An Chomhchoiste um Bás Cuidithe | Joint Committee on Assisted Dying.

Evidence of Professor Roderick MacLeod MNZM PhD FAChPM

I have worked as a specialist physician in hospice and palliative care since 1989 and have held professorial appointments in both New Zealand and Australia in palliative care.

Euthanasia, or assisted dying in any form, is antithetical to the purpose and practice of medicine and has the potential to put pressure on vulnerable people to end their lives, undermine palliative care services and change society's broader perceptions about suicide.

Requests for hastened death are not uncommon but are rarely sustained once effective palliative care is provided. The most common factors precipitating such requests are psychological in nature. It can be difficult even for psychiatrists to identify depression in those approaching death and a major concern has been expressed about the ability of clinicians to determine who is psychologically suitable for (i.e. competent to request) assisted death services.

Legislated safeguards cannot detect coercion behind closed doors. Many of the suggested safeguards in other jurisdiction's legislation are not able to detect psychological pressure from family members and others with vested interests. This is particularly concerning for potentially vulnerable groups such as older people, given that more than one in 10 older people experience psychological abuse in any given year.[1]

By assisting people to end their life, our society would be sending the message that some lives are not worth living. Such a change in attitude could place pressure on vulnerable people including older people and those living with dementia and those with a disability.

The existing and proposed safeguards in legislation in some countries (New Zealand is a good example) to protect people with mental disorders and impaired decision-making capacity require referral for assessment from a psychiatrist or other specialist. In jurisdictions where this requirement is optional, it is rarely used; where it is mandatory, significant concerns remain about the assessment of capacity and the presence of mental illness in people with a terminal illness.

The sense of hopelessness that accompanies many towards the end of life can be limited and hope can be restored once its absence is addressed. This requires effective and compassionate communication by clinicians over time to ensure all aspects of hope are addressed.

Palliative care in many countries around the world is widely available but not always understood by the public and the professions alike. Education on palliative care is inadequate in many universities considering the importance of this aspect of medical care. All doctors will have to care for people near the end of life, particularly in their early years of practice, so adequate and effective education is needed before graduation and subsequently.

The effect on health professionals of legalising euthanasia is underestimated by many and sadly, rarely discussed. The effects can seriously adversely impact on individuals' ability to

continue to practice. In the Netherlands, many physicians have found performing euthanasia to be a "drastic and sometimes even traumatic event".[2] In other jurisdictions doctors who have participated in physician-assisted suicide and euthanasia have reported that this subsequently affected their ability to practice medicine.[3]

International experience shows that the circumstances under which assisted dying can take place are often extended over time and the practice can also be open to abuse.

Along with the majority of my colleagues in palliative medicine, those indeed who have the most experience of caring for those approaching the end of their lives, I remain strongly opposed to legalising euthanasia or assisted dying in any form.

1. Yon Y, Mikton CR, Gassoumis ZD, Wilber KH (2017). 'Elder abuse prevalence in community settings; a systematic review and meta-analysis', The Lancet Global Health, 5(2), 147-156.
2. Van Marwik, H et al (2007). 'Impact of euthanasia on primary care physicians in the Netherlands', Palliative Medicine, 21(7), 609-614, 612.
3. MacLeod RD, Wilson DM, Malpas P, 2012. 'Assisted or hastened death: the healthcare practitioner's dilemma', Global Journal of Health Science, 4(6), 87-98, 90.

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