Section: Euthanasia

Head: Dying to go

Precede: Christians are the last safeguard against a calamitous trend.

Pic byline: David Palmer

Euthanasia is again in the spotlight. At the present time the Australian Senate has before it a Bill on euthanasia, *Rights of the Terminally III (Euthanasia Laws Repeal) Bill 2008* sponsored by Greens senator Bob Brown, while in Victoria the Legislative Council has before it Ms Colleen Hartland MLC's *Medical Treatment (Physician-Assisted Dying) Bill 2008*.

Perhaps indicating that she may need to do more work in building the numbers for her bill, Ms Hartland has requested that the third reading be deferred to the next available sitting day, 30 July.

Senator Brown's bill is "a first step" bill that seeks to repeal the *Euthanasia Laws Act 1997* which prevents the Northern Territory and ACT Legislative Assemblies from legalising voluntary euthanasia.

I will approach the subject of euthanasia by way of considering Ms Hartland's Bill, drawing as well on her eloquent second reading speech.

The issue of dying, whether from a terminal condition or advanced incurable disease, is always something that tugs at our heart strings, particularly for family members and close friends. It is a deeply distressing to hear a dying mother or father, son or daughter say "I want to die".

The preamble to the bill speaks of a mentally competent adult person "suffering intolerably from a terminal or advanced incurable illness to exercise their right to end their life ..."

In an ideal world this may sound a compassionate thing, though to argue about "a right to end life" is to presume the thing desired. Not only that, but there is no historical precedent for such a right. None of the United Nations human rights instruments contain a "right to die". They are all about the flourishing and development of each human individual, not the deliberate and orchestrated ending of an individual's life.

In her second reading speech, Ms Hartland acknowledges the value of palliative care but dismisses it with the unsubstantiated assertion that "the medical literature suggests that even the best modern palliative care is simply unable to relieve the suffering of those near the end of life". This claim was ably refuted in an opinion piece appearing in *The Age* by palliative care consultant Dr Adrian Dabscheck.

Dr Dabscheck says there is much that he can do, very effectively, "to make my patient's lives as free from pain and suffering as humanly possible". Furthermore, "in extremely rare cases, a patient may, with consent, be sedated at the end of life".

Ms Hartland spoke of the virtues of the State of Oregon legislation but failed to mention that from 1994 to 2007 there were 89 proposals in the USA to legalise euthanasia in 22 states, and none succeeded. Oregon is the only state in America allowing legalised physician-assisted suicide. That this is so is partly due to the well-recognised underfunding of Oregon's health system. To commend the virtues of the Oregon legislation after only 10 years of operation, and as the solitary state permitting euthanasia in the USA, is unwise, to say the least. A far more appropriate example to quote is Holland where euthanasia has been openly practised since 1973.

Overall, in Holland in 2005, about 12,660 deaths, or 9 per cent of the total, were caused intentionally. A 2005 study showed that at least 50 per cent of patients killed under the Dutch euthanasia program were suffering from depression. A 1991 study showed that an average of three people a day underwent euthanasia without their knowledge or consent. Studies in 1991 and 1995 showed that, despite Dutch law requiring physicians to report physician-assisted death, the majority of deaths went unreported.

While Ms Hartland's bill limits euthanasia to adults 18 years and older, in Holland children up to the age of 12, including newborns, may now be killed by lethal injection with parental consent. Liberalisation of the law due to presenting cases is inevitable over time. This is precisely the Dutch experience.

Is this what Australians, including their parliamentarians desire for their nation?

Could these parliamentarians pass Ms Hartland's Bill and guarantee that none of these things now happening in Holland - a country where many elderly sick people are afraid to seek medical help because they fear being euthanised without their consent - would not happen in Victoria?

In truth, in Australia the restrictive prohibitions of abortion, such as the Menhennit ruling in Victoria, did nothing to prevent the rate of abortions ballooning to one abortion to every three live births.

Australia, like all Western nations, is undergoing a demographic shift with an increasing proportion of the population being elderly. Will euthanasia become a cost-effective method of medical treatment for the elderly?

To guard against such an outcome, this bill - whatever form it takes - should not be approved.

