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21 December 2020

Prof. Richard Eccleston
UTAS VAD Review Panel

Email: VAD.Review@utas.edu.au

Dear Professor,

RE: *Tasmanian End of Life Choices (Voluntary Assisted Dying) bill (the bill)*

I am writing to comment upon recent Tasmanian AMA public statements about the bill, especially the letter to the Tasmanian House of Assembly by the AMA's Tasmanian Branch Council President Dr McArdle, on AMA letterhead and dated 30 November 2020. (Attachment 1.)

In summary, in my view, the AMA letter is misleading. (Attachment 2.)

The letter appears to present a substantial, if not majority, opinion of Tasmania's 2200 medical practitioners. In fact, nobody knows how many doctors (other than the letter's author and 9 named others) hold the opinions expressed in the letter.

I am a doctor who worked in Launceston for 29 years in public and private practice, retiring in 2017. I have extensive specialist clinical experience in Australia (Adelaide, Brisbane, Launceston) and overseas, in anaesthesia, intensive care, and pain medicine (post-operative pain, cancer pain and non-cancer long-term pain).

I am a Practitioner Member of the Tasmanian Board of the Medical Board of Australia since 2014.

I am a Medical Member of the Guardianship and Administration Board of the Tasmanian Department of Justice, since 2018.

I graduated MBBS from the University of Tasmania in 1972, and hold specialist qualifications (Fellowships) of the Australian College of General Practitioners, the ANZ College of Anaesthetists, and the Faculty of Pain Medicine, ANZ College of Anaesthetists. The Faculty of Pain Medicine includes sections of the colleges of Physicians, Surgeons, and Psychiatrists, and Anaesthetists, respectively.

I have practised in medical facilities ranging from an Indonesian mountain township hospital, with its one doctor and one operating room, to the Mayo Clinic with its 200

anaesthesia locations in Rochester Minnesota USA. Other facilities have been in Hong Kong, Britain, Seattle, and elsewhere.

As an anaesthetist I had worked for 6 weeks in the Chronic Pain Service of the Mayo Clinic during my year at the Clinic. Returning to Tasmania, in Launceston I provided what was a *de facto* palliative care service for 16 years, in the absence of a Palliative Care physician or anyone else with the necessary skills.

In Launceston my broad activity in Pain Medicine included personally treating over 400 patients with cancer pain. I became used to working collaboratively with medical and surgical teams in the wards of Launceston's hospitals and with many community general practitioners throughout the 03-63 telephone district.

I introduced to Tasmania what are now basic cancer pain techniques, namely:

1986: subcutaneous infusion of opioid (usually morphine), and

1987: intraspinal (epidural; subarachnoid) infusion of local anaesthetic drugs

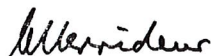
I was author or co-author of multiple Launceston cancer pain clinical and laboratory studies and presented at national and international conferences.

In relation to the bill and the AMA's letter to the House of Assembly, I prefer the opinion:

Many might not be keen on VAD in principle, but see its adoption as inevitable, and hope that Parliament is usefully helped by those with relevant knowledge to construct an Act which is as effective and safe as possible.

I note that you have an experienced doctor on your panel. I trust that my medical colleagues collectively will assist your review of the clauses of the bill by making positive suggestions to ensure the legislation will work for patients and their doctors, and will include the necessary safeguards against abuse.

Thank you for your consideration,



C George Merridew