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Victorian Parliamentary Inquiry into

End-of-Life Decisions

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Community debate on end-of-life decisions needs to address at least five (5) key matters. Frequently, these discussions lack depth or fail to address the needs and the perspective of the terminally ill.

Euthanasia

The experience of those nations and states where euthanasia has been legalised is instructional.

In Holland, even medical practitioners philosophically in favour of euthanasia and those who have practised euthanasia are now finding reason to pause.

In 2001, the Dutch Parliament first passed legislation to decriminalise euthanasia, which was enacted the following year.

Currently the Dutch experience is that:

- there are 5000 “errors” per year
- there is an increase of 15 per cent per annum in euthanasia activity
- one in 25 Dutch now dies with the assistance of a doctor (Note that that figure is NOT the number dying under treatment by a doctor, but reflects interventions causing death – clearly active euthanasia!)
- 50 of 100 patients reviewed advised that their primary reason for seeking euthanasia was loneliness!
- there are now requests for ‘euthanasia-for-two’, where (healthy) partners seek euthanasia with the terminally ill
- elderly patients seeking pain relief are euthanised within the hour!

In the Dutch experience, a community expectation that the “right” to euthanasia has been transformed – indeed, distorted – into a perceived (and ill-conceived) “duty” to euthanise the patient on enquiry.

Euthanasia is bound by a clear finality. It is not a mere medical trial: it results in death. A society that casually allows the proliferation of death cannot hold great respect for and hope in life itself – or, indeed, in society itself!

Assisted Suicide

Our society suffers great trauma from suicide. Families and communities are torn apart by the loss inflicted by suicide. Teenagers can be so afflicted by grief after suicide that they have to be monitored to prevent further suicide.

Most suicides are never published as such – because of the damage that one suicide causes, and because of the risk of further suicides.

At least two young Australian men have recently taken their own lives after encouragement from pro-euthanasia websites and persons. In one case, a young man travelled the world to purchase the drugs advertised by euthanasia promoters, then chose a secluded spot in a large European city to end his life – far away from his loving family, but with a trail of e-mail traffic to and from those eager to perversely witness his demise.

In a subsequent tragedy, the drugs ensuring a young, healthy man's death were bought online – but delivered to the family letter-box!

Suicide, too, is final! There is no coming back from death! And every death is mourned.

Why would we contemplate dragging another person into suicide – to “assist” (and perhaps to ensure) the planned death?

Why would we wish that person to be one who is committed to – and trained to – value life and to restore health wherever possible? Why would we wish to distort the “do no harm” ethic of the medical profession into a new “do great harm” mantra?

Palliative Care

A society that provides palliative care for its suffering citizens is a healthy society.

Such a society shows the value of its members – indeed, it lives out the fact that it treasures such persons, such lives.

That medical practitioners could provide such care is a tribute to the humanity of each. That the medical and nursing professions, and their colleagues engaged in a range of therapies, could develop and refine compassionate care and respectful practices attests to the health of such professions.

And a society that so values each person as to provide palliative care for the terminally ill and the chronically ill is a society that is healthy in its humanity – its ‘human-ness’.

End-of-life decisions

Each competent adult is able to make choices as to their own health.

Each has the right to refuse medical treatment, or to choose one treatment option over another, one care environment over another.

Where the patient is a child, the child's parents need to act on the child's behalf – in the child's best interests.

Under the guise of individual choice, however, our society ought not be promoting death as a ‘cure’ for illness, injury, pain, depression or loneliness.

‘Better off dead’ is NOT a position that we, as a society, ought be taking. That was a decision Victoria left on the gallows in 1967.

Compassion

The word 'compassion' means *'to suffer with'*. When we are healthy, and typically busy with life, we may not be often prompted to consider the suffering or hardship of others.

Many of us typically need to be prompted to compassion. Many of us are not comfortable with, perhaps even embarrassed at, our inability to aid the suffering of others, or our difficulty in communicating our sorrow, our regret, our desire that the sufferer's health improve.

But what feeds acceptance of euthanasia in so many is the desire to see the suffering disappear. Because 'I don't like to see you suffer', the end of the suffering becomes an aspiration in itself. Families and loved ones of the afflicted can be tempted to hasten death as a 'cure' for suffering.

If euthanasia becomes legal, the frail elderly and the terminally-ill will be the first casualties. Then will come the mentally ill and the disabled.

Who will come next? Will euthanasia become simply a medical option? One that comes with economic 'benefits' (of lower costs to the family, of lower cost to the taxpayer (or medical funds), of an inheritance less diminished by years of expenses)?

Perhaps the choice will become one to be made by patients and their families, potentially required to pay for their own medical treatment – or choose euthanasia.

A great loss will befall society, however, if we lose our compassion. If we are so keen to avoid suffering – at any cost – will we lose the opportunities to be inspired to compassion?

If I do not allow myself to see suffering, where and when do I learn –practise – compassion?

The apparent clamour in favour of euthanasia masks the difficulty our (increasingly throw-away, consumerist) society has with pain, suffering and the journey to death.

Palliative care brings out the best in humanity, and exemplifies care in perhaps its truest sense. Euthanasia and assisted suicide reveal surrender in the face of humanity's greatest challenge.

End-of-life directives can allow terminally- or chronically-ill patients to maintain an active involvement in their own health treatment, and can be life-affirming. End-of-life plans directing health professionals to pursue euthanasia and assisted suicide diminish life – the vitality and health of the society as much as the life of the individual.

I urge the members of the Parliament of Victoria to promote a healthy regard for human life by the expansion of palliative care services for all those with terminal and chronic illness, and by the engagement, to the greatest possible extent, of patients in their own health treatments.

I further urge all members of the Parliament of this state to refrain from legalising or otherwise legitimising euthanasia and assisted suicide, as these destroy humans and diminish humanity.