Hypothetical – Choosing to Die

Audio Visual Introduction (Power Point presentation)

A decade into the brave new world of the 21st Century, attempts to legalise assisted suicide or voluntary euthanasia through courts and parliaments have become commonplace around the globe.

But it was the Northern Territory of Australia that in May 1995, became the first place in the world to pass legislation to legalise voluntary euthanasia. The Rights of the Terminally Ill Act which came into effect in 1996, allowed a doctor, in defined circumstances, to comply with a request from a patient that the doctor end the patient’s life or assist the patient to end his or her own life. This controversial Act lasted just 9 months before being overturned by the Australian Federal Parliament.

However it was not long before bills for similar legislation were being introduced in Australian States, and overseas. The Netherlands, Belgium, Germany, Albania, and Luxemburg passed euthanasia legislation, and in some USA States, medically assisted suicide became a legal practice.

The terms “euthanasia” and “assisted suicide” are often used interchangeably. However, they are different and, in the law, they are treated differently. The word euthanasia comes from two Greek words, "eu" meaning good, and thanatos meaning death” It is defined as intentionally, knowingly and directly acting to cause the death of another person (e.g., giving a lethal injection). “Assisted suicide” is defined as intentionally, knowingly and directly providing the means of death to another person so that the person can use that means to commit suicide (e.g., providing a prescription for a lethal dose of drugs).

Withholding and withdrawing medical treatment and care are not legally considered euthanasia or assisted suicide. Withholding or withdrawing food and fluids is considered acceptable removal of a “medical treatment.”

In the decade following the overturning of the NT Act there have been a dozen unsuccessful bills in Australia. In NSW a euthanasia bill (Rights of the Terminally Ill) was overwhelmingly defeated in 2002. A 2008 Euthanasia Bill in Victoria (Physician Assisted Dying Bill) also met with a resounding defeat. By 2009 three State parliaments, South Australia, Western Australia and Tasmania were still wrestling with euthanasia legislation. Bills introduced by The Greens Party were defeated in each of these states despite polls indicating considerable support by the public. But defeated Bills have not quieted this debate.

Introduction of PANEL MEMBERS
In South Australia where voluntary euthanasia bills have been presented or re-presented on an almost annual basis since 1995, the debate is reignited. The ‘Medical Defences – End of Life Arrangements Amendment Bill” emerges in 2011. It proposes to create new legal defences against one person intentionally killing another, a behaviour which up to then has always been considered unacceptable. It is proclaimed by those opposing euthanasia to be most dangerous bill yet.

Video Clip (ABC) Euthanasia debate stirred again  (Clip)

Bob Green, the bill introduced by a member of your party in South Australia and passed into committee on its second reading has been proclaimed by you as a “historic event”, but those opposing euthanasia asserted that it was most dangerous bill yet. What do you think caused this reaction? Has the intent of this legislation been misunderstood?

Bob Green MP

I think there was some confusion, yes. The bill’s intent was not to provide a general right to euthanasia. The changes were intended to give doctors a legal defence if they accelerate the death of a terminally ill patient whose pain cannot be alleviated with drugs. As Health Minister John Hill stated, the proposed legislation was designed to protect the ongoing doctor-patient relationship not to undermine it.

Can I make it plain at this point that at no time was it intended to allow a stand-alone clinic where patients could go to end their lives. Unfortunately Dr Nitschke’s actions at that time in seeking out premises for a so called suicide clinic in Adelaide attracted a lot of media

It is frequently claimed that the majority of Australians want some form of euthanasia permissible by law. In fact it seems that legislators are being endlessly bullied with the claim that 85% of the populace want voluntary euthanasia. Polls have been taken by interest groups and by the media. Yet these polls can vary wildly. Diana Hewson, how do you explain this?
The most recent poll (coming up with 85%) is based on a single question telephone survey of 1200 Australians. I understand that telephone operators were instructed to emphasize certain syllables. The exact question ran...

“Thinking now about voluntary euthanasia: If a hopelessly ill patient, experiencing unrelievable suffering, with absolutely no chance of recovering asks for a lethal dose, should a doctor be allowed to provide a lethal dose, or not”

This wildly emotive question, is asked of people while they cook dinner or bathe children. As Rev Dr Andrew Cameron pointed out recently “This kind of approach is very likely to provoke fear and therefore makes it a very subjective question.

