

Hospice and Palliative Care

The Palliative Care Council of SA defines hospice and palliative care as a concept of care which provides coordinated medical, nursing and allied services for people who are terminally ill, delivered where possible in the environment of the person's choice, and which provides physical, psychological, emotional and spiritual support for patients, families and friends. The provision of hospice and palliative care services includes grief and bereavement support for the family of the patient, continuing after death.

Voluntary Euthanasia

The SA Voluntary Euthanasia Society (SAVES) defines voluntary euthanasia as a medically assisted or induced and painless death at the request of and in the interest of a patient in which prescribed safeguards are followed. The patient must be suffering from an incurable condition seriously affecting the quality of life for which there is no treatment available which is acceptable to the patient.

Concepts of Care

The theme of the first Australian Conference on Hospice and Palliative care held in Adelaide in 1990, in which SAVES participated, was "Hospice - A Concept of Care". Palliative medicine and the hospice movement were then becoming well established in South Australia and have been progressively developed since.

A major advance was the passage in April 1995 of the Consent to Medical Treatment and Palliative Care Act. Some have claimed

that the act caters for all the needs of dying people and renders a voluntary euthanasia law unnecessary. This is not so. The new act protects doctors and patients if palliative care has the secondary effect of shortening life, but specifically prohibits action intended to bring about death.

The attempt to distinguish between sound and unsound medical practice on the basis of the intention of the doctor does not provide a reliable basis for public policy. Two doctors may take the same action, foreseeing that it can shorten the patient's life. The doctor who says the intention was to relieve suffering, (shortening life being a secondary effect), is praised, while the doctor who says the intention was to shorten life at the patient's request, (because intolerable suffering could not otherwise be relieved), is condemned.

Current medical practice accepts that in certain situations life-preserving treatment may be withheld or withdrawn. It also accepts that pain and other symptoms may be controlled by raising dosages to levels that could be lethal. Life shortening measures such as these form part of a continuum that logically and morally includes a medically assisted death, when all other efforts have failed to meet the patient's need and this help has been persistently requested.

Voluntary euthanasia is an **option of last resort** when palliative medicine cannot, or can no longer meet the patient's need. The two approaches are not incompatible, but complimentary. Both are medical procedures and both are "concepts of care".

Another Treatment Option

Once the law is changed, doctors who accept the practice will be able to incorporate it as an option in the care of hopelessly ill patients, under legal safeguards and guidelines developed within the medical and nursing professions. Thus voluntary euthanasia will serve those who, in the absence of any reasonable prospect of relief, would choose a quick, peaceful death in preference to life without quality, or existence devoid of personal identity.

Voluntary euthanasia, hospice and palliative care have a common interest in dignified dying; compassion for suffering; and concern for quality of life. Above all, they share a deep commitment to patient autonomy, to giving patients what they recognise as good for them, rather than requiring them to live (and die) as seems good to others.

Beyond Palliative Care

A position statement adopted by the National Palliative Care Council on 19-20 March 1999, *'recognises and respects the fact that some people rationally and consistently request deliberate ending of life'* and *'acknowledges that while pain and other symptoms can be helped, complete relief of suffering is not always possible even with optimal palliative care'*. What then should be done?

The response in the report to the Social Development Committee of the SA parliament on the Voluntary Euthanasia Bill 1996 rejecting voluntary euthanasia legislation was that 'the interest of the individual should not take precedence over

those of society'. Yet it is in the interest of society to serve the needs of individuals. There is neither justice nor compassion in denying to patients whose suffering cannot be relieved the legal option of a merciful release.

Palliative care focuses on patients in the final stages of dying, particularly those suffering from cancer. Traditionally it has been less involved with those whose dying may extend over months or even years, such as trauma victims, or those in a persistent vegetative state, or with a degenerative illness. Pain can be better managed than other symptoms and many fear the loss of vital faculties, and the prospect of total dependence on others.

Voluntary Euthanasia is an **option of last resort** welcomed by the majority, which only a small minority will use. It concerns incurable ill patients for whom the prospect of extended life has become unbearable, whose distress is not relieved by palliation, and who firmly wish to die. In such circumstances, palliation ceases to be 'a concept of care'. It no longer serves the interest of the patient, but those committed to the minority view that it is never permissible deliberately to bring about death.

SAVES' Primary Aim is to have the law in South Australia changed so that subject to appropriate conditions and safeguards a medical practitioner will be permitted:

- To comply with a request from a patient for an assisted or induced death provided medical assessment indicates

that there is no reasonable prospect of remission and no treatment available which will restore a quality of life acceptable to the patient.

- To carry out the directions of patients previously expressed in properly attested form that, in the event of their becoming unable to give informed consent and medical assessment indicating that there is no reasonable prospect of remission, their life be brought to a peaceful and dignified end.

HOW YOU CAN HELP

You can help achieve these aims by becoming a member of SAVES even if you are unable to attend meetings of the Society. This will increase the strength of our representations to have the law changed. You will be able to keep in touch with progress through the SAVES VE Bulletin.

Further information is available from:
Hon. Secretary SAVES
PO Box 2151 Kent Town SA 5071
or our internet address:
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**South Australian
Voluntary Euthanasia Society Inc.
(SAVES)**