

JOINT SELECT COMMITTEE ON END OF LIFE CHOICES

**INQUIRY INTO THE NEED FOR LAWS IN WESTERN AUSTRALIA
TO ALLOW CITIZENS TO MAKE INFORMED DECISIONS
REGARDING THEIR OWN END OF LIFE CHOICES**



**TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
FRIDAY, 9 MARCH 2018**

SESSION FOUR

Members

**Ms A. Sanderson, MLA (Chair)
Hon Colin Holt, MLC (Deputy Chair)
Hon Robin Chapple, MLC
Hon Nick Goiran, MLC
Mr J.E. McGrath, MLA
Mr S.A. Millman, MLA
Hon Dr Sally Talbot, MLC
Mr R.R. Whitby, MLA**

<014> G/J1:07:43 PM

Hearing commenced at 1.08 pm

Mr PETER ANTHONY O'MEARA

President, Right to Life Association WA, examined:

The CHAIR: Mr O'Meara, welcome this afternoon. I am glad you found us. It is not that obvious where we are.

Mr O'MEARA: Even the policeman did not know!

The CHAIR: I have no doubt that you are not the first person to do that!

On behalf of the committee, I would like to thank you for agreeing to appear to provide evidence in relation to the Joint Select Committee on End of Life Choices inquiry. My name is Amber-Jade Sanderson, the Chair of the joint select committee. We have Hon Dr Sally Talbot, Mr John McGrath, Dr Jeannine Purdy, who is our principal research officer, Hon Colin Holt, Hon Nick Goiran, Mr Reece Whitby and Hon Robin Chapple.

The purpose of today's hearing is to discuss the current arrangements for end-of-life choices in Western Australia and to highlight any gaps that may exist. It is important that you understand that any deliberate misleading of this committee may be regarded as a contempt of Parliament. Your evidence is protected by parliamentary privilege; however, this privilege does not apply to anything you might say outside of today's proceedings. I advise that the proceedings of this hearing will be broadcast live within Parliament House and via the internet. The audiovisual recording will be available on the committee's website following the hearing. Do you have any questions about your attendance here today?

Mr O'MEARA: No, just to listen to you. I think you have my submission somewhere.

The CHAIR: Yes, we did. Thank you. Before we ask questions, do you want to make an opening statement?

Mr O'MEARA: The opening statement would be on the submission in addressing the question of end-of-life decisions. In the countries that have passed bills on that, it is more or less a law that does not protect the person—the elderly person or the sick person. Rather, it gives them a law to be killed and that is what we would be against. People are so precious. You can see the people lined around here this afternoon. The whole thing about it is that they should be protected from the beginning at birth until the natural end, and no law should say that that is not the case; that if they become senile, they should be allowed to be—I do not like to use these words—bumped off. We have a doctor here—I have forgotten her name now—who did that to one of her patients. That is wrong.

The CHAIR: Do you have any views on the adequacy of palliative care in Western Australia?

Mr O'MEARA: Yes. We are in touch with Palliative Care very much with Right to Life because of their work with the elderly and the sick. They do a marvellous job providing care and love and attention for people who need it.

The CHAIR: Do you think that palliative care can relieve all pain at the end of life?

Mr O'MEARA: To a degree, yes. That is what palliative care is for—to maintain a care that is relevant to individual patients, of course. You cannot do it across the board; you do it patient by patient. Palliative care is a caring situation where they look after the health of the patient, their family and so on, and that is a very good contribution to the community.

The CHAIR: Do you think there are instances where palliative care does not work in relieving pain?

Mr O'MEARA: That is a very—palliative care will relieve pain to the nth degree. If it does not, the palliative care group will look after the patient anyway as well as they can through the situation which they are in. Not all people are in that situation where palliative care does. It is 99 per cent a success.

The CHAIR: Do you have experience with advance health directives, Mr O'Meara?

Mr O'MEARA: Only through our doctors; we have a doctors group. They deal with that. We have lawyers, legal people—I notice a couple of them here today—who will advise us on certain situations.

