Real care, love and compassion

– the alternative to euthanasia

Real care, love and compassion – the alternative to euthanasia

Compassion for the sick and suffering is something which unites us all. Many of us have accompanied friends or family as they face the fear and uncertainty of a serious illness. Our heart goes out to them and we wish only the best for them.

From time to time euthanasia or assisted suicide is proposed as the compassionate choice for people who are facing such illness. Euthanasia may be defined as intentionally bringing about death by active intervention, or by neglect of reasonable care in order to end suffering. Physician Assisted Suicide is when a person is prescribed lethal drugs with which to kill themselves, with the purpose of eliminating suffering.

We hear people saying that this would allow people to 'die with dignity' and that it is each individual's 'right' to choose the timing and manner of their death.

This view, although born of compassion, is misguided and even dangerous. Killing people is wrong, and this principle is fundamental to our law. In the very few jurisdictions overseas where euthanasia or assisted suicide have been introduced, there is already ample evidence that the system is being abused and the legislated safeguards are being ignored.

All Australians seek a compassionate response to illness and suffering. We ask you to consider the following myths and facts outlining why euthanasia, or government authorised killing, is never the best expression of compassion.

> "...it is impossible for government-authorised killing to be made safe."

Myth 1: Euthanasia can be legislated for safely

Fact: Euthanasia and assisted suicide can never be safe. Because terminally ill people are vulnerable to powerful feelings of fear, depression, loneliness, not wanting to be a burden, and even to coercion from family members, no law can adequately protect them from succumbing to euthanasia if it is available. Experience in other countries has shown clearly that it is impossible for government-authorised killing to be made safe. This is one of many strong reasons that the principle of prohibiting killing is so deeply embedded in our law and ethics throughout the world, recognised in international human rights documents, and basic to our common morality.

Myth 2: Dying with dignity

Fact: Our dignity is not dependent on our usefulness or health, but simply on our humanity. Our society should be judged by how well we care for the sick and vulnerable. Everyone should be loved, supported and cared for until they die. There is nothing truly dignified about being killed or assisted to suicide, even when the motive is compassion for suffering. Suicide is always a tragedy. People at a very low ebb are not helped by being told by our laws that we think they would better off dead or that we would be better off if they were dead. The community is rightly concerned about the high level of suicide in Australia and much effort is put into reducing it. To then introduce government-authorised killing on request, or assisted suicide, would be to create a dangerous double standard, and promote a false idea of dignity.

Myth 3: Euthanasia is an issue of personal liberty and personal choice

Fact: Euthanasia always involves a second person and is therefore a public act with public consequences. One person assisting the death of another is a matter of significant public concern because it can lead to abuse, exploitation and erosion of care for vulnerable people. Euthanasia would forever change the nature of doctor-patient relationships, from one of a duty to care, and heal and comfort, to one where a doctor is given the power to kill or to help you kill yourself.

Myth 4: It's worked well in other places, like The Netherlands, Belgium & Oregon in the US

Fact: The overseas models are not working well. The so-called strict guidelines are failing badly, with deadly consequences. When euthanasia was introduced in Belgium in 2002 it was considered to be only for terminally ill adults, deemed to be in their right mind, with full consent given. Doctors were required to report cases of euthanasia to a nominated authority. A little over a decade later, the Belgian parliament has now legalised euthanasia for children of all ages and dementia patients. Studies show only half of euthanasia cases are reported to the authority[1] and in a study in Flanders, 66 of 208 cases of euthanasia occurred without explicit consent.[2] Similarly in the Netherlands, despite the supposed safeguards, the Dutch government's own statistics show that more than 300 people die each year from euthanasia without explicit consent[3]. From its strictly controlled beginnings, euthanasia in the Netherlands has now grown to include the unconscious, disabled babies, children aged 12 and over, and people with dementia and psychiatric illnesses[4]. In Oregon the legislation allows lethal drugs to be administered without oversight, leaving enormous scope for family pressure or elder abuse to be applied.

Myth 5: Euthanasia should be legalised because opinion polls support it

Fact: Parliaments don't legislate on opinion polls alone. Parliaments are elected to consider all the relevant arguments, to legislate in favour of the common good, to endorse responsible action and to protect the vulnerable, whose voices and concerns are often not heard in opinion polls. The devil is very much in the detail when it comes to euthanasia, and when parliaments across the world have had a chance to examine all the evidence and all the dangers, the great majority of them have voted against it, even in the face of strong opinion poll support.

Myth 6: Euthanasia is necessary to relieve pain

Fact: Good palliative care, not killing, is the answer to relieving pain for the dying. Palliative Care Australia says that good, well-resourced palliative care gives people the ability not only to live well in their illness, but to die well too, "free from pain, in the place of their choice, with people they wish to be present, and above all, with dignity". Great medical gains are being made in palliative care and many families speak of palliative care as providing very precious time with their loved one. But the fact is that palliative care is not offered to many dying people in Australia and in some places there would be no opportunity to receive it, even if a person in great pain asked for it. No one should be talking euthanasia in Australia until we have righted this wrong.

What can you do?

You can help ensure that Australians are always treated with true dignity and compassion, right up to the point of their death. Talk to your friends, family, colleagues and Members of Parliament about the dangers of euthanasia for our society, and put forward the alternative pathway of good, readily available palliative care, loving support, and true, life-affirming compassion. Get involved in the debate because this is a debate which affects us all.

1 British Medical Journal: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2950259/pdf/bmj.c5174.pdf

2 Canadian Medical Association Journal: http://www.cmaj.ca/content/early/2010/05/17/cmaj.091876.full.pdf

3 Statistics Netherlands: http://statline.cbs.nl/StatWeb/publication/?VW=T&DM=SLen&PA=81655ENG&LA=en

4 Dutch Government: http://www.government.nl/issues/euthanasia/euthanasia-assisted-suicide-and-non-resuscitation-on-request

> "All Australians seek a compassionate response to illness and suffering."

Creative Commons licence
The text of this publication is licensed under a Creative Commons Attribution-NonCommercial-Share Alike 3.0 Australia Licence.

The Creative Commons Attribution-NonCommercial-Share Alike 3.0 Australia Licence is a standard form license agreement that allows you to download this publication, copy and redistribute the material in any medium or format, remix and build upon the work as long as you attribute the work, but you can't use it commercially. A summary of the licence terms is available from http://creativecommons.org/licenses/by-nc-sa/3.0/au/. The full licence terms are available from http://creativecommons.org/licenses/by-nc-sa/3.0/au/legalcode.

Please attribute this publication to the Australian Catholic Bishops Conference.

This resource may be reproduced or photocopied in its entirety or in part.
No copyright fee is payable.

CATHOLIC HEALTH Australia

National Catholic Education Commission

Australian Catholic Bishops Conference
Public Policy Office

GPO Box 368, Canberra, ACT, 2601 Australia
t: +61 2 6201 9845 **e:** policy@catholic.org.au

To download free copies of this school resource visit: www.catholic.org.au/shop