Dr Fenton Brown your organization has been following these surveys for some time and have taken particular interest in the views of the Christian community. You claim that around 65% of Christians support voluntary euthanasia. How reliable are these surveys?

Dr Fenton Brown

The methodology and results of the major national survey in 2007 are available on our website. But even more importantly we need to look at the big picture. In the last two decades, national surveys have consistently shown that a majority of Australians believe that terminally ill individuals should have a right to seek and obtain assistance to end their life with dignity. In 1962 it was close to a majority (47%) this figure rose steadily until in 2011 it is around 85%.

The 2007 poll conducted by the respected professional social research company, Newspoll, found that 80% of Australians favoured such a right, including 74% of Catholics, 82% of Anglicans and 91% of those with no religion (nearly one in five Australians.

Dr Bartlett, do you feel these surveys are a fair and reliable indication of the views of Christians on this issue?

Rev Dr Russell Bartlett

Palliative Care specialist Megan Best recently addressed the Anglican Synod on this question. She believes that these polls show us not so much how many people support euthanasia, but that many people don’t actually know what euthanasia is. As a result of her participation in many talk back radio sessions on the topic over a number of years she has found that confusion abounds regarding what the legalisation of euthanasia means.

People generally do not understand that Euthanasia is not the administration of the
medications needed to ease pain and discomfort at the end of life. Nor is it the switching off of life support machines even when it will lead to the death of the patient. Things that are standard practice in end of life care have been intentionally confused with euthanasia in order to increase support. It has become very clear to her that most of the population have little idea about the ability of modern palliative care to control pain and alleviate suffering. I have no doubt that the thinking of compassionate Christians would be affected by this lack of understanding.

Well let's look at this for a moment.

Alison Crichton Brown, it seems that a quite bit of verbal engineering has accompanied this debate. Terms such as "assisted dying" and "end of life assistance" no longer mean palliative care! Do you consider that a lack of knowledge or even a lack of availability of good palliative care has helped drive the push for euthanasia legislation?

Alison Crichton Brown

Yes to both parts of that question. I have been appalled at the assertions often made by the media and the misunderstanding in the general community. You spoke about verbal engineering. Euthanasia proponents make much of the term “dying with dignity”, but surely good palliative care at the end of life is the real death with dignity.

Palliative care is physical, emotional and spiritual care for a dying person when cure is not possible. It also includes compassion and support for family and friends. I truly believe that competent palliative care may well be enough to prevent a person feeling any need to contemplate euthanasia.

But what about the times when even state of the art palliative care is not enough. We have heard experienced palliative care doctors admit that at the edge of the best medical science is the reality that sometimes nothing more can be done to relieve suffering. Surely it is there that lie some serious ethical questions.

Alison Crichton Brown

Dr Roger Hunt, who if you remember was the Palliative Care Specialist in the ABC interview we viewed earlier, remarked that when we are encountering people at the end of their lives who can’t be cured and whose suffering is very difficult to control, sometimes the only way to achieve relief of that suffering is with treatments that can hasten death.

It has long been accepted that such treatment does not have the intention of causing death, even though that may sometimes be an outcome. The pain relief or other treatment is given to relieve distressing symptoms and to keep the dying person comfortable. This is considered to be simply good palliative care.
Some politicians questioned the necessity for the South Australian bill. They claim that there is already some defence in law for doctors who administer a drug for pain relief if that then kills the patient. But Doctor Hercus, you would say from a legal perspective that doctor may be liable to prosecution. If so why?

Dr John Rennie

South Australia’s Bill simply inserts an amendment to the crime of homicide creating a defence for medical practitioners and those that assist them (including nurses) to either bring about the patient’s death or provide the means for the patient to commit suicide. Neither of those options is legal under the current law. The Bill would have provided a defence for doctors who acted in accord with the wishes of the patient.

Surely this is different though to inadvertently causing or hastening death by providing adequate pain relief? Diana Hewson how would you be advising nurses and nursing students regarding their involvement in administering pain relief on the orders of a doctor, should they believe that death may be caused or hastened?

Diana Hewson

I would say that there is a misconception, often promoted by euthanasia advocates, of equating doctors “amping up the morphine” as part of a holistic care and pain management, with “involuntary euthanasia”.

