

SUBMISSION TO THE NORTHERN TERRITORY PARLIAMENTARY INQUIRY INTO VOLUNTARY ASSISTED DYING

I am a medical doctor who has worked in General Practice, Palliative Care, both inpatient and community, and Aged Care. I am semi retired and currently just working with patients in Residential Aged Care settings. The views expressed here are my own and not those of my employer or other bodies.

Do you support making VAD legal in the NT?

No I do not support making VAD legal in the NT.

It is not uncommon when dealing with patients who are facing a life limiting illness that they express that they have ‘had enough’. On inquiring for more information, it is usually because they feel they are a burden and find their decreased functionality frustrating. It’s important that they express these frustrations and often that is the start of a conversation about further supportive help that is available, to them and their carers. Setting realistic expectations on functionality also helps to re frame what the patient can do, importantly acknowledging the value of their personhood.

In Queensland, a physician can initiate a conversation about VAD. I view this as VAD being offered as a treatment option and in the context of a medical consultation where there is a power imbalance, doctor and patient, that can be interpreted as being suggested as a recommended option.

Good Palliative Care will allow these conversations to take place but this is not always available. Also finding support services for patients and carers is extremely difficult to find in a timely fashion. However, then endorsing a patient to cause their own death through taking a lethal substance, VAD, to cause their death is not the correct answer in my opinion. In Queensland, more patients except Physician assisted VAD ie a clinician, a Medical Doctor, Nurse Practitioner or trained nurse administer the lethal substance. This is against my reason for being a Doctor. To administer a substance to cause death does not sit well with me and I suspect with many doctors. If that becomes the expectation you can expect a moral injury over time in those administering the lethal injection.

In extensive reading as to why people request VAD, pain is not the main cause of concern. It is more largely around existential distress, the feeling

of being a burden. That means, that society has abrogated its function to care for people. Is VAD is a solution to this problem – a societal problem?

2. What eligibility criteria should a person meet before they can access VAD?

Because I oppose VAD this is difficult to answer. However I feel that there needs to be involvement from some health professional who has known the patient for several months at least eg their longterm GP, their Oncologist or other Specialist. Prognosis is a very imprecise art and is often wrong. Defining suffering is also very imprecise. Coercion can be subtle, and determining that a decision is being made free of coercion is difficult.

These are some of the difficulties in setting criteria.

3. How could the NT make sure an eligible person can access VAD in a safe and effective way, including people living in remote areas and Aboriginal and Torres Strait Islander People?

VAD requires a person to swallow a very potent cocktail of drugs to cause their death quickly. They are very potent drugs and the result cannot be reversed. In some jurisdictions where VAD is legal, people are given the option of self-administration or an injection administered by a Doctor, a Nurse Practitioner or a specially trained nurse. The argument for VAD stresses the individual being able to make an informed decision to end their life. I think that means they should take the substance themselves and not involve clinicians in administering the substance. In Queensland where both options for administration exist, most people are taking up the clinician administered option. In jurisdictions where only the oral administration of the substance is legal, only about 1/3 of patients who access the lethal cocktail of drugs actually take them. This suggests that people are happy to have the drugs there as a sort of insurance if things get too tough. Conversely it suggests to me that if arrangements are made for a clinician to be involved in administering the substance, people are less likely to back out.

4. How could the NT monitor the process to ensure VAD is administered safely and effectively?

An independent body should be set up to monitor all cases, looking at the reasons for the request and concerns re outcome. Most, if not all Palliative Care services would have a bereavement follow up team and VAD needs to ensure a bereavement and grief follow up happens - either a service they operate themselves or by another service that the patient may have been involved with.

Death certificates should include reference to death by VAD for transparency and accuracy.

A research arm should look at reasons that VAD is requested, but also the effect on families and health care workers.