Euthanasia: power to kill should not be state-sanctioned

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Last year I wrote about my brother who died of cancer. He suffered greatly and so did we who accompanied him into palliative care where he met his death. Later that year, another person in my life also died of cancer, but in very different circumstances.

Carolyn had a matter-of-fact attitude to her diagnosis. It was terminal, inoperable and she didn’t want to prolong her suffering with chemotherapy. So she made the difficult decision to go into palliative care in a place she loved on the coast. With her doctor’s support she maintained her right to refuse treatment except for pain, and she died with almost no pain, in the best circumstances anyone could wish for.

She was religious and her decision was not supported by all her friends. Many of them thought she should “fight it”. I was one who did support her. Everyone has the right to refuse treatment. In a terminal situation we have the right to meet death on our own terms. Carolyn, bravely, did just that.

This being the case at present, one wonders why the Victorian parliament has decided there is any need to introduce the dangerous practice of assisted suicide, which will completely overturn present medical ethics. Personal autonomy is not a valid argument for this. Personal autonomy is well respected in Australian medical circles, but giving a third party the power to kill is a different matter.

Daniel Mulino, the Victorian Labor Parliamentary Secretary for Finance who authored a comprehensive dissenting report on the state proposal, outlines the widespread abuse of euthanasia legislation in foreign jurisdictions. In those jurisdictions the practice was introduced as an end-of-life measure, in terminal cases, with safeguards and extrajudicial bodies overseeing the implementation of the law, as will be the case in Victoria according to state Health Minister Jill Hennessy.

Yet what happened? In all countries where assisted suicide is legalised, it has expanded in what is described as “scope creep”, where the criteria for active killing grows to include non-terminal illnesses, psychological disorders, especially depression, and even the euthanasia of children.

And not only that; the number of people euthanised is increasing at an alarming rate.

In Belgium alone, the total growth in the 12 years from 2003 to 2015 rose from 235 reported cases to 2012, a compound annual growth rate of 19.6 per cent. In The Netherlands the numbers went from 2331 in 2008 to 5516 in 2015, a compound annual growth rate of 13.1 per cent. In Switzerland between 1998 and 2014 the numbers rose from 50 to 836. These numbers in Belgium and The Netherlands are from the official statistics.

Likewise in the US states of Oregon and Washington, the numbers off a smaller base grew by 13.2 per cent a year and 21.6 per cent, respectively.
In the Flanders region of Belgium, more than 6 per cent of all deaths are euthanasia. Rather than just a small minority of incurable cases, the number of granted requests was 76 per cent — which points to a basic shift in medical culture.

One reason often cited for this is an ageing population. But it is not quite that simple. Mulino gives three explanations.

First, there is “an expansion in the categories of people eligible to opt for assisted dying, either through formal legislative change” (as in Belgium and The Netherlands, where children and people suffering certain forms of depression and dementia can now be euthanised), or sometimes less transparently by gradual changes in the interpretation and application of existing provisions.

Second, Mulino points to a “normalisation” of euthanasia or assisted dying in the medical system and across the broader culture. Third, there are “systemic failures in the safeguards”.

In surveys in Belgium and The Netherlands, doctors acknowledge large numbers of unofficial unreported cases of euthanasia, most because doctors simply don’t bother or don’t want to report them.

Mulino’s dissenting report makes clear that the majority report backed by Victorian Labor premier Daniel Andrews and Hennessy sidesteps the issue.

“It provides no attempt to explain either why persistent growth in cases is occurring or whether the risks with this trend can be managed,” Mulino’s report says.

His conclusion is that the case has not been made to legalise this practice. Nevertheless, euthanasia campaigners will continue to use the “terminal illness/unbearable pain” argument to justify a huge social change that has far more dangers than benefits, and that leads to the most horrific abuses.

