EUTHANASIA

“Once the genie is out of the bottle, it is not likely ever to go back in again.” Professor Theo Boer

SUMMARY

The Right to Life Australia opposes assisted suicide and euthanasia because they deny the sanctity of human life. The sanctity of human life forms the basis of our law and medicine. Euthanasia reverses the relationship between doctor and patient and is the ultimate in elder abuse. We can learn lessons from the very small number of countries that have legalised assisted suicide and euthanasia. Euthanasia places our terminally ill people, who are vulnerable and weak, into a position of being coerced or pressured into having a duty to die. Everyone has an equal right to life, regardless of whether they are terminally ill or not. We must particularly protect these most vulnerable members of our country.

EFFECTS

Euthanasia would grant immunity to medical practitioners from criminal, civil and disciplinary proceedings, if they kill or assist a person with a “terminal illness” to commit suicide. It reverses the value of the sanctity of human life, on which our Institutions of Law and Medicine are based. Murder is prohibited by law, and it is an offence to assist a person to commit suicide. Medicine is based on healing and palliative care.

THE MACRO OR SOCIETAL LEVEL

The first duty of legislators is to protect the lives of all the citizens of their country. Legislators must govern for everyone in Australia, including the ill, the vulnerable and those with a disability; not just a few doctors, who want to assist people to commit suicide or to kill them and want immunity from prosecution.

HARD CASES MAKE BAD LAW

Arguments based on a hard case or a theoretical case of a person who has not had their pain managed well elicit compassion, but to jump to legalising assisted suicide and euthanasia in response is disproportionate and dangerous. It may be a case of misplaced compassion. Paul Kelly (Editor of The Australian) said, “Euthanasia takes you out of my misery.” You must govern for everyone, not those hard or theoretical cases, which should be getting fewer and fewer with better management and advancing pain relief.

THE INSTITUTIONS OF LAW AND MEDICINE

Law and Medicine are part of the glue that keeps our society together. Doctors and lawyers are trained to uphold the sanctity of human life as the basis for their professions. The legal prohibition of murder and assisting suicide provides us with security and safety. If we are feeling depressed, in pain or fearful of the future, we need to be properly treated or referred appropriately, not killed or coached into suicide.

FIRST DO NO HARM

The purpose of medicine is to relieve pain and save lives. The four bioethical principles are: Non-Maleficence ("First do no harm"), Beneficence (Do good), Autonomy (Can choose not to be treated) and the Sanctity of Human Life. Doctors are trained to uphold the sanctity of human life while respecting a patient's autonomy to choose treatment options available or refuse medical treatment.

Doctors have a duty to act in the best interests of their patients, not in the interests of relatives, hospitals or health budgets. People with a terminal illness can be very vulnerable as they are dependent on doctors and others for their treatment and care. Medicine has as its ethos the relief of pain, assistance in healing and palliative care.

We trust doctors to treat us according to our best interests, which does not include death. Euthanasia reverses the relationship between the doctor and the patient, turning the healing role into a killing role. Trust between doctor and patient would be destroyed. Euthanasia and assisted suicide are opposed by the A.M.A.

SUICIDE

Society views suicide as a tragedy to be avoided. Suicide not only affects the person who dies, but their family, friends and the wider society – for example the suicide of Robin Williams was lamented by many. We want to discourage, not enable and encourage suicide. We spend a lot of money on suicide prevention - we have Lifeline, Beyond Blue and Suicide Helpline, which counsel people against suicide. It is a very confusing message to our people, especially our young, to enable assisted suicide and euthanasia while telling them that we value them and that they are worthwhile and valuable members of our community, as we all are.

RECENT CASES

LUCAS TAYLOR, a physically healthy 26 year old Mornington Peninsula (Victoria) man, used the EXIT INTERNATIONAL website to obtain information. He flew to Peru to obtain Nembutal, which he used to commit suicide. His mother has accused Nitschke of "coaching" her son to suicide and appealed for the website to be taken down.

NIGEL BRAYLEY, a 45 year old Perth man, also healthy, had a dialogue with Philip Nitschke before committing suicide. He had lost his job and was being investigated over the death of his former wife.

BEVERLY BROADBENT another healthy person committed suicide after making a video explaining that she did not want to feel pain in the future. One doctor diagnosed her condition as “existential fear.”

