

**Australian Medical Association Limited**

ABN 37 008 426 793

42 Macquarie Street, Barton ACT 2600: PO Box 6090, Kingston ACT 2604  
 Telephone: (02) 6270 5400 Facsimile (02) 6270 5499  
 Website: <http://www.ama.com.au/>



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

**Subjects:** Euthanasia and Physician Assisted Suicide; Sugar Tax

**JOE O'BRIEN:** A survey of Australian doctors has revealed that the majority of GPs would help terminally ill people die if voluntary euthanasia became law. The review, conducted by the Australian Medical Association, revealed that while many medical professionals support right to die laws, they felt it was ultimately a matter for society and Government. Michael Gannon is the President of the AMA, and he joins us now from Canberra.

Michael Gannon, good morning. So you've announced this updated position on euthanasia. Just so we have this clear, there is no change when it comes to how doctors deal with terminally ill people now who approach doctors for help with assisted suicide, is there?

**MICHAEL GANNON:** Yeah. So that's right, Joe. The AMA's reaffirmed its position that doctors should not involve themselves in treatments that have as the primary intention the ending of a patient's life. Just to correct your introduction, a majority of GPs, other specialists, all doctors, acknowledge that if society changes laws, that those treatments should be provided by doctors. But they made the very clear point that a majority would not want to deliver those treatments themselves.

**JOE O'BRIEN:** Yeah, and we'll get into that in more detail in just a moment. But just with the situation now, there's no change in the position, but there's still this grey area, isn't there, of providing pain relief drugs that have the effect of bringing on death faster? Is that a bit of a problem for doctors at the moment?

**MICHAEL GANNON:** Well, it shouldn't be a problem, Joe. I acknowledge that it is a grey area for a lot of patients, but the doctrine of double effect is a very clear ethical principle. If delivering treatments like sedatives, like morphine, to a dying patient has the secondary effect of hastening their death, that's not euthanasia. Delivering treatments that have their primary intention of ending the life of someone who is terminally ill, or anyone else, that's euthanasia. The AMA's statement says that doctors should not have a role in those areas.

**JOE O'BRIEN:** But if a doctor is inclined to helping someone in a lot of pain who wants to die, can they legally do so by prescribing such medications?

**MICHAEL GANNON:** Doctors should always be aiming at relieving pain and suffering. And that applies to people who are dying and who aren't dying. This is such an important ethical precept. It's not being clever with the language either, Joe. It goes very much to intent. If the dose of opioid analgesics or other sedatives you have to give is enough to hasten the death of someone who is right at death's door, that is very different to assisted suicide.

**JOE O'BRIEN:** Okay, so now, as a result of your review, there's this change in feeling that you've detected among doctors, so if some States do agree to introduce laws allowing euthanasia - talk us through that.

**MICHAEL GANNON:** All our survey showed is that a majority of doctors did not want the AMA to change its view, and they don't see a role for doctors in euthanasia. But we recognise that not only is there a divergent view on this area in the community, there's a divergent view amongst AMA members.

What we've recognised in this Statement - and the reason that this Statement is so much stronger than work we've done in the past - is that we're calling for better end of life care, and we're calling for greater investment in palliative care, so that those services are available to patients around Australia wherever they live, whatever their means. We need to do better with end-of-life care.

**JOE O'BRIEN:** And so what is this change in percentage of doctors who would agree to assist with euthanasia if the States did allow for that? What have you previously found was a percentage of doctors who supported that and what is the situation now?

**MICHAEL GANNON:** Well we're very proud of the survey and the extent to which we consulted our members, both directly and through state AMAs. It was a very careful and deliberate process that we hadn't undertaken in the past. We believe that we've got it right with this Statement, which recognises the fact that ultimately laws are a matter for society and their governments, but when it comes to medical ethics, our Position Statement is very much in line with the World Medical Association statement and the statements of the vast majority of national medical associations around the world.

**JOE O'BRIEN:** Would you expect that if some States did eventually allow euthanasia, there would be a portion of doctors that just would not agree to be part of that?

**MICHAEL GANNON:** Well, not only do I think that would be the case, our survey tells us that a majority of doctors would not wish to involve themselves with these treatments. And if society moves on this, if governments change laws, then we will make sure that there is every possible protection written for not only the vulnerable in our community, but those doctors, those nurses, those other professionals, who don't see this as a part of health care and would not wish to involve themselves. This survey tells us that that's actually a majority of doctors.

**JOE O'BRIEN:** But your survey also tells you that there would be doctors that people could go to?

**MICHAEL GANNON:** There's no question about that. And what was very clear from the survey is that, if laws do change and there's a legislature in Australia that at some stage in the future might introduce a law on euthanasia, that doctors think that that is a part of medical care, they want doctors involved. Interestingly, the survey says that most doctors would not want to be involved themselves.

**JOE O'BRIEN:** And so what is the AMA's position on this seemingly continuous push for some sort of law allowing euthanasia? It's recently failed in South Australia, but will come up again in Victoria.

**MICHAEL GANNON:** I think that, out of respect for my members and my Council and committees, I didn't have a lot to say during the South Australian debates. The AMA will be heard during the almost inevitable introduction of legislation to the Victorian Parliament. We're keen to see laws that preserve the fundamental importance of the relationship between patients and doctors and give protections to those that might be threatened by some bad laws that we've seen proposed in this area.

**JOE O'BRIEN:** But you're not outright opposing the possibility of that law if State legislatures push through with that, you'll accept it and work with them?

**MICHAEL GANNON:** The AMA's statement is very clear that doctors should not involve themselves in treatments that have the primary intention of ending a patient's life. Equally it's the role of doctors to provide care and compassion for human beings from cradle to grave. Doctors will always be there in the most wretched and difficult circumstances. And the AMA will be there to make sure that any laws that do happen are crafted in a way that the most vulnerable in our community - the mentally ill, other disadvantaged groups - are not threatened by laws that, if inelegantly crafted, could be a real danger to society.

**JOE O'BRIEN:** Okay Michael Gannon, just before I let you go, Barnaby Joyce says a sugar tax is bonkers. Are you in that bonkers camp that actually thinks a tax on sugary drinks might help in the campaign for better health?

**MICHAEL GANNON:** Yeah, going completely crazy there, Joe. [Laughter] But I think that this will be similar to the war against tobacco that took a generation. The sugar tax is not the magic bullet - it's one small measure. But we've got to start to send that message, that highly sugared carbonated drinks are a small part of the problem with our growing obesity epidemic.

**JOE O'BRIEN:** But Barnaby Joyce and other people point to some kind of experiment in Mexico and say there is evidence that this does not work. What's your evidence that this would be a really helpful contribution to fighting things like obesity?

**MICHAEL GANNON:** Look, a slug on high sugar drinks will have the effect of reducing consumption. Sending the price signal, we know, works. It also sends a message to parents of children, other consumers, that there's a problem with these drinks.

But we need to have a whole of society approach to not only sugary drinks, but processed foods, the way we exercise, giving people the ability through sport and recreation to adopt healthier lifestyles. But the sugar tax is an important part of the jigsaw.

**JOE O'BRIEN:** Okay, let's don't go totally crazy with that one. We'll look with interest on your interactions with Barnaby Joyce on that in the future. Michael Gannon, thanks for talking to us this morning.

**MICHAEL GANNON:** Thank you, Joe.

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CONTACT: John Flannery  
Kirsty Waterford

02 6270 5477 / 0419 494 761  
02 6270 5464 / 0427 209 753

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