

Why we will not kill our patients

We write as WA palliative-care specialists whose vocation is caring for those who are dying. Between us we have been privileged to care for tens of thousands of patients and their families. We would like to explain our position on the defeated euthanasia Bill proposed by Robin Chapple.

We note confusion about the meaning of the word "euthanasia". It comes from the Greek word meaning "good death". Everyone supports this concept. But Mr Chapple also believes that, on rare occasions, the deliberate killing of patients by their doctors is an appropriate way of providing a "good death". He wanted to legalise this option.

We agree with the World Health Organisation statement on palliative care: Affirms life and regards dying as a normal process; neither hastens nor postpones death; provides relief from pain and other distressing symptoms; integrates the psychological and spiritual aspects of patient care; offers a support system to help patients live as actively as possible until death; offers a support system to help the family cope during the patient's illness and bereavement.

We share many of the goals of those who support euthanasia. That is to say, we support the patient's right to refuse treatment (such as surgery and chemotherapy), to cease treatment deemed unnecessary (such as kidney dialysis, ventilators and admission to ICU) and to control symptoms (including pain, breathlessness and agitation). We also support the patient's right to choose where they will die. Most people want to die at home. In Perth we are blessed with an excellent range of palliative-care services, whether the patient is in a hospital, a hospice or at home. Unlike euthanasia, palliative care aims to provide total care (body, mind and spirit) to the patients and support for their families.

With modern medications and procedures we can almost always control symptoms. In extreme cases, at the request of a dying patient and his or her family, we have occasionally used deep sedation to control symptoms that did not respond to the usual medications. This method of treatment (palliative sedation) is both ethical and legal. The intention is not to cause death, but to ease suffering while death occurs naturally. This is quite different from deliberately killing.

Rarely, a patient will say to us "doctor, I just want to end it all". Contrary to popular opinion, the reason for such requests is not pain, but despair and loneliness. Euthanasia is not a treatment for despair and loneliness. Provision of holistic care by a skilled interdisciplinary team of health professionals enables patients and families to acknowledge and attend to distress within themselves and their relationships. The time before death offers unique opportunities for psycho-spiritual growth and allows for healing even without a cure.

We did not see any benefit in the Voluntary Euthanasia Bill. If it had been passed, it would not have assisted us in our care for our patients. On the contrary, we would have seen enormous potential for **unintended harm, as has occurred in Holland.**

We reaffirm our commitment to our patients: we will continue to care for you to the best of our ability, guided by your choices, but we will not kill you.

Although we work in a variety of institutions, these opinions are our own and not necessarily those of our employers.

Doug Bridge, Anil Tandon, Derek Eng, Ashwini Davray, Carolyn Masarei, Mary McNulty, Michael Thompson, Chris Jacklyn, Kirsten Auret, Lisa Miller, Kevin Yuen, Paula Moffat, David Dunwoodie.