

## **Points for reference with regard to ANZSGM and Euthanasia**

### **Definitions**

Euthanasia: An action which of itself and by intention causes a person's death with the purpose of relieving suffering (actual or perceived).

Physician-Assisted Suicide – as per above, but where a “physician” facilitates an individual's act of self-euthanasia.

### **Key points**

The ANZSGM acknowledges the wide range of perspectives and ethical views amongst geriatricians in Australia and New Zealand on euthanasia and physician-assisted suicide.

The ANZSGM acknowledges the wide range of perspectives and ethical views held by people living in Australia and New Zealand of all ages.

ANZSGM opposes legislation which would allow euthanasia or Physician-Assisted Suicide

The Society maintains that euthanasia and physician-assisted suicide are not part of palliative care practice (in accordance with the Australia and New Zealand Society of Palliative Medicine's position statement).

ANZSGM supports older patients' rights to refuse or discontinue burdensome or futile treatment.

ANZSGM supports a dying older person's rights to a death characterised by dignity, adequate symptom control and optimal access to expert palliative care management.

ANZSGM's view is that policy makers and funders of health care can best help patients by ensuring adequate provision and funding of high-quality palliative care and geriatric medicine services, rather than by providing legislation allowing euthanasia.

ANZSGM is deeply concerned about the potential consequences of legalising euthanasia and/or physician-assisted suicide in New Zealand and Australia.

Key concerns include:

- a. Portraying a conflicting public health message, i.e. that suicide is the preferred option in certain circumstances
- b. Placing pressure on frail older people who may feel they are 'a burden' on others. Such feelings are often due to underlying depression, financial concerns or family dynamics.

- c. The risks of involuntary or non-voluntary euthanasia in patients with cognitive impairment, dementia or reduced capacity.
- d. Adverse effects on the funding for palliative care services and research
- e. Changing the concept of doctors being 'treaters', 'life savers' and 'healers' to being providers of life-ending services, and the impact this may have on patient-doctor relationships.
- f. Increasing justifications for euthanasia and potential for abuse, for example cost savings for the health system<sup>11</sup>.