To: STANDING COMMITTEE ON LEGAL AND SOCIAL ISSUES (Legislation and References)

From: PRESBYTERIAN CHURCH of VICTORIA
Church and Nation Committee

July 2015

Re: Inquiry into End of Life Choices

Introduction

The Church and Nation Committee of the Presbyterian Church of Victoria (PCV) welcomes the opportunity to contribute to the inquiry into End of Life Choices.

As Christians, we believe in the sanctity of life from conception through to natural death. The PCV does not believe that anyone’s life – from conception to the frailty of age – should be taken prematurely, either by themselves or by another. If society takes human dignity seriously, the untimely taking of life should never be considered lawful.

People are currently able to make a range of choices about their treatment towards the end of life. However, the choice to kill themselves ‘legally’ should not be one of them.

Legalising euthanasia, even with the promised safeguards, carries a very real risk that the most vulnerable people in society – the disabled, the terminally ill and the elderly – may come to believe that they are an unwanted burden on society.

This is not a development we would wish to see in Australia. Any individual, however ill or vulnerable they may be, deserve at all times to feel valued and worthy of the very best treatment their families and society can give them.

In today’s Australia, the deliberate killing of people is called murder and carries with it the severest of penalties. If euthanasia is legalised, doctors will be allowed to – and, in some instances, asked to – kill people, usually by lethal injection. This will radically transform the public’s perception of the medical profession.

In today’s Australia, doctors are valued for their professional commitment to endeavour to heal and alleviate suffering among their patients. If euthanasia was legalised, doctors would be allowed on certain occasions to kill patients. Vulnerable individuals, such as the disabled, the terminally ill and the elderly, may no longer feel the trust towards the medical profession that they previously felt when killing was outlawed. In fact, in Holland, many patients have resorted to carrying ‘sanctuary certificates’ with them to hospital, stating that they do not want to die by medical euthanasia! Is this really the culture we want to see here in Australia?

Such vulnerable individuals may also see their own predicaments in a different light. Today, no matter how expensive their medical treatment and care may be, they can expect to receive both these things until they die of natural causes. Once euthanasia is legalised, they will be forced to weigh the on-going cost of their treatment against the financial benefit their family might enjoy in

1 Dr Ivan Stratov, “EUTHANASIA: What must patients do to avoid being killed?”, News Weekly March 19, 2011.
the event that they opted for an early death. This would be a cruel and burdensome moral dilemma to inflict upon the vulnerable. Today, with euthanasia clearly prohibited under the law, this dilemma simply does not exist – nor should it.

Advocates of euthanasia insist that it is not a revolutionary step as it would only affect an insignificant proportion of the population and that, in any event, legal safeguards would surely prevent euthanasia laws being abused. However, this has not been the case.

In reality, however, as has been seen, particularly in the Netherlands and Belgium where euthanasia has been legalised for many years, euthanasia radically alters people’s attitudes towards, and treatment of, the vulnerable.

Elder abuse

Elder abuse is, unfortunately, a growing problem in Australia, particularly as many of today’s elderly are asset-rich. The average Australian couple over the age of 65 is reportedly worth in excess of a million dollars. Former Hawke Labor government minister, now Australia’s Age Discrimination Commissioner, Susan Ryan, has warned that as families have become richer they have become greedier. She has issued guidelines on how the elderly can avoid being swindled out of their life savings by money-hungry in-laws.²

Lillian Jeter, a former director of Australia’s Elder Abuse Prevention Association (EAPA), has estimated that there are, “a minimum of 100,000 cases in Australia each year where the elderly have been victims of manipulation and control, intimidation and fear.”³ This is not a trivial number.

Australian anti-euthanasia campaigner Paul Russell has warned that, “once euthanasia and assisted suicide are legalised, opportunities for abuse increase and the chances of detection decrease.” He goes on to say:⁴

“How difficult would it be to persuade an elderly relative over time that they would be better off dead? Perhaps, for someone routinely abused and with little to live for, death might seem to be a relief. Who knows?”

A retired Australian social scientist, Dr Lucy Sullivan, observed during a trip to the Netherlands a few years ago how the legalisation of euthanasia had unmistakably altered for the worse the public’s regard for the elderly.⁵

Vulnerability of the disabled

Craig Wallace is convenor of Lives Worth Living, a disability advocacy group speaking out about euthanasia and eugenics, and is also president of People with Disability Australia (PWDA).

He writes:⁶

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⁴ Ibid.
“Think how much more difficult it would be to prove that euthanasia was genuinely voluntary in the case of a patient undergoing complicated medical treatment for a long illness, the expense of which is devouring the wealth that his family hopes to inherit.

