



**AUSTRALIAN MEDICAL ASSOCIATION
(SOUTH AUSTRALIA) INC**

1 November 2016

To: Members of Parliament

Dear Members of Parliament

Death with Dignity Bill 2016 – A flawed process cannot create appropriate legislation

The Australian Medical Association (South Australia) reiterates that our Association, which represents doctors in this state, has no issue with debate over euthanasia. It is appropriate that our society, and our Parliament, consider what the state will permit under its laws, both in life and in death.

What the Parliament can not decide are the ethical standards of a profession; nor can it set the standards of clinical practice. Where law, professional ethics, and the practice of a profession intersect, legislation must account for and engage the expertise of that profession. And this must be done in a thorough and meaningful way. This has not happened with this Bill, or its predecessor.

A flawed start and a flawed end

The AMA(SA) wrote to you just 14 days ago on the SA Voluntary Euthanasia Bill 2016. We told you that that Bill was so poorly drafted that it effectively provided for state-sanctioned suicide. It was so fundamentally flawed that its own drafters proposed 13 pages of amendments – almost as long as the Bill itself. This new Bill is based on its predecessor and continues to fail to engage with the profession who will be involved in its execution, and responsible for delivering its fundamental effect: the ending of our patients' lives.

Lack of appropriate consultation outside the Parliament

Months of negotiation and discussion with members of parliament and other stakeholders have been claimed: these have not involved the AMA(SA). We wonder who *has* been engaged. We suspect *not* appropriate palliative care and legal groups, or other medical professional groups. And not the AMA(SA). The AMA(SA) does not see itself as either for or against the euthanasia debate. Our members' attitudes span all ends of the debate. However, legislation should not be the result of a battle between extremes. It should be measured; it should be rational; it should look to the reasoned centre.

Public debate has been poorly informed the process is rushed

The current public debate has been well publicized but not well informed. It has gained momentum with high profile advocacy and media attention. It has not been about a Bill, but an idea. You may support that idea, but we urge you not to support this Bill. This is a Bill introduced in the Parliament just 12 days ago. It includes amendments circulated just days prior to that. We received a consultation copy of it last week and even an initial reading provides major concerns. These timelines highlight the undue haste and the failure to meaningfully engage in a true sense with those, aside from patients, most directly implicated: the medical profession. It is doctors who will be given the weight of *responsibility* under this Bill; it is doctors who will have to interpret it and act as safeguards for the community.

The Bill has not engaged the medical profession and is significantly flawed

This Bill asks the medical profession to be involved in the intentional ending of patients' lives. Whether you agree with euthanasia or not, such a fundamental step must be taken with due care. Proposed legislation should be carefully scrutinized for unintended consequences, and the intended consequences must also be carefully considered. The AMA's position is that doctors should not be involved in acts that have the primary intention of the ending of a patient's life. However, our primary issue with this Bill is not that fact, but the lack of appropriate process behind it.

Leading SA legislation and sound, compassionate end-of-life care are under threat

The SA Parliament has led the way in its Advance Care Directives and other end-of-life legislation. The Advance Care Directives Act was passed with strong support from the AMA(SA) after a significant consultation and engagement process, which included significant amendments that were made as a result of the profession scrutinizing the detail of the legislation and testing it in real-life scenarios faced in professional practice. Other stakeholders were also significantly engaged. A less engaged, a less consultative process could not have produced the same result of reasoned, informed, and sound legislation. That process stands in stark contrast to this current Bill, and its predecessor.

Poor euthanasia legislation may in fact cause a profession already wary in the fraught area of end-of-life care to back away from actions or interventions that are accepted as good palliative care. We understand that some may support euthanasia as an abstract concept, applied to a very small group, but abstract thought is different from practice. Care for the majority could be threatened by a measure intended only for the possibly 1-3 percent of those with a terminal illness. In other words, there is a real possibility that there is a net *worsening* in the end-of- life care for the community.

Your time deserves a sound process, not a flawed Bill

It is right that society and the Parliament that is elected to represent its members consider that 1-3 percent, and consider what we, as a society, will accept, and can accept. It is right to consider how we can better help and serve those who are suffering, dying and in pain. But legislation must have a sound process behind it, it must be rigorously tested, and this cannot occur only within the halls of Parliament, or among passionate proponents and opponents. Before you is a flawed Bill born of an inadequate process. We commend Parliamentarians for your efforts in struggling with these fundamental questions.

But we urge you to set aside this hastily composed Bill, and set aside this debate for the day that you have a good Bill before you. This is not that day.

Yours sincerely



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