

Nobody [well, young or middle-aged] used to worry about death. They were too busy with every-day life. So why do they NOW when medical care has never been better? Because of AIDS and modern warfare [accompanying the US soldier in his jeep into Iraq] young people have been brought face to face with suffering, injury and death. Both AIDS and war have an unpredictable component with consequent feelings of loss of control. [In the 1960's teenagers worried about the Hydrogen bomb.] But harrowing photos of emaciated AIDS victims bring death so much nearer to the young man in the street.

Secondly, suffering caused by other diseases such as TB, syphilis, leprosy, pneumonias, meningococcal septicaemia, and cancers of all descriptions has been minimised. Accidents and emergencies are dealt with quickly, orthopaedic and plastic surgery have revolutionised living with deformities. Palliative care has arisen to change the emphasis from active treatment/cure to minimising discomfort from symptoms prior to an anticipated death. Pain relief is brilliant – we should be full of confidence and our anxiety levels should be at an all-time low: so WHY all this commotion about the right to die?

The modern generation has been used to getting what they want. Medical technology has achieved mastery of so many medical problems: **ONLY ONE REMAINS**, refuses to be beaten. It just won't do! [Tantrum!]

The standard method of dealing with all our problems is

- a. define it as a medical problem [be it menopause, depression, abuse of alcohol, obesity, wart virus infection of the cervix etc etc] it's a disease.
- b. make it the doctor's/medical scientist's responsibility to put it right
- c. wait for the cure to be found
- d. meanwhile carry on as usual.

In all departments [from venereology to lung cancer] it can't be *our* fault. Never poor judgement, bad behaviour, unwise decisions, failure to heed advice – smoking, drinking, eating the wrong foods and so on.

DEATH refuses to sit in this category. We can put it off, side-track it, avoid thinking about it – but only for so long. Then it happens. To everyone. 100% certain. No exceptions. Fact. Out of our control. Without a doubt.

RESULT: **FEAR** of the present [my symptoms *now*] and the future [when things get *really bad* near to death.]

Fear is that things will be *beyond my control* – I will be inadequate for the task, I will not be able to cope.

Secondly, when things are beyond me and others are in charge, fear that *others cannot be trusted* to do what I want/what is best for me.

LACK of TRUST is a widespread symptom of today's society, children are brought up to distrust parents, teachers, police, doctors, politicians etc and to refuse to accept admonishment or criticism from their elders.

Euthanasia campaigning increases the level of fear in the population who are sensitised to the death experience. It stirs up paranoia, increases the conviction that “I must be in charge – they don't care” and “we are getting a bad deal – no-one is listening to us”. Those leading the campaign are fearful people themselves – forced to confront death for the first time, and they have little respect for experts in the field. Having had no practical experience of palliative care or counselling, they have no idea of the sort of care that is already provided for terminally ill folk, and mistakenly assume that their wishes will not be respected. This lack of trust in others motivates them to spread this fear to everyone else. The general increased fear and lack of trust incited by workshops and protests causes depression in the community, and the depression leads to suicides and other death wishes – so there is a downward nihilistic spiral. Considering the government is working hard to address the suicide tendency on the land [as a result of climate change] it is

amazing that they still allow euthanasia advocates to continue influencing society in this negative way. It polarises health care into two belligerent groups which is counterproductive – there is no room for an adversarial health care system. If it is best practise and it works, everyone should be in support not tearing down the opposition.

It is my opinion that the problems in society at present are

- 1.Nihilistic thinking [antithesis of positive thinking/faith]
- 2.Extreme fear and loathing of being dependant on others + fear of suffering [which is based in ignorance]
- 3.Lack of trust in loved ones, carers and professionals to make a difference[lack of hope]

None of the above will be changed by repealing the annulment of the ROTTI legislation.

Some alternative suggestions: Give families and students grounding in REALITY

Accept that you can't deliver yourself as a baby in labour ward, can't feed yourself as an infant, can't drive your own ambulance to rescue yourself after your RTA, can't do your own operation etc etc. When you are dying you need the help of others [there is plenty around, contrary to the protestations of euthanasia advocates.]

It would help to give Year 12 students time in Palliative Care Wards, and opportunities to listen to group discussion of cases to learn how Palliative Care is centered on returning control to the patient. [That's what the ethics of palliation are all about.]

It would help to read my booklet and learn how Dr Nitschke's own adolescent misfortune has coloured his choice of behaviour now, as an adult professional.

Look at the results of the N.T.ROTTI legislation in action [see Lancet report] for evidence of how lack of faith and hostility towards non-Eu-sympathetic professional intervention prevented the working of the Law, because Psychiatric consultation was avoided or sabotaged by the patient [who didn't want his 'rights' to be interfered with.]

So, to prevent a 'miscarriage' - when the patient is reversibly depressed – is not something that can easily be done. Every doctor who has treated emotionally disturbed patients knows that the first step is to convince them that they need help at all. You have to 'catch' your psychiatric patient before you can treat him/her!

It is much easier to just get on with creating a rapport with the patient, then supporting him during his struggles than to waste time with rules and regulations, and giving him tests and assessments. Much easier to give a patient a self-assessment Hamilton Scale questionnaire on the ward or in the GP's waiting room. Legally mandated Psychiatric assessments are about as reliable as confessions obtained under torture – they don't work.

Politics and Legalities MUST be separate from the therapeutic relationship, otherwise the basic TRUST between doctor and patient [upon which the healing nature of the transaction depends] is damaged and the whole scenario is a farce.

This submission written by a GP with special interest in Psychiatry [*heaps* of depression]

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