There are more specific arguments against the bill. Consider these.

The focus in care should always be upon the patient and not upon family and friends, no matter how distressing the patient's situation appears to be to them. In particular, while relatives may wish to impose their "quality-of-life" judgments upon the elderly and chronically ill, the person concerned may take a very different view.

In 2003, the *New York Times* printed a remarkable article by disability rights lawyer, Harriet McBryde Johnson recounting her debate with and reaction to Peter Singer, over his contention that parents with a child suffering the kind of disabilities that Ms Johnson herself suffers - and as she describes them, they are truly horrendous – should have the right to kill them. Ms Johnson says she was outraged by Singer's argument. describing his prejudice as "an ultimate evil, and him a monster". In fact she says, "I enjoy my life. (People like me), we take constraints that no one else would choose and build rich and satisfying lives with them. We enjoy pleasures other people enjoy, and pleasures peculiarly our own. We have something the world needs."

At the very least, even allowing for the different circumstances of the dying, this story reminds us that the interests of the elderly and chronically ill take precedence over those of family, friends and euthanasia enthusiasts.

Second, the statistics on physician-assisted suicide for persons suffering depression ought to sound a clear warning bell. Euthanasia is not an appropriate response to depression.

Third, a major concern is that towards the end of life people can become anxious about being a burden, not being valued. They are vulnerable to pressure from others, even family members, who from motives that may well be kindly meant, promote euthanasia to the vulnerable elderly.

Ms Hartland quoted Newspoll statistics that 80 per cent of Australians support euthanasia and only 14 per cent oppose it. But the results of polling is highly dependent upon who is polled, the information provided and the actual wording of the questions. That poll should be taken cautiously.

One particular factor that needs to be remembered is that people who indicate when younger that they support euthanasia can and do change their minds as to whether euthanasia is for them. A very interesting poll, if polls now decide how we should act, would be a poll of the elderly and those chronically ill and facing death in the not too distant future. I suggest such a poll would not produce a figure of 80 per cent, nor even 20 per cent for that matter.

A final point concerns the nature of the doctor-patient relationship. Doctors are meant to preserve life, not end it. If the role of a doctor is redefined from that of life preserver to include life terminator, that precious doctor-patient relationship will be potentially jeopardised.

In making the above observation and plea, I am not seeking to be somehow heartless or ignorant of the issue of great pain and suffering. The entire Christian Church in all its varied and localised manifestations, including the Presbyterian Church, has been involved in the care of the elderly and chronically ill throughout its existence. People have been suffering and dying throughout that period. Individuals today are not unique.

We Christians worship a God whom we believe creates, sustains and protects the capacity for all human relationships and communities to function harmoniously and effectively. The commandment not to murder not only asserts who ultimately has the rights over all life, but also establishes a boundary condition for the flourishing of all human relationships and communities.

If our politicians truly care, then for the sake of, and for the dignity of our elderly and chronically ill, they should not allow any of these euthanasia bills to pass. At the very least they need to give some thought to what our society might begin to look like once humans are allowed an active power of death over others, for this is what euthanasia legislation will set in train should it be passed.

It may be that MPs do not allow either bill to pass. Such an outcome will be due in no small measure to the pressure applied by the Christian constituency. It is a very sad thing to realise that the only group in the broader Australian community prepared to campaign on pro-life issues is the church - and even then not all of it.

Euthanasia is an issue that will not go away, given the fading Christian understanding in the broader Australian community. There exists what one euthanasia advocate describes as "a small but significant number of determined patients, generally having strong personalities and a history of being in control, who are unlikely to be deflected from their wish to end their lives". When we also remember that for the typical Aussie pagan - despite occasional bravado - death is the grim reaper with no hope-filled prospect to follow, we remind ourselves of the enormity of the task to defend the right to life and to die a good death in God's time and in a God honouring way.

May God have mercy upon our nation.

David Palmer is convener of the Victorian Church and Nation Committee. Part of this article formed the basis of a letter that committee sent to every member of the Victorian Upper House and also for an article posted on OnLine Opinion (<u>http://www.onlineopinion.com.au/view.asp?article=7543</u>).

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