

# Assisted dying



## Introduction

**In recent times, issues surrounding suffering, dying, and death have been the subject of much community and parliamentary debate throughout Australia. The benefits and risks of legalising assisted dying, and the rights of individuals to avail themselves of this option when faced with intolerable suffering, have been presented by a wide range of individuals and groups.**

The decision to legalise assisted dying has already been implemented in several countries and states in the Western world, and some people with sufficient financial resources have availed themselves of this opportunity. Others have chosen to end their lives by various other means while they still had the physical and mental capacity to do so (Victorian Parliamentary Committee Inquiry into End of Life Choices, 2016).

Community debate has raised concern as to the inability of palliative care to sufficiently relieve physical and existential suffering at the end of life in all cases. Of particular concern has been the inability to access safe and appropriate medical means to end life should this choice be made by the person who is suffering.

The risk of criminal charges against anyone who has assisted in facilitating a death can result in the suffering person's isolation from medical care and from the emotional and physical support of loved ones at a time when it is most needed (Victorian Parliamentary Committee Inquiry into End of Life Choices, 2016).

In response to this very complex issue, the Victorian government gathered evidence from key interest groups impacted by the current legislation, including those experiencing terminal or end of life conditions, disability, medical, and faith representatives. The result was a lengthy report of 444 pages, the 'Inquiry into End of Life Choices', which was published in June 2016.

The Committee subsequently recommended a voluntary assisted dying framework for terminally ill people in Victoria. As a community, we need to consider if this will result in a model with the necessary safeguards to protect every Victorian, while also providing the genuine choice sought by a small number of people at the end of their lives (Victorian Voluntary Assisted Dying Bill Discussion Paper, 2017).

As a major provider of aged care, disability, children, youth and family support services across Victoria and Tasmania, Baptcare witnesses and actively responds to the struggles and sufferings of people who are experiencing intolerable physical and/or existential pain near the end of life due to serious or incurable conditions. Baptcare's response to end of life choices is informed by our commitment to protecting the dignity of people of all ages and delivering appropriate, compassionate, and timely care.

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## History and background

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In its report *Dying Well* (2004), the Grattan Institute noted that how we die has changed dramatically over the past century. Due to advances in medicine, people are now far more likely to die in old age of chronic and degenerative disease. These changes to the way we die have required changes to the way a person is cared for at the end of their life. The changing prominence of diseases has shifted the focus from curing disease to managing a person's illness and providing them comfort and pain relief as they die.

Many medical practitioners now encourage their patients to prepare 'Advanced Care Directives' or 'Plans' that can be used by doctors and family members to help ascertain a person's wishes regarding the level of medical intervention to be given in the treatment of critical events or changes to a person's ongoing condition (Medical Treatment Act 1988). All of these factors have contributed to a steady increase in demand and significant research and ongoing development of high quality palliative care services

Palliative care attends to the whole person and is invaluable in improving a patient's quality of life, and that of their carers and loved ones. Addressing physical suffering with continuous palliative sedation is now widely accepted as an effective medical intervention for those at the end of life (Palliative Care Australia, 2017). However, even the best palliative care will not be sufficient in all cases to relieve pain experienced as intolerable.

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## Current context and situation

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The Victorian Parliamentary Committee's inquiry into end of life choices heard that current end of life law is complex and lacks clarity for patients, for their families, for health practitioners, for prosecutors, and for the courts. The current legislative framework exacerbates the pain and distress of some people facing death, and that of their families. The inquiry heard that some people experiencing irremediable pain and suffering, many of whom are frail and elderly, will die in inhumane circumstances by their own hands. The Committee believes that this needs to be addressed through significant reform (Victorian Parliamentary Committee Inquiry into end of life choices, 2016).

The Committee also provided arguments for and against legalising assisted dying, which it claimed are extensively covered in academic literature, and public and political debate. The Committee learned that these arguments are largely consistent across a variety of international jurisdictions (Victorian Parliamentary Committee Inquiry into End of Life Choices, 2016).

Concerns raised in arguments against legalising assisted dying – such as the inability to implement and maintain effective safeguards – have not eventuated in jurisdictions where assisted dying is legal. The Committee did not find compelling evidence to support the negative consequences predicted by these claims. Rather, these jurisdictions highlight the importance of establishing a framework that suits a particular jurisdiction's medical and legal culture, and of providing appropriate safeguards within that framework (Victorian Parliamentary Committee Inquiry into end of life choices, 2016).

While several submissions suggested that all pain and suffering can be alleviated through the provision of better palliative care, the Committee heard from health practitioners that alleviating all pain is not always possible. The Committee endorsed the provision of better palliative care. However, from the evidence presented it also acknowledged that this may not always adequately address pain and suffering at the end of life.

