
From: Clem & Judi Nommensen
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To: Legal and Constitutional, Committee (SEN)
Subject: Submission re: Rights of the Terminally Ill (Euthanasia Repeal Bill 2008)

Committee Secretary, Senate Legal and Constitutional Affairs Committee

Department of the Senate, Parliament House Canberra ACT 2600

**Submission from: Dr Clem Nommensen MBBS QLD, FRCS Edinburgh, FRACS
General Surgeon, AMA Member, former President Sunshine
Coast Local Medical Association.**

Honorable Senators,

I wish to urge your Committee to recommend the passage of Senator Bob Brown's Rights of the Terminally Ill (Euthanasia Laws Repeal) Bill 2008.

I believe that the majority of my professional colleagues would support this, as do virtually all my friends and acquaintances in the general community.

This is consistent with the finding of recent opinion polls which suggest more than 80% of Australians support assistance in dying to be available on request for people with terminal illness who are of sound mind, and who suffer intolerably in spite of optimal palliative care. In recent years the number of people of this opinion has steadily increased. It now includes the majority of people adhering to all the main churches, as well as those who are not religious. (Newspoll 2007).

A palliative care physician has reported that up to 10% of hospice care terminal patients ask for information about assistance in dying at some stage in their illness.

Also people know that there are jurisdictions overseas (Oregon USA, The Netherlands, Switzerland and Belgium) with laws allowing Physician Assisted Suicide with suitable regulation, where there are no problems and just a small flow of suffering and legitimate cases.

Furthermore it has now been shown that many patients faced with terminal illness are comfortable in their mind and therefore suffer less, when they know that they can choose to seek release when their life is essentially finished and the misery becomes insupportable. Most never do so.

My plea comes at the end of a working lifetime in the medical profession, including about 40 years as a surgeon dealing with life and death issues. Any one doctor sees only the occasional patient in the above category and it is distressing for all concerned.

Many of us, and many of the nurses who have worked with us, would have to admit that there have been occasions when we felt morally forced to break the law. I believe the records show that good physicians have always done this over the centuries.

In this context you need to be aware that the official stance of the Australian Medical Association probably does not reflect adequately the ideas and practices of Australian doctors. The National Councils adopt the negative view of Assisted Dying put forward by the World Medical Association. This seems to be contrary to the findings of general surveys of Australian doctors, (see the reports given below). The National Council

however is a very conservative and quasi- democratic body. It has several times rejected requests for the opinion of members to be tested by a properly conducted survey or pole of members.

You would be aware that since lethal acute infectious diseases have mostly been controlled by the advance of medical science, many more people now die of cancer (25%), and other devastating complaints such as multiple sclerosis and neurological conditions, AIDS and organ failure, which can cause uncontrollable suffering , pain, weakness, loss of control of movement and bodily functions, - insupportable misery, utter dependence.

In earlier times, Pneumonia was sometimes called the "old people's friend", - life is no longer so simple.

Clem Nommensen MBBS(Qld) FRCSEd FRACS

Published Surveys of Australian doctors' attitudes to practices of Assisted Dying.

Note particularly the 2001 Douglas study of Fellows of the Royal Australasian College of Surgeons, also the 1997 Kuhse study of the percentage of deaths where there had been intervention.

It is obvious from these statistics that Assisted Dying is surprisingly common in Australia, despite the fact that it is illegal, and potentially subject to harsh penalties. On the hopeful and good side is the fact that over recent years a number of judgements in the Courts make it clear that many Judges and public opinion do not consider it basically evil.

- ◆ In 1987, Kuhse and Singer (1) reported the results of a survey of 869 Victorian Doctors:
 - 62% answered yes to the question "Do you think it is sometimes right for a doctor to take active steps to bring about the death of a patient who has requested the doctor to do this?" (64% of AMA members polled said yes)
 - 93% thought such a request could be rational
 - 59% thought that a practice similar to that in the Netherlands should be allowed,
 - 52% of AMA members thought that the AMA should change its stance on the issue.
- ◆ In 1993, Baume and O'Malley (2) surveyed 1268 NSW doctors:
 - 59% thought actively hastening death on request was sometimes right
 - 96% thought such a request could be rational
 - 59% thought Netherlands practice should be allowed
 - 52% thought their professional organization should approve medically assisted dying.
- ◆ In 1994, Stevens and Hassan (3) surveyed 298 SA doctors:
 - 89% thought a request to hasten death could be rational
 - 47% were in favour of legalization of voluntary euthanasia.
- ◆ In 1996, the RACGP (4) surveyed 886 members:
 - 45% personally wished to have the option of voluntary euthanasia.
 - 56% would not be distressed if it were available to others
 - 68% believed that euthanasia can be an act of caring.
 - 45% **did not** believe that "present arrangements are adequate in delivering help to the dying."
- ◆ In 1997, Steinberg et al (5) surveyed 259 Queensland doctors:

- 36% thought a doctor should be allowed by law to assist a terminally ill person to die.
- ◆ In 1997, Kuhse et al (6) published their survey of Australian end-of-life decisions (comparable to the Dutch Rummelink studies). From this survey of 1918 Australian doctors, they estimated that:
 - 1.8% of deaths were by VE or physician assisted suicide
 - 3.5% of deaths involved termination of the patient's life without explicit request
 - in 24.7% treatment was withheld or withdrawn with the intention to hasten death
 - in 6.5% of deaths opioids were administered with at least the partial intent to hasten death.
- ◆ In 2001, Douglas et al (8) published their survey of 683 Australian general surgeons
 - 36.2% reported that they had given drugs in doses greater than was necessary to relieve symptoms *with the intention of hastening death*
 - 20.4% reported that they had given drugs with the intention of hastening death, *but without the explicit request of the patient*
- 1.9% reported assisting with a suicide
- 4.2% reported having acceded to requests for voluntary euthanasia

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5. Steinberg MA, Najman JM, Cartwright CM, MacDonald SM, Williams GM End-of-life decision making: community and medical practitioners' perspectives. *Med J Aust* 1997; 166: 131-134
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