



Euthanasia Summary

Australian Christians affirm that all life is valuable and that everyone should do all in their power to support and protect the most vulnerable in our families and communities.

We believe there is a very clear demarcation between giving good compassionate medical care to the very end of a patient's life and deliberate interference or assistance for the express purpose of ending that life.

We understand from palliative care specialists that people do not need to die in pain therefore we promote better funding for quality palliative care services rather than legalising euthanasia. Governments should never compromise the medical profession and its goal to 'first do no harm'. Governments must never have the option of funding death rather than life.

Legalising euthanasia and especially Physician Assisted Suicide sends a wrong message to people – especially the young – that it is okay to want to die and acceptable to kill yourself if things seem too tough.

History shows us that voluntary euthanasia always moves to involuntary and studies confirm there is no way of stopping this.

We believe every Australian should have the right to caring, compassionate and expert medical care until life's natural end without discrimination as to age, disability or ability to pay.



Euthanasia Policy

When the issue over the 'right' to die is debated, often a cognitive positive link is made between the words 'right' and 'freedom'. That is, they are made to sound synonymous and both morally worthy objectives.

But this is a false equivocation. Freedom as it came to be framed by the constitutional writers of Australia, which in large part borrowed its ideas from both the U.S. and Britain, had a very different meaning and practice. Unlike today's 'do what you want in your life' mentality, and its subtext of 'as long it doesn't harm anyone else', freedom was interlinked with that of virtue and the commitment to a culture of preserving and upholding the dignity of all human life. The guiding principles were taken from the Judeo-Christian ethic that also informs the principles of Universal ethics.

Please note that “assisted suicide”, “medical aid in dying”, “end-of-life choices” or “right to die” are all used to mean “euthanasia” in this document and are entirely separate from issues relating to prolonging the dying process artificially through life support systems.

The right to die also implies a duty to take life

By enshrining in law a person's so-called “right to die” (for the patient) it also implies the corollary argument of a duty to take life (for someone else, usually the doctor).

It shifts the default position of both the law and the medical profession from a previous commitment to save life to one of terminating life. This is contrary to the historical position of principles such as the maxim of 'first do no harm' or the Hippocratic Oath to 'not play God'. Physicians should aim to benefit the sick, to cure or to palliate disease. Facilitating suicide contradicts these aims and wrongs the patient by failing to respect the worth of his or her life.

But not only does it blur the lines of medical practice, it further complicates the terms of reference, such as what may potentially be viewed as a 'right to die', because the degree of pain and suffering that justify euthanasia are often highly subjective and not limited to cases of terminal disease. [1] [2]

Legalising euthanasia is not necessary – even less since the advent of palliative care

Euthanasia is not a substitute for palliative care that is provided by a well-trained team to assist the patient, families and friends. Although death is a 'natural' part of life, it is never a simple, mechanical process; it involves a process of intense grief and loss.

In palliative care patients and families are supported to come to terms with death with the help of doctors, nurses and other members of the community such as music and artistic therapies[3], and chaplaincy services.

It takes a holistic approach and seeks to alleviate the physical, psychological, social and spiritual. The World Health Organization states that palliative care “intends to neither accelerate nor postpone death.” But it is known to extend and provide a better quality of life in cancer patients. [4] The final days of life are treated with dignity and care. In extreme cases, palliative sedation is used.

But there is no value in advocating for palliative care especially where it is an option that has not been sufficiently advocated or unavailable to many regional as well as some suburban areas, particularly home palliative care services.[5] [6]

The Geneva University Hospital reduced its palliative care team after it decided to allow assisted suicide. In the Netherlands, there is a confirmed case of a patient euthanized to free up a hospital bed.[7]

Lack of proper palliative care only facilitates the argument for euthanasia not necessarily born from patients’ choice but because for many it becomes the only choice.

