

# Voluntary Assisted 'Dying' (VAD)

**Voluntary assisted 'dying' (VAD) is actually voluntary assisted suicide. It's where a doctor facilitates a patient in taking their own life.**

Assisted suicide is often referred to as 'euthanasia'. Technically, euthanasia is where the doctor directly kills the patient at their request, via lethal injection or similar, while voluntary assisted suicide (VAD) is where the doctor prescribes poison, at the patient's request, for them to ingest. However, in this debate euthanasia is generally used for both types of suicide/ killing.

Euthanasia / assisted suicide / VAD, in all its various forms and names, is firmly rejected by almost all the

peak medical bodies in Australia and around the world. It is regarded as dangerous to elderly, vulnerable patients and is against the principles of medicine and a 'social demand' rather than a medical one.

In the debate on whether to legalise assisted suicide there is often confusion between what is assisted suicide / euthanasia, and what is palliative care.

It's important to understand that assisted suicide and palliative care, which is the true form of assisted dying, are mutually exclusive.

## Euthanasia / Assisted Suicide / VAD

| WHAT IT IS   | WHAT IT IS NOT  |
|--|---|
| A deliberate action by a doctor with the intention of taking a human being's life, at the request of the person.                       | Refusing or discontinuation of medical treatment which is burdensome or is futile.  |
| A deliberate action by a doctor in facilitating and enabling someone to take their own life, at their request.                         | Ceasing or non-commencement of extraordinary measures of a life-sustaining nature eg. life support machines.                                      |
| A doctor deliberately hastening the death of someone (eg. administering a level of pain relief intended to end life at their request). | Administering strong pain relief to a terminally ill or critically injured person, with an unintended consequence being the death of that person. |

***Euthanasia, assisted suicide and VAD always have the intent to take human life. They are all forms of killing.***

## Why Assisted Suicide is Wrong and Should Be Rejected

- It is a form of killing.
- The Australian Medical Association is against euthanasia of any kind.
- There are no effective safeguards against wrongful deaths. Terrifyingly, a prominent euthanasia advocate Henry Marsh once quipped: 'Even if a few grannies are bullied into committing suicide, isn't that a price worth paying so that all these other people can die with dignity?'
- It is a slippery slope and tragically Belgium is now euthanising children.
- It is utterly counter-productive to combating Australia's suicide problem.
- In many jurisdictions where some type of assisted suicide / euthanasia has been legalised there has been an increase in non-assisted suicide rates too. This is because legalising assisted suicide normalises suicide, this is extremely dangerous and distressing.
- Euthanasia lobbyists often wrongly assert that the alternative in terminal cases is an agonising death, but the truth is that almost all pain can be mitigated with good palliative care.
- Doctors should kill the pain, not the patient.
- Euthanasia would be open to terrible manipulation and abuse. Cases of people being 'euthanised' against their will have occurred overseas.

- Assisted suicide inherently devalues human life, particularly those who are elderly, sick or disabled.
- Like abortion, instead of protecting and assisting the most vulnerable in society, euthanasia would legalise their state-sanctioned killing.

*'The AMA believes that doctors should not be involved in interventions that have as their primary intention the ending of a person's life. This does not include the discontinuation of treatments that are of no medical benefit to a dying patient.'*

Article 3.1 of The Australia Medical Association's position statement on euthanasia and physician assisted dying. (full position statement can be found at [www.ama.com.au](http://www.ama.com.au))

*'Assisted suicide is in conflict with the basic ethical principles and integrity of medical practice.'*

101 Victorian oncologists wrote in 2017

*'Palliative sedation is recognised within the realms of palliative care... Ultimately, the intention of palliative care is to maintain the comfort and dignity of the individual. The intention of euthanasia is to end life.'*

Dr Chris Moy, Chair, Australian Medical Association Ethics and Medico-Legal Committee.

# Palliative Care

*'Palliative care is person and family-centred care provided for a person with an active, progressive and advanced disease, who has little or no prospect of cure and who is expected to die, and for whom the primary goal is to optimise the quality of life.'*

—Palliative Care Australia definition

**Palliative care is a specialty of medicine.** It identifies and treats symptoms which may be physical, emotional, spiritual or social. Palliative care is based on individual need and it can go on for years, for example with a terminal cancer diagnosis.

**The intention with palliative care is to help people live their life as fully and as comfortably as possible with a life-limiting or terminal illness.**

There are different phases of palliative care; the last phase is end-of-life care, administered in the last few weeks of life in which a patient with a life-limiting illness is rapidly approaching death. The needs of patients and their carers is higher at this time.

## Palliative Care in Queensland is Sadly Lacking

Associate Professor Phillip Good, a Palliative Care specialist at the Mater Hospital in Brisbane, recently said on ABC radio that in Queensland we should have two palliative care specialists for every 100,000 Queenslanders. However, presently we only have the equivalent of 0.7 palliative care specialists per 100,000 Queenslanders. This is a massive under-resourcing, particularly felt in regional and rural areas. Indeed, some areas have no palliative care specialists.

Chronic under-resourcing of palliative care specialists and staff, and absence of consistently good aged care practice has been a silent catalyst and agitator for legalising assisted suicide in Queensland. Quite cruelly, poor resource allocation and insufficient appropriately trained staff has made many people suffer needlessly. This needs immediate attention by the State Government.

*'The way I think about it is that palliative care is a healthcare service; VAD is a societal issue. I am not sure that VAD is part of health care or part of a healthcare service as such. I think what we really need to put across is that VAD is very separate to palliative care. If you look at studies, people access VAD for various reasons. Very rarely is it for symptom control. That is a really important thing to get across. People do not access VAD overseas for symptom control issues; they access VAD for societal issues, or what I think are societal issues.'*

A/Prof Phillip Good, Queensland Specialist Palliative Care Services Medical Directors' Group, Mater Hospital, Brisbane – at Queensland Health Committee hearing on 5 April, 2019 to the Queensland Health Committee.

**Useful websites:** [www.australiancarealliance.org.au](http://www.australiancarealliance.org.au) | [www.no euthanasia.org.au](http://www.no euthanasia.org.au)  
[www.defendnz.co.nz](http://www.defendnz.co.nz) | [www.cherishlife.org.au/euthanasia](http://www.cherishlife.org.au/euthanasia)



Depending on the phase of palliative care, it may look like:

- Relief of pain and other symptoms e.g. vomiting
- Resources such as equipment needed to aid care at home
- Assistance for families to come together to talk about sensitive issues
- Links to other services such as home help and financial support
- Support for people to meet cultural obligations
- Support for emotional, social and spiritual concerns
- Counselling and grief support
- Referrals to respite care services

**In Queensland there is a palliative care crisis. We only have about 1/3 of the palliative care specialists we need.**

**WHAT WE SHOULD HAVE**



**2**

**WHAT WE HAVE**



**0.7**

**Amount of palliative care specialists for every 100,000 Queenslanders**

*'Catholic Health Australia\*'s view is that it is never permissible to purposefully end an individual's life through euthanasia or assisted suicide, because we believe it compromises the inherent value of the person and erodes trust in the medical profession, who must care for those individuals at all points in their journey. Based on our experience, Catholic Health Australia believes that high-quality aged care, palliative care and end-of-life care are the best options to allow freedom of choice, dignity, comfort and respect as a person nears the end of life, and that's not just for the individual but also for their family, carers and the community that surrounds them.'*

Susan Greenwood, Chief Executive Officer, Catholic Health Australia\*, 4 July, 2019, at the Queensland Health Committee's End-of-Life Inquiry hearing

\*Catholic Health Australia is the biggest non-government health care provider in Australia.