Calvary Healthcare chief anaesthetist Dr Gerard McGushin dismissed this idea when fronting a parliamentary committee in 2009, saying that there was a clear definition within the medical profession between withdrawing treatment or administering pain relief, and ending life by way of euthanasia. He said at that time, “I have never given anything on the basis of ending people’s life, and I don’t know any doctors that do.” This is not to say it never happens, but I believe it is uncommon.

So I would counsel nurses to consider the intention - ask questions if necessary – and decline to give medication that goes behond keeping the patient comfortable

Bob Green, lawyers too have claimed that doctors already receive the legal protection which SA’s new Bill purports to achieve in the Consent to Medical Treatment and Palliative Care Act of 1995. Why is that protection not sufficient?

Mr Bob Green MP

It is difficult to prove intent. What I am told by doctors is that they feel vulnerable even when the intent is not to end the person’s life. In addition many feel that it should be possible for the person themselves to decide when they have had enough suffering and life is no longer tolerable to them. Another factor to consider is the claim (and this is backed up by a certain amount of evidence) that the practice of intentionally hastening death in terminal illness is already fairly common among practitioners. This if true is considerably more dangerous than euthanasia legislation, since it is unregulated.
Diane Hewson  Nurses too have an immediate interest in any legislation since they would sometimes be called on to assist in the administration of the drug intended to bring about death, as we understand they are in the Netherlands and Belgium. What is known about the views of Australian nurses on this issue?

Diana Hewson

Back in 1967 following the overturning of the Act in the NT 1000 nurses were surveyed by the NSW Nurses Association on their attitudes to voluntary euthanasia. Respondents were asked whether they would be prepared to be involved in the process of voluntary euthanasia or physician assisted suicide. Of those responding, 70% were prepared to be involved in the process, with 54% willing to be a witness, 69% willing to provide support, 39% willing to assist, and 22% willing to administer the injection.

I am not aware of any such recent survey, but I feel strongly that nurses need to be involved in the way any legislation that affects nursing practice is framed.

Many who oppose euthanasia do so on moral grounds. This includes quite a large section of the Christian community, both Catholic and Protestant. Bishop Bartlett what is your position?

I think the language used in the debate often clouds the moral issues involved. We hear euthanasia described as death with dignity, assistance in dying, doctor assisted death and so forth, but we need to ask what is euthanasia? As Cardinal Pell the Catholic Archbishop of Sydney said recently, “Euthanasia campaigners may shy away from the blunt reality, focusing on suffering, but “Euthanasia means killing someone... usually one who is weak and vulnerable because of illness or disability.”

Countering the common claim that euthanasia is “death with dignity,” Pell also says that nothing, not even the challenges presented by serious illness, can take away a person’s dignity. Dying with dignity means accepting the human condition and the love and support of others, as we wait for death to come naturally”.

I believe Christians should always seek to relieve suffering and it is good to do so, as long as it does not intentionally cause death. The reason for this is that to kill someone, even at their request goes against God’s clear command that we should not kill.

Dr Fenton Brown how do Christians for euthanasia come to terms with their position ethically and morally?

Dr Fenton Brown

In the theological debate we often hear language such as “playing God” and “sanctity of life”. The term Sanctity of life’ actually appears nowhere in the Bible. Interpreting selected passages of the Bible to mean so is a personal matter for the individual.
One could equally interpret other passages of the bible to authorise or justify putting whole nations to the sword.

Theologian John Cobb, makes an interesting point. He maintains that "Theologically, few would now accept the view that one range of actions belongs wholly to the sphere of human free will and another wholly to God." He say, “God is at work everywhere, but in a way that does not set aside the decisions of the creatures. Instead God makes such decisions possible and works in and through them”.

But there are many who say that only God has the right to decide when a life should end?

