Working within the Victorian Legislation

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What’s coming....

Euthanasia in Victoria: How the state's assisted dying laws will work

Key points:
• Assisted dying will only be available to adults over 18 who live in Victoria
• They must be deemed able to make decisions and suffering from an incurable illness
• Patients must be experiencing intolerable suffering, and expected to die within a year
• There are 68 safeguards in the legislation

We will not kill patients: Catholic hospitals to defy euthanasia laws
This is simply not about non abandonment ....

• Patients cared for under our community and social services
• Patients in our hospitals / aged care service services who are too unwell to be moved
• Patient and families demanding that ‘it is their right’
• External influences
• Suicide “under our watch”
The Challenge to Identity and Integrity

Liberal state: Stance of neutrality

Moral tradition of fundamental convictions: Reaffirmed or modified?
Dame Cicely Saunders
Founder of the modern hospice movement

“You matter because you are you, and you matter to the last moment of your life.”

“...bitter anger at the unfairness of what is happening (at the end of life) and above all a desolate feeling of meaninglessness.
Here lies, I believe, the essence of spiritual pain.”

Photograph by Carolyn Djanogly National Portrait Gallery, UK
Opened the first modern hospice, St Christopher’s in South London in 1967
Died 14 July 2005

“You matter because you are you, and you matter to the last moment of your life.”
A Moral Dilemma

Ethic of Compassion and Care

“Self-Deliverance”

Friendly Alliance

19/02/2018
NMichael UND PCare
Accompaniment needs to occur at ..... 

1. The initial request of a patient for assisted suicide
2. The caregiving process following the request and prior to suicide
3. The culmination of the process in the administration of lethal medication
4. Patient care that may be required following administration when death does not occur or is delayed

IMPLICATIONS AT DIFFERENT STAGES

INITIAL REQUEST
Caregiving process following the request and prior to suicide

DEATH OCCURS
Care after death / bereavement

ATTEMPTED SUICIDE
Death not occurred / delayed
Initial Request: An opportunity?

• Acknowledging the request
  “I’m sorry I cannot do what you want me to do”
  “You have just said something very important to me, can we discuss this further

• Exploring the signal vs. shutting down the opportunity
How do we accompany?
Option 1: Active and Full Participation

- would initial referral following request
- coordinate with the patient family in caregiving /scheduling the act
- pay for the medication (if necessary)
- attend the administration of the medication
- provide patient care in the aftermath of the administration when necessary
- Participate in administrative / reporting procedures

view assisted suicide as one option for care consistent with the value of non-abandonment except for actually administering the lethal drug would directly support this choice
Option 2: Indirect Participation

- would not assume responsibility for initiation or culmination of the process
- would respect patient choices under the law without conferring moral approval of the choice
- Continue to be active in providing standard care services, including provision of palliative medication and counseling and discussion among the patient, family, and caregiving team
- would be present at the patient's death upon family request.

indirect participation as a moral compromise between the conflicting values of not hastening death and not abandoning the patient
Option 3: Non Voluntarily Participate

- would not participate in initiation, facilitation, or culmination of the act of suicide
- Patient requests: clearly voice opposition, based on commitment not to hasten death / death as a natural process
- seek compassionately to dissuade the patient from following through on the request - exploring background unmet needs / providing alternatives to enable abandoning of plans
- Persistence in request: would not be discharged from the hospice program.
- Attention to physical problems arising subsequent to administration of medication, mandated by commitment to the patient

The compassionate response to side/after effects of the medication would not in itself legitimate the antecedent act of hastening death.
Option 4: Refuse to Participate

- discharge the patient and family and discontinue care if a patient requested assisted suicide.

- express a clear priority in palliative care philosophy of the value of not hastening death.

rather than palliative care abandoning the patient, the patient, by his or her request, has abandoned the palliative care vision of care
Negotiating the Terrain of Non Abandonment

• Conflicting loyalties between personal moral self and role as professional caregiver: maintaining moral integrity
• Conflicts within professional teams: who should assume responsibility for discussions
• Conflict of conscience – morally non negotiable territory: moral complicity in wrongdoing
Conflicts of Conscience and Non Abandonment

- Conscientious refusal
- Opt out of the caregiving team – others take over caregiving responsibility
- Extricating themselves from moral wrong doing

- Continues to carry out responsibilities:
  - Lesser of two evils
  - Preventing a bad situation from getting worse
Why do we accompany?

Patient/Clinician Factors associated with a wish to hastened death

### Patient Factors
(256 Terminally Ill Patients)

- Higher **Perceived burden** on others
- Higher **depressive symptom** scores
- Lower **family cohesion/social supports**
- High anxiety
- Impact of physical symptoms

### GP Factors (192 Participants)

- Clinicians perception of **lower optimism** and greater **emotional suffering**
- Patient indication a wish to hasten death
- Doctor willing to assist
- Doctor reporting **less training in psychotherapy**

Importance of Doctor Patient Relationship in facilitating the patients adaptation to illness
**Enabling the response shift**

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Therapeutic Alliance

• The healing power of the practitioner – patient relationship

• Fiduciary – Confidence / Trust

Bond of trust forms the basis of the relationship

Ludwig & Burke 2013

The greatest gift you can give another is the purity of your attention.
MEANING AT THE END

WHAT YOU CAN TRULY INFLUENCE

suffering can be defined as a state of severe distress associated with events that threaten the intactness of the person.

"The test of a system of medicine should be its adequacy in the face of suffering".

CASSELL 1991 NEJM
Who accompanies the professional caregivers?

- Non abandonment towards patients / families vs. obligations towards the professional caregivers
- Staff: sense of failure, compassion fatigue and moral dilemmas
- Cumulative stress — is simple debriefing enough
- No formal teaching / training module available on how to respond to patient, accompany patient, self care
Canadian Cardinal will offer funerals for euthanized: ‘Who are we to judge?’

QUEBEC CITY, July 31, 2017 (LifeSiteNews) — Cardinal Gérald Lacroix, archbishop for Quebec City and primate of Canada, says he doesn’t oppose church funerals for Catholics who choose to be killed by lethal injection.

But on the other hand, Lacroix says he could foresee denying a Catholic funeral when the euthanized person had publicly advocated for legal euthanasia in direct contradiction to Catholic teaching.

Euthanasia: "Are you asking me to kill her?"