THE AUSTRALIAN

Euphemistic 'voluntary assisted dying' undermines the meaning of medicine

By **BERNADETTE TOBIN**, CONTRIBUTOR
28 MINUTES AGO JUNE 15, 2019 • COMMENTS

When their patients are dying, the much-loved Catholic hospitals in Victoria assist them to die in comfort and with dignity. That's precisely what they are doing when they provide their patients with palliative medicine and care. It's what Catholic hospitals have been doing for nearly 130 years in Australia.

The doctors and nurses relieve pain and other physical symptoms of illness and frailty such as breathlessness, restlessness, anxiety, clinical depression, constipation. They withhold or withdraw life-prolonging treatments when those treatments are medically futile or overly burdensome (or both). And they do what they (as healthcare practitioners) can do to alleviate other non-physical forms of suffering: loneliness, the fear of being a burden on others, unresolved emotion. Indeed, their active encouragement of the practice of advance care planning (long part of the provision of healthcare in the Christian tradition) reveals their commitment to honour the primacy of the patient's responsibility for accepting or rejecting life-prolonging treatments.

Why, then, when Victoria's Voluntary Assisted Dying Act comes into force next week, will doctors and nurses in Catholic hospitals not provide the services that, under certain conditions, it legalises? Why will they not prescribe lethal substances to people who have advanced disease that is expected to cause death within six months (or within 12 months for people with neurodegenerative diseases) and that is causing the person "unacceptable suffering"? Why will they not administer the substance to someone who, though meeting these conditions, is unable to "self-administer" it?

Note that these are the practices to which the term voluntary assisted dying in the VAD Act actually refers. The act will legalise doctor-assisted suicide.

Reluctance to use the term suicide — including the decision not to specify it as the cause of death — is not surprising. The same use of euphemisms is found in almost all jurisdictions that have legalised this practice.

It is not hard to sympathise with at least some of the motivations that may lie behind unease about using straightforward language: a desire to protect the privacy of the patient (and the doctor?), a desire to emphasise the relevance of the circumstances in which the person "self-administers" the substance. But if the patient fails to die, they will have failed to do what they set out (with assistance) to do, something that has always been understood as suicide.

Moral reasoning goes well when it is sensitive to the complexities of human life. But moral reasoning goes badly when it hides from view something that matters. The term voluntary assisted dying implies that the doctor is simply assisting a natural process.

So the reason doctors in Catholic hospitals will not provide VAD services is explained by their conception of the practice of medicine itself. Medicine's task is to heal, where healing is a much broader concept that curing.

On this view, it makes no sense to claim that patients have been healed by having been helped to end their lives. Symptom relief heals. Forgoing treatment acknowledges the limits to healing. But assisting a patient to suicide undermines the meaning of medicine.

How will doctors and nurses in Catholic hospitals respond if someone asks them about the VAD services? They will have open, respectful and compassionate discussions about that person's end-of-life treatment and care options.

And if a patient wants to access VAD services, the hospital will release the patient or transfer the patient to another facility.

The Victorian act protects conscientious objection on the part of individual doctors. In addition, the Victorian Department of Health and Human Services has reiterated the reassurances made by the parliamentarians during debates about the bill in 2017; that is, that healthcare institutions will not have to participate in the provision of VAD services.

The government acknowledges that one reason a healthcare institution may decide not to participate in the provision of VAD is because it does not align "with the values of the health service".

In putting it this way, the government acknowledges that individuals and institutions have consciences. That said, it is ironic that healthcare professionals in Victoria are described as "conscientiously objecting" when they provide excellent medical care but refrain from doing something that, on their view, undermines medicine's healing ethos.

All of those working in Catholic health and aged care remain concerned about the lack of access to first-class end-of-life care in Victoria.

They have called on the government to expand palliative care services so that all Victorians — particularly those in rural and regional areas — can access its benefits. They will continue to do this until every Victorian is offered what can truthfully be described as assistance to die in comfort and with dignity.

Bernadette Tobin works at the Plunkett Centre for Ethics, a joint centre of St Vincent's Hospital Sydney and Australian Catholic University.