

## POSITION STATEMENT – Voluntary Assisted Dying.

1. Dignity Network is a law-abiding organisation.
2. The terms ‘*euthanasia*’, ‘*assisted suicide*’ and ‘*assisted dying*’ and are often used interchangeably but they have different meanings. For the purpose of this document, the following definitions and explanations (taken from the Final Report of the Victorian Ministerial Advisory Panel on Voluntary Assisted Dying, 2017) apply:

**Euthanasia** refers to the situation where death is induced to relieve suffering. The term derives from the Greek for ‘good death’. The terms can carry connotations of something good as well as something bad, because of its historic abuse in involuntary euthanasia, which raises the prospect of medical practitioners or society killing people whose lives are thought to have little value. Many people are familiar with the idea of euthanasia from the practice of relieving the suffering of family pets. This is usually a comfort to family members who are relieved to see their family pet not suffer further, but it is not something where the family pet has a say. When applied to humans, euthanasia is often similarly understood to be a procedure that is provided to a passive patient.

**Assisted Suicide** is any act that intentionally helps another person kill themselves, for example by providing them with the means to do so. Some jurisdictions use this term which places the emphasis back on the person and recognises their active decision making and involvement. There is however, significant social stigma attached to the term ‘suicide’. In Australia, suicide is not a crime, but assisting someone to commit suicide is. Death as a result of suicide is avoidable, and every effort should be made to prevent these deaths. By contrast, the cohort of people who are the focus of voluntary assisted dying will face an inevitable, imminent death as a result of an incurable disease, illness or medical condition. It would be inappropriate to use the same terminology to describe their decision to hasten their impending death, and for this reason, assisted suicide is not an appropriate term.

**Assisted Dying** is a term adopted by the Victorian Parliamentary Committee. Some US jurisdictions use the term ‘physician assisted dying’, which emphasises the role of the medical practitioner, rather than the decision and actions of the person. In a small number of circumstances, where a person has decision making capacity in relation to voluntary assisted dying but cannot self-administer the lethal dose of medication, the Victorian legislation includes a provision for a medical practitioner to administer the medication. From the medical practitioner’s perspective, this may be described as euthanasia. From the person’s perspective, this is also assisted dying. The person has made the decision about the timing and manner of their death; however, they are physically unable to administer the medication. Labelling this euthanasia disempowers the person and suggests that because they are physically unable to administer the medication, they require the merciful action of a medical practitioner. Most important is the point that even if a person is not physically able to self-administer the medication, they are still in control of the decision and the process.

**Voluntary Assisted Dying** is a term which puts the focus on the word ‘voluntary’ as an emphatic statement that this is a decision initiated by a person who is suffering and who takes responsibility for the decision. In this way, the term Voluntary Assisted Dying appropriately reflects a person-centred approach and also reflects the reality of the situation of those who are eligible in Australia are people who are already imminently dying.

3. Voluntary Assisted Dying is currently illegal in all states and territories of Australia.
4. A law has been passed in Victoria, Australia, to legalise Voluntary Assisted Dying from 19 June 2019. Under the Voluntary Assisted Dying Bill 2017, voluntary assisted dying means ‘the administration of a voluntary assisted dying substance and includes steps reasonably related to such administration’. (clause 3(1)).

5. In relation to any proposed Voluntary Assisted Dying legislation in other states and territories of Australia, Dignity Network pragmatically supports the Royal Australian College of General Practice's call for a nationally consistent approach. [https://www.racgp.org.au/yourracgp/news/media-releases/racgp-welcomes-moves-to-allow-terminally-ill-victorian-patients-to-die-with-dignity-and-respect-\(1\)/](https://www.racgp.org.au/yourracgp/news/media-releases/racgp-welcomes-moves-to-allow-terminally-ill-victorian-patients-to-die-with-dignity-and-respect-(1)/)
6. We acknowledge that there is a broad spectrum of views about Voluntary Assisted Dying in Australia.
7. **Dignity Network respects and values each person's right to autonomy, self-determination, dignity and choice at end-of-life; we therefore recognise everyone's right to hold and express their own personal, and/or where relevant, professional views on Voluntary Assisted Dying. This includes (but is not limited to): people who are planning for, or nearing the end of their life; those who are dying; their loved-ones; health professionals and others who provide care and support for people nearing or at end-of-life – including our employees and volunteers. We insist that our members commit to respecting this principle in all aspects of their work with Dignity Network.**
8. Dignity Network acknowledges that many people working in palliative care feel uncomfortable about Voluntary Assisted Dying. Our members' commitment to interacting respectfully with everyone extends to those working in palliative care, irrespective of differing views that may be held by individuals or organisations.
9. We acknowledge that Palliative Care, as defined by the World Health Organisation<sup>1</sup>, is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification, impeccable assessment, the treatment of pain and other problems physical, psychosocial and spiritual. This definition includes that palliative care neither hastens nor postpones death, and therefore does not include Voluntary Assisted Dying.
10. Dignity Network strongly supports palliative and supportive care. However, we acknowledge that palliative care may not meet the needs of all people who are dying, and that some people may choose the option of Voluntary Assisted Dying if/where it is legally available.
11. We hold the position that palliative care and Voluntary Assisted Dying are not mutually exclusive – that many people who choose to access palliative care may also wish to consider Voluntary Assisted Dying as a part of their plan for the end of their life, if/where it is legally available, and we accept this without judgement.
12. Dignity Network wishes to establish a reputation for being the organisation most trusted to assist people to experience a good end of their life; one that includes dignity, choice and support to address their physical, personal, social and spiritual needs. For this reason, it would be incongruent for us to exclude lawful conversations and/or activities concerning Voluntary Assisted Dying.
13. How could we possibly say to anyone *"You can talk to us about anything concerning the end of your life other than assisted dying; you'll have to go elsewhere to have those conversations or to access information about assisted dying"*?
14. Dignity Network supports the following statement from the Australian Nursing & Midwifery Federation: ***"When a person expresses a wish for assistance with dying, nurses should be educationally prepared to discuss the legal and medical parameters of this request as well as other options available to the person or seek the assistance of knowledgeable health care professionals"***



15. Dignity Network encourages all persons involved in providing care and/or support for those who are nearing the end of their life or dying, and to ensure their families are informed and knowledgeable regarding Voluntary Assisted Dying and to have understanding and insight about the factors which contribute to their own individual views on this subject.
16. At the date of this document, Dignity Network's position on Voluntary Assisted Dying aligns comfortably with statements from other professional bodies, including:
  - Australian Nursing and Midwifery Federation: [http://anmf.org.au/documents/policies/PS\\_Assisted\\_Dying.pdf](http://anmf.org.au/documents/policies/PS_Assisted_Dying.pdf)
  - Royal Australian College of General Practitioners: [https://www.racgp.org.au/yourracgp/news/media-releases/racgp-welcomes-moves-to-allow-terminally-ill-victorian-patients-to-die-with-dignity-and-respect-\(1\)/](https://www.racgp.org.au/yourracgp/news/media-releases/racgp-welcomes-moves-to-allow-terminally-ill-victorian-patients-to-die-with-dignity-and-respect-(1)/)

References:

WHO (2002) <http://www.who.int/cancer/palliative/definition/en/>. Accessed on 31 March 2018

This position Statement was endorsed by the Dignity Network Board on 18 May 2018.