. Some put this number in the order of around 5% of their patients (as suggested by Andrew Denton in his August address to the National Press Club).

This is the consistently the same as the number of people with terminal illness who die by voluntary euthanasia in the Netherlands, where this law has been in effect for over 10 years. The public in the Netherlands remain in support of this law.

Opponents of voluntary euthanasia have put forward real concerns about misuse of such a legal approval to actively shorten a person's life.

They fear that it would be extended to situations that do not involve patients who are already in the terminal phase of their illness, but have a stable chronic conditions.

Any push to extend the reach of euthanasia laws beyond those who are terminally ill would require open public debate and a redrafting to the legislation as proposed.

In countries where voluntary euthanasia laws have been in place, death rates attributed to voluntary euthanasia have remained stable.

So there is little practical evidence of the feared 'slippery slope'.

Opponents also fear patients could be unduly influenced to request voluntary euthanasia by parties with vested interests – family members set to benefit from an inheritance.

Safeguards can be put in place.

One would be that any voluntary euthanasia request should be made without any other party present.

The assessments would have to ensure the patient has no other motivation than to relieve unbearable suffering.

To those of you who say “I believe only God decides when death occurs”, that is fine, but do not tell others what they should believe.

All of us will be faced by this end-of-life question sooner or later.

Hopefully, our death will be gentle, where palliative measures are effective.

But for those of us for whom suffering is unbearable, despite all efforts of our healthcare team, let us have the legal choice to shorten the dying process with medical support.

As a medical profession, we have the responsibility to speak up for the most vulnerable of our patients — the terminally ill. We need to stand united, and demand that these patients can choose to have an agonising crawl to their death hastened by compassionate medical care.

Those of you who are AMA members need to rally the AMA to demand a change in its opposition to voluntary euthanasia. The AMA needs to be representative of its member’s views.

Others may join **drs4vechoice** group to lend their support.

Let’s work together to make a positive change.