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Transcript: AMA President Dr Michael Gannon, RN *Breakfast*, 24 November 2016

Subjects: Euthanasia and Physician Assisted Suicide

FRAN KELLY: Well it's taken a year, but the Australian Medical Association says it's come up with a considered response to the controversial issue of euthanasia. After a comprehensive review, the peak body says it will maintain its opposition to physician-assisted suicide, deciding that doctors should not be involved in interventions that have as their primary intention the ending of a person's life. But the AMA's survey of GPs and medical specialists did find the majority of doctors would help terminally ill people die if voluntary euthanasia become law.

Dr Michael Gannon is the President of the AMA and he joins us in our Parliament House studios. Michael, welcome back to *Breakfast*.

MICHAEL GANNON: Good morning, Fran.

FRAN KELLY: In spite of the mounting community support for euthanasia, the AMA has maintained its position against physician-assisted suicide, saying doctors should not be involved in intervention that has as its primary intention the ending of a person's life. Why did you maintain that position?

MICHAEL GANNON: Well, we certainly came to this position after a long period of consideration and consultation with our members across Australia - junior doctors, doctors in practice, GPs, other specialists, psychiatrists, surgeons et cetera, all across the country. We consulted through the survey, and a majority of doctors believe that we should uphold the ancient tenet that doctors should not be involved deliberately in the ending of patients' lives.

FRAN KELLY: You - as part of a review, you surveyed your members - many, many thousands did respond. The majority said that they would help terminally ill people die if voluntary euthanasia became law. Are doctors, are your members conflicted on this issue?

MICHAEL GANNON: We look forward to releasing the exact details of the survey to our membership and then to the broader community in due course. That's not been completely correctly reported.

One surprising element of the study was that if society does change - and the AMA recognises that, that these laws are ultimately a matter for society and its governments - a majority of doctors want doctors to be involved in delivering those treatments.

In fact, a majority of doctors do not want to be involved in delivering those treatments as individuals, but there was a very clear result from the survey that, should the law change, that this remains a part of medical care.

So that's a very important distinction. Some people might say that doctors want it done. In fact what the survey says is they want other doctors to do it.

FRAN KELLY: Yes, okay, so - but they're saying if it becomes law, doctors must be involved?

MICHAEL GANNON: Absolutely and the AMA...

FRAN KELLY: [Interrupts] But some want the right to not be involved?

MICHAEL GANNON: Well, that's an extremely important tenet for us. Any change to the law, should it occur in any jurisdiction in Australia, must preserve the rights for individual doctors, and for that matter nurses and other healthcare professionals, to conscientiously object and not be involved in these treatments.

FRAN KELLY: The AMA, in your findings, you say the AMA recognises there are divergent views within the medical profession in relation to euthanasia and physician-assisted suicide. How did that come - how did that sort of measure up in your survey in terms of the balance of the people responding? Was it a close sense of those who supported the notion and those who didn't?

MICHAEL GANNON: Well, the breakdown of our survey on that key issue was that slightly more than 50 per cent of doctors thought that we should maintain our position, that doctors have no role in assisted suicide, euthanasia. Having said that, over 30 per cent thought that we should change our position and that we should support changes to law. That left a group of about 14 per cent who were undecided on the issue, so it's important to acknowledge...

FRAN KELLY: [Interrupts] Were you surprised by that finding? Do you believe that's a change over the years of your membership coming closer towards the notion of certainly not being opposed necessarily to euthanasia?

MICHAEL GANNON: I was interested in various elements of the survey in terms of crunching down the data. One of the interesting things is that the older doctors get, the more experienced doctors are, and the closer they are to dealing with dying patients each day, the more likely they are to be against euthanasia and assisted suicide.

FRAN KELLY: Why do you think that is?

MICHAEL GANNON: Well, I think that it comes down to the complexity of the issues. We've seen, sadly, this issue simplified down to one of death with dignity. I would be horrified to think that the care provided by my colleagues each day is not aiming at providing the care and compassion we show to all of our patients and providing patients with dignity.

One of the strengths of the new Statement, and one thing which marks it out as very different from our previous Statements, is the call to do better in end of life care, and a call to improve palliative care services around Australia. There are many gaps in the quality of the service in different parts of the country. There are so many patients who are reliant on the private system for decent palliative care. That's the real strength of our Statement. It says that we, as a society, can do better on end of life care.

FRAN KELLY: Yeah, with respect though, that's a motherhood statement, isn't it? I mean, we've been saying that, we all know that. And we've been saying that for a long time. The point is, we aren't doing better for many and if we - if I can quote to you the comments from the National Coronial Information Service from some time ago, estimating that two people over the age of 80 are taking their lives every week, the number one method being hanging.

I mean, if older Australians are hanging themselves out of desperation about what is ahead, is that a better outcome than physician-assisted suicide?

MICHAEL GANNON: Well those...

FRAN KELLY: [Talks over] Where's the dignity in that?

