

FACTSHEET 07: More Terminology

1. Sound Medical Practice requires that medical aid in dying, in common with all medical treatment, is, as far as practicable, only provided with the informed consent of, and in the interests of the patient.

When the patient is unable to provide informed consent, sound medical practice requires reference to an advance directive (living will) if one exists, to the medical agent if one has been appointed and to the next of kin if available, with the objective of discovering the patient's wishes as far as practicable.

2. The term medical aid in dying covers all situations in which a hopelessly or terminally ill person may receive help in dying from a medical practitioner.
3. The full range of medical aid in dying comprises:
 - (a) Palliative measures designed to keep the patient as comfortable as possible until death occurs more or less naturally;
 - (b) Withdrawing or withholding treatment that is unduly burdensome and/or futile even though this may hasten death;
 - (c) Providing medication designed to relieve suffering even though a foreseeable consequence is to hasten death;
 - (d) Supplying medication to allow a patient to bring about his or her own death quickly and peacefully under medical supervision;
 - (e) Administering medication designed to bring about a quick and peaceful death at the request of the patient.
4. Items (a), (b) and (c) are legal and recognised as sound medical practice. Items (d) and (e) are forms of voluntary euthanasia and illegal.

Many doctors and other professionals as well as a majority of the general public believe that hopelessly and terminally ill patients should be free to choose from the full range of medical aid in dying.