

The waiting room: public ahead of doctors in euthanasia debate

Published in The Australian
June 10, 2017

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They're not ready yet. Doctors. For voluntary euthanasia in this country. I've just come from a conference at Melbourne's Monash Hospital: 400 medical professionals in a lecture theatre and never have so many beepers gone off during a forum. But the doctors mostly stayed, listened, pondered and questioned. What came back to the six of us on the stage was hesitation, caution and a grappling with the complexities of how a world enabling voluntary assisted dying would work in this country. It felt as if there was a philosophical flinch about what this means for a profession that takes as its central ethical principle *Primum non nocere*: First do no harm. But is assisting in voluntary euthanasia "harm?" Or help?

"Death to us is failure," declared GP and writer Leah Kaminsky. What would she say if a patient wanted to be considered a candidate for voluntary euthanasia? She has called for more training for all health professionals, more time for consideration of these hugely important laws now being considered in Victoria and NSW. Both will call a vote on it before the year's end.

It feels as if public sentiment is taking over here, fast; that a community want is galloping ahead of the cautious position of many doctors, with all their questions. In both those states, cross-party parliamentary reports have been completed and both recommend, after thorough and compassionate consideration, a tightly controlled go-ahead for the terminally ill. Who knows whether the legislation will get over the line? It's a deeply personal issue.

The anti-euthanasia lobby argues that their stance is about the strong protecting the weak; that if these laws go ahead, the elderly and mentally fragile would be coerced into alarming situations they did not want. Yet all the people I've spoken to who are planning some kind of voluntary euthanasia strike me as strong, empowered, deeply thoughtful people; mature thinkers who've considered this debate over many years. To them it is a "good death", the original meaning of the word euthanasia. They shy from the term suicide, which implies mental fragility, secrecy and a despairing spontaneity. The proposed legislation in Victoria and NSW makes it clear that the will for this has to come from the candidate and the candidate alone. They will be asked several times if this is really what they want. They alone will sign off on it. They will have to be assessed by at least two doctors as well as a psychiatrist.

Medically assisted dying is a conversation that our health professionals need to have, urgently, whether they want to or not. This forum was the first of its kind among Monash's medical practitioners, but all hospitals around the country need to be discussing this. To normalise talk around it, to formulate best practice.

To the fearful: the proposed legislation is extremely restrictive. It will be hard to become a candidate for voluntary euthanasia. There will be strong legal checks and balances. It will not be available to someone with a mental illness or dementia, or who is not terminally ill. There will be no allowance for the so-called "slippery slope" that would widen the eligibility criteria down the track.

Too many elderly Australian lives are being ended prematurely, and agonisingly, by people who want euthanasia laws but in despair go it alone. A police officer told me that she sees elderly suicides on her beat all the time “but no one talks about it”. In Victoria, up to two elderly people are taking their lives a week. Often violently, because they don’t know how to do it any other way.

Sometimes, Dr Kaminsky, death is not “failure” but release. And a lot of medical practitioners perhaps need to broaden their thinking, to be trained and ready for what is coming at them. If not this year, then soon.

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