A hundred years or more ago many lives that are saved by our interventions today came to a natural end much, much earlier. Are we playing God by extending lives? I am aware that some Christians are convinced that to kill oneself, or to get someone else to do it for us, is to deny God, and to deny God’s rights over our lives and his right to choose the length of our lives. However we do not seem to have the same problem in prolonging life artificially. We no longer consider the saving or extending of life that would once have been impossible, to be playing God

It is now 2012 and focus of the debate has returned to where it began in 1997 – a question of rights. Calling euthanasia “the ultimate right of the 21st century” and comparable even to the women’s suffrage movement in the 20s, many pro euthanasia campaigners are proclaiming that choosing to die is “a basic human right’. The anti euthanasia groups are also concerned about rights – the rights of the disadvantaged and vulnerable people in society, doctor’s rights, and nurse’s rights

But Bishop Bartlett you have been quoted as saying that discussing individual rights cannot settle questions of right and wrong

Bishop Bartlett

I think there are many ways in which the relationship between euthanasia and rights is confused. Autonomy refers to one’s claim to have what one is entitled to, short of infringing the valid rights of other individuals or of the community. But the claims that are being made now go well beyond that. These include claims to rights to request another person to take one’s life, and of doctor’s rights to respond to that request by intentionally taking that life.

Both euthanasia and assisted suicide require the direct and intentional involvement of another person. As autonomous beings with their own moral values, the rights of doctors and nurses who may be asked to assist must be considered. The doctors and nurses who may be asked to assist are separate moral agents, with responsibility for his or her own actions, yet that autonomy totally escapes examination.
So yes, the bottom line is that discussing individual rights is a way of avoiding the issue. It does not settle questions of right or wrong.

**Dr Fenton Brown** are these other rights being ignored in the arguments put forward for human rights?

**Dr Fenton Brown**

No, I certainly believe there are other rights that should be considered. These will include the rights of every person to their life and to the standards of health care appropriate to their illness and, where the provision or quality of that care is demonstrably uneven, to the right to distributive justice to protect the equal rights of all the sick. However I do not see a conflict here. I do not envisage that doctors or nurses for that matter will be forced to participate against their conscience.

**Diana Hewson** why would you deny the basic right of a person to choose to die, if that right did not conflict with the rights of another person to assist them?

**Diana Hewson**

Resort to claims of rights is not always, or even often, the best way to achieve a consensus, protective of the rights of everyone, not just of certain individuals or groups. I am not at all convinced that there would be no conflict of rights.

Western Societies are facing continuous social attacks on vulnerable people under the guise of freedom and choice. The fact is that legalizing euthanasia or assisted suicide threatens people with disabilities and other vulnerable people who are already devalued by society. Negative attitudes and perceptions of people with disabilities will create subtle pressure that they “choose” to die.

It was the view of the former Australian Human Rights Commissioner, Mr Brian Burdekin, from his experience, that the vulnerable sick were already ‘the most systematically abused and the most likely to be coerced’.

**By 2015 the health-care system in Australia is facing enormous demands as the population ages, and ever increasing pressure is put on hospitals and health care professionals to maintain high quality care to more and more people on an ever tighter budget.**

Legalising euthanasia is seen by some to be not only a humane solution to extreme suffering and disability but an answer to health care costs. Others object violently to legislation that they consider may eventually create a duty to die for the elderly, disabled and those with terminal illnesses.
The commonwealth's jurisdiction over Australian Territories has been repealed, but still introduction of legalised euthanasia has so far been rejected by all state parliaments apart from Queensland where legislation is still pending.

Bob Brown, why do you think that despite numerous attempts to pass legislation they have been unsuccessful even in the Northern Territory where it was defeated, if only by a narrow margin?

Bob Brown

These bills have been frustrated on a number of fronts. Euthanasia opponents often raise fears about potential abuse, and manipulate data from The Netherlands in an effort to portray a "slippery slope". These fears, and more recently strong lobbies from disabled citizens’ groups, the Catholic Church and more recently the Alzheimers Association.

Statistics from the Netherlands and Belgium have been produced by these groups to create fears concerning involuntary euthanasia. All of which have been used in an attempt to deny Australians their most basic human right, control over their own life. Despite this I would argue that society is enriched by upholding the principles of respect for autonomy, liberty and compassion which are central to the concept of voluntary euthanasia.

Diane Hewson Your organization Nurses for Life along with other Pro Life nurses organizations overseas have taken a serious view of the statistics emerging from oversea. What are they saying to you?

I don't think we can afford to ignore the social consequences of legalisation which have been seen in those places where euthanasia is law. The data we have is real and not manipulated. It can easily be validated.

