Subject: FW: Enquiry essential into Mr Gaffney's assisted suicide bill.
Date: Sunday, 13 September 2020 at 11:39:49 Australian Eastern Standard Time
From: Chris
To: peter.gutwein@parliament.tas.gov.au

Dear Mr Gutwein,

The following letter was sent to members of the Legislative Council this morning. I thought you might be interested.

Basically, there is no sound evidence that this bill is necessary. All is being driven by emotion. Michael Gaffney needs to prove his case.

Yours sincerely,

Chris Middleton

From: [redacted]
Date: Sunday, 13 September 2020 at 08:35
To: <LC_Members@parliament.tas.gov.au>
Subject: Enquiry essential into Mr Gaffney's assisted suicide bill.

Dear Members of the Legislative Council,

My name is Chris Middleton. I'm a medical specialist based in Hobart and a past president of AMA Tasmania.

I am opposed to Michael Gaffney's assisted suicide bill and I think you should be too. Here's why:

Mr Gaffney's assisted suicide bill is unhelpful, unsafe and of unproven necessity.

It will not improve the care of those Tasmanians in the last few months of their lives and it will cloud and confuse suicide prevention messages.

Like all such previous bills, this latest iteration obfuscates with a euphemism; in this case "Voluntary Assisted Dying".

What the bill is actually proposing is **physician assisted suicide**.

There are several issues to consider:

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Firstly, the premise of the bill is dangerous and if passed will send a very mixed message…

"We acknowledge suicide is a major problem in our society and we must do everything we can to prevent it ….unless, of course, you consider your suffering to be intolerable, in which case we will approve and facilitate your death."

This begs the question ...who ever committed suicide for "tolerable" suffering?

Life is hard and all of us are suffering one way or another. Indeed, life itself can be viewed as a terminal condition with each day bringing each one of us closer to our inevitable demise.

So, if the only preconditions for accessing assisted suicide are a serious condition with subjectively intolerable suffering, then that is a very low bar to set and many would satisfy those criteria.

That is why the number of all suicides tends to increase in jurisdictions with assisted suicide/euthanasia legislation and why the indications over time become ever more accommodating. The fact is that once people become comfortable with the idea that the solution to life's difficult problems is death, it is then not logically possible nor considered humane to refuse anyone who feels their particular situation is beyond their ability to cope.

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Secondly, the case for assisted suicide has not been convincingly made in Tasmania.

If the purported problem is that there are many Tasmanians whose deaths are attended by intolerable suffering which is resistant to the best efforts of medical care, then the glaring deficiency in Mr Gaffney's argument is that the magnitude of this problem has never been accurately quantified in Tasmania.

All we have are unverified assertions and, admittedly, very sad stories.... but no reliable data.

Our parliamentarians should not be formulating public policy on the basis of emotive and distressing testimonials. Particularly not public policy with momentous legislative and societal implications.

Sound public policy is best generated by sober, rational and dispassionate analysis of the best available evidence.

Alas, the current evidence base is poor and cannot inform the appropriate course of action without a significant information gathering exercise.

Consider the following. In the last few years there have been around 4500 deaths registered in Tasmania annually.

Consider, if you will, a commission of enquiry into all deaths in Tasmania over a future defined period, say 12 months.

This would focus especially on deaths reported to be associated with unsatisfactory end of life care and/or poor symptom control.

These reports would be individually subject to intensive investigation similar to the root cause analysis process which is currently employed in Tasmanian hospitals whenever there is a serious and significant failure of healthcare.

Clearly if we have the resources to establish a brand-new bureaucracy to administer assisted suicide with a commissioner and a deputy commissioner plus officers of the commission, we ought to have the resources to undertake a prospective enquiry into deaths in Tasmania.

At the end of the data collection period we would know the true incidence of "bad" deaths and we would also have a very good idea of how many of those were due to failure of delivery of best available care and how many were due to limitations in current palliative care methodology.

I suspect that the latter cases are much rarer than the proponents and the media would have us believe.

Additionally, I am just a little sceptical of the claims of some colleagues who say that they have been begged on many occasions by desperate patients to help them "end it all".

I say this because this coming January, I will have clocked up 40 years in the profession and all of those have been at the clinical coalface. I have worked as a consultant physician in Tasmanian public hospitals for the last 30 years.

Despite my advancing age, I am still getting out of bed in the middle of the night to deal with life threatening emergencies. My specialty has its share of very sick patients and over the years many have died.

I have witnessed some very sad situations but I have never once been asked by either a patient or a relative to help them "end it all".

I'm sure it must happen but I'm a little bemused by the fact that this is completely outside of my extensive experience.

Anyway, to sum this up... there is no good evidence that Mr Gaffney's proposed legislation is necessary in Tasmania. The magnitude of the purported problem could be determined by a prospective study over a 12-month period. Until the result of such a study is to hand however, further discussion of this bill should be suspended.

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Thirdly, it would be remiss of me not to support my colleague Prof. John Burgess who has written very eloquently on the topic of medical involvement in assisted suicide. The fact that the medical profession is an integral component of Mr Gaffney's bill is, frankly, presumptuous.

Assisted suicide is not medical care. Administering a poison to kill a patient has been anathema to the practice of medicine since ancient times.

The fact of the matter is that these assisted suicide bills need to have the profession involved in order to sugar coat the process with a veneer of medical respectability and thus present assisted suicide as a reasonable and ethical extension of end of life care.

"If my doctor is doing it, it must be okay..."

This is a confidence trick. The doctor does not need to be involved at all other than perhaps to provide an opinion regarding diagnosis and prognosis. Everything else could be run out of an office in the Department of Justice.

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Finally, I have heard from several sources that there is little appetite amongst the Members for any sort of enquiry. I appreciate that similar legislation has come up several times before and understand that some might be a bit weary of it all, and would prefer to just have done with it.

However, I am certain that the community would consider it the solemn and sworn duty of the House of Review to perform the requisite due diligence on this most serious of questions, the codification of the taking of human life.

Thank you for taking the time to read this. Please support an enquiry along the lines indicated. If you wish to correspond or communicate otherwise, please feel free to contact me.

Yours sincerely,

Dr Christopher Middleton. MBBS. FRACP. FAMA.
South Hobart.