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Australia New Zealand Society of Palliative Medicine

Australian and New Zealand Society of Palliative Medicine Position Statement:
The Practice of Euthanasia and Physician-Assisted Suicide[1]
Last updated: November 2021

Preamble

As the peak body for Palliative Medicine in Australasia, the Australian and New Zealand Society of Palliative Medicine (ANZSPM) has prepared this position statement reflecting the majority view of its members. ANZSPM acknowledges that, as with the diversity of opinion in the general and medical communities across Australia and New Zealand, there are divergent views on euthanasia and physician-assisted suicide within its membership.[2]

At the date of revision of this document (November 2021), it is acknowledged that the issue of euthanasia and physician-assisted suicide is very high on the political and legislative agenda and in departments of health in jurisdictions across Australia and New Zealand. In the state of Victoria, the Voluntary Assisted Dying Act 2017 came into effect on 19 June 2019. In New Zealand, a referendum held in October 2020 resulted in the majority of the public voting in favour of voluntary assisted dying. The End of Life Choice Act 2019[3] was subsequently passed in November 2020, and came into effect from 7 November 2021. In Western Australia, the Voluntary Assisted Dying Act 2019[4] was passed in December 2019 and as from 1 July 2021 voluntary assisted dying became a choice available to eligible Western Australian citizens. In Tasmania, the End-of-Life Choices (Voluntary Assisted Dying) Act 2021[5] was passed in May 2021 and will come into effect around 18 months after this date. In South Australia, the Voluntary Assisted Dying Act 2020[6] was passed in June 2021 and will come into effect around 18 to 24 months after this date. Queensland passed its Voluntary Assisted Dying Bill on 16 September 2021 and voluntary assisted dying will be available in Queensland from January 2023.

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[1] In its latest review of the statement, ANZSPM has chosen to continue to use the term 'Euthanasia and physician-assisted suicide' instead of 'Voluntary assisted dying' throughout this statement in alignment with the terminology used internationally by such bodies as the World Medical Association and the IAHPC. Although voluntary assisted dying is more commonly used in Australia, this term is not used in New Zealand.
[2] As evidenced in the diverse feedback received from the ANZSPM membership at its 2016 Forum on physician-assisted suicide and euthanasia in Australia and New Zealand (18 March 2016, Sydney) and the associated membership survey.
[3] End of Life Choice Act 2019, Available at https://www.legislation.govt.nz/act/public/2019/0067/latest/DLM7285905.html
[4] WA Voluntary Assisted Dying Act 2019. Available at https://www.legislation.wa.gov.au/legislation/prod/filestore.nsf/FileURL/mrdoc_42491.pdf/$FILE/Voluntary%20Assisted%20Dying%20Act%202019%20-%20%5B00-00-00%5D.pdf?OpenElement (August 2020)
[5] End-of-Life Choices (Voluntary Assisted Dying) Act 2021.
Available at https://www.legislation.tas.gov.au/view/whole/html/asmade/act-2021-001
[6] Voluntary Assisted Dying Act 2020, Available at https://www.legislation.sa.gov.au/LZ/B/CURRENT/VOLUNTARY%20ASSISTED%20DYING%20BILL%202020_HON%20KYAM%20MAHER%20MLC.aspx

As at this document's revision date, the Australian State of New South Wales is considering euthanasia and physician-assisted suicide legislation and an inquiry is underway.

About ANZSPM

ANZSPM is a specialty medical society that facilitates professional development and support for its members. ANZSPM promotes the discipline and practice of Palliative Medicine in order to improve the quality of care of patients with life-limiting illnesses and support their families. ANZSPM members are medical practitioners. Our members include Palliative Medicine Specialists as well as other medical practitioners who either practice or have an interest in palliative medicine.

In preparing this statement, ANZSPM acknowledges:

(a) The World Medical Association *Declaration on Euthanasia and Physician-Assisted Suicide,*[7] adopted by the 70th WMA General Assembly, Tbilisi, Georgia, October 2019
(b) the International Association for Hospice and Palliative Care (IAHPC) Position Statement: Euthanasia and Physician-Assisted Suicide published in 2017[8]
(c) the European Association of Palliative Care white paper 'Euthanasia and physician-assisted suicide: A white paper from the European Association for Palliative Care'[9] published in November 2015
(d) the American Medical Association's Code of Medical Ethics Opinion 5.7 on Physician-Assisted Suicide[10] and Code of Medical Ethics Opinion 5.8 on Euthanasia[11] published in November 2016
(e) the Australian Medical Association Position Statement *Euthanasia and Physician Assisted Suicide*[12] published in November 2016
(f) the Royal Australasian College of Physicians' position statement on voluntary assisted dying published in November 2018[13]

