

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, Doorstop, Perth,
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Subjects: Assisted Dying Legislation

MICHAEL GANNON: The AMA opposes euthanasia or physician-assisted suicide in any of its forms. If we do have a gap in end of life care, if it can be done better, we would ask that the WA Government and other governments around Australia address that through better palliative care services. There is an opportunity to improve things, but euthanasia's probably not the answer.

REPORTER: When people tell their stories of substantial suffering towards the end of their life, is that a problem with palliative care or are there cases though when doctors aren't able to sufficiently manage pain?

MICHAEL GANNON: If you talk to palliative care specialists, if you talk to GPs, physicians, other doctors with expertise in palliative care, they will tell you that requests to end a patient's life are exceedingly rare. Where we hear stories of patients that have long drawn out, difficult, painful deaths, I would say to: that let's address those needs. Let's make sure that the excellent palliative care services that are available to patients of means in the middle of our cities are available throughout the public system and to people who live in the regions.

REPORTER: Is it possible to address those needs though?

MICHAEL GANNON: If you talk to experts in palliative care, they will tell you the proportion of patients who they cannot address symptoms of pain and other symptoms of distress, those patients are exceedingly rare. The AMA's statement is very clear. If a patient requests an end to their life, that request should be investigated. You need to see whether or not they might be depressed. You need to see whether or not there is anything else underlying that and you need to address those symptoms. When that is the case, the number of people that request assisted suicide - incredibly small. Our concern with the Victorian legislation is with a 10-day timeframe, there is not an opportunity to address someone's suffering. This Bill has been couched as being the safest and the most conservative in the world. It's still got holes all the way through it.

REPORTER: How rare is rare? Have you got any figures on how often this happens in WA?

MICHAEL GANNON: If you talk to palliative care experts, they will see they might have one or two patients a year who will continue to make that request even when all their symptoms have been addressed. So let's not forget that across Western Australia, about 15,000 people die every year. So a few reports of people dying badly, sadly, don't surprise me. But we have to be very careful about what this law or any proposed laws say for the rest of society and what we can't do is make law based on exceptional cases.

REPORTER: So is that - sorry - what are the flaws, as you said, in the Victorian legislation? You mentioned the 10 days, are there other issues with it and the 10 days, I mean that starts after there's already been long consideration, doesn't it?

MICHAEL GANNON: So the Victorian law has numerous safeguards in it. What we expect is that this is not the last time that the Parliament in Victoria will be discussing euthanasia.

Some of the highest profile euthanasia advocates have made it very clear that they expect to go in asking for more in the future. If we look at the international experience, narrow focused laws are extended over time. And it is inevitable, not that laws will be extended, but it is inevitable that parliaments will be asked to look at whether or not people with dementia, people with mental illness, people with other forms of chronic disease should be able to avail themselves of euthanasia and assisted suicide.

REPORTER: So do you believe then that it is inevitable that laws like this would be misused?

MICHAEL GANNON: We need to make laws that protect the most vulnerable in society. If we look at the international experience, the Dutch experience is that euthanasia has become a common way for people to die. When you look at the most common demographic in the Netherlands, it is single women over the age of 50 that do not have cancer, that do not have a chronic disease. That is how these laws have extended in other parts of the world. It is difficult to produce a law that will satisfy doctors. Doctors don't make the laws in society, parliamentarians do. But doctors are taught from day one of medical school to protect life, to respect life, in all its forms, and that is why just about every national medical association around the world opposes any form of euthanasia or physician-assisted suicide.

REPORTER: So just to be clear, there's no form of assisted dying that the AMA would support in any way?

MICHAEL GANNON: Well, what is true is that there's a significant minority of doctors who do believe we should have euthanasia assisted suicide. When we surveyed members two years ago, we found that there are doctors who are willing to provide services in this area, but a majority of doctors in Australia, a majority of doctors around the world, oppose euthanasia. There is a euthanasia law in four American states; the American Medical Association maintains its opposition. There is a euthanasia law in Belgium, where children can be euthanized, where people without chronic disease can be euthanised; the Belgian Medical Association remains opposed to euthanasia. It is at odds with both the ancient and modern incarnations of our code of ethics.

REPORTER: The fact that the Premier has said the Victorian legislation could be a template for WA, the Health Minister has spoken this morning saying he is supportive of euthanasia personally, do you feel that it is inevitable that it will be seriously considered here, and that one day it is going to be legalised, and we need to more look at the parameters as opposed to the issue itself?

MICHAEL GANNON: I expect that there will be a Bill of one form or another before the West Australian Parliament in the next year or two, and that won't be the first time. There's been 62 attempts to legislate euthanasia assisted suicide around Australia. Two of those have succeeded. The Northern Territory law was overturned. So I think it's inevitable that a Bill will be considered by the Parliament. I would agree with Minister Cook and the Premier that elements of the Victorian process are to be admired; they had a very careful Upper House process which came up with 49 recommendations. For reasons not immediately clear to me, the Victorian Parliament chose to legislate recommendation 49. They might have been better advised to look at recommendations 1 to 48, which looked at other elements of better end-of-life care.

REPORTER: Do doctors need to be adequately protected in this debate as well if legislation comes in and doctors are confronted with patients who want to end their life? If doctors are personally against it, do they need to be protected so they don't have to carry out a patient's wishes?

MICHAEL GANNON: Well, doctors are required to act within the law. So the current law is that doctors cannot assist a patient to die; if they do, they should face consequences from the regulator and potentially the criminal justice system. If the law changes and euthanasia, physician-assisted suicide become legal, doctors need to act within that law, and if they are providing legal services, then they should be supported. The Canadian experience is that many doctors who participated in euthanasia for the first time said never again. This is a group of doctors that, if it is legislated, will need medico-legal protections, will need the protection of their organisation. This is a complex and vexed issue, but the AMA will support its members, as always, who act within the law.

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CONTACT: Maria Hawthorne

02 6270 5478 / 0427 209 753

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