

30th November 2020

AMA Presidents oppose dangerous Physician Assisted Suicide law

Dear Members of the Tasmanian House of Assembly,

We the undersigned present and past presidents of AMA Tasmania write to ask you to oppose the Tasmanian End of Life Choices (Voluntary Assisted Dying) bill which seeks to legalise and enable Physician Assisted Suicide.

Physician Assisted Suicide is a form of euthanasia in which the deliberate ending of a patient's life is intentionally undertaken or facilitated by a medical practitioner. Physician assisted patient suicide is not a medical procedure and it is not part of acceptable medical practice according to the World Medical Association, the Australian Medical Association and Palliative Care Australia. Almost all medical societies worldwide (105 of 107) oppose Physician Assisted Suicide.

A key role of the Medical Practitioner is to protect patients from harm. Even if a case were to be made for legalisation of euthanasia, the ultimate safeguard for the interests of vulnerable patients must remain an embargo on the active involvement of registered medical practitioners in the promotion of euthanasia and the prescription and administration of euthanasia pharmaceuticals. The currently proposed legislation lacks this safeguard and consequently poses a completely unacceptable risk to the elderly, the depressed and to the vulnerable who may come to feel they are a burden to family and community.

Our focus as doctors must remain on the provision of optimal medical care for our patients while they are alive – not on the co-ordination of their deaths. With access to high quality palliative care services in 2020, assisted suicide is not a medical intervention doctors require for medically managing their patients. We are also mindful that in Victoria very few doctors agree to be actively involved with the provision of Physician Assisted Suicide, even if some broadly support the concept.

Additionally and most importantly, the case for Physician Assisted Suicide has not been convincingly made in Tasmania. There are no statistics or other reliable data to support the need for this proposed legislation. The motivation for this bill appears to be mainly driven by emotive and distressing accounts of previous bad deaths.

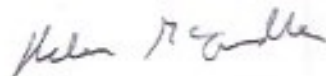
Sound public policy should not be formulated on the basis of emotive and distressing testimonials but rather by sober, rational and dispassionate analysis of the best available evidence.

With this in mind, we welcome the recently announced University of Tasmania inquiry into the proposed legislation. There are approximately 4500 deaths in Tasmania every year. The terms of reference of the inquiry should include an investigation into precisely how many deaths are associated with intolerable suffering or inadequate symptom control. Root cause analysis should be undertaken on every reported case to determine whether these poor outcomes were due to failure of delivery of best available care or whether the symptoms truly were beyond the control of current palliative techniques. Recent high profile cases would ideally be subject to the same analysis. The magnitude of the purported problem must be clearly defined.

In summary, assisted suicide is not a medical procedure and doctors must be excluded from direct involvement. Secondly, emotive testimony should not direct government policy and does not justify Physician Assisted Suicide.

Thank you for considering our concerns.

Yours sincerely,



Dr Helen McArdle, President AMA Tasmania.

Prof John Burgess

Dr Stuart Day

Prof Timothy Greenaway

Dr Michael Aizen

Dr Christopher Middleton

Prof Haydn Walters

Prof Raymond Lowenthal AO

The Hon Dr Brendan Nelson AO

Dr Michael Hodgson