The background of the slide is a photograph of a sunset. The sun is low on the horizon, casting a warm glow across the sky. The sky is filled with soft, wispy clouds. In the foreground, there are silhouettes of trees and a building, suggesting a rural or suburban setting.

Euthanasia: impact on palliative care professionals

Doug Bridge, palliative care specialist
CMDFA conference, Brisbane, 14 July 2017

Andrew Denton

“Of all the things I learnt over the last eight months, the **most shocking** was this: there is one circumstance in which Palliative Care Australia will accept a patient’s right to hasten their own death – which is **to refuse treatment, including food and water**, until they die.

Seared into my brain is the conversation I had with Professor Richard Chye, the head of palliative care at St Vincent’s – a gifted physician and teacher who, when I asked how long it can take for a patient to die this way, told me **it could take weeks** – weeks which were **psychologically painful for both the person dying and their family watching on**”.

The Di Gribble Argument 2015

<https://www.wheelercentre.com/notes/denton-s-di-gribble-argument-2015>

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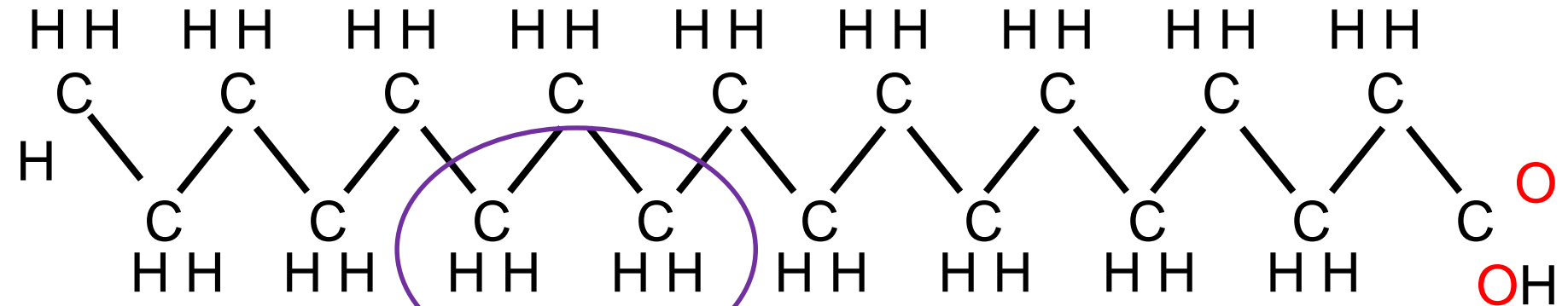
<https://www.wheelercentre.com/notes/denton-s-di-gribble-argument-2015>

Really Andrew?

Live for *weeks* with no food or water?

To die of **thirst** and **starvation** is unquestionably a horrible way to go

Stearic acid catabolism: just add oxygen



Pierre Renoir
Blonde bather 1881

She is beautiful,
but is she healthy?





Pierre Renoir
Blonde bather 1881

Spot the difference



Renoir: 1891
baigneuse debout



74kg -14kg → 60kg



+



15 litres of
water of
catabolism

Voluntary refusal of food and fluids (VRFF) in order to hasten death

A quick summary of the main points

1. Both the public and the medical profession are generally ignorant of this option
2. In Holland, it is very common: 2.1% of all deaths, equal to deaths by Physician Assisted Suicide
3. It is totally patient controlled, legal and ethical, i.e. the patient has absolute autonomy
4. Contrary to popular opinion and media publicity, it usually results in a “dignified death”
5. It is readily reversible if the patient changes his or her mind
6. Any serious discussion with a patient about euthanasia/physician assisted suicide should include information about VRFF

Impact on the doctor who performs euthanasia

“The central and unexpected finding of these interviews was the admission that after a request from a patient, physicians experienced anxieties, uncertainties, ambivalence, instability, sleeplessness, and sometimes overall inability to function properly”.

From “Physician-Assisted Death in Perspective. Assessing the Dutch Experience” chapter 17, “Moral and Psychological Repercussions Reconsidered”)

Case history

39 y man, wife,

14y dtr, 12y twins, 6y son

3 years melanoma, cerebral metastases.

Cushingoid – chronic steroid therapy

Raised intracranial pressure, headaches, vomiting

Treatment options?

