

# Inside Trauma



## A Word from the Editor



Is Euthanasia looked upon differently than dying? This question is a focus on how the after effects are differently portrayed or handled when the option of Legal Euthanasia is taken.

The following discussions will entail features of the grieving process that may differ to regular grieving with the recent changes to the legalization of Euthanasia in Victoria.

The process of obtaining permission from the state to Euthanize a patient will be uncovered along with the stringent requirements that need to be strictly monitored and obtained before the final decision is made.

The emotional changes when dealing with Euthanasia will be considered and a paradigm shift with emotional responses are highlighted.

Ethics of death are portrayed with a personally reflective piece and thoughts are given by a Doctor; with reference to academic journals.

The trauma and emotional pain of a patients' decision to be euthanized is discussed and how a planned time/date and voluntary decision may lessen the trauma.

*Lauren Chester*  
*Post Graduate Counsellor at Trauma Centre Australia*

## Inside Trauma Newsletter

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### **In this edition:**

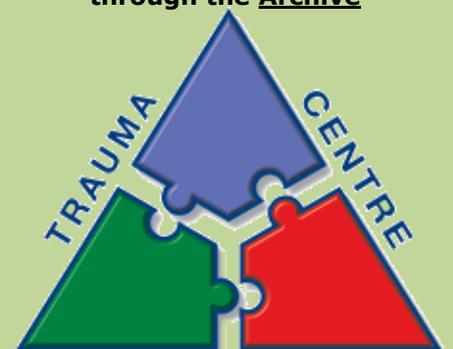
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Putting the Pieces Back Together  
**AUSTRALIA**

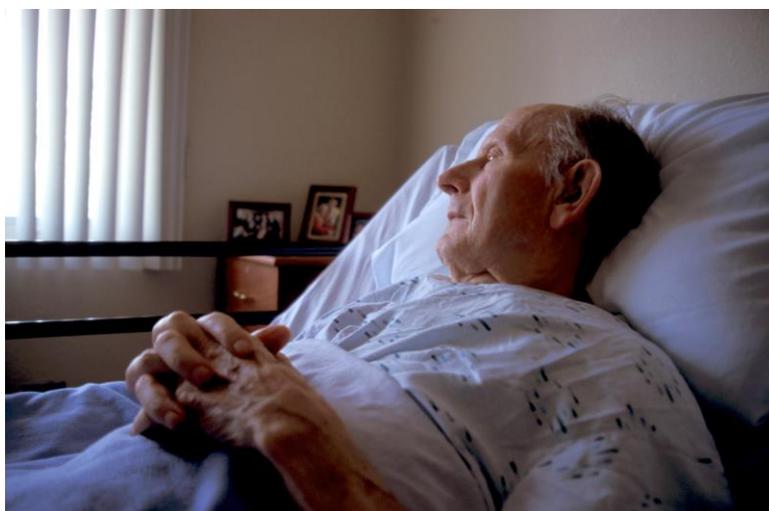
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## New Legislation Passed – The Process Now



The right to die Legislation passed in 2017, became active on 19<sup>th</sup> of June 2019. There is lengthy criteria that an individual must fit to qualify for this process. The requirements are to be 18 years or older, be an Australian citizen or permanent resident, have decision making capacity, be diagnosed with a disease that is incurable, advanced, progressive and cause death within less than 12 months, a person must be experiencing suffering that cannot be relieved in a manner that the person deems tolerable.

A person is not eligible to access voluntarily assisted dying if they have a mental illness only; or a disability only. Those with both are not excluded if they fit the criteria. The first process is a request from the patient; doctor can refuse to participate if desired. Then a first assessment is completed where a Dr. decides if the patient fits the criteria. A patient can change their mind at any time.



**“In quixotically trying to conquer death doctors all too frequently do no good for their patients’ “ease” but at the same time they do harm instead by prolonging and even magnifying patients’ disease.”**

— Jack Kevorkian

**“Whenever you read a cancer booklet or website or whatever, they always list depression among the side effects of cancer. But, in fact, depression is not a side effect of cancer. Depression is a side effect of dying.”**

— John Green



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A second assessment occurs where a doctor double checks if the patients request is voluntary. A final request is again sought ten days after the first request with a Dr. certification.

A prescription is then given, overseen by the Department of Health and Human Services, and is checked by the Pharmacist. If the patient is unable to take the medication themselves the Dr. must seek a separate permit to assist.

Finally, a patient can take the medication, if they are assisted by a Dr. and also a witness to the administration of the medication is required.

