



VOX POPULI- Voice of the People

By Dr. Joanne Wright

I am a psychiatrist who works with elderly clients and those with neurodegenerative disorders. I have had the privilege of practicing in this area for over 20 years in both the public and private sectors. I also work with clients in palliative care. It is a great privilege to work in an area where I am part of a team caring for people, often at their most vulnerable. It is inspiring to see the conscientious and dedicated way people care for each other: both families/friends and health professionals.

I have followed with concern the current debate before NSW Parliament regarding the introduction of the Voluntary Assisted Dying Bill. I would like to share some of the reasons why I fear the introduction of this Bill not only as a Catholic but also as a health professional.

As a psychiatrist, I have spent my professional life assessing for risk of suicide, the aim being to prevent this tragic outcome. I've seen the havoc and long term negative emotional legacy suffered by those left behind. The Greenwich bill refers to "voluntary assisted dying" which many of us believe is a dishonest term. What we are talking about is voluntary assisted suicide. In my job, language and the narrative we create are critical. In Australia we acknowledge that suicide is a major public health problem and have a 'towards zero' goal for suicide prevention. Sanctioning suicide through Voluntary Assisted Dying legislation sends the wrong message to the community, especially our young people.

Suicidal thoughts often come up in the context of depression but also in other mental disorders. Psychiatrists are aware that depression is often under diagnosed and under treated. Studies show that treatment of depression in the palliative care setting is effective. We know that thoughts around suicide are not static and resolve when depression is treated. Even when there are residual thoughts about wanting to die, these are not acted on when support is given. At their most vulnerable, many people feel that they are a burden to those around them. The introduction of voluntary assisted suicide would enhance the feeling that these people feel to "relieve" others of this burden.

I rarely get asked by patients for access to physician assisted suicide, even though I routinely ask people their thoughts about dying. This is because I work in one of the most privileged areas in Australia, where we have world class, gold standard palliative care services. My patients have alternate choices which do effectively address their fears around dignity and suffering. But we all know that this care is not available in regional areas and that palliative care and mental health services are stretched beyond capacity.

There is also the fraught topic of coercion and undue influence. A phenomenon often seen is a kind of "vertical coercive control", where a vulnerable or elderly person is being pushed along a certain path (for example, to change a Will or to go into residential care) for the financial benefit, convenience or needs of the children. The reactions of those around the very vulnerable patient can have a powerful effect on the mental state and quality of life of the patient, and on their desire to live.



Coercion and undue influence can be very difficult to detect and address. I can still recall the bewildered and anxious look on the face of a patient of mine a few years ago when his children had pushed for the GP to “do something” to hasten the ending of his life. He had merely expressed to them that he was ready to die (a lot of elderly people are ready to die, it doesn’t mean they are suicidal) and that he wasn’t very happy in his residential care facility. He clearly felt a “duty” to push on in a request to die. He was under obvious pressure which was hard for him to articulate due to loyalty to his children. Voluntary assisted suicide also introduces the idea that some lives are worth living and some aren’t. It introduces value judgements into our relationships with others, rather than maintaining our current assumptions that all humans, regardless of abilities, race, creed or any other characteristics, have lives of equal value to be equally respected and honoured.

It is understandable that fear is driving this push for Voluntary Assisted Dying but the clinical experience of so many health professionals is that the fear is often much worse than the reality, once appropriate care is given. People do respond to empathic support and realistic messages about their situation and are remarkably resilient and adaptable. This is a hopeful message that wider society needs to hear.

I and many other doctors are convinced that a change in the social acceptability of assisted suicide is a game changer for medicine and society. It fundamentally undermines all the suicide prevention messaging we have and shifts our current values in healthcare. It reduces any impetus to address the inequity and access to palliative care and mental health care and perpetuates this gross social injustice. It gives the disadvantaged no real choice. Our governments have a duty to protect rather than harm vulnerable people in our community and my hope is that politicians debating this Bill in Parliament will recognise this.

Dr. Joanne Wright is a practising Catholic in the Diocese of Broken Bay and a Psychiatrist. She recently spoke at a forum on the Voluntary Assisted Dying Bill hosted by ‘Health Professionals Say No’, a group of health professionals who opposed the introduction of physician assisted suicide and euthanasia.