1. Keep increasing steroid dose
2. Cease steroids and sedate

Key GCS – Graduated Compression Stockings; IPC – Intermittent Pneumatic Compression; VFP – Venous Foot Pumps

YEAR 20 _____ DATE AND MONTH → 16/6 17/6 18/6 19/6 20/6 21/6

DOCTORS MUST ENTER administration times

Date	Medication (print generic name)	Route	Dose	Frequency and NOW enter times	Indication	Pharmacy	Prescriber's signature	Print your name	Contact	Tick if Slow Release	Continue on discharge? Yes / No	Dispense? Yes / No	Duration	days	Qty
16/6/17	HYDROMORPHONE	subcut	16mg	NIKI PUMP 24h	Pain		<i>Bridge</i>	BRIDGE		<input type="checkbox"/>					
16/6/17	PROMETHAZINE (Phenergan)	oral	25mg	bd	itch		<i>Bridge</i>	BRIDGE		<input type="checkbox"/>					
19/6/17	HYDROMORPHONE	subcut	24mg	NIKI PUMP 24h	Pain		<i>Bridge</i>	BRIDGE		<input type="checkbox"/>					
21/6/17	HYDROMORPHONE	subcut	30mg	NIKI PUMP	pain		<i>Bridge</i>	BRIDGE		<input type="checkbox"/>					

Hydromorphone 16mg subcut by 24 h syringe driver. Dose increased to 24mg

Hydromorphone 24mg subcut by 24 h syringe driver. Dose increased to 30mg

Clinical pharmacist review

Date _____

Contact No _____

Print your name _____

Prescriber's signature _____

Tick Slow Release

REA
Absent
Fasting
Refused
Vomiting
On leave
Not available or contact
Withheld clinical
Self admin

Date	13/6	Medication (Print Generic Name)	HYDROMORPHONE	Date	13/6	14/6	14/6	14/6	15/6	15/6	16/6	16/6	17/6	18/6	18/6	19/6
Route	S/C	Dose	1-2mg	Hourly Frequency	hourly	PRN		Max Dose/24 hrs		Time	21:05	00:23	15:45			
Indication		Pharmacy		Dose	2mg	2mg	2mg	2mg/1mg		Route	S/C	S/C	S/C	S/C	S/C	
Prescriber Signature		Print Your Name		Contact		Sign	VD	BN	JR	JK	JK	JK	JK	JK	JK	JK

Date	13/6	Medication (Print Generic Name)	HYDROMORPHONE	Date	13/6	14/6	14/6	14/6	15/6	15/6	16/6	16/6	17/6	18/6	18/6	19/6
Route	S/C	Dose	3mg	Hourly Frequency	hourly	PRN		Max Dose/24 hrs		Time	11:00	02:20	04:10	05:45	07:00	08:15
Indication		Pharmacy		Dose	3mg	3mg	3mg	3mg	3mg	3mg	3mg	3mg	3mg	3mg	3mg	3mg
Prescriber Signature		Print Your Name		Contact		Sign	VD	BN	JK	JK	JK	JK	JK	JK	JK	JK

Date	19/6	Medication (Print Generic Name)	HYDROMORPHONE	Date	19/6	20/6	21/6									
Route	Subcut	Dose	3mg	Hourly Frequency	hourly	PRN		Max Dose/24 hrs		Time	10:10	02:20	05:45			
Indication		Pharmacy		Dose	3mg	3mg	3mg			Route	S/C	S/C	S/C			
Prescriber Signature		Print Your Name	J. KRUMMENACHER	Contact		Sign	VD	BN	JK	JK	JK	JK	JK	JK	JK	JK

Date	21/6/17	Medication (Print Generic Name)	HYDROMORPHONE	Date												
Route	Subcut	Dose	5mg	Hourly Frequency	hourly	PRN		Max Dose/24 hrs		Time						
Indication		Pharmacy		Dose						Route						
Prescriber Signature		Print Your Name	BRIDGE	Contact		Sign										

Date		Medication (Print Generic Name)		Date												
Route		Dose		Hourly Frequency		PRN		Max Dose/24 hrs		Time						
Indication		Pharmacy		Dose						Route						

Was this euthanasia?

This was

- withdrawal of futile therapy at the request of the patient,
- with the unanimous support of every member of the family,
- administering medications titrated to relieve symptoms (pain, nausea, restlessness, dyspnoea)
- and prevent possible complications (seizures)

The acronym “MAiD”



One final comment: I remain disturbed by the acronym **‘MAiD’** ("Medical Assistance in Dying") promoted by the Canadian forces favouring euthanasia. Misleading! Dishonest! How strange!!! I was under the impression that “medicaid in dying” was what I had been doing over the past half century. However, it *was* a clever, if devious, choice of an acronym, with its inherent subtle suggestion of the process involving a caring maiden. ...

- Prof Balfour Mount, private email, 12 June 2017

Compare two patients who died
receiving palliative care





Music



A “miserable” death

Vigorous pursuit of futile therapy was the major cause of the misery.

The misery could have been reduced by ceasing the futile therapy.





He died “healed”

- At home
- Surrounded by love

The Weekend Australian
Paul Kelly April 15, 2107

“New progressive morality rapidly taking over from Christian beliefs”

“The push for euthanasia is explicit — the law originating in Christian ethics is now obsolete and must be replaced by a new individual-centred morality to permit state-sanctioned killing for humanitarian purposes.”