Euthanasia was decriminalised in Holland in 2002 after 20 years of widespread practice under legal guidelines. By the time the law had passed, the courts had already legitimised the death of patients who were not terminally ill. Then they allowed it for people whose suffering was not physical. They are currently debating the need to allow people over 70 years of age to be killed when they are 'tired of life'. Early in 2005 a Dutch hospital published their guidelines on how to kill disabled newborn babies.. The boundaries are continually being pushed.

The Dutch Government’s first euthanasia report was published in 1991. The Remmelink report showed that around 1/3 euthanasia deaths the previous year occurred without the patient’s knowledge or consent (that’s around 1000/year) In 1995 it was a similar number, working out to be 1 in 5 cases of euthanasia being performed without the clear and explicit request of the patient. In 1998, 1200 people in the Netherlands were given lethal injections without their knowledge. There are stringent guidelines in place in
Holland, but the numbers continue to grow. Belgium legalised euthanasia a year after Holland and is going down the same track even more quickly.

Proponents of euthanasia will tell you that legal guidelines will prevent this happening, but clearly the facts suggest otherwise.

_Australia’s first Hospital Ethicist, Professor Tonti-Filippini said recently, “I am no stranger to suffering and disability, and am well aware of the limitations of palliative care, but I would argue that legislation that permits euthanasia could never be made safe.”_ Dr Rennie do you really believe that it is possible to have enough safeguards in the legislation to avoid some of the problems that are emerging overseas.?

**Dr John Rennie**

Yes I do. The legalisation of Voluntary Euthanasia would provide more safeguards against abuse than now exist. Opportunities for unauthorised ending of life are greater under the current system than they would be when regulated by a voluntary euthanasia law.

Therefore I believe they would be more effective than any present regulations which are loose and vague at the best.

_Some legal experts are also concerned at the prospect of euthanasia being legalized._

Andrew McGee, a law lecturer at the Queensland University of Technology in Brisbane, believes it may encourage requests in people that wouldn’t otherwise consider euthanasia

_A Alison isn’t it true that there are people in nursing homes that already feel like a burden. ... They already feel guilty and embarrassed. They may be made to feel that they should end their lives so as not to feel a burden.”_

**Alison Crichton Brown**

Professor Tonti Filippino who was mentioned earlier, is himself suffering from a number of diseases and comes into the category of terminal illness. In a letter to SA Premier Mike Rann he said “The fear of being a burden is a major risk to the survival of those who are chronically ill. If euthanasia were lawful, that sense of burden would be greatly increased for there would be even greater moral pressure to relinquish one’s hold on a burdensome life”

I believe we need better provision of palliative care services aimed at managing symptoms and maximizing function, especially as we approach death. The cause of dignity would be better achieved if we help people live more fully with the dying process.
Still, surveys and polls seem to reveal steadily growing support for legalizing voluntary euthanasia. The whole question is about to be put to a national referendum. Political parties, The AMA, Nurses Groups, pro and the anti euthanasia lobbies, and the churches are working feverishly to put their various viewpoints and influence the outcome.

I am going to ask each of you to state the most compelling reasons for the views that you hold. First, Alison Crichton Brown.

Alison Crichton Brown (Anti)

Sanctioning euthanasia or doctor assisted suicide will undoubtedly lead to the intentional ending of life where a life is considered by others not to be worth living.

An enormous amount can be achieved when loving care and support are combined with knowledge and skill. For most people, pain and suffering can be eased, lives can be better rounded off, healing and reconciliation can be encouraged, and dying can be made more peaceful and dignified. There are already sufficient safeguards in place for doctors and nurses who administer pain relief and other accepted palliative care measures.

Good palliative care is the best answer to the quest for death with dignity. We should be investing the money spent on campaigns and referendums on euthanasia in caring for those we can help now – the ones who are seeking beds in palliative care facilities and better methods of palliative care.

I would also argue for a clear definition to be made within and outside the medical profession between withdrawing treatment and administering pain relief, and ending life by way of euthanasia.

Dr John Rennie (Pro)

Euthanasia legislation is needed but would have to be based on a general principle that treated all individuals equally.

When I argue for legalising voluntary euthanasia, I speak from personal experience of seeing family members die in a slow and distressing manner. This was distressing not only for them but for close family members as well. At different times both expressed a wish to die. Research has shown that a majority of the people of Australia are in favour of Voluntary Euthanasia with due safeguards. The legislation enacted in the Northern Territory gave terminally ill people the opportunity to choose between a slow, and in many cases painful death and a dignified end at a time of their choice.

