

Life-changing issues demand serious attention

In recent months, we have seen concurrent discussion on two different social and health issues - namely euthanasia/physician-assisted suicide and marriage equality/same-sex marriage.

Perhaps the reason they have been grouped together is because of the support that both these issues have from the so-called progressive left, and the presumed opposition of so-called conservative religious forces.

Despite this, the two issues could not be more different.

Exactly how and when euthanasia became a progressive left issue is difficult to understand. A societal change that threatens the most vulnerable people, those without a voice, while prioritising the rights of the individual might appear to be ideologically closer to the right.

It has long been recognised that doctors who are closest to providing end-of-life care are those most likely to be opposed to physician-assisted suicide. The AMA's own member survey, which informed the 2016 update to our Position Statement showed that the groups most likely to favour a change are younger doctors and those who rarely treat dying patients.

While we did not actively survey our members on marriage equality (a decision that has been criticised by those opposed to it), our Position Statement this issue enjoys the broad support of the profession. The commentary for and against it reflects the great diversity in the medical profession. The AMA position is most popular among young doctors.

I have no doubt that legislating for marriage equality would be a positive move for our community. It will remove one of the final vestiges of discrimination against a minority in our society. It will further legitimise civil unions that already exist. It is a vote for love, and a vote for family as the fundamental unit of social support in society.

Discrimination has negative mental and physical health outcomes. While not all members agree, the AMA supports legislation of marriage equality.

On the contrary, the proposal for Voluntary Assisted Dying (VAD) in Victoria, or any other form of euthanasia/physician-assisted suicide in New South Wales, Western Australia, or elsewhere, would be a negative move for our society. It would be a victory for fear over hope, and would in no way enhance the provision of quality end-of-life care.

The way we look after our elderly is simply not good enough. It is a stain on our society that we do not invest in aged care like we invest in, and celebrate, technological advances in medical procedures and new pharmaceuticals.

Elder abuse is real, and it happens every day.

The sick, the elderly, the disabled, the chronically ill, and the dying must never be made to feel they are a burden. They reflect a diversity in our society that is every bit as important as the LGBTIQ community.

Patients receiving high-quality palliative care rarely, if ever, request euthanasia/physician-assisted suicide. The VAD committee in Victoria was tasked with implementing Recommendation 49 of the Upper House committee report. The first 48 recommendations might have been better put first. Euthanasia/physician-assisted suicide makes us a poorer society, not a richer one.

I disagree with those opposed to marriage equality. No one is harmed. There are no casualties. It need not threaten religious freedom, and it is something generous and positive that the community can do in support of, and in partnership with, a minority group - a group that includes our sons and daughters, brothers and sisters, friends, and work colleagues.

On the other hand, euthanasia/physician-assisted suicide in no way makes our society safer or better. In other parts of the world, the legislation has been changed so it can be used against vulnerable groups. In the Netherlands, and Belgium, it has been extended to involve children. In other jurisdictions, it can be used against the disabled and the demented.

Unlike marriage equality, end-of-life care is an issue for the majority of the population. While not all our members agree, the AMA opposes any interventions that have as their primary intention the ending of a person's life.

I ask the Parliamentarians and the people of Australia to think deeply and deliver positive choices that make us a richer society, a better society, a more caring and ethical society.

Resolving these two critical areas of public debate is an opportunity to show exactly how much we care about our fellow citizens.

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