

FACTSHEET 16: Dying of Cancer

1. Cancer, the commonest cause of death in Australia, accounts for more than a quarter of all deaths.
2. The pain associated with cancer can be among the most severe and intractable form of chronic pain, affecting a majority of patients with advanced cancer and some with early cancer. ¹
3. Cancer pain can be effectively treated in 85%-95% of patients.² Those with advanced cancer commonly experience multiple symptoms including fatigue, weakness, mental haziness, anxiety and nausea. Some of these are induced by pain therapy, others are directly caused by pain, by the cancer itself, or by metabolic abnormalities.³ Many of these symptoms cannot be eliminated, may adversely affect function and sense of well-being, and become a major source of distress to the terminally ill.
4. Where it is acknowledged that pain cannot be adequately controlled, the only legal remedy available is "terminal sedation", effectively "slow euthanasia"⁴, in which the patient is rendered unconscious until death occurs. Many find this procedure unacceptable, particularly because it may mean drifting in and out of consciousness over an extended period to avoid claims that death has been hastened. However in a survey of 61 selected palliative care specialists 89% believed that terminal sedation was necessary in the management of some terminally ill patients.⁵ This is not a good option but is all that is legally available.
5. Consequently many face the prospect of death from cancer in which:
 - there are extremely unpleasant symptoms during the terminal phase which may be inadequately controlled;
 - they are totally dependent on others without hope of recovery;
 - they have sound reasons for requesting that their death be hastened but this is denied them by the present law;
 - terminal sedation is permitted in some cases, yet a preferred quick release is always denied.
6. Most clinicians acknowledge that the process of dying slowly from cancer can be difficult and is not always optimally managed. Although improvements in palliative care and its general availability continue to be made there will always be a minority who will need the choice for voluntary euthanasia

References:

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3. Grond et al, (1994) *Journal of Pain and Symptom Management* 9- 372
4. Hunt, R (2001) 'Intention, the law, and clinical decision-making in terminal care' *Medical Journal of Australia*, 175:516
5. Chater, S et al (1998) 'Sedation for Intractable Distress in the Dying' *Palliative Medicine* 12:255

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- National Health and Medical Research Council 1988. 'Management of Severe Pain'. Australian Government Publishing Service, Canberra.
- Coyle, N. et al. 1990. 'Character of Terminal Illness in the Advanced Cancer Patient: Pain and Other Symptoms During the Last Four Weeks of Life' *Journal Pain and Symptom Management*, Vol.5 No.2.
- Report prepared for the South Australian Parliamentary Select Committee on the Law and Practice Relating to Death and Dying 1991. (Appendix E of the Select Committee's Second Interim Report, 6 May 1992). 'Care of Terminally Ill Patients: General Practitioner's Views and Experience'.