There has been abuse where euthanasia and assisted suicide are legal

It is impossible to establish guidelines around the legalisation of euthanasia. In fact, the safeguards simply do not hold up. In every instance the terms of reference are widened and it becomes a highly subjective practice as it descends into discussion about competing views of morality. In reality what can define euthanasia is both wide and diverse among patients and doctors. [8]

According to Professor Etienne Montero, Dean of the Faculty of Law of the University of Namur in Belgium, it is extremely difficult to follow the strict interpretation of legal requirements once euthanasia is permitted.[9]

There are numerous documented cases of abuse in countries where euthanasia is legal. For example, in Belgium deaf twins were euthanized at their request because they became blind, [10]and a woman was euthanized because she was suffering from anorexia. In the Netherlands, a 54-year-old woman who had mysophobia (a pathological fear of germs or dirt decided she wished to die. ‘It was a long process’, the medic recalls. ‘I came to understand that her fears completely controlled her life. All she could do all day was clean. It was impossible for her to maintain a relationship. Her whole development had stalled.’[11]

In Brazil, although euthanasia is illegal, a doctor has recently been accused of seven murders after killing patients in intensive care. An investigation is underway to elucidate 300 other cases of suspicious deaths, probably caused by the same doctor. In Italy a nurse was arrested for killing 38 patients even posing with a corpse. [12]

But it was the 26-year-old talented Australian linguist, Lucas, who ended his life after taking a euthanasia drug he had bought in Peru, that sent shock waves in Australia. Lucas' mother, Judi Taylor, says her son's every step and every instruction — and strong encouragement — came from a Peaceful Pill online forum run by Exit International, the pro-euthanasia lobby group run by Dr Philip Nitschke.

Later, Lucas' computer records showed his online methodical "coaching" descent towards suicide. "He searched around for the method, and then for the best way to get it. People on the site were saying, 'I'm going to import it from China' and others would reply, 'Don't do that, I'm going to Mexico. Who would like to go with me?' Lucas was "death-coached", Judi Taylor says, by an organisation that seemed indifferent to the fact that young, healthy subscribers were talking up their own deaths. Or that some of them may have a mental illness.[13]

But with rising health care costs the issue quite realistically becomes one framed from a cost benefit analysis perspective. In Oregon, United States, a woman received a letter from her insurance company refusing to pay for her chemotherapy, offering assisted suicide instead as a more viable cost-saving measure. [14]

While an absolute causation link cannot be determined a strong correlation could be argued based on the following statistics already noted. [15]

However, the nature humanity throughout all history in every civilisation cannot be ignored. People are prone to rationalise the expediency of hastening a person's death to gain adverse secondary gains.

As mentioned, large bureaucratic governments who increasingly deal with numbers and budgets and not directly with their citizenry would most likely desire to reduce overblown health care spending and balance their deficit budgets.

The medical personnel who commit euthanasia suffer personal consequences.

The act of euthanasia is neither easy nor peaceful. Medical staff are human beings whose work and experience involves high emotional and psychological stress. It is not an easy process to become an agent for terminating someone's life. In Belgium, doctors are entitled to psychotherapy after euthanizing a patient and it is not uncommon for Belgian nurses to take a day off when they know that euthanasia is planned.

The flip side of course is an increasing detachment of medical staff's and general societal emotional and psychological responses. That is, a normalizing effect to euthanizing as was mentioned in the case of Exit International.

However, it was the international case of Terri Schiavo that revealed the tragic and dark side of euthanasia, uncovering the dubious motives of her husband in pursuing end-of-life options for his permanently disabled wife, a heavily biased media and a predisposed judge who refused her food though a gastric feeding tube, effectively starving her to death. [16]

Euthanasia devalues some lives

Inevitably, accepting euthanasia means accepting that some lives (such as elderly or disabled) are worth less than others.

History is replete with euthanasia's ethical slippery slope that today it is often mocked as mere moral panic.

In 1938, Charles F. Potter founded Euthanasia Society of America later renamed The Society for the Right to Die. The society had many academic advocates including Dr. Glanville Williams. In his widely praised book, *The Sanctity of Life and the Criminal Law*, Dr Williams' main thesis was in favour of revising criminal law relating to infanticide, abortion, suicide, voluntary sterilisation for people of low intelligence and euthanasia. Further, "a child of normal intelligence will be gravely handicapped if reared by a feeble-minded parent...and the further discovery that sterilization is to the advantage of the person sterilized, and, at least in the case of females, is actually welcomed." [17] A view echoed by the infamous, Dr Joseph Fletcher.

