



**HOPE
HEALTHCARE**

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9th April 2008



Senate Standing Committee
on Legal & Constitutional Affairs
Department of the Senate
PO Box 6100
Parliament House
CANBERRA ACT 2600

Dear Sir/Madam

Re: Inquiry into the Rights of the Terminally Ill (Euthanasia laws Repeal) Bill 2008

Please find attached a brief submission from this organisation in relation to the above.
Thank you for the opportunity to comment.

Please do not hesitate to contact me in relation to this matter.

Yours sincerely,
Hope Healthcare Limited

[REDACTED]

Mark J Newton
Chief Executive Officer

cc:

■ Aged Care Psychiatry

■ Community & Aged Services

■ Palliative Care

■ Rehabilitation

Registered Office: 97-115 River Road, Greenwich, NSW 2065.

Specialised Public
Health & Community Services

Hope Healthcare Limited ABN 72 074 354 028 www.hopehealthcare.com.au
A ministry of the Anglican Deaconess Institution Sydney

Submission to the Inquiry

Inquiry into the Rights of the Terminally Ill (Euthanasia Laws Repeal) Bill 2008 from Hope Healthcare Limited.

Hope Healthcare submits that the Euthanasia laws should not be repealed. Hope Healthcare has been providing health care services to terminally ill patients through palliative care for more than 100 years. Hope Healthcare is opposed to euthanasia and has a position statement to that effect, please find attached a copy of this document.

Our rational for our position can be summarised as follows:

- Requests for voluntary euthanasia are rarely free and voluntary and there is evidence from the Netherlands that many vulnerable people have been killed who would have been unable to give consent due to lack of capacity to do so.
- Voluntary euthanasia denies patients the final stage of growth.
- Voluntary euthanasia undermines medical research.
- Hard cases make bad laws.
- Autonomy is important but never absolute.
- Voluntary euthanasia leads to euthanasia tourism.
- Voluntary euthanasia changes the public conscience regarding the value of human life.
- Voluntary euthanasia violates historically accepted codes of medical ethics.
- Euthanasia gives too much power to doctors and can lead to an erosion of trust between doctor and patient.
- Voluntary euthanasia leads inevitably to involuntary euthanasia.
- The British House of Lords recently recommended no change to the law on euthanasia after an extensive inquiry.

The Board of Hope Healthcare affirms and supports the provision of physical, psychological, emotional and spiritual care, according with the highest standards of Palliative Care, and the Board is committed to the ongoing continuous improvement of these services.

MJ Newton
CEO Hope Healthcare
April 2008

Statement about Euthanasia

Manual:	Corporate	File Under:	E
Policy No:	CO63	Cross Reference:	
Version No:	2	Previous Dates:	March 1996
Current Date:	Feb 08		
Position of Author:	Andrew Cole		
Authorised by:	Mark Newton	Designation:	CEO
Signature:			
Electronic File Location:	M:\HHL Policies amended\Euthanasia.doc		
File Reference:			

We affirm life, and we aim to preserve the best quality of our patients' lives and provide best care for those who are dying.

Euthanasia is defined as "the putting of a person to death painlessly, especially a person suffering from an incurable and painful disease" (Macquarie Dictionary). Euthanasia has been described as voluntary (where requested by the person), or as involuntary (where the person is incapable of requesting euthanasia). The Hope Healthcare Board is opposed to euthanasia, as it is both contrary to Biblical principles that underpin our ethos, and is also illegal in New South Wales.

Euthanasia as defined thus does not include any of the following aspects of the ordinary care of dying patients, which have no legal impediments, and these are therefore an acceptable and normal part of care:

- (1) administration of treatments necessary for the relief of pain and other symptoms;
- (2) not taking active/aggressive measures to prolong life, where a person asks that such measures not proceed;
- (3) withdrawing or withholding treatments which are medically futile or overly burdensome.

Suffering may be expressed by a patient, or may be inferred (in the absence of ability to express feelings clearly) from their behaviours, by their carers. Recognising that suffering takes many forms, the Board of Hope Healthcare affirms and supports the provision of physical, psychological, emotional and spiritual care, according with the highest standards of Palliative Care, and the Board is committed to the ongoing continuous improvement of these services.

This position statement is based on the following principles and concerns:

1. *Deliberate ending of a human life is against the scriptural principles which underpin our ethos and philosophy. These principles include the prohibition against murder, the duty to support and care for the vulnerable in society and Jesus' specific teaching that his followers provide care for the sick as if they were caring for the Lord himself.*
2. *Possible legal availability of euthanasia would undermine the relationship of trust between patients and health care professionals, and has created very difficult professional ethical dilemmas where it has been legalised.*

- a. Potential for abuse and for extension beyond any initially-intended scope of legislation, to other categories of people subsequently informally considered eligible to receive euthanasia.*
 - b. Respect for individual autonomy, with requests for euthanasia, is always to be weighed against the duty to protect weak members of our society, such as the frail aged, the newborn and the disabled from abuse.*
 - c. Possible errors of diagnosis and prognosis, and possible future changes of mind on the part of a person requesting euthanasia.*
 - d. Impossibility of ensuring that euthanasia requests are truly voluntary and free from outside influence, e.g. fear of being a burden on family/society; pressure from relatives who stand to inherit or otherwise gain from the person's death; peer pressure from within the person's community; pressure from government in the face of inadequate resources for health care.*
- 3. Legal availability of euthanasia might act as a deterrent to the allocation of resources for research, education and facilities to improve the care of the dying.*