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[7] World Medical Association Declaration on Euthanasia and Physician-Assisted Suicide (November 2019). Available at https://www.wma.net/policies-post/declaration-on-euthanasia-and-physician-assisted-suicide/ (August 2020)
[8] De Lima et al (2017): International Association for Hospice and Palliative Care Position Statement: Euthanasia and Physician-Assisted Suicide. Available at https://hospicecare.com/uploads/2016/12/IAHPC%20Position%20Statement%20Euthanasia%20and%20PAS.pdf (August 2020)
[9] Radbruch et al (2015): Euthanasia and physician-assisted suicide: A white paper from the European Association for Palliative Care. Available at https://www.eapcnet.eu/Portals/0/PDFs/PM2015_Euthanasia%281%29.pdf (August 2020)
[10] American Medical Association (2016): Code of Medical Ethics on Physician assisted suicide E-5.7. Available at https://www.ama-assn.org/delivering-care/ethics/physician-assisted-suicide and Code of Medical Ethics on Euthanasia (August 2020)
[11] American Medical Association (2016): Code of Medical Ethics Opinion 5.8 on Euthanasia (August 2020)
[12] Australian Medical Association (2016): Euthanasia and Physician Assisted Suicide 2016. Available at: https://ama.com.au/system/tdf/documents/AMA%20Position%20Statement%20on%20Euthanasia%20and%20Physician%20Assisted%20Suicide%202016.pdf?file=1&type=node&id=45402 (accessed August 2020)
[13] RACP (2018): Statement on Voluntary assisted dying. Available at https://www.racp.edu.au/docs/default-source/advocacy-library/racp-voluntary-assisted-dying-statement-november-2018.pdf?sfvrsn=761d121a_4 (August 2020)

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(g) the New Zealand Medical Association Position Statement *Euthanasia*[14] approved 2005 and its 2017 *Report on Euthanasia for the NZMA*[15]

(h) the *Euthanasia and Physician Assisted Suicide Position Statement*[16] published by Palliative Care Australia and updated September 2019.

Statement

1. Palliative Care 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 and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.[17] In accordance with best practice guidelines internationally,[18] the discipline of Palliative Medicine does not include the practices of euthanasia and physician-assisted suicide. ANZSPM activities are limited to the Palliative Medicine discipline.

2. ANZSPM does not support the legalisation of euthanasia and physician-assisted suicide, but recognises that ultimately these are matters for government to decide having regard to the will of the community and, critically, informed by appropriate research and consultation with the medical community, including palliative medicine practitioners.

3. With the legalisation of euthanasia and physician-assisted suicide practices in Victoria, Western Australia, Tasmania, South Australia, and New Zealand, and recognising that other jurisdictions in Australia are considering the introduction of similar legislation, ANZSPM endorses international guidelines reaffirming that these practices are not part of palliative care. ANZSPM will continue to advocate for and, through its members, deliver good quality care for the dying, and this does not include the practice of euthanasia or physician-assisted suicide.

4. Patients have the right to refuse life-sustaining treatments including the provision of medically assisted nutrition and/or hydration. Refusing such treatment does not constitute euthanasia or physician-assisted suicide.

5. Good medical practice mandates that the ethical principles of beneficence and non-maleficence should be followed at all times. The benefits and harms of any treatments (including the provision

[14] NZMA (2005): Position statement on Euthanasia. Available at: https://assets-global.website-files.com/5e332a62c703f653182faf47/5e332a62c703f631912fc5f2_Euthanasia-2005.pdf (August 2020)
[15] Gillet, G (2017): A Report on Euthanasia for the NZMA. Available at: https://assets-global.website-files.com/5db268b46d028bbc0fc0b537/5de43f3e5f176241093d0b6c_NZMA-euthanasia-Gillett-report-Final.pdf (accessed August 2020)
[16] Palliative Care Australia (PCA): Euthanasia and Physician Assisted Suicide Position Statement. Available at: https://palliativecare.org.au/wp-content/uploads/dlm_uploads/2015/08/20160823-Euthanasia-and-Physician-Assisted-Suicide-Final.pdf (August 2020)
[17] WHO (2002) http://www.who.int/cancer/palliative/definition/en/. (August 2020)
[18] Such as the European Association for Palliative Care's White Paper on standards and norms for hospice and palliative care in Europe: part 1, *European Journal of Palliative Care,* 2010, 17(1):http://www.eapcnet.eu/LinkClick.aspx?fileticket=uW_JGKKvpZI%3d&tabid=167

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of medically assisted nutrition and/or hydration) should be considered before instituting such treatments. The benefits and harms of continuing treatments previously commenced should be regularly reviewed. Withholding or withdrawing treatments that are not benefitting the patient, is not euthanasia or physician-assisted suicide.