NON-DISCRIMINATION

We want a culture of non-discrimination, not discrimination on the basis of whether or not you had a “terminal illness.” After this discrimination is introduced, it is easier to add other categories, as people get used to death as a solution to problems.

ELDER ABUSE

Euthanasia is a culture of discarding the elderly. Weak and vulnerable people not wanting to die, will be killed. When entering hospital, they are given forms to sign, when they are ill, they are in their most vulnerable position, and may not read or understand the documents properly, as they are anxious for medical treatment and care, they unknowingly sign away their life. This opens the door to the ultimate elder abuse, especially the part of the bill which allows another person to sign away the life of the patient on their behalf.

What needs to be appreciated is the concept of “vulnerability” or “weakness” on the part of terminally ill people. There can be pressure from family and heirs who may well have a different agenda, rather than the welfare of the terminally ill person. There are the very real pressures from busy medical staff and hospital administrators. Assisted suicide and euthanasia will result in people dying who do not want to die – they will agree to die because they do not want to be a burden on the medical staff, the hospital and their family. Society has a responsibility to protect those who do not want to die. The right to die becomes a duty to die for vulnerable and depressed people fearful of becoming a burden on the State or their relatives.

THOU SHALT NOT KILL BUT NEED NOT OFFICIOUSLY KEEP ALIVE

We are not suggesting extraordinary treatment for a dying person. We argue that the process of death should not be hastened or prolonged. If there is concern about overtreatment and excessive use of technology, this can be addressed in medical schools and hospitals.

THE UNIVERSAL DECLARATION OF HUMAN RIGHTS

The Preamble of The Universal Declaration of Human Rights states,

"Whereas recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world… …Whereas the peoples of the United Nations have in the Charter reaffirmed their faith in fundamental human rights, in the dignity and worth of the human person …

… Article 3. Everyone has the right to life, liberty and security of person.

…Article 5. No one shall be subjected to torture or to cruel, inhuman or degrading treatment….

…Article 7. All are equal before the law and are entitled without any discrimination to equal protection of the law. All are entitled to equal protection against any discrimination in violation of this Declaration and against any incitement to such discrimination.

Article 18. Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief, and freedom, either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship and observance.

.Article 21. (2) Everyone has the right of equal access to public service in his country

Article 22. Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international co-operation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality.

…Article 25. (1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

…Article 27. (1) Everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits.

Article 28. Everyone is entitled to a social and international order in which the rights and freedoms set forth in this Declaration can be fully realized."

It is clear that everyone has an equal right to life, regardless of whether they are ill, elderly or have a disability.

Whenever assisted suicide or euthanasia is in the news the Right to Life office receives phone calls from vulnerable people afraid that they will be on the list for execution. It is obvious to them that it is cheaper to kill them, than for them to be cared for. Euthanasia opens the door to institutionalised elder abuse. It is the

ultimate in elder abuse. By not wanting to be a burden on their family or society, elderly frail people may be coerced or pressured into accepting the lethal jab.

SLIPPERY SLOPE

The Netherlands legalised euthanasia and assisted suicide 30 years ago, when pain relief and palliative care was not as good as it is now. It started for very limited and specific illnesses. There is now a group of Dutch doctors suggesting that the "over 70's" people who are "tired of life" and those with limited financial resources can now be candidates for euthanasia. The Groningen Protocol provides for the non-voluntary euthanasia of children, which is infanticide. The children eligible are to be "gravely ill" or have "significant birth defects." 300 involuntary deaths have been reported. From their history, we can see the "slippery slope." To deny this is to deny history and fail to learn from it. Last December Belgian twins who were deaf and leant that they would go blind were killed. The Telegraph (16/01/2013 "Belgian twins in unique mercy killing") reported that neither was terminally ill or suffering any physical pain. After they were killed the Belgian legislature tabled an amendment that allows children and Alzheimer's sufferers to be killed by a doctor administering a lethal injection.

To deny the slippery slope is to deny history.

Dutch Professor Theo Boer now opposes euthanasia. "I was terribly wrong, in fact." He said The Daily Mail reported he told the U.K. House of Lords, "Don't do it Britain." "Once the genie is out of the bottle, it is not likely ever to go back in again." Seven years ago he argued that a 'good euthanasia law' would produce relatively low numbers of deaths. He now believed that the very existence of a euthanasia law turns assisted suicide from a last resort into a normal procedure.

