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Palliative care and voluntary euthanasia - complementary, not incompatible - concepts of care for ALL people

In 1990 when the 1st National Palliative Care Conference was held here in Adelaide, SAVES offered our poster display and were made welcome as participants. This was an important step in the forming of a respectful working relationship between SAVES and the Palliative Care Council; one in which the best interests of all suffering people is pursued.

This September the conference was held here again and we were looking forward once again to participating with our information and display. However our application for a booth was refused. We were surprised, very disappointed and concerned about this decision. Palliative care and voluntary euthanasia are not incompatible, but complementary. Both are medical procedures and both are concepts of care.

Palliative Care Australia's 1999 Position Paper on Voluntary Euthanasia states the organisation's philosophical objection to voluntary euthanasia but acknowledges that people rationally request it and that palliative care is unable to relieve suffering in all cases.

This leaves a minority of people who cannot be helped. Yet SAVES contends that our compassion and shared humanity demands that we advocate for respecting the expressed needs and wishes of all patients.

Never-the-less we have much in common with the aims of Palliative Care Australia and have attended many palliative care forums here as part of our desire to identify and further these commonalities. We have also worked hard to promote palliative care, as we are deeply committed to ensuring that people live as long as possible. Our society is one of the strongest promoters of the Consent to Medical Treatment and Palliative Care Act 1995.

With the advice of the Department of Human Services, we produced guidelines to completing the Act's Advance Directive for Health Care, complete with the legal documents. We always emphasise their importance by showing and distributing these documents when we give talks to community groups.

Our display, which has been in constant use in libraries for the past 15 years, includes a section about this law. One of our pamphlets, entitled "Hospice, Palliative Care, and Voluntary Euthanasia" acknowledges the importance of palliative care, hospice and voluntary euthanasia as concepts of care. We have had palliative care speakers at our general meetings to inform people about the services that are available to them when the need arises.

All this takes a great deal of our time and effort but we do this willingly because of our strong commitment to ensuring that terminally ill people are well informed and have access to palliative care within a range of options.

Palliative Care Australia and SAVES have a shared interest in dignified dying, compassion for suffering, and concern for quality of life. Above all, we share a deep commitment to patient autonomy, to giving patients what they recognise as good for them, rather than requiring them to live (and die) as seems good to others.

The choice of voluntary euthanasia is a last resort when palliative care can not, or can no longer, meet the patient's needs. It is a final act of palliative care. Voluntary euthanasia legislation is inevitable and the interests of all suffering people would be best served by us all working together to ensure that we have the best law possible.

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