**Dementia Patients’ Access to the Dying with Dignity Policy of Australia**

 End of life decision making for patients suffering from various chronic diseases is encouraged by physicians and other medical experts globally. Multiple countries have embraced such policies which help patients to be psychologically prepared when nearing the time of their death. In August, Australia is set to bring into place the Dying with Dignity Policy which allows patients suffering from serious illnesses to discuss their end-of-life wishes with professional physicians and other medical experts. Engaging physicians in end-of-life decision making prepares patients suffering from severe diseases and helps them avoid unnecessary suffering at the end of their lives. In Australia, people who have dementia are encouraged to acquire the ability to access the dying with dignity policy. This essay discusses reasons people who live with dementia should have the ability to access the Dying with Dignity Policy, which is set to be legalized in August the year 2019.

**Proposing Arguments**

 First, people living with dementia should have the ability to access the Dying with Dignity Policy to protect them from preventable suffering during the ultimate time of their death (Bravo et al., 2017). The policy allows patients with chronic and other dangerous illnesses such as dementia to engage their preferred physicians and other medical experts in end-of-life discussions and help them avoid unnecessary suffering during the time of their death. For some time, the debate about voluntary euthanasia has been ongoing in Australia, and among the likely beneficiaries of the implementation of this policy are individuals who have dementia. So far, a significant majority of the Australian population supports the policy that terminally and seriously sick individuals should choose their terms for ending their lives. This support from the majority of the Australian population shows the level of solidarity that individuals from diverse societies in Australia are concerned with the well-being of dementia patients in the country.

Second, individuals enduring constant pain and suffering due to the terminal effects of dementia have the right to make their own choices of pain-free and dignified death (Tomlinson & Stott, 2014). Support from the general public and other human rights activists have sparked ongoing pressure on the government of Australia to legalize the policy of dignified death and respect the wishes of the terminally sick individuals in the country. Within the same breathe, dementia patients have the right to acquire apposite relief from distress and pain. Additionally, such patients have the right to decline medication or to alternatively request their physicians and other medical personnel to withdraw treatment that has already been commenced.

Third, it is stated by the Australian Medical Association (AMA) that any form of medical treatment that does not provide reasonable hope or benefits for a patient suffering from a severe illness like dementia, or a treatment that offers an intolerable encumbrance on a particular patient should not be warranted (Cartwright, 2011). Notably, dementia dramatically affects the psychological well-being of an individual and, in this regard, any prescribed medication should be aimed at relieving the patient or completely curing them of the illness. In this regard, any medication that prolongs the patient's suffering should not be encouraged. Instead, the patient should be allowed to make decisions about the fate of their lives by engaging professional physicians and other medical personnel.

Fourth, the ethical principle of autonomy provides support for patients who have dementia and other diseases which cause pain and suffering to both the victims and their respective families. Autonomy is not only recognized but also accepted as one of the supreme pillars of healthcare ethics. The ethical principle of autonomy allows competent individuals to make their own conversant and voluntary decisions concerning their health and care (Trankle, 2014). On various occasions, patients suffering from illnesses which cause pain and suffering to them have refused to be placed under life-sustaining treatment. Accordingly, such individuals should deserve to make their own informed decisions about the fate of their lives by choosing their terms which preserves their autonomy. The policy of autonomy integrates the public support for patients suffering from terminal illnesses like dementia to be permitted to legally end their lives through medical assistance provided by professional physicians and other medical personnel.

Finally, allowing dementia patients to access the Dying with Dignity Policy is likely to provide a compassionate and measured permissible framework for a practice that is already taking place in Australia behind closed doors. According to Trankle (2014), families have engaged physicians to deliver painless deaths to their sick family members without their consent. Notably, imposed euthanasia without the consent of the ill individual is against the ethics of human life. In this regard, a structured, safe death of a seriously ill member of the society should be done in a structured manner where the sick is involved in the process of the end-of-life decision making. A structured and safe system of Dying with Dignity will help to removed growing pressures between the parties involved in the process and ensure such an awkward moment of an individual's life.