The CHAIR: Can you elaborate? Do you mean as part of the Right to Life Association, you support people making advance health directives?

Mr O'MEARA: Yes.

The CHAIR: Okay. Can you describe the kind of support you provide for your members?

Mr O'MEARA: First of all we address their family to see what sort of support they can give, and if they cannot give that support we have other groups within the community who are affiliated with us who will do it; not all of them, but they do as much as they can to support people in their certain situations.

The CHAIR: We have had a lot of evidence that advance health directives are not well used in the community. Do you have an opinion as to why that is the case?

Mr O'MEARA: I really cannot answer that.

The CHAIR: Do you have an advance health directive?

Mr O'MEARA: No.

The CHAIR: Have you seen the form?

Mr O'MEARA: No.

Mr J.E. McGRATH: Further to that question, have you had anyone that you have known in your life, travels or work, bearing in mind that you are with the Right to Life Association, say to you, "I don't want to put up with this anymore"? They might be undergoing chemo and have had a couple of sessions, it is painful and they are going through a really tough time. Have you ever had anyone say, "I wish I could end it now"?

Mr O'MEARA: One of my relatives was that way. We spoke to them and cared for them; I was not vitally involved. But we changed his mind in the end. He wanted to accept the help of the family, their love and positive care. I think there are reasons that you should not take what they say originally—that they want to go—but talk to them quietly and sometimes it changes them around. They can see help, love and attention. Does that answer your question?

Mr J.E. McGRATH: Yes. Thank you.

Hon ROBIN CHAPPLE: Mr O'Meara, we have heard from palliative care practitioners and palliative care specialists that between two and five per cent of patients cannot be helped by palliative care. We have even heard from frontline people that when we use palliative sedation, which is a full unconscious state, patients still exhibit signs of pain, discomfort, grimace, moaning and stiffness of limbs. In most cases they will not remember that because they end up dying. But palliative care quite clearly in some cases cannot—I am a great supporter of palliative care—suppress pain. What do you think should happen in that situation?

Mr O'MEARA: I am not a medical person, but I have relatives who were in that sort of situation on my mother's side and my father's side. They addressed their situation. Dad wanted to go originally, and then he had the love of the family around him, supporting him, as much as they could without overdoing it, and he changed his mind too. It is a matter of getting through to a person in a pain situation and giving them the positive thought that they can do it without being—what do they call it?—put to sleep.

Hon ROBIN CHAPPLE: You mentioned in your submission that if a law were to come into effect that allows doctors or individuals to have some ability to manage their life directly at the end of their life, that that would be a criminal offence against society and the doctors involved irrespective of the law. Can you explain how you come to that conclusion?

Mr O'MEARA: Is that in my submission, is it?

Hon ROBIN CHAPPLE: Yes.

Mr O'MEARA: I will have to look at this again. In Nazi Germany—we will go back in time—when Hitler was in power and had numerous innocent people in concentration camps, Hitler gave the okay that they should be done away with and doctors came into the pool to do that. After the war, as I explained in the brochure, it was a war crime against medicine. That is what we are seeing if you allow that practice to occur here in Australia. I think that would be very unproductive in the matter of caring for people, especially in their dying moments.

<015> M/J [1:19:20 PM](#)

[1.20 pm]

The CHAIR: For members' benefit, Mr O'Meara has provided a second submission to his original submission.

Hon ROBIN CHAPPLE: I have not actually seen it.

Mr O'MEARA: I have copies here if you want to pass them around.

Mr J.E. McGRATH: Mr O'Meara, how did you get to become involved with the Right to Life Association?

Mr O'MEARA: I was in religious life for a few years, and I came out and the clerks' union took me under their wing and sent me up to the north.

Mr J.E. McGRATH: Who took you under their wing?

Mr O'MEARA: The Federated Clerks' Union. I got to move around there and to meet people and they were explaining to me—some of the Catholic people—that they were having a problem like that and what would they do? I said, "Well, you'd step in and do what you can to help the situation to simmer down and probably fade away, hopefully."

Mr J.E. McGRATH: Before that were you involved with a church?

