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Transcript: AMA President Dr Michael Gannon, 3AW *Morning with Neil Mitchell*, Thursday 19 October 2017

Subject: Euthanasia

NEIL MITCHELL: Now, let's go straight to this. The Victorian Parliament continues to debate the euthanasia law. They'll continue it tonight, probably tomorrow, then we'll go to the Upper House next week.

It's taken, well, I would describe it as an ugly turn overnight, with dispute between doctors, the Federal President of the AMA and the Victorian AMA. The Federal President, Dr Michael Gannon, tweeted words to the effect: 'don't forever alter society because a few powerful people see their parent die'. The AMA has distanced itself and apologised for that, apologised to the Premier and the Minister for Health, both of whom lost a parent, and have mentioned that in their debate. In fact, a number of people have mentioned the issue in their debates.

On the line is the National President who tweeted to that effect: 'don't forever alter society because a few powerful people see a parent die'. Dr Michael Gannon, good morning.

MICHAEL GANNON: Good morning, Neil.

NEIL MITCHELL: A bit harsh from a caring profession, isn't it?

MICHAEL GANNON: We care for everyone. Compassion is at the heart of our statements. We're interested in our advocacy on this very difficult issue in …

NEIL MITCHELL: [Interrupts] That's fair enough, but is that a compassionate statement to the people who are arguing their case and are using personal experience from watching loved ones die?

MICHAEL GANNON: Well, I, not for one moment, would seek to diminish the grief that people have spoken about, and those stories are very powerful, they're very personal, they are very profound. That's the whole point of my statement, is that they can be so profound that they can muddy the waters on a very difficult issue. I'm also interested in speaking for people who don't have the luxury of people who care about them, a loved one who's with them.

NEIL MITCHELL: Of course, look, you're well entitled to do that, but this, by many people, is seen as hurtful. Do you apologise for that?

MICHAEL GANNON: I'm sorry that I've upset people, and I do not for one minute underestimate the hurt. We've all lost people in life, Neil, and many people have lived through the grief of either suddenly or over a period of time losing a parent, a child, a spouse. I do not underestimate that for one moment.

NEIL MITCHELL: Well, you've apologised, will you remove that tweet?

MICHAEL GANNON: No, I won't remove the tweet, because the tweet stands for what it stands for. It says that this is a broader issue, it's a much broader issue, and end-of-life care is a much bigger issue than the one that's being focussed on.

The Victorian Upper House report, there are some people who would criticise it, I think that there are many excellent points and overall it's a very good document. It came up with 49 recommendations about end-of-life care, important things like improving palliative care, important things like legislating to understand double effects, to protect doctors and nurses just doing their job, giving people appropriate care…

NEIL MITCHELL: [Interrupts] Yeah, and these things are being debated in the Parliament. To me, you run the risk of demeaning that by using such a glib line.

MICHAEL GANNON: Well look, one of the things I've acknowledged internally talking to my Council – because not everyone's agreed with my statements, and of course not everyone within the AMA agrees with our position on euthanasia and position on assisted-suicide …

NEIL MITCHELL: [Interrupts] Of course, I don't want to debate with you the issue of euthanasia – we can if you like – but the fact that this language is inappropriate in this debate, which as you say is a very sensitive thing. And a number of people would say, watching your parent die, there's no power there. You are powerless when you're watching your loved one die.

MICHAEL GANNON: I understand that feeling, and we see that feeling every day in other elements of medical care as well. I often hear of the powerlessness that men feel watching their wives, their partners in labour, especially when things are going wrong. This is true of many elements of chronic disease, this is true of mental illness.

I sincerely apologise for anyone who was hurt by the statement. My statement refers to the depth of that grief. My statement refers to about how powerful that is. It comes back to the AMA's very carefully, deliberately crafted policy which talks to the 99 per cent of end-of-life issues which don't relate to euthanasia, assisted dying.

NEIL MITCHELL: That's true, and we'll get to that issue. And I agree with you, palliative care, and I will tell you my personal experience is, I was misdiagnosed and told I was terminally ill and had three months to live. So I know this from a first-hand perspective. I agree with you palliative care is crucial. I agree with you that the vast majority of people can be kept comfortable with palliative care. I agree more money should be spent on it. But why can't we have both? Why can't we put the money and the effort into palliative care, but give me as a person, any person facing what they fear could be a bad death, the control over that illness by having access to euthanasia? Why not both?

