Inquiry into End of Life Choices

'Medical options' available at end of life

Euthanasia and assisted suicide are not 'medical options'. The World Medical Association (WMA) says of euthanasia:

“Euthanasia, that is the act of deliberately ending the life of a patient, even at the patient's own request or at the request of close relatives, is unethical. This does not prevent a physician from respecting the desire of a patient to allow the natural process of death to follow its course in the terminal phase of sickness.” 1.

The WMA says of assisted suicide:

“Physicians-assisted suicide, like euthanasia, is unethical and must be condemned by the medical profession. Where the assistance of the physician is intentionally and deliberately directed at enabling an individual to end his or her own life, the physician acts unethically. However the right to decline medical treatment is a basic right of the patient and the physician does not act unethically even if respecting such a wish results in the death of the patient.” 2.

As far as the official world representatives of the medical profession are concerned neither euthanasia nor assisted suicide would be regarded as 'medical options'. The British Geriatric Society, the British Medical Association, the Royal College of Physicians, the Royal College of General Practitioners, the Royal College of Anaesthetists, the Royal College of Surgeons of Edinburgh and the Royal College of Nursing oppose euthanasia.

Non treatment or treatment that is not euthanasia and assisted suicide

1. The non use of futile treatment which will hasten death, is not euthanasia.
2. Medication provided to alleviate pain even though death will be expedited, is not euthanasia.

Euthanasia-suicide proponents called these end of life situations 'euthanasia' in order to establish their argument that there could be a right to kill.

In the Netherlands in the 1970s the discontinuing of life-saving treatment was incorrectly called 'passive' euthanasia. According to this definition “Injecting a lethal dose of medication would be 'active' euthanasia.” Although letting die and causing to die are not morally equal concepts, by 1981 Dutch society was able to accept that 'passive' euthanasia could lead to 'active' euthanasia.

Attitude of Australian Parliaments to Euthanasia Bills

Sixteen attempts by euthanasia proponents to pass euthanasia and assisted suicide bills have been rebuffed in recent years:

New South Wales- 3 bills, Western Australia- 2 bills, Tasmania-2 bills, South Australia-8 bills and Victoria 1-bill.

Palliative care bears no relation to euthanasia

The World Health Organization defines palliative care as:

“The active total care of patients whose disease is not responsive to curative treatment. Control of pain, of other symptoms, and of psychological, social, and spiritual problems, is paramount. The goal of palliative care is achievement of the best quality of life for patients and their families...”

Palliative Care Australia states:

“Euthanasia and physician assisted suicide are not part of palliative care.”

Genuine compassionate care should always then be associated with palliative care. Ethical palliative care that can relieve suffering must not be replaced by unethical killing - euthanasia.
2. Legalised euthanasia or assisted suicide detracts from palliative care
In countries where the law allows the killing of patients as opposed to the supporting them with pain relief and comfort until natural death occurs, there is no incentive to resource adequate palliative care.

Access to palliative care needs to become the solution to end of life difficulties
Palliative Care Australia recommends 1.5 specialists per 100,000 people. However the reality is 0.4 specialists per 100,000 people. The access ratio is heavily weighted against regional areas.
It follows that more resources need to be funneled to palliative care and directed in these ways:
More information about modern means of pain control should be made available within the community.
There should be special arrangements to cater for regional patients and their families.
Home based palliative care needs to be made accessible and to be encouraged where appropriate.

Safeguards don't work
Legalized mercy killing will be accompanied by safeguards say the euthanasia-suicide proponents. However in countries and states where euthanasia is legalized so called safeguards are ineffective in defending the lives of the vulnerable. In the Netherlands physicians work outside the rules and when the criminal activity is discovered the consequences are minimal. The status quo in Victoria at least allows for a police investigation into assisted suicide and there is the possibility of serious consequences if a crime is proven.

Physicians who cannot in conscience participate in euthanasia-suicide
It is said that physicians who do not wish to participate in euthanasia-suicide can opt out. This is not the case in Holland. “The Commission (for the Acceptability of Life Terminating Action) observes that there are physicians who cannot accept administering pharmaceuticals in deadly dosages on moral grounds. If from the perspective of adequate help in dying, it is decided that it is still necessary (and opinions diverge) then it is recommended to organize an adequate referral or transfer of the treatment” 3. Abortion law in Victoria already ensures that conscientious objecting physicians who wish to opt out of referral, are regarded as acting illegally.