I welcome this coming national referendum to have a majority decision made at the ballet box by the Australian people.
Diana Hewson  (Anti)

Undoubtedly illegal intentional ending of life where life is considered not worth living in our healthcare institutions is happening today”, but we believe that the answer to this situation is to pay attention to better quality and safeguards in care and safeguards against abuse, not to sanction medically assisted suicide by legalising it”.

The introduction of euthanasia may reduce the availability of palliative care in the community, because health systems will want to choose the most cost effective ways of dealing with dying patients. Medical decision-makers already face difficult moral dilemmas in choosing between competing demands for their limited funds. So making euthanasia easier could exacerbate the slippery slope, pushing people to choose to hasten death so as not to be a burden on society.

Societies are facing continuous social attacks on vulnerable people under the guise of freedom and choice. The so-called ‘right to die’ may in no time becoming a duty to die.

Dr Fenton Brown  (Pro)

In an imperfect world anything and everthing can be used or misused for sinful purposes. Laws will be bent, loopholes found and injustices including legal ones are a fact of life. Nonetheless we operate to the best of our ability with the help of the laws we have in place in our society. In one sense there are no perfect laws except God's laws. Should the fear of a law with the potential to be misused cause us to deny a voluntary euthanasia choice to the minority of human beings who cannot be helped to die in a tolerable way, i.e without extreme pain or distress, even with state of the art palliative care.

I believe palliative care will never eliminate all suffering - this is an impossible dream. Currently, terminally ill patients experience an array of distressing symptoms despite the provision of state-of-the-art palliative care. Research suggests about five to ten per cent of people with terminal cancer request euthanasia. I have become convinced there is a small but definite place for euthanasia in end of life care.

Bob Green  (Pro)

The argument of most anti euthanasia groups is that euthanasia will undermine society, so the wishes and interests of patients wanting euthanasia must be sacrificed for the common good. However, this treats these patients as the "means" to a presumed benefit for imaginary persons, rather than as "ends" in their own right. Clinicians are morally obliged, I believe, to treat each and every patient in their own right, not as the means to benefit someone else.
I would argue that access to quality palliative care should go hand-in-hand with the availability of legal doctor-assisted dying for terminally ill Australians. I believe that those doctors and nurses involved in meeting such requests should be protected by law.

For me the moral case for legalising voluntary euthanasia is based on three major principles:

1. Respect for personal autonomy, our right to make decisions that are primarily our own concern;
2. Compassion for those who are suffering with no prospect of relief;
3. Concern for the dignity of the person and his or her quality of life.

Bishop Bartlett  (Anti)

Euthanasia involves the deliberate killing of a patient using a lethal substance which is very different from the quite legal and compassionate practice of relieving a patient’s pain even if it does hasten death.

I understand that N.S.W. Health best practice guidelines state that ‘a primary goal of medical care is the preservation of life,’ and then, ‘when life cannot be preserved … to provide comfort and dignity to the dying person, and to support others in doing so.’

These policies cohere with Christian theology. In Christian understanding, death (both spiritual and physical) stalks humanity as an alien intrusion. Until Jesus Christ ‘bring[s] salvation to those who are waiting for Him’ (Heb. 9:28), death wins. Hence good care resists death, yet does not expect that life can be preserved indefinitely.

In societies worldwide it has always been accepted that there should be no unlawful taking of life. Australian-Canadian lawyer and ethicist Margaret Somerville in evidence to the Australian parliament: said “If you look at the most fundamental norm or value on which our type of societies are based, it is that we do not kill each other” Good laws should protect the weak and vulnerable, and legislating for euthanasia cannot do this.

Thank you to panel members and brief given to the audience concerning open question/discussion period.

Panel members’ real identities and profiles will be given and they will be free to respond to questions and discussion according to their own (real life) position on the topic. The presenter will act as moderator.
STRUCTURE

7.30 Preliminaries: Welcome, Introduction and audiovisual 5 mins
7.35 Introduction to Hypothetical Panel members 3 mins
7.38 Hypothetical presentation 60 mins
8.30 Open Questions and Discussion 25 mins
8.55 Notices 5 mins
9.00 Supper