INCREMENTALISM

There is a political process called "incrementalism." An example of this can be seen in the thinking of the German government from 1920 onwards. In 1920 the German government legalised euthanasia for children, under three years old, who had specific disabilities. The categories of disability widened over time. This was the beginning of the Nazi holocaust. You will be aware that categories expanded to include gypsies, homosexuals, Armenians and Jews, then Allies. This attitude does not spring up overnight – there is a background of gaining acceptance for killing groups of people considered unwanted.

FUTURE CULTURE OF AUSTRALIA - LIFE OR DEATH?

Do you want to foster a culture of life and hope or despair and death?

The Right to Life is the most fundamental right of all human rights. Without it, all other rights are meaningless. This bill opposes the right to life of the terminally ill, who are a particularly vulnerable and weak group in our society, and who need and deserve the full protection of the law, as they have now. We want a culture of life and hope, not despair and death.

Dr. Katrina Haller, B.Sc. (Hons), M.Sc., PH.D., LLB.

Chief Executive Officer

The Right to Life Australia

HISTORY OF EUTHANASIA BILLS IN AUSTRALIA

Tasmania 17/10/2013 Legislative Assembly **"Voluntary Assisted Dying Bill" was defeated** 11/13

NSW 23/5/2013 Legislative Council **"The Rights of the Terminally Ill" Bill was defeated** 11/23

S.A. 14/6/2012 Legislative Assembly, **Ending Life With Dignity Bill lost on the voices**

W.A. 21/9/2010 Legislative Council **"Voluntary Euthanasia bill" defeated** 11/24

VIC 10/9/2008 Legislative Council **"Medical Treatment (Physician Assisted Dying Bill 2008" defeated** 13/25

N.T. 25/5/1995 Legislative Assembly **The Rights of the Terminally Ill Act** allowed terminally ill people to have medical assistance in committing suicide. It was not limited to the Northern Territory and Dr Nitschke assisted 4 people to commit suicide

Federal Government 25/3/1997 passed the **Euthanasia Laws Act 1997,** rendering the Northern Territory Act ineffective.

Australian Medical Association

The Australian Medical Association's publication – "The Role of the Medical Practitioner in End of Life Care – 2007" states,

1.4 The AMA supports a guidance framework rather than a legislative system to oversee end of life care."

10.5 "The AMA believes that medical practitioners should not be involved in interventions that have as their primary intention the ending of a person's life. This does not include the discontinuation of futile treatment.

10.6 Patient requests for euthanasia or physician-assisted suicide should be fully explored by the medical practitioner in order to determine the basis for such a request. Such requests may be associated with conditions such as depressive or other mental disorder, dementia, reduced decision-making capacity and/or poorly controlled symptoms such as pain. Understanding and addressing the reasons for such a request will allow the medical practitioner to adjust the patient's clinical management accordingly or seek specialist assistance."

The Law has extended its interest in Elder Abuse, a recognised new area of law. Legalisation of assisted suicide opens the way for elder abuse. Lawyers The following letter demonstrates this. The Law Society of Tasmania does not support assisted suicide. It has a "Elder law and succession" committee.

LIFE INSURANCE

The Financial Service Council represents Life Insurance Providers and is opposed to this bill. Currently they do not provide payouts to families of those who commit suicide.

OREGON
Patients in Oregon have received letters from the State Health Insurance company, refusing to fund expensive chemotherapy but agreeing to fund “assisted suicide” for $50. These patients did not want to die. (“Oregon offers terminal patients doctor-assisted suicide instead of medical care” http://www.foxnews.com/story/2008/07/28/oregon-offers-terminal-patients-doctor-assisted-suicide-instead-medical-care/ and “Death Drugs cause uproar in Oregon” - http://abcnews.go.com/Health/story?id=5517492&page=1

‘Don’t make Washington’s assisted-suicide mistake

My husband and I operate two adult family homes (elder care facilities) in Washington State where assisted suicide is legal. I am writing to urge you to not make Washington’s mistake.