From the evidence presented, the Committee was convinced that assisted dying can be provided in a way that guards against abuse and protects the vulnerable in our community. The Committee was satisfied, through its research into international jurisdictions, that assisted dying is currently provided in robust, transparent, accountable frameworks. The reporting from such frameworks, and the academic literature analysing them, shows that the risks are guarded against and help to prevent abuse (Victorian Parliamentary Committee Inquiry into End of Life Choices, 2016). That said, this remains a highly contested argument.

### *Baptcare's Mission & Christian Witness*

The Christian tradition, of which Baptcare is an expression, upholds the belief that humanity is created in God's image, that God is the author, giver, and sustainer of life, and that 'all things came into being through Jesus Christ, without whom not one thing came into being' (John 1:3). The understanding that life is a gift from God, to be respected and not violated, and that the maintenance of life and the timing of death is in God's rather than in human hands, has been articulated in the statements issued by a number of church bodies.

The full humanity, teaching, and example of Jesus of Nazareth speaks into the preciousness of life demonstrated in God's commitment to enter into and participate fully with us, in all aspects of our human existence. The cross and resurrection motifs of Christian theology confirm the absolute reality of suffering and death and the capacity for this reality to be in some way transformed. It is in the participation of loving companions who accompany and honour the experience of the suffering one that the faithfulness and love of God is made known.

The transformative experience of resurrection then is not only understood as the hope of new life beyond death, but also as a process that is experienced and recognised in the here and now. By upholding the dignity and wellbeing of all people, Baptcare is committed to working for fullness of life even within the gravest and most difficult of circumstances.

Baptcare understands our response to all who are near the end of life as one of compassionate participation and companionship in the spirit of God's deepest participation in our suffering and fear. In practice, this commitment will find expression in spiritual and pastoral care focussed on being present with the person and their loved ones regardless of the mode or choices made about their life's end.

### *A better future*

The findings of the Parliamentary Committee Inquiry have indicated the current legislative framework is unable to effectively respond to the needs of those facing intolerable suffering due to terminal conditions. While recognizing the diversity of views in our community regarding desirable choices at end of life, Baptcare believes that any changes to current legislation must incorporate strong safe-guards that protect those whose vulnerability to external expectations and values is heightened by their physical and existential suffering.

Baptcare also believes that resources supporting the research and further development of effective palliative care treatment options must continue and indeed be expanded to ensure that viable choices for life, even amidst suffering, are readily available to all.

In upholding the intrinsic value of life as created and sustained by a loving God, Baptcare is committed to engaging with the many dimensions of a person's questions of meaning and purpose that accompany their life's end. This will include, but not be limited to, the facilitation and regular review of a person's Advanced Care Plans, and the availability of optimum palliation and pastoral and spiritual care that is responsive to individual beliefs and practices.

Baptcare will play an active role in advocacy within community discussions and make representation to government as appropriate as proposed changes are developed.



## Policy position

- 1** In line with its Mission that all people want to have a full life and enable those we serve to be all that they are and can be, with the best of support, Baptcare recognises the importance of having informed discussions about end of life choices with clients, carers, families and staff.
- 2** Baptcare's approach to end of life choices is and will always emerge out of our commitment to protecting the dignity of people in the spirit of our Christian ethos, and delivering appropriate, compassionate, and timely care.
- 3** Baptcare is committed to reviewing the practices currently in place within its service provision to assist a person to exercise their preferences and to be respectful of individuals' end of life choices. This includes encouraging advance care planning, the role of active palliative care, and, where appropriate, assisted dying.
- 4** Baptcare calls on all stakeholders in palliative care and defenders of legislation supporting assisted dying to advocate in ensuring that Victorian laws regulating assisted dying processes are framed with a care and precision that allows no abuse and promotes best outcomes.

## References

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**Victorian Parliamentary Committee. (2016).** Inquiry into end of life choices: final report. Melbourne: Parliament of Victoria Legal and Social Issues Committee. Available at: [https://www.parliament.vic.gov.au/file\\_uploads/LSIC\\_pF3XBb2L.pdf](https://www.parliament.vic.gov.au/file_uploads/LSIC_pF3XBb2L.pdf)

**Victorian State Government. (2017).** Voluntary Assisted Dying Bill – Discussion Paper. Melbourne: Health and Human Services Department. Available at: <https://www2.health.vic.gov.au/.../%7B8E76600C-4B7F-4E6E-AC4F-FCE39350A81>

Baptcare is a customer focused, faith centred and purpose driven organisation working across Victoria and Tasmania, providing residential and community care for older people and support to children, families, and people with disability, financially disadvantaged people and people seeking asylum.