Advanced Care Directives v Advance Care Plans
Advanced Care Directives legally bind health professionals to preconceived actions despite situations where persons may have a change of desire regarding end of life. Descriptive Advanced Care Plans, on the other hand, allow for dying persons or families to reassess treatment options or to have patients' last wishes fulfilled. Under no circumstances should Advance Care Directives be legislated for.

The slippery slope and the genie escaping from the bottle
Euthanasia-suicide proponents don't go along with the slippery slope argument. They maintain that the German experience where a civilized society became a depraved society, just wouldn't happen in an Australian setting. It is however necessary to point them to modern experience. Dutch ethicist Professor Theo Boer, a one time enthusiast for euthanasia, stated to the UK media: “I used to be a supporter of legislation. But now, with twelve years experience, I take a different view. At the very least, wait for an honest and intellectually satisfying analysis of the reasons behind the explosive increase in the numbers. Is it because the law should have had better safeguards? Or is it because of the mere existence of such a law is an invitation to see assisted suicide and euthanasia as a normality instead of a last resort? Before those questions are answered, don't go there. Once the genie is out of the bottle, it is not likely to ever go back again.”

Brian and Judith Magree Inquiry into End of Life Choices
Susan Reid wrote in the Daily Mail:

“Everyone in the Netherlands, where the right to die law was passed in 2002, seems to know of someone who has lost a loved one through a mercy killing.”

As many as one in 33 people now use euthanasia to end their lives, and the number of cases rose from 1923 in 2006 to nearly 5,000 in 2013. It is thought that in 2014 around 6,000 people could have chosen to die by this means”.

Helping or hindering health care professionals and volunteers

Once a society accepts the notion of compassionate or autonomous death, as law, an insidious message is sent to the next generation that suicide is a medical solution to life's problems. This makes it difficult for psychiatric professionals and suicide prevention groups such as Lifeline, Beyond Blue and Grow to develop strategies and medication to enable patients plagued with negative thoughts, to live a reasonable life.

In an age when pain control medication and knowledge of the brain are achieving miracles and when the community has a strong desire to fight the scourge of suicide, those professionals and volunteers working in the field of saving human life need reinforcement of the notion that all lives are precious.

Do 'religiously motivated people' deny others of what is a private choice?

A former government minister Mr Rod Mackenzie in an article headlined “Give us right to die” (Alex White, Herald Sun 18/07/2015), implies that a small number of often religiously based people frighten politicians into avoiding the issue of what is a matter of choice-euthanasia. The article ignores the fact that opposition to euthanasia is firmly based on natural law- not religious law. The concern of Mr Mackenzie seems to be about the growth of an ageing population at the same time as “medical science keeps progressing”. Is'nt Mr Mackenzie really meaning that he wants 'choice' to kill people other than himself because of the economic burden modern treatment of old people is putting on the budget?

The effects the acceptance of euthanasia and assisted suicide

Bill Muehlenberg makes a strong case against autonomy in the matter of euthanasia. Supporters of voluntary euthanasia or assisted suicide often appeal to the notion of self determination to justify their claims that this form of death ought to be legalized. Mr Muehlenberg cites the often overlooked effect that such legalizing has on the society. With assisted suicide the effects of the death are minimized, say the euthanasia lobby, by the care taken to spell out in detail the patient's wishes as they depart life. However what are concealed in this simplistic approach to assisted suicide are the devastating feelings of grief that obtain after such a death. The family, friends, pastors, doctors, paramedics, police and the coroner's staff are left with unanswerable questions. The closer their loved ones are the more profound will be the sadness. It is not unusual for a suicide death to be followed by a linked death. Emergency staff who are trained to be objective and procedure oriented are also deeply affected by suicide.

1. WMA Council Session Bali 2013
2. Ibid.
3. Gerbert van Loenen “Do You Call This A Life?” p.101
4. Ibid., p. 125 ff

Joni Eareckson Tada is a quadriplegic who has spent her entire adult life in a wheelchair. If anyone has a right to consider suicide, or physician-assisted suicide (PAS), it is her. But she sees what a selfish and anti-social act this would be: “Society is you. Your actions, your decisions matter. What you do or don’t do has a rippling effect on everyone around you.” She continues, “Your self-determination to die has strings attached if it adversely affects the rights of others. That’s why more than half the states in our country have laws against aiding a person in suicide. . . . You may want to exercise a right to die, but you cannot ask a physician, whose duty is to heal, to comply with your wishes or even to make a referral. No person, in the name of self-determination, can oblige a doctor to inject him with orphenadrine when it goes against the physician’s oath to heal.”

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