Our assisted suicide law was enacted by a ballot measure in November 2008. During the election, the law was promoted as a right of individual people to make their own choices. That has not been our experience. We have also noticed a shift in the attitudes of doctors and nurses towards our typically elderly clients to eliminate their choices.

Four days after the election, an adult child of one of our clients asked about getting the pills (to kill his father). It wasn’t the client saying that he wanted to die. At that time, our assisted suicide law had not yet gone into effect. The father died before the law went into effect.

Since then, we have noticed that some members of the medical profession are quick to bring out the morphine to begin comfort care without considering treatment. Sometimes they do this on their own without telling the client and/or the family member in charge of the clients care.

Since our law was passed, I have also observed that some medical professionals are quick to write off older people as having no quality of life whereas in years past, most of the professionals we dealt with found joy in caring for them. Our clients reciprocated that joy and respect.

Someday, we too will be old. I, personally, want to be cared for and have my choices respected. I, for one, am quite uncomfortable with these developments. Don’t make our mistake.

Elizabeth Benedetto

The Hon. Nick Goiran M.L.C. Western Australia, Speech to the House on 10/4/2014

(abridged)

HON NICK GOIRAN (South Metropolitan): I move —

That this house—

(a) noting that —

(i) the Belgium Parliament has recently authorised the direct killing of children through euthanasia;

(ii) euthanasia or assisted suicide is now routinely performed in Belgium and the

Netherlands on persons with no terminal illness but with psychiatric disorders such as anorexia or depression or with disabilities such as blindness; and

(iii) Dr Philip Nitschke, during a recent visit to Perth, offered instruction in methods of

suicide including how to illegally obtain pentobarbitone, a schedule 8 poison, and

how to use nitrogen as an undetectable means of ending life;

(b) condemns the practice of child euthanasia;

(c) commends palliative care as an appropriate response to terminal and chronic illness;

(d) affirms the value of every human life including those with mental illness or disability; and

(e) endorses suicide prevention as the appropriate response to all those who for whatever reason may think life is not worth living.

When I last spoke on the issue of euthanasia and assisted suicide in my contribution to the budget debate on 17 October last year, there was so much compelling evidence from Oregon on the dangers involved that there was insufficient time for me to address the situation elsewhere around the globe. On that day, the Tasmanian

House of Assembly rejected the Voluntary Assisted Dying Bill 2013, dismissing the claim by proponents that legalised euthanasia was working well in Oregon, the Netherlands and Belgium as unfounded. Sadly, since then Belgium has legalised the killing of children by euthanasia, and Dr Philip Nitschke has brought his travelling

circus to Perth, touting his latest deadly toy—the nitrogen cylinder.

I turn to the issue of Belgium, where deaths by euthanasia have increased sixfold since it was legalised in 2003, from 235, to 1 432 in 2012. In Flanders in 2007, nearly

one-third of deaths by euthanasia were brought about without any explicit request from the patient. Although the law only authorises doctors to perform euthanasia,

nurses administered the legal drugs in 12 per cent of cases involving an explicit request, and in 45 per cent of cases without an explicit request. Belgium allows organ donation after euthanasia, including from people with psychiatric disorders, such as a woman suffering from automutilation, which is cutting to cause self-harm. Her consent was accepted as valid, despite her mental illness. Tom Mortier, whose mother was euthanased in April 2012 for chronic depression, wrote in an article on 4 February last year that —

I was not involved in the decision-making process and the doctor who gave her the injection never contacted me.

… How is it possible that people can be euthanased in Belgium without close family or friends being contacted? Why does my country give medical doctors the exclusive power to decide over life and death? How do we judge what "unbearable suffering" is? … Can we rely on such a judgment for a mentally ill person?

After all, can a mentally ill person make a "free choice"? … How can a medical doctor be "absolutely certain" that his/her patient doesn't want to live anymore?

In December 2012, deaf identical twin brothers asked to be euthanased after being distressed at learning they were going blind.