MICHAEL GANNON: Well, there's no dignity in that, and we need to improve the care for people who feel that that's their only way out. We see people promoting euthanasia in Australia, the majority of doctors who have that view and, I suspect, the majority of the community who have that view, have the view that we need to do better for people in the terminal phase of a terminal illness. I think that's what most people want.

Of course, there's equally a strong view within the euthanasia movement seeking to expand things beyond that, and that's an area where, I think, most doctors would see great danger in a change to the law.

But I think that this is far more than a motherhood statement. We need to make decent, high quality palliative care services available to public patients, whether they live in the middle of our big cities, in outer metropolitan areas, or in the regions. We can do better.

FRAN KELLY: You're listening to RN *Breakfast*. Our guest is Michael Gannon, the President of the AMA, the national President of the AMA.

On that question - because you're right, it is a key question anyway, euthanasia debate or not - how to improve our palliative care, governments should strive to improve end of life care for all Australians you say, surely that is the goal now: is our palliative care system inadequate?

MICHAEL GANNON: It is inadequate. There's too much of a reliance on the private sector, there are parts of Australia that do it fabulously well and there are parts that don't. The majority of palliative care in our nation is provided by GPs. Of course, there are specialist palliative care physicians and, for a lot of the rest of us, these issues around end of life care, whether that's doctors in emergency departments, in intensive care units, on geriatric wards, general medical wards, they - they're an issue for all of us in medical practice.

We've been very careful in the AMA and very deliberate in a very cautious and genuinely consultative process to try and get the answer right.

FRAN KELLY: But that's the funding, is funding a key element of this? I mean, how stretched will - every day we read stories of how stretched our hospitals are at the moment, you know, to try and spend the money, I agree, it should be a priority in end of life care, palliative care, but where's the money going to come from?

MICHAEL GANNON: Well, I think medicine is all about providing care and compassion from cradle to grave, and at the two extremes of life, I think we need to do better. We spend billions of dollars on health every day in this country, and yet we send pregnant women home a few hours after they've had their baby, and there are significant gaps in the way we look after people respectfully in their dying hours.

We need to call for better care in those areas. That's what I'm doing today.

FRAN KELLY: Your policy statement says the AMA acknowledges laws in relation to euthanasia - quote - are ultimately a matter for society and government. And you say you want doctors to be a part of drafting any such legislation. The fact is that a law very nearly did get

passed in South Australia just last week. It was narrowly defeated. Were doctors part of that debate and drafting that legislation? Were you engaged with it?

MICHAEL GANNON: Well, certainly I was showing due respect to my Council, my committees, and to the consultative process we set out for members by not taking a public position during the South Australian debate.

FRAN KELLY: No, but behind the scenes, surely the medical profession was engaged with coming up with the policy, weren't they?

MICHAEL GANNON: Well, sadly there were some mistruths spoken in South Australia. For example, one of the key advocates of the bill spoke about how they'd consulted with the relevant professional body of psychiatrists in South Australia, and they hadn't ...

FRAN KELLY: [Interrupts] So were the psychiatrists and doctors, were you agitating to be involved?

MICHAEL GANNON: Well, again I found it very difficult being silent when - especially the first piece of legislation was put forward. That was just plain dangerous. Any legislation in this area needs to be so carefully crafted, and so carefully thought over.

My strong suspicion is that there are euthanasia advocates in Australia who will do anything to get a law up somewhere in Australia. And then perhaps in their own jurisdiction try and come up with a slightly better written law. That greatly concerns me ...

FRAN KELLY: [Interrupts] Yeah, but my point is, as the head of the AMA, or the head of psychiatry - whoever is engaged in this - should be proactive in - because of course any state-sponsored euthanasia law needs to have the medical profession as part of that, and would have the medical profession as part of that.

MICHAEL GANNON: Well, we've heard a clear intention from the Victorian Government to pursue laws along these lines. If you like, I feel unencumbered in speaking out on those laws if they don't afford the appropriate protections ...

FRAN KELLY: [Interrupts] Michael, as we've been speaking, we've had a pretty strong response on the text line. And if I could just read you Ian's text: "The timidity of our elected representatives and the AMA on this issue, given approximately 70 per cent support in the population, is truly pathetic. We can make the decision for our pets, but not for ourselves."

Is there some degree of truth in this, that our legislators and our medicos just aren't listening to what the community is saying? As you acknowledge with this survey, basically the AMA's position has not changed.

MICHAEL GANNON: The AMA's position has changed to the extent that we've gone back and asked people a number of years on. I think we can do better in the way we treat our fellow man than the way we treat our pets. I've heard that comparison made many, many times. We need to do better in the compassionate care of the dying, we need to do better in compassionate care of the elderly.

We need to make individuals in society understand things like the withdrawal of futile care. We need to make them understand the doctrine of double effect, that if you give treatments that have as a secondary effect ending someone's life, that's not euthanasia. So we need to do better in educating doctors and nurses.

And certainly, we need to make it very clear to patients all around Australia, doctors will never abandon you. Whenever, whatever the situation, no matter how desperate, no matter how futile, no matter how wretched you are, doctors will always be there to care for you, right up to your dying breath.

FRAN KELLY: Michael Gannon, thank you very much for joining us.

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