**Opposing Arguments**

  Despite the potential benefits of Dying with Dignity policy yet to be established in Australia, there is a likelihood that the policy will lead to a lot of setbacks, both in the medical and legal systems in Australia. As much as the policy tries to uphold the well-being of dementia patients and individuals suffering from other chronic illnesses in Australia, it does not support the dignity of human life. In this regard, people who live with dementia should not be allowed to access the Dying with Dignity Policy based on various reasons.

 First, the Australian Medical Association (AMA) opposes physician-assisted-suicide and euthanasia (Sulmasy et al., 2016). This is because the primary intention of doctors, both in Australia and any other part of the world should be to save lives as opposed to ending the life of a patient. The position of the AMA, however, excludes the decision by a physician and other medical practitioners to discontinue treatments which do not provide the dying patient with any therapeutic benefit. Adopting the Dying with Dignity Policy will affect the operational ethics of the medical experts such as physicians, nurses, and doctors. Changing the laws which govern the delivery of health care services requires the involvement of medical professionals to facilitate the establishment of relevant guidelines, legislation, and regulations.

 Second, enabling people living with dementia to access the policy will expose vulnerable patients to coercion and undue influence. Exposing patients to this policy can make them contemplate that they are a burden to their families, the care providers and the entire society (Sulmasy et al., 2016). As a result, patients may be subjected to euthanasia before without their consent and opinions. Within the same breath, the policy may affect physicians, doctors and other medical professionals who are not willing to participate in the process.

 Finally, adopting the policy may compromise the proper functioning of the entire health system of Australia. The current health system of Australia upholds the dignity and well-being of patients. The fact that some physicians, doctors, nurses and health personnel to support the policy will lead to division within the health system of the country. Medical staff who support the policy may go to the extreme of inducing harmful substances to patients who have dementia out to fulfill their desires without engaging either the patients or their families. Additionally, the current Australian laws protect all citizens from any activity that threatens their well-being and health. The adoption of this policy will, therefore, interfere with the legal system of the country, especially the laws that govern the welfare of all individuals and those that protect patients from any form of life-threatening activities such as euthanasia and induced deaths. According to Willmott & White (2017), assisted dying demonstrates the traumas and tensions of Australia's health laws. Just like any other jurisdiction in the world, assisted dying wrestles with any proposed changes to make assisted suicide and euthanasia lawful.

**Analysis and Evidences of Death with Dignity Policy in Australia**

 Dying in Australia is more institutionalized than any other country in the world. Lack of funds for the provision of formal community care, medical and community attitudes means that close to half of the patients in Australia die in hospitals. At the same time, close to a third of the sick succumb in their respective residential areas. According to Swerissen et al. (2014), dementia patients are among the widely affected group in Australia since their often have lingering, impersonal and lonely deaths. As a result, many of the remaining patients feel disempowered. Increasingly, most individuals die at old age and within the same breathe, they are more unlikely to have the awareness that they are going to die within the relatively near future. Despite the knowledge that patients such as those who have dementia are likely to die, individuals in the contemporary societies are not taking the opportunity to assist such patients by helping them plan to succumb to a dignified death (Swerissen et al., 2014).

 Notably, patients suffering from chronic illnesses such as dementia experience a distressing, confusing and a disconnected array of services, relationships and disconnections with health experts and their respective family members during their last year of death (Visser et al., 2014). On various occasions, such patients fail to get enough palliative care from the physicians and family members. Under such circumstances, a patient who has dementia may develop the feeling to end his or her life. Often, this feeling develops since such patients do not get the opportunity to discuss the kind of support they would require when they die.