If Victorian euthanasia activists are not interested in the mountain of evidence in Mulino’s report, perhaps they should read some of the damning reports in the general media. There is the case of Godelieva De Troyer, who was euthanised in Belgium for no reason other than depression. I interviewed her son, Tom Mortier, who has become an anti-euthanasia campaigner because of his mother’s case. He told me he was originally indifferent to the legalisation of euthanasia until her death. The most infuriating aspect for Mortier was that the doctor called it an “act of love”.

Says Mortier: “I loved my mother for over 30 years, and he never even bothered to tell me what he was planning to do!”

If the proponents of euthanasia do not want to believe the evidence of abuses presented by those who are against this practice, perhaps they will believe those who are actively in favour of it.

Wim Distelmans, former chairman of the Belgian regulation body, told The New Yorker: “We at the commission are confronted more and more with patients who are tired of dealing with the sum of small ailments — they are what we call tired of life.”

Opponents of active euthanasia are often branded “religious zealots” or, the most spurious charge, anti-personal autonomy. As my friend Carolyn’s death illustrates, there is plenty of scope for personal autonomy already in Australia without allowing doctors to have the power of death.

One last question we must ask is: where are the doctors? The Australian Medical
Association has a moderate, sensible policy on end-of-life issues that hinges on the intent of doctors to eliminate pain, even if death is slightly hastened. It is the intention that counts.

Despite this, it is rare to hear from doctors in these arguments. Although I do not imagine most Australian doctors would back the open-ended Belgian legislation, it may be a good idea for them to be opposed more actively to the changes proposed in Victoria lest it lead them into areas in which they do not want to be involved, both because of creeping expansion in the practice of euthanasia and for their own personal autonomy.

The latest development in Belgium is proposed legislation to force doctors who are conscientiously opposed to euthanasia to refer for it. They can't do that here? Well, think again. Victoria has already introduced exactly the same legislation for abortion.

**COMMENT**

January 17 2017
Julie Morgan

I'm terminally ill and the debate on euthanasia scares me

The doctors have told me I have a few months to live. The cancer that began in my breast four years ago has spread to my spine, ribs, hips and, more significantly, to my lungs. The surgeries, extensive chemotherapy, and radiation that I went through back then, plus the on-going hormone therapy, didn't do the trick. And so now, in my mid 50's, I'm terminally ill. It often doesn't seem real, yet it is. But there's so much more that I want to do – I am not ready to go!

My story of facing an untimely death has been interwoven with that of my best friend and housemate who, within these same four years, was diagnosed and subsequently died of lung cancer. And no, she wasn't a smoker. As my first illness was coming to an end, her illness began and so I went from being the person who was cared for to being the one who was the primary carer. There was a week's difference. So the past four years have given me a unique window into the complexity of death and dying, of living and loving, and of holding on and letting go.

The NSW community is about to debate physician-assisted death or voluntary euthanasia. No doubt one of the key ideas will be the notion that we ought to have a "free choice" when it comes to the manner of our death. This is coupled with the different understandings that people have about what it means to die with dignity. These are vitally important conversations. However, it often feels to me that the voices who want physician-assisted dying are given extra amplification by celebrities, and that, because they talk about dying with dignity, they somehow must be right. But the past four years have confirmed for me everything that my two ethics degrees have taught me: that human dignity is so inherent that it is expressed even in extreme vulnerability and not just in the good times.

The debate worries and scares me on several levels. Fortunately we just don't go around killing each other any more, so the notion that it's a person's "free choice" to die just doesn't make sense. Recognising the full scope of human dignity, we stopped capital punishment a long time ago. Now bringing in legislation that allows a group of experts to determine who can "legally" die, seems a retrograde move. Intellectually, that worries me. And once the legislation has been approved, experience tells us that it is likely to grow exponentially. I can imagine a time when particularly frail and
vulnerable people will succumb to the thought that it might be best for their families and for society in general for them to let go and die – they will agree to something because they think they ought to. That scares me.