Mr O'MEARA: Yes.

Mr J.E. McGRATH: In what role?

Mr O'MEARA: This is telling secrets! I was a brother with the Redemptorist order. I was found wanting at one stage, and that was the end of that. I came out and I met the clerks' union. The religious orders have a lot of things they help people with too in the situation we are discussing at the moment, like the hospitals and so on. The Little Sisters of the Poor over in Glendalough and so on.

Hon ROBIN CHAPPLE: Do you think an individual of sound mind should have the right to determine their destiny if they are terminally ill?

Mr O'MEARA: Who is going to determine if they are of sound mind? Just one person?

Hon ROBIN CHAPPLE: No. Let us say we do it with a psychologist and a couple of doctors.

Mr O'MEARA: We have a group of doctors who would challenge that situation if they felt that there was another option open to the patient. We are talking not in specifics, but in maybes. I would say in a situation in which a patient is determined that they want to go and the doctors are saying yes, yes, yes, how do the doctors address that? Do they sedate them? Do they give them an injection? I think that is very wrong if they do.

The CHAIR: Mr O'Meara, we have had a lot of submissions from people, particularly older people, in support of having access to voluntary assisted dying. Why do you think that it seems to be, for want of a better word, popular amongst the community?

Mr O'MEARA: You would have to know the patient. Are they sending you copies of what their situation is?

The CHAIR: Yes. I would say the majority have provided a story behind that.

Mr O'MEARA: How are you addressing it when you answer their letters?

The CHAIR: It is not for us to address their letters, it is up to us to deliberate on the issues and I am asking your opinion on why you think a lot of people would like this option.

Mr O'MEARA: There are quite a few groups in the community who would help them if they knew about it, but if they do not know about it of course they cannot. We have had a couple of instances. There was an old chap who was a bit of a cowboy, really; he is in his 80s and he wanted to go. I took a couple of my friends around because I did not want to get a knock on the jaw or anything! We talked to them, and we had theirs and he had theirs, and they said, "Can we come back and see you?" So, they have been coming back and back and back, and he has changed his mind because of the company.

The CHAIR: What is your position on a person's right to withdraw from medical treatment and food and hydration?

Mr O'MEARA: You are talking about a patient?

The CHAIR: Yes.

Mr O'MEARA: You would have to look at that by cases. It is very easy to give an answer, but you have to know the situation of the patient. If you can get to the patient, and we have good doctors who can do that and we have good helpers who will go and be with that patient if they are needing help, if they are needing care or they are needing just association with other people. There are many options that you can do, but you cannot get to all of them. That is the problem.

The CHAIR: Would you support someone of a sound mind who had a serious medical condition withdrawing from medical treatment and hydration and nutrition in order to bring about their own death?

Mr O'MEARA: We would have to discuss that with the medico to see what he was doing and give an answer on that after that.

The CHAIR: Is there anything else you want to add, Mr O'Meara? Is there anything else you would like the committee to know?

Mr O'MEARA: No, not really. But when you are thinking about euthanasia, they have got it in Victoria now. I am an ex-Victorian, and my brother was working there against that. He was a Labor supporter but he would not support the Premier over there on this one. If they try to introduce it here, which they are, there is a big fight to go on to defeat that. People must realise that euthanasia does not solve anything. It kills the person; it allows criminality to take its place in our community. To introduce a law like that is an insult to the community and to the people who live in it, and I am against it.

The CHAIR: Thank you, Mr O'Meara, for your evidence before the committee today. A transcript of this hearing will be forwarded to you for correction of minor errors. Any such corrections must be made and the transcript returned within 10 working days from the date of the email attached to the transcript. If the transcript is not returned within this period, it will be deemed to be correct. New material cannot be added via these corrections and the sense of your evidence cannot be altered. If you wish to provide clarifying information or elaborate on your evidence, please provide this in an email for consideration by the committee when you return your corrected transcript of evidence. Thank you very much for taking the time to speak to us, Mr O'Meara.

Hearing concluded at 1.26 pm