6. Treatment that is appropriately titrated to relieve symptoms and has a secondary and unintended consequence of hastening death, is not euthanasia or physician-assisted suicide.

7. Palliative sedation for the management of refractory symptoms is not euthanasia.[19]

8. Requests for euthanasia or physician-assisted suicide should be acknowledged with respect and be extensively explored in order to understand, appropriately address and if possible, remedy the underlying difficulties that gave rise to the request. Appropriate ongoing care consistent with the goals of Palliative Medicine should continue to be offered.

9. When requests for euthanasia or physician-assisted suicide arise, particular attention should be given to gaining good symptom control, especially of those symptoms that research has highlighted may commonly be associated with a serious and sustained "desire for death" (e.g. depressive disorders and poorly controlled pain). In such situations, early referral to an appropriate specialist should be considered.[20, 21]

10. Despite the best that palliative care can offer to support patients in their suffering, appropriate specialist palliative care to remedy physical, psychological and spiritual difficulties may not relieve all suffering at all times.

11. ANZSPM acknowledges the significant deficits in the provision of palliative care in Australia and New Zealand, especially for patients with non-malignant life-limiting illnesses, those who live in rural and remote areas, residents of Residential Aged Care Facilities, the indigenous populations and those from culturally and linguistically diverse backgrounds.

12. ANZSPM advocates for health reform programs in Australia and New Zealand to strengthen end of life care by remedying shortages in the palliative care workforce (including in the specialist medical, nursing, and allied health fields), ensuring improved access to appropriate facilities and

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[19] European Association for Palliative Care (EAPC) framework for palliative sedation: an ethical discussion. September 2010. Available at: http://www.biomedcentral.com/1472-684X/9/20. (August 2020).

[20] Breitbart W. Suicide risk and pain in cancer and AIDS patients. In: Chapman CR, Foley KM, eds. Current and Emerging Issues in Cancer Pain: Research and Practice. New York, NY: Raven Press; 1993:49-65.

[21] Chochinov HM, Wilson KG. The euthanasia debate: attitudes, practices and psychiatric considerations. Can J Psychiatry. 1995;40:593-602.

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emphasising the role of advance care plans and directives.

13. ANZSPM advocates for increased carer support for respite care to decrease the sense of burden for many patients at the end of life.

Definitions

Palliative Medicine is the study and management of patients with active, progressive, far- advanced disease for whom the prognosis is limited, and the focus of care is the quality of life.[22]

Palliative Care as defined by the World Health Organization[23] 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 and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

Palliative care provides relief from pain and other distressing symptoms. It:

- Affirms life and regards dying as a normal process
- Intends neither to hasten nor postpone death
- Integrates the psychological and spiritual aspects of patient care
- Offers a support system to help patients live as actively as possible until death
- Offers a support system to help the family cope during the patient's illness and in their own bereavement
- Uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated
- Enhances quality of life, and may also positively influence the course of illness
- Is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

'Voluntary assisted dying'(VAD)[24] ANZSPM adopts the RACP's definition of voluntary assisted dying[25] which includes:

1. prescription or supply of a lethal drug which a competent patient self-administers without further assistance (sometimes called 'physician-assisted suicide'); or
2. administration of a lethal drug to a competent patient requesting assistance to die (sometimes called 'voluntary euthanasia').

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[22] Australian Medical Association: Online career pathways guide. Available at: https://ama.com.au/careers/pathways/palliative-medicine
[23] WHO (2002): WHO Definition of Palliative Care. Available at: http://www.who.int/cancer/palliative/definition/en/. (August 2020)
[24] RACP (2018): Statement on voluntary assisted dying, page 4
[25] RACP (2018): Statement on voluntary assisted dying, page 4

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Euthanasia is defined by the IAHPC as the act of a physician (or other person) intentionally ending the life of a person by the administration of drugs, at that person's voluntary and competent request.[26]

Assisted suicide is defined by the IAHPC as the act of a person intentionally helping another person to terminate his or her life, at that person's voluntary and competent request.[27]

[26] De Lima L, Woodruff R, Pettus K et al. *IAHPC Position statement: Euthanasia and physician-assisted suicide.* Journal of Palliative Medicine Vol 20 No 1 2017.
[27] Ibid.

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