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## Position Statement: Euthanasia and Physician Assisted Suicide

### Preamble

There is current societal, academic and parliamentary debate in Australia on the topic of legalisation of euthanasia and assisted suicide for people living with a life limiting illness who are experiencing unbearable suffering. Euthanasia and physician assisted suicide are currently illegal in all Australian states and territories.

### Background

Palliative Care Nurses Australia Inc. (PCNA) is a national member based organisation for nurses working with people who are living and dying from progressive illnesses and their families. The vision of PCNA is to promote excellence in palliative care nursing for our community, through leadership, representation and professional support. The World Health Organization (2002) definition of palliative care underpins our work.

Palliative Care Nurses Australia believes that:

- Palliative care does not include the practice of euthanasia or assisted suicide; and that the intent of palliative care is to neither hasten or postpone death;
- Nurses play a key role in minimising the patient's suffering and maximising their function and access to support and comfort. Optimal palliative care nursing involves:
  - advocating for and ensuring all patients have access to palliative care in accordance with their needs;
  - impeccable assessment and management of the physical, psychological, socio-cultural and spiritual needs of the person and their family in accordance with the best available evidence;
  - discussing and supporting a patient's choices to withhold or withdraw treatments where the potential harm outweighs possible benefit or is against their expressed wishes;
- considering the complex and multi-dimensional nature of suffering and acting to prevent and alleviate it where possible by seeking and utilising the best available evidence and interdisciplinary advice;
- respectfully and compassionately acknowledging a person's desire to die statements or requests to hasten death in the context of a life limiting illness, and seek to understand the origins of the request; whilst acknowledging that for a small proportion of people pain, distress and/or suffering can persist despite the provision of best palliative care;
- responding to a person's request to hasten death in accordance with: the law, professional codes of conduct, ethical health care principles, best available evidence, and the unique needs of the person and their family; and
- fostering informed and respectful communication with patients, their families, other health care professionals and the wider community about death, dying and end of life care, including the topic of euthanasia and physician assisted suicide.

## Definitions

**Palliative Care** as defined by the World Health Organization (2002) is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

Palliative care provides relief from pain and other distressing symptoms, and:

- affirms life and regards dying as a normal process;
- intends neither to hasten nor postpone death;
- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;
- offers a support system to help the family cope during the patient's illness and in their own bereavement;
- uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;
- will enhance quality of life, and may also positively influence the course of illness;
- is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

**Euthanasia** is a physician (or other person) intentionally killing a person by the administration of drugs, at that person's voluntary and competent request (EAPC, 2015).

**Physician Assisted Suicide** is a physician intentionally helping a person to terminate their life by providing drugs for self-administration, at that person's voluntary and competent request (EAPC 2015).

## References:

ANZSPM position statement euthanasia and assisted suicide (updated 31 March 2017)

<http://www.anzspm.org.au/c/anzspm?a=da&did=1005077>

PCA position statement (last updated August 2016) voluntary euthanasia and assisted suicide

[http://palliativecare.org.au/wp-content/uploads/dlm\\_uploads/2015/08/20160823-Euthanasia-and-Physician-Assisted-Suicide-Final.pdf](http://palliativecare.org.au/wp-content/uploads/dlm_uploads/2015/08/20160823-Euthanasia-and-Physician-Assisted-Suicide-Final.pdf)

Krikorian, A. et al., (2012). Suffering and distress at the end-of-life. *Psycho-Oncology* 21 (8): 799-808.

Radbruch, L., et al., Euthanasia and physician-assisted suicide: A white paper from the European Association for Palliative Care. *Palliative Medicine*, 2015,

<http://www.eapcnet.eu/LinkClick.aspx?fileticket=28Vb60In9SQ%3D>

WHO 2002. Palliative Care Definition. World Health Organisation, Geneva. Viewed online 2/2/16

<http://www.who.int/cancer/palliative/definition/en/>