

Voluntary Assisted Dying FAQs

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Frequently Asked Questions and Answers

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What is Calvary's position on Voluntary Assisted Dying?

Calvary does not offer or support Voluntary Assisted Dying (VAD).

Calvary respects the *experiences* of those advocating for VAD. At the same time, Calvary is raising important issues, such as respecting life and protecting ourselves in a world where often people are treated carelessly and life is not valued.

We don't believe that assisting someone to end or take their own their life directly and intentionally, can be an expression of care which aligns with our mission and ethics. All people are valuable, no matter what they are experiencing.

Our mission is focused on healing and accompanying the dying.

We seek to relieve people's suffering – whether this suffering is physical, emotional, psychological and/or spiritual. We do this, not by assisting them to end their life, but rather by alleviating the causes of the suffering.

Palliative care is essential to Calvary's mission. Our models of care seek to make people feel welcome, heard and cared for whatever their experience and situation.

There is a risk that a VAD culture may undermine such a message by making the value of the lives of people living with a terminal illness conditional on their own appraisal. Doubt and/or existential suffering is often part of the journey. The fact that a person is experiencing this kind of suffering does not take away from the value of their lives.

One of the myths about palliative care is that it is powerless to assist patients who are intractably burdened by symptoms or anguish. **At precisely the moment medicine may say 'I'm sorry there is nothing more I can do' palliative care engages intensely with the person who is suffering and aims to support them throughout their illness until their death.** The profound and complex communication skills of a clinician in the face of this suffering broaden medicine from the purely technical to the deeply personal.ⁱ This is critical.

What are the implications for health care professionals?

Voluntary Assisted Dying (VAD) will have significant impacts on our health system, which Calvary believes have not been fully considered.

Law aims for precision. Medicine, on the other hand, operates in a landscape of uncertainty.

When the two disciplines meet to focus on issues vital to VAD legislation, we can expect substantial challenges.

Challenges include

- the prognostication of illness,
- decision-making capacity,
- screening for depression,
- the possibility of undue influence and
- the use of life-ending medications (with likely inter-individual variability in effect).

Physicians know they cannot be certain about these issues. Law strains to achieve certainty in language and effect. The law seeks, but medicine cannot provide, substantial certainty. In a debate on the merits of *Voluntary Assisted Dying* or physician assisted euthanasia both disciplines must be **highly conscious of the irreversible consequences for not getting things right.**

There is a risk to medicine itself. A real risk, in the intermediate to longer term, as VAD becomes more and more available in Australia, is that there will be a cohort of participating doctors who are so convinced that they are doing a humane act that they do not see an alternative.ⁱⁱ

Many people fear the possibility of unbearable suffering as a consequence of illness or accident. While doctors may consider that they are being objective and impartial by presenting patients with all the options, the suggestion of VAD may be taken by patients as a negative value judgement on the worth of their lives and it may contribute to making them feel like a burden.

Medically hopeless is not the same as being without hope or without the capacity for hope and good palliative care recognises and address this. As the distinguished bioethicist, the late Nicholas Tonti-Filippini once said,

“...I would argue that legislation that permits euthanasia could never be made safe for those of us who have serious chronic illnesses, because the essence of such legislation is to make respect for our lives contingent upon the strength of our will to survive.”

People may well go through the VAD process without being exposed to the best of palliative care and experiencing this care as real option for them. If the only real choices in the public mind are to suffer to your death or to access VAD, this would be a tragedy. Equally worrying is a risk that people could miss out. By choosing a VAD pathway people lose opportunities to experience the unexpected things that may have happened: a conversation, sitting out in the sun, being centred and being enriched by things unfolding around them, more years and more memories.

“I have seen many wonderful things that patients and families have experienced in the end stage of illness. These may not have occurred if there was an opportunity to end a life prematurely.”

Kevin Hardy, Calvary Nurse Practitioner.

How is Calvary engaged in the discussion?

Calvary wishes to balance the debate.

You may be familiar with the proposition that VAD allows death with dignity. This has driven much of the publicity and in some part, has set the agenda for a number of Bills (and now Acts of Parliament) that are or have been under consideration in Victoria, Queensland, WA, NSW, Tasmania and South Australia.

Calvary believes this is only one side to the story.

Other Catholic Health and Aged Care providers share our view and we continue to work together with Catholic Health Australia (CHA) to share our concerns in the media and privately with Members of Parliament (MPs). Full details and all of our submissions are available at www.calvaryvad.org.au

How can I be engaged?

Please continue to normalize discussions about death and dying; encourage conversation as well as understand people's fears and wishes.

- Talk with colleagues, friends and families about death and dying. Listen to their fears and your own.
- You may be approached by a patient, a family member or a member of the community who expresses their concerns or asks your opinion – think about what you might say in response.
- Listen to the fears and the desires being expressed in the debate, think about how you would accompany someone expressing these fears and these desires.

Visit www.calvaryvad.org.au to keep up to date with Calvary's activities and position on Voluntary Assisted Dying including all parliamentary submissions. Think about the issues identified in this FAQ together with the questions raised in Calvary's submissions various Parliaments and MPs.

What happens if new legislation is passed?

Calvary will communicate that VAD is not part of our practice and is not something Calvary can assist any person with in their home or in any Calvary services.

As a Specialist Palliative Care Service, with a particular mission to care for those approaching the end of life, Calvary WILL continue to support and care for people who may contemplate accessing VAD legislation. Calvary WILL also take steps to ensure that staff and volunteers receive the counselling and support required if a person they have been caring makes such an irreversible decision.

Who should I ask if I have any questions, suggestions or concerns about Calvary's position on Voluntary Assisted Dying?

Be in touch with your local Director of Mission or feel free to contact [Mark Green](#) directly. All conversations and communications are confidential unless you give consent for your suggestions or concerns to be shared.

Mark Green, National Director of Mission

ⁱ Dr Frank Brennan, Departments of Palliative Medicine and Nephrology, St George and Calvary Hospitals, Sydney, New South Wales, Australia, Royal Australasian College of Physicians, "To die with dignity"- an update on Palliative Care. *Internal Medicine Journal* **47** (2017) 865-871.

ⁱⁱ Dr Frank Brennan, Departments of Palliative Medicine and Nephrology, St George and Calvary Hospitals, Sydney, New South Wales, Australia, Royal Australasian College of Physicians, *Internal Medicine Journal* **49** (2019) 689-693 at 692.