

Media Release



Suite 2, 37 Geils Court, Deakin ACT 2600 PO Box 24, Deakin West ACT 2600
Fax: (02) 6232 4434 Phone: (02) 6232 4433 Email: pcainc@pallcare.org.au
www.pallcare.org.au

Tuesday 1 February 2007

Dying choices – far more than a ‘one-issue debate’

The current wave of public debate about voluntary euthanasia has presented a very narrow and misleading view of death and dying to the Australian public, Palliative Care Australia (PCA) said today.

PCA President, Professor Margaret O’Connor, said the unfortunate problem with the news coverage surrounding the death of Australian man, Dr John Elliott, in Switzerland was the impression it created that this was a one-issue debate. The right to take one’s life was in fact just a small part of the broader rights agenda surrounding death and dying.

“The current debate is premature,” Professor O’Connor said. “The kinds of rights that are just as important in Australia today are the rights to have access to expertise when and where it is required, the right to choose treatment or not, the right to be cared for in the place of choice and the right to die in the place of choice, be that at home or an institution.

“However, the absence of any access to care is not an argument to support voluntary euthanasia.

“So I think that the sort of argument that the euthanasia movement is pushing is one that really limits community discussion on end-of-life care. There are many other rights. For example, in Australia we have some way to go to make sure we have systems in place and adequate funding to support care of the dying in the manner that we all aspire to.”

Professor O’Connor said palliative care was about promoting the best possible ‘end to life’. Death and dying were natural parts of life yet there was considerable community unease about discussing issues of death and dying.

“Our fears are reflected in the language we use – when we say ‘passed away’ or ‘we have lost them’ instead of ‘they died’. This has restricted community discussion on the issues, particularly as dying increasingly is institutionalised and hidden away.

“Many in the community have never seen that process of dying and have never seen a dead person. Understandably, they are fearful of it and as a consequence have a reduced capacity to manage when it inevitably happens to their loved one.

“Palliative care professionals, who are experts in end-of-life care, do engage in discussions with patients and their families about their care wishes and discussion on the desire to die can be part of this.

“Importantly, this doesn’t mean they actively want to take steps to end their lives. In many cases the person may not have had access to the best care available. Our focus should be the broader picture of how we assure quality end-of-life care.

“Certainly, I would have very few direct experiences of requests from people about it. This is lost in the debate.”

“We need to talk about the quality of care for the dying that is available and how as a community we can ensure that these services can be accessed by all.

“Australia’s palliative care is world standard and the Commonwealth Government has invested in a range of strategies to ensure we have the best-trained health profession, the best available research and that standards and performance meet the unique needs of people, their families and carers. This is more than physical care – it encompasses the psychological, emotional, spiritual and cultural needs of all involved.

“While this is good news, I emphasis that there is more work to be done to remove barriers to care.”

Professor O’Connor said these barriers would not be addressed without a commitment to broad community discussion that included options for access to care, in contrast to the narrow view of voluntary euthanasia.

In 2006, Professor O’Connor and clinicians and academics from nursing, medicine, psychiatry, psychology, sociology, aged care and theology set fresh guidelines for discussing end-of-life issues. They concluded that it was not uncommon for patients with advanced incurable disease to express a desire to hasten their death. However, a request for hastened death could be a sign of psychosocial distress, or merely a passing comment that is not intended to be heard literally as a death wish.

Professor O’Connor is one of Australia’s leading authorities on palliative care research and practice and is the inaugural Vivian Bullwinkle Chair in Nursing and Palliative Care in the School of Nursing and Midwifery at Monash University.

Palliative Care Australia is the national peak body representing the interests of all people with a life-threatening illness, their families, carers and palliative care health professionals and services.

To interview Professor O’Connor or CEO Donna Daniell please call Peter Clack on 02 6232 4433 or 0418 978 090

Policy statement on euthanasia

Palliative Care Australia:

- **States that palliative care practice does not include deliberate ending of life (euthanasia), even if this is requested by the patient.**
- **Defines palliative care as a concept of care that provides coordinated nursing, medical and allied services for people who are facing a life-limiting illness. This care is delivered, where possible, in the environment of that person's choice. This care provides physical, psychological, social, emotional and spiritual support for patients and families and their friends. The scope of palliative care services includes grief and bereavement support for the patient and family and other carers during the life of the patient and after the patient’s death.**
- **Believes that all palliative care services should be available to everyone in need of such services and that adequate funding for quality palliative care services should be provided.**
- **Believes that dying is a natural process and that declining or withdrawing futile treatment is acceptable.**
- **Acknowledges that while pain and other symptoms can be helped, complete relief of suffering is not always possible, even with optimal palliative care.**
- **Recognises and respects the fact that some people rationally and consistently request deliberate ending of life.**
- **Recognises that there is a wide range of views about the deliberate ending of life in Australian society, and also within the caring professions.**
- **Welcomes open and frank discussion within the community and within the health professions about all aspects of death and dying, but recognises that an informed discussion about euthanasia cannot be had until quality palliative care is available for all who require it.**

Endorsed by the Palliative Care Australia Council – 06 September 2006

Media Contact
Peter Clack – Palliative Care Australia
T: 02 6232 4433 0418 978 090