“In this example, the patient’s decision would not necessarily be based solely on whether he was suffering unbearable pain, but could be influenced by an unspoken expectation that he should “do the decent thing” and terminate his life sooner rather than later.

“In this way, euthanasia, once legalised, would not be restricted to ‘just a few’, but could end up being applied to ‘the many’.”

Are safeguards sufficient?

American author and bioethicist Wesley J. Smith has shown how, in the Netherlands, “once mercy-killing was redefined as being good in a few cases rather than being bad in all circumstances, it didn’t take long for the protective guidelines to be viewed widely as impediments to be overcome instead of important protections to be obeyed.”

He describes how:

“… supposedly ironclad protections against abuse – such as the doctrine of force majeur and the stipulation that patient give multiple requests for euthanasia – quickly ceased meaningfully to constrain mercy killing. As a consequence, Dutch doctors now legally kill terminally ill people who ask for it, chronically ill people who ask for it, disabled people who ask for it, and depressed people who ask for it.”

It is abundantly clear that the safeguards are not working. There have also been cases where people have been euthanased without their own permission! This demonstrates that euthanasia laws, once implemented, cannot be contained to those terminally ill who desire it. Once these laws are implemented, the floodgates open and many unintended consequences result.

Netherlands and Belgium

The Netherlands first allowed euthanasia in 1973 and has since extended it to include children over the age of 12. In February 2014, Belgium passed an even more permissive law allowing the euthanasia of children, with no age limit.

British journalist Susan Reid has described the Netherlands as “the country where for thousands death is a lifestyle choice: A mum with ringing ears. Babies whose parents don’t want them to suffer.”

She quotes some Dutch healthcare professionals and ethicists as expressing profound misgivings about that euthanasia has done to their society:

“Professor Theo Boer, a senior Dutch ethicist who supported euthanasia and oversaw the law when it was introduced in Holland, has now advised the UK not to blindly follow suit. He says that it would lead to widespread killing of the sick. ‘Don’t do it, Britain,’ he

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urged last year. ‘Once the genie is out of the bottle, it is not likely ever to go back in again.’

“The Dutch ignored warning that killings would become commonplace, yet now Dr Boer insists assisted suicide has ‘turned a last resort into a normal procedure’.

“The legalisation of euthanasia has led to ‘Life End clinics’ being set up where Dutch people, if faced with a reluctant local doctor, are helped to commit suicide. Indeed, mobile teams of euthanasia doctors operate across the country who will kill people in their own homes if their own GP refuses on ethical grounds.”

Is this culture of death something we want in Australia?

Palliative care

The medical profession in recent decades has made an enormous advances in improving palliative care, especially pain relief medications.

This is surely a more prudent and compassionate direction to take than contemplating the introduction of euthanasia. Most doctors say that there are very few cases where someone’s pain is not able to be sufficiently managed.

The engagement of palliative care shows respect for human dignity by showing care and compassion to those near the end of life. It reinforces the truth that life has meaning and purpose, even at the end. Having a euthanasia option works against human dignity and degrades the life of a human person. It reinforces an idea that human life is expendable.

We cannot implement euthanasia and still maintain the sanctity of life and human dignity. The two are not mutually compatible.

Human Dignity

It is naïve to think that the lawful taking of life will not erode human dignity and the importance of lives worth living. Abortion laws have already eroded the sanctity of life. End-of-life choices that involve voluntary death are a further threat to this sanctity.

Suicide is looked down upon as a society. The human cost of suicide is tragic – friends and family are left to ‘pick up the pieces’ and rebuild their lives without that person. Euthanasia is the same – many people lament the loss of their loved one whose untimely death leaves them grieving. There are many such ‘husbands, wives, sons and daughters’ who are taking up the charge against euthanasia after experiencing the untimely death of a loved one first-hand.

Conclusion

While euthanasia laws are sometimes proposed by well-meaning people as a means of alleviating human suffering, the reality is that much suffering will result from the implementation of euthanasia laws.

The decision to take life in any situation is a grave issue of morality. The unlawful taking of life is the most severe crime that our society recognizes and punishes accordingly.

There is grave risk to elderly people that they will be forced to accept euthanasia against their wishes. There is even graver risk to those with disabilities, that their life is considered, ‘not worthy of living,’ by others. There is much evidence that safeguards do not prevent the laws being misused and that a whole range of people can access euthanasia, even those who do not want to be euthanased!
Australia needs to learn from the tumultuous lessons in Europe – particularly the Netherlands and Belgium – that once the floodgates of euthanasia are opened, euthanasia cannot be contained to ‘just a few.’

If we want to remain a society that prizes the dignity of the human person, we cannot go down the euthanasia road.

The Presbyterian Church of Victoria strongly advises against any legislation that legalises euthanasia, but rather encourages palliative care efforts that promote human dignity.

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