Further information is available at:

<https://www.theage.com.au/national/victoria/euthanasia-to-be-legal-in-victoria-from-2019-20171129-gzuxa8.html>

<https://www.parliament.vic.gov.au/publications/research-papers/download/36-research-papers/13834-voluntary-assisted-dying-bill-2017>

*Lauren Chester  
Post Graduate Counsellor*



## **Need Alcohol Counselling?**

Call AAA Awareness or  
Add Education on 92059490  
or email  
[reception@traumacentre.com.au](mailto:reception@traumacentre.com.au)



**“Dogs do not have many advantages over people, but one of them is extremely important: euthanasia is not forbidden by law in their case; animals have the right to a merciful death.”  
Milan Kundera**

## Euthanasia and the Ethics of Death

I was recently speaking with a friend of mine who is a Doctor of Radiology at a prominent Sydney Hospital. We were discussing some of the ethical issues surrounding legalized Euthanasia. He expressed his concern to me that euthanasia presented a challenge to medical ethics. He feared that in legalizing Euthanasia an ethical line had been crossed which would be difficult to regulate in the future. As a Doctor, he felt profoundly conflicted about this issue, understanding the cornerstone of his profession as being to 'do no harm.'



My friend was conveying a view long held by opponents of euthanasia; namely, that it opens the door to misuse and arbitrariness. This is reflected in a 2002 article in *the Journal of Pain and Symptom Management*, which outlines the central arguments against Euthanasia in a fair and constructive way.<sup>1</sup>

These arguments deserve our engagement. By way of response, it is important to bear in mind that the process of obtaining permission for Euthanasia will be stringent and thorough, mitigating some of the concern about its misuse. Second, the emotional well-being of patients and families should always remain at the forefront of the debate. Despite some of the criticisms levelled toward Euthanasia, it is important to recognize its potential to provide closure and a sense of peace to patients and families alike.

*Ryan Buesnel*  
*Alcohol and Other Drugs Student*

<sup>1</sup> Maaikje A. Hermesen & Henk A.M.J ten Have, "Euthanasia in Palliative Care Journals," *Journal of Pain and Symptom Management*, 23/6 (2002): 517-525.

**"There are far too many silent sufferers. Not because they don't yearn to reach out, but because they've tried and found no one who cares."**

**Richelle E. Goodrich**

**"One should die proudly when it is no longer possible to live proudly."**

**Friedrich Nietzsche**



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**We don't let animals suffer, so why humans?**

**Stephen Hawking**

## Do we Need a Paradigm Shift with Death?

A shift can occur when the usual and accepted way of doing or thinking about something changes completely. With the recently new changes with legalized dying in Victoria, society now is in a process of change about how to grieve for a person whom have a controlled date of terminating their life. The stages of grief developed by Kubler Ross some 45 years ago focus on 5 Emotional States however it is not a linear or predictable progress of stages. Often grief will take a messy road and up to current legislation reflected strong emotions of:



1. Denial – avoiding feelings of sadness and emotional turmoil
2. Anger – towards others and ourselves for leaving us
3. Bargaining – we can negotiate and promise to God or concept about taking away the pain
4. Depression – leading to intense feelings of sadness, poor sleep and appetite
5. Acceptance – where a shift toward the bereaved person occurs and recovering starts
6. Guilt – blaming oneself about doing more
7. Numbness – feeling nothing, empty. Working towards bringing back



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### Upcoming Seminar: 'Picking Up The Pieces: Handling the Fallout When someone Chooses Death'

When: Monday October 14<sup>th</sup> 6pm to  
8:30pm

Where: Melbourne Multicultural Hub –  
506 Elizabeth Street, Melbourne VIC  
3000

Link to register:

[www.psychology.org.au/Event/20891](http://www.psychology.org.au/Event/20891)

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**Life Line – 13 11 14**

**Odyssey House - (03)9420 7600**

**Direct Line - 1800 888 236**

**Trauma Centre – (03)9205 9488**



Importantly, self-care is one of the most important elements to focus on when trying to recover and rebalance from a loss.

Much of the literature prior to our nation grappling with assisted dying has been seen in the above content. However, with the recent legislation changes and society coming to grips with the new idea of choosing your day of death, will force society to re-imagine our concept of dying.

The past notion of death when someone dies as beyond our control; is suddenly switched to being that we are in control.

Choosing a day, a time and a moment when all know that pending death is locked into a moment of time. It is not to say that grief responses will not consume us but we will have been given the opportunity and knowledge of when the shock is pending or happening.



Death is a calculation, a package of agreement between the person, family, loved ones and the state. The brave new frontier of developing a new paradigm shift is unravelling and about to be forged.

*Peter Horton*  
*Founding Director of Trauma Centre Australia*

**“When you part from your friend, you grieve not; For that which you love most in him may be clearer in his absence, as the mountain to the climber is clearer from the plain.”**

– Khalil Gibran



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