 Often, good health provides individuals with choice, dignity and the support to speak about their social, personal, spiritual and physical needs (Sellars et al., 2015). This will be achieved more often if three reforms are put in place. Firstly, there is a need for more public discussion concerning the health care limits when death approaches and the things that patients need for the end of life. Secondly, there is a need for better planning that ensures the end of life preferences are met, and thirdly, services provided to individuals suffering from chronic illnesses like dementia should be less focused on formal care. Instead, such services should be focused on the patients' wishes to die at their homes or in homelike settings.

**Relevant Legislation, Policies, and Procedures**

 Relevant legislation, policies, and procedures should be put in place before allowing patients with dementia to access the Dying with Dignity Policy. This is to ensure that the implementation of the policy is in patients’ best interest and supported by physicians and the families of the patients.

1. Relevant Legislation.

Keown (2018) notes that the government of Australia should enact laws which govern the entire process of end-of-life decision making to prevent unnecessary loss of lives, especially for patients who are not willing to subscribe to the Dying with Dignity Policy. Statutory directives should be provided to facilitate the documentation which adheres to the specific requirement of the government. Additionally, common law directives should be established to enable the documented wishes of patients who have dementia to be legally respected by the physicians and the family members (Keown, 2018). Decisions involving the withdrawal of care are complex, and in various instances, medical practitioners report that during specific circumstances, they provided patients with futile treatment due to the concerns about legal consequences. In this regard, the use of relevant statutory laws and common law directives will effectively guide medical practitioners with the right decisions to make.

1. Policies.

According to Myatra et al. (2014), palliative care policy plays a critical role in guiding care providers to support the development, implementation and the review of a proper plan to help individuals who have been diagnosed with mental illnesses such as dementia. The palliative approach effectively prevents and relieves the patients and their families from suffering.

1. Procedure

According to Trankle (2014), using a multidimensional method enables the government, physicians, the sick and their families to hasten the process of negotiating multiple influences of implementing the policy to patients who have dementia.

**Relevant Models of Care and Ethical Principles**

 Patient-Centered Model of care as a health care system focuses on the needs, outcomes, and preferences that are relevant to both the patient and their respective families. This model is rooted in the individual and organizational commitment that ensures patients are motivated, informed and prepared across all the stages of their injuries, conditions or events.

According to Haughey & Watson (2015), ethics in the field of medicine are reinforced by four essential pillars such as autonomy, non-maleficence, justice, and beneficence. Primarily, medical ethics is a field in applied ethics which involves the study of judgments and moral values as they are applied in medicine. The four major ethical principles have been tremendously influential within the field of medical ethics hence they are fundamental in the understanding of the present method to the healthcare assessment. According to Haughey & Watson (2015), the principle of autonomy acknowledges that patients have the liberty to refuse or choose a given treatment. This principle suggests that any decision about the life and well-being of a patient should not be made on behalf of the patient but instead under his or her consent and approval. The principle of beneficence requires that the actions of a doctor should consider the best interests of the patient involved. In this regard, doctors should first take into consideration the interests of the patient before that of other third parties like family members. For the principle of non-maleficence, doctors are required not to harm patients suffering from chronic illnesses such as dementia. Harming a patient is against the medical codes of conduct which requires doctors, physicians, and other medical experts to provide health care services to patients. The principle of justice requires demands for the equitable distribution of health resources to patients without any form of discrimination or bias.

**Conclusion**

Physicians and other medical practitioners in Australia encourage patients suffering from chronic illnesses like dementia to engage in end of life decision making processes. This process prepares patients for any eventualities that may occur as a result of the dreadful effects of dementia.  The Australian government is yet to adopt the Dying with Dignity Policy where patients, for example, those who have dementia are allowed to access the policy to enable them to experience a dignified death during the end of their lives. During the end-of-life, psychologically prepared patients endure less pain and suffering when they die. Despite the essential aspects of this policy, its adoption and implementation processes are marred by a lot of backlashes and discriminations, most of which are acceptable within the contemporary Australian societies.

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