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# MEDIA RELEASE

## SHOULD DOCTORS FEAR LITIGATION FOR END-OF-LIFE CARE?

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MEDICAL practitioners can be assured that clinical practice that seeks to alleviate the suffering of patients at the end of their lives will not be punished under the law, according to the authors of a Perspective published today by the *Medical Journal of Australia*.

Led by Professor Geoffrey Mitchell, professor of General Practice and Palliative Care at the University of Queensland, the authors wrote that the convergence of two separate conversations – the overuse of opioids, and the passing of assisted suicide legislation in Victoria, and shortly, in WA – had created a “perfect storm” of fear for clinicians involved in end-of-life care.

“An unintended but predictable consequence appears to have arisen: anecdotal reports of some practitioners choosing to abandon end-of-life care altogether rather than risk professional ruin should they persist in the use of any opioid therapy,” wrote Mitchell and colleagues of the opioid overuse debate.

In terms of assisted suicide, the fear is that “the use of medicines to minimise suffering and distress at the very end of life may hasten death and be construed by critics as euthanasia by stealth”.

Mitchell and colleagues recently published a systematic review in the *Journal of Law and Medicine* (2018; 26: 214-245) which tested “the extent to which there have been legal sanctions against health practitioners on the basis of overmedication possibly hastening death, in the setting of life-limiting illnesses”.

“We identified 12 cases in total across all jurisdictions in publicly available electronic databases, and of those, only two had adverse findings recorded,” they wrote. “Database searches revealed that neither led to criminal proceedings.

“This indicates that regulatory bodies are not seeking to blame practitioners when death occurs in the presence of opioid administration, and that the intention to alleviate suffering and adhere to good clinical practice is respected.

“[Practitioners] should use both treatments and doses that are clinically indicated to alleviate the person’s suffering. Opioids should not be avoided, and the minimum dose that achieves pain relief or reduction of chronic breathlessness should be prescribed.

“Clinical practice that seeks to alleviate suffering will be respected by the law and not punished,” Mitchell and colleagues concluded.

“Practitioners can be assured that the law does not constitute a hazard to safe practice, but an ally to be valued.”

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