…. I turn now to the situation in the Netherlands. Euthanasia was legalised in the Netherlands in 2003. The number of deaths there has more than doubled from 1 815 in 2003 to 4 188 deaths in 2012. Euthanasia now accounts for nearly three per cent of all deaths in the Netherlands. Euthanasia is routinely carried out for dementia, depression and other mental health issues. In 2012, there were 42 notifications involving patients with dementia, and 14 involving patients with psychiatric problems. The Royal Dutch Medical Association states that as the elderly experience —

… various other ailments and complications such as disorders affecting vision, hearing and mobility, falls, confinement to bed, fatigue, exhaustion and loss of fitness take hold, … The patient perceives the suffering as interminable, his existence as meaningless and—though not directly in danger of dying from these complaints—neither wishes to experience them nor, insofar as his history and own values permit, to derive meaning from them.

… such cases are sufficiently linked to the medical domain to permit a physician to act within the confines of the Euthanasia Law.

In 2013, a woman asked to be killed by euthanasia because of her blindness. She was distressed at not being able to see whether her clothes were stained or to see new clothes when shopping. She refused a guide dog on the grounds that she wanted to walk a dog, not be led by one.

Case 15 of the "Dutch Regional Euthanasia Review Committees: 2011 Annual Report" concluded that the attending physician failed to accurately diagnose a woman's back pain and prescribed only limited pain-relief medication. Consequently, it could not be said that the woman's pain was definitively unrelievable. This woman has now been euthanased and can get no relief from this finding of error.

…Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

… Meanwhile, this coming Monday Dr Patsy Yates, president of Palliative Care Australia, will present the new position statement on paediatric palliative care which, in sharp contrast to the Belgian approach of offering to kill children who are terminally ill, states on page 3 that it —

… aims to provide the best quality of life through an holistic approach which supports the physical, emotional, social and spiritual aspects of the child and their family. "The goal is to add life to the child's years, not simply years to the child's life."

… Children and adolescents need to experience the best life possible regardless of their prognosis, and especially if their time is limited.

… I conclude by asking: suicide promotion or suicide prevention?

…This is a cult of suicide and death that I want no part of. In response to the challenges of suffering and despair there is always a better way than killing.

The Centre for Bioethics and culture. 15/8/14

Andrew Lloyd Weber Changes Mind on Suicide

by Wesley J. Smith, J.D., Special Consultant to the CBC

Andrew Lloyd Weber might not still be here if assisted suicide had been legal. He wanted to die and almost was set to go to Switzerland. Now, he's glad he didn't. From the Telegraph story:

Lord Lloyd-Webber, the West End impresario, was so convinced he wanted to die last year that he took steps to join Dignitas, the Swiss assisted suicide clinic, he has disclosed. The composer said he now believes that taking such a step would have been "stupid and ridiculous" but that it was all he could think of amid a bout of deep depression triggered by the pain from a series of operations.

He is among members of the Lords likely to oppose the bill tabled by Lord Falconer, the former Lord Chancellor, to legalise "assisted dying", which will have its first parliamentary airing today.

Assisted suicide would lure me to the grave, says Baroness Campbell during marathon 10-hour House of Lords debate

- **Baroness Campbell of Surbiton said Lord Falconer's Bill 'frightened' her**
- **Peer has battled severe spinal muscular atrophy since for half a century**
- **Claimed that in moments of despair, she might be tempted to ask to die**
- **'It only adds to the burdens and challenges life holds for me,' she said**
- **Bill proposes terminally-ill people should be allowed to kill themselves**
- **They would do so with lethal dose of drugs formerly prepared by doctor**
- **During 10-hour debate, peers on both sides told of suffering of loved ones**

http://www.dailymail.co.uk/news/article-2697988/Right-die-send-road-hell-says-Lord-Tebbit-marathon-10-hour-House-Lords-debate-assisted-suicide.html

Don't make our mistake: As assisted suicide bill goes to Lords, Dutch watchdog who once backed euthanasia warns UK of 'slippery slope' to mass deaths

- **Theo Boer, a European assisted suicide watchdog, said 'don't do it'**
- **In Netherlands euthanasia has been legal since 2002**
- **However, in six years the numbers of deaths have doubled**
- **Peers are preparing to debate the Assisted Dying Bill**
- **Bill has been promoted by Lord Falconer, a Labour former Lord Chancellor**

http://www.dailymail.co.uk/news/article-2686711/Dont-make-mistake-As-assisted-suicide-bill-goes-Lords-Dutch-regulator-backed-euthanasia-warns-Britain-leads-mass-killing.html;