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Transcript: AMA President Dr Michael Gannon, 666 Mornings, 24 November 2016

Subjects: AMA Position Statement on Euthanasia and Physician Assisted Suicide

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GENEVIEVE JACOBS: Euthanasia continues to be a very contested issue. Now a landmark survey from the AMA has revealed that although there are deep divisions in the medical community too, a majority of doctors would be willing to assist in euthanasia if it were to be legalised.

The AMA's head, Dr Michael Gannon, joins me now from Parliament House, where he's unveiling a policy that ultimately rejects the idea at this stage, but says that it's also a decision for the community as a whole to make. Dr Gannon, good morning to you.

MICHAEL GANNON: Good morning, how are you?

GENEVIEVE JACOBS: I'm well. The AMA's spent a year looking at the issue. As I mentioned, the South Australian legislation went within a vote of being passed. Why did you feel a responsibility to have another look at this?

MICHAEL GANNON: Well, this was part of our routine policy review, but this is of course a very important ethical issue, a very key issue that so many medical students are taught on the first day of medical ethics. We know that the community's got a thirst to discuss these issues. We spent a lot of time very carefully and deliberately looking at our policies on the area.

GENEVIEVE JACOBS: And were you concerned with the South Australian legislation as it went to their Parliament, which does go to some of these ethical issues very directly?

MICHAEL GANNON: Of course the South Australian legislation went through basically three different forms. The first law was plain dangerous, and then we saw more moderate proposals to deliver what we know from certain surveys in the community that the community seems to want; the ability to hasten the death of someone in the terminal phase of a terminal illness. What they discovered in South Australia is that it is incredibly difficult to craft these laws carefully.

I heard some of your comments just waiting to come on air. And what we very carefully considered is how these laws might have the effect of changing the relationship between doctors and patients in vulnerable groups. We're very concerned about how this push could be interpreted when it comes to the lives of the disabled, when it comes to the lives of vulnerable people. This preserves a fundamental tenet of medical ethics and is in keeping with the World Medical Association view and the view of a majority of national medical associations around the world.

GENEVIEVE JACOBS: Yes, and those comments were from people who were from within the disability community. One of the interesting parts, though, of your findings from this survey was that if laws were to change, the majority of doctors thought that it would be their responsibility to help patients and not to refuse them that treatment. So they believe that if change happens, doctors must be involved.

MICHAEL GANNON: I look forward to releasing the survey first to our membership and then to the wider community. It's been slightly misreported today. What many of us found surprising in the survey is the very clear view - as you've stated - that should society change, should Governments introduce these laws, the survey very clearly stated that doctors thought that that's an area of care that doctors must be involved in.

What the survey also showed is that a clear majority of doctors would not involve themselves in these treatments individually. So they believe that these treatments would form a part of appropriate medical care, but the vast majority of doctors would not want to be delivering care which had the primary intention of ending a patient's life themselves.

GENEVIEVE JACOBS: So now there is some real confusion as things stand, about where doctors draw the line between euthanasia and palliative care that might ultimately hasten an already certain death; giving people very high doses of opioids for example. We do hear the assertion that euthanasia effectively already takes place. Is that true to any extent?

MICHAEL GANNON: It's not true. And that's one of the things that I hope that we will clarify with this really important body of work. The reason that I'm excited about this statement and think that it's so much stronger about things that the AMA have said in the past, is that we're putting the provision of better end-of-life care and better palliative care services right in the middle of our agenda on health. Right in the middle of what we talk to Government about. We're recognising that some of the thirst in the community for euthanasia laws reflects the fact that we as a community can do end of life care better.

We need to improve in these areas. Some of the harrowing stories that we hear from euthanasia advocates are genuinely disturbing. So we definitely need to see a move.

GENEVIEVE JACOBS: So does what happens now come down to intention? Is that basically the test for doctors in these complex situations where people are absolutely going to die, but it's a question about what treatment to give them along the way?

MICHAEL GANNON: You're exactly right, and this goes to the fundamental ethical principle here. What we want is the community to understand what they're really talking about when they talk about euthanasia and assisted suicide, and what we're talking about when people say that this goes on every day.

It's simply not the case that doctors are giving lethal injections of insulin or Nembutal around Australia every day. That is not the case. And giving appropriate doses of opioids like morphine, appropriate doses of sedatives to make patients more comfortable in the terminal phase of a terminal illness is not euthanasia.

The doctrine of double effect is a very old but very clear tenet of ethical medical practice. We have no desire to see patients suffering. A central part of this statement is the very important point that doctors will be there for patients providing compassion and care from cradle to grave and even in the most difficult and wretched of circumstances.

GENEVIEVE JACOBS: Yeah, look, I do have a text from a listener who says ‘My mum died from cancer at home. She'd been a nurse and we were surrounded by her work colleagues who assisted in easing her suffering. They did give her larger doses of opioids. They were caring and aware enough to help her and my family’. Dr Gannon, what does your position now say though about people who specifically request help to die from their doctors? And we know that that also happens.

MICHAEL GANNON: Well, in keeping with our previous statements, it's very important that those requests are explored. We know that a lot of patients who ask for help to die are depressed. Not all of them, but a significant proportion are, and that should be investigated and where possible treated. We know that sometimes these requests are associated with other forms of mental illness or physical illness and they need to be fully explored.

We can do better as a profession. We can do better as a society than just say 'sure, you can have that treatment'. And even more common than stories of people having harrowing and difficult deaths are stories of people who were delivered really quite negative prognoses and actually do a lot better in the future. They get better, they're still alive five, 10, 15 years later. So this is a really important statement that these requests should be explored and we should see what's behind them.

GENEVIEVE JACOBS: Yeah, but not followed through, and I'm just wondering too what doctors tell you themselves about how hard these matters are for them, what kind of dilemmas are posed by that tension between people who are quite clear in their wish to die and the position that doctors find themselves in in a legal sense.

MICHAEL GANNON: Well, the truth is that these kind of requests make up a very small number of medical consultations and even a very small number of consultations with people who are in the terminal phase of an illness. One thing that a patient never has to think about under current law and under established medical ethics is, 'is the doctor thinking in the back of my mind that they should end my life?'. That is one thing that is not part of the conversation. And I think one of the reasons why we're so concerned about some of the really poorly crafted proposals for assisted dying laws around Australia and in different parts of the world is they don't acknowledge that fundamental change to the doctor/patient relationship and how dangerous that might be for vulnerable groups.

GENEVIEVE JACOBS: Okay. Good to hear from you. I'm glad we were able to speak. Many thanks for your time.

MICHAEL GANNON: That's a pleasure.

GENEVIEVE JACOBS: Okay, Michael Gannon, who's the President of the AMA.

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