MICHAEL GANNON: No, that's a very good question, and in fairness to most people supporting this Bill, it's very rarely that I've heard someone not stating that they see the importance of palliative care. What we know from the international experience is that when you legislate for euthanasia, you lose the drive to enhance palliative care services. We don't see very good palliative care, for example, in The Netherlands where euthanasia and assisted suicide are now common ways to die.

NEIL MITCHELL: But this very report that you're referring to outlines the need for improvements in palliative care. Why can't we learn from that and say, yes, we want people to die with good palliative care, not with euthanasia, not by hastening the death, but if they can't have successful palliative care – and we all know that there are cases where you can't – then here is an option? And believe me, personally, it gives you control. It is a form of palliative care to say to a person – I've interviewed many people in this situation, apart from having been through it myself – it's a degree of control over the disease to say, 'I will decide when I just can't take it anymore'. That is like palliative care.

MICHAEL GANNON: They're good points, Neil, and they are points that we have considered and heard within the AMA's processes. I am very comfortable with people

espousing different views on this topic. I am aware of a great diversity of views in this, because doctors, like the rest of society, hold a whole variation in their values and what drives their opinions. I'm speaking to our statements. Our statement makes it very clear. The doctors don't write laws in our society, Parliamentarians do. I wish the MPs in Victoria wisdom and peace in their determinations, but what doctors would say is that legislating for euthanasia, assisted suicide, changes society. It changes the relationship between doctors and their patients. And we would have preferred that the Victorian Parliament spent time on recommendations one to 48 of the Upper House report, rather than going straight for recommendation 49, legalising euthanasia.

NEIL MITCHELL: Have you ever seen, in your time as a doctor, a person whose death has been hastened by the administration of morphine or something similar?

MICHAEL GANNON: I've read those assertions that this is commonplace. I have not seen it, Neil, and what we need to do is to get well past concepts of passive euthanasia. That's a terminology that is really 20, 30 years old. What we would like to see is better understanding of the, in many ways ancient, doctrine of double effect. The intention is so important.

One of the things that a patient currently knows under current law in Australia, and current medical ethics, is if you go to see the doctor, one of the treatment options is not that they are going to talk about ending your life. Now, that fundamentally changes medical practice when you introduce that into the suite of options.

And what we are most concerned about in our opposition to this legislation is what it means for the most vulnerable of people, the people who don't have a voice, the people who don't have a son or daughter who dotes on them, who cares about them; even worse, people who have relatives who want rid of them for whatever reason. We need to protect people.

NEIL MITCHELL: But are you seriously telling me you have never seen a situation where a person who is dying has had the morphine level increased to the level that it reduces respiration and speeds death? You've never seen that happen?

MICHAEL GANNON: I would say to you that that is not euthanasia, with respect, Neil. That is …

NEIL MITCHELL: [Interrupts] No, no, I accept that, maybe it's not, but have you seen that happen?

MICHAEL GANNON: I've seen people who need increasing doses of morphine or sedatives to make them comfortable and they have …

NEIL MITCHELL: [Interrupts] And you know in doing that it'll hasten death?

MICHAEL GANNON: That's right. That has the double effect, the secondary effect, but that's not …

NEIL MITCHELL: [Interrupts] The secondary effect is a quicker death?

MICHAEL GANNON: Yeah, but that is very different to giving someone Nembutal or a veterinary drug.

NEIL MITCHELL: Well, true, but I would argue that – and I've seen it happen at least twice – I would argue to you that it's not unusual in that situation for medical staff to up morphine because they know nobody can take it any longer, including the family, and they know it's going to speed death.

MICHAEL GANNON: One of the things which has really developed in recent years, Neil, is that palliative care is - it's unrecognisable from when I was a medical student. It's so much better. We can do so much better than morphine drips. We're talking about an area of specialist medicine.

Look, I completely agree with your point, Neil. The question you've asked is why can't we have both, but if you talk to the experts, if you talk to the palliative care specialists, the oncologists, the GPs providing high quality end-of-life care, both in our cities and our regions, they will tell you that when you give people optimal treatment, that requests to die are extremely rare, and they become even rarer when people get access to the proper care.

What I would say is that these powerful stories of people who feel as if they're not getting the right care, they are a clarion call to the system, they are a clarion call to doctors and nurses to do better. We can do better.

The document that within the AMA we worked on over an 18-month period is a positive document. It talks about improved end-of-life, it talks about how we can do better for people who are suffering, how we can do better for people who are dying. I'm not convinced that this Bill is the answer.

NEIL MITCHELL: Thank you very much for your time.

MICHAEL GANNON: It's a pleasure, Neil.

NEIL MITCHELL: Dr Michael Gannon, National President of the Australian Medical Association.

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