This reasoning inevitably extends to the aged. Because the pro-euthanasia advocates espouse that a life has value and should be prolonged only as long as it has some good "quality" to it. The 'quality of life' argument was made back in 1973 by George Paulson: "How long shall life be preserved when there is no redeeming social value? If life has no apparent purpose, perhaps it is to the benefit of others that such lives not be salvaged" (quoted by Waddey).

The basis of determining who should have the 'right' to live rather, as opposed to the primary baseline that all life is by reason of creation sacred, would dominate discussion today as it did then in the euthanasia debate. This is most clearly seen by the cases previously mentioned but also in the ongoing debate about infanticide. The Australian Greens political party co-founder, Peter Singer, explains his notions on animal liberation by charging humans as guilty of 'speciesism', that is, preferring their own species to others. It leads him to argue in favour of infanticide and doctor-assisted suicide on one hand; and bestiality on the other, provided there is mutual consent. [18]

Legalizing euthanasia would send a clear message: it is better to be dead than sick, old, disabled, unwanted or lonely. For a healthy person, it is too easy to perceive life with a disability or an illness as a disaster, full of suffering and frustration.

And in a world a broken world it is not difficult to imagine cases where a patient could request euthanasia, freely or under pressure, while it goes against her best interests. This includes cases where the diagnosis is wrong and the patient is not suffering from a terminal illness, the family coerces an elderly patient or the request for euthanasia is actually a cry for therapeutic help because of underlying psychological and emotional distress. [19]

And as euthanasia begins to open the door for doctors to either heal or kill, patients now face an added uncertainty that adds to their vulnerability, and hospitals also transform from primarily places of healing to potentially unsafe places.

Nowhere are the unforeseen but entirely logically consistent outcomes of euthanasia horrifyingly seen than in Nazi Germany's eugenics movement.[20]

It needs emphasising that the ideological roots of that nation's genocidal atrocities had its roots in American eugenics [21]and was framed as a euthanasia program—to kill incurably

ill, physically or mentally disabled, emotionally distraught, and elderly people. Adolf Hitler initiated this program in 1939, and, while it was officially discontinued in 1941, killings continued covertly until the military defeat of Nazi Germany in 1945. [22]

Euthanasia is likely to increase the suicide rate

Globally, suicide is at epidemic levels.[23] It is the leading cause of death for those aged between 15 to 29-years old. [24]

Western society has spent billions of dollars in reducing suicide rates. There is both the national Suicide Prevention Australia mirrored across the world, as well as a global initiative, World Suicide Prevention Day.

But against this backdrop there is disturbing double discourse that promotes life saving initiatives through various social policy priorities while also actively pursuing the legal right to end life (euthanasia or end-of-life choices). It is unsurprising that this merely sends a conflicting message as evidence indicates that in nations where assisted suicide is legalised the rate of non-assisted suicide has increased. [25]

Perhaps a lesser-known fact is that in Australia national suicide rates are 11 deaths for every 100,000 people but that figure more than doubles for indigenous people. [26] It also runs counter to Aboriginal traditional social and cultural systems. Since the passing of NT legislation, The Rights of the Terminally Ill (1995), aboriginal leaders have successively failed to repeal the act and politicians continue to ignore the very real risks it poses to the health of Aboriginal people and the agency it provides for even greater indigenous deaths. [27]

CONCLUSION

Societal life is based on relationships of mutual trust between its citizens. It requires some degree of certainty that the state will protect life. We are already witnessing worrisome abuse in jurisdictions where euthanasia or assisted suicide is legal, coupled with other negative impacts, such as higher rates of suicide, are present.

The Universal Declaration of Human Rights guarantees the right to life for every individual. Modern history shows that the corollary state where the 'right' to die is legalized societies cannot contain, even with 'safeguards', the Pandora's box that inevitably spills out.

Wherever euthanasia is legalized institutions and vested interests clash and a tug-of-war develops between protecting the vulnerable and state sanctioning approved death. What becomes clear from the ethical and practical dilemmas it creates is that it cannot do both.

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