2019 Euthanasia Summary.
End of Life Medicine: Care, not killing.

- We believe the solution for improving end of life care is **highly accessible palliative care during a time of great emotional distress**, not killing patients.
- We reject euthanasia and assisted suicide as **an abrogation of our nation's social responsibility and duty to care** for the infirm, disabled and elderly. Such a policy would explicitly abandon those at greatest need of care and compassion.
- There is no evidence that lethal pills or injections in so-called 'medical care' will always be voluntary, nor completely safe, nor completely effective.
- Wrongful deaths are inevitable because legalised killing cannot be adequately safeguarded to minimise unintended consequences.
- Respect for individual autonomy must never trample the rights and safety of other individuals in society.

We believe that the use of euphemisms such as 'assisted dying' to describe medical aid to suicide conceals the dangerous nature of legalising killing in so-called "compassionate" terms.

We call for greater access to palliative care: an approach (as defined by Australia's top body) that *improves the quality of life of patients and their families facing the problem 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*.[i]

We oppose legalizing assisted killing because it would weaken society's prohibition on killing and undermine the safeguards against non-voluntary euthanasia.

We believe that euthanasia contradicts and undermines the reasonable objective to prevent suicide, and that it communicates an offensive message to vulnerable individuals that society may regard their wish towards suicide as 'reasonable' rather than tragic.

We reject the libertarian, pro-autonomy argument for euthanasia because it is inherently selfish and minimises the vulnerability of others. We believe that respect for the autonomy of individuals must be qualified by:

I. the rights of others,
II. public safety considerations,
III. and by Biblical values, including:
    a. Life is the gift of God, and it is God who controls the length of our lives (Ps. 139:16),
    b. Killing persons without justifiable cause is an offence against God, and
    c. All persons are made in the image of God with inherent worth and dignity.

Regarding autonomy, Cardiff University School of Medicine's Toni C. Saad said: "leaning heavily on autonomy has the effect of excluding from human society those who do not possess it. It is one of the greatest fallacies of the Enlightenment that membership to society is based on choice and the ability to make a contract. There are many in our society who cannot do this, either because they are immature, ill, or disabled. Limiting ethical and political discussion to matters of autonomy excludes such people, and therefore threatens their interests."[ii]

We believe wrongful deaths of the inevitable consequence of legalised killing. Among the reasons for this are:

i. undiagnosed mental illness,
ii. incorrect diagnosis,
iii. incorrect estimation of terminal stage,
iv. utopian ideology that humans are naturally trustworthy,
v. Coercion and abuse for selfish gain by family or friends or medical staff.

Pain is not the reason

Pain is not the primary reason for calls for euthanasia. Instead, fear and emotional distress have been noted as the primary causes. As numerous suicide prevention websites note, "Most suicidal people do not want to die. They are experiencing severe emotional pain, and are desperate for the pain to go away."[iii] Therefore, relieving emotional distress should be the primary consideration for those contemplating suicide, especially in the concluding stages of their natural life.

Data in Oregon has shown that the most common reasons for requesting assisted medical killing were loss of autonomy (97.2%), inability to engage in enjoyable activities (88.9%), and loss of dignity (75.0%).[iv]

The reality is that euthanasia will not prevent a painful death. According to Bernard Lo, M.D., "Physicians who support PAD need to consider how to address the potential for adverse outcomes, including longer time to death than expected (up to 24 hours or more), awakening from unconsciousness, nausea, vomiting, and gasping."[v]

Data collected by the state of Oregon from 1998 to 2015 revealed that the time period between ingestion of lethal drugs and death ranged from 1 minute to more than 4 days. The data also showed that 27 patients (of 994 total) experienced difficulty ingesting or regurgitating the drugs, and on 6 occasions patients regained consciousness after ingesting the drugs. The true rate of these complications is difficult to determine, as 54% of the cases between 1998 and 2015 had no health care professional present to observe the patient's death.[vi]

We honour the Hippocratic Oath

The International Code of Medical Ethics (1948) rightly proclaims that "a doctor must always bear in mind the obligation of preserving human life from the time of conception until death."[vii]

Likewise, the World Medical Association's Statement of Marbella, which it reaffirmed in 2015, states:

> *Physician-assisted suicide, like euthanasia, is unethical and must be condemned by the medical profession. Where the assistance of the physician is intentionally and deliberately directed at enabling an individual to end his or her own life, the physician acts unethically.*[viii]

According to the Australian Medical Association, the following forms of management at the end of life do not constitute euthanasia or physician assisted suicide:

> • *not initiating life-prolonging measures;*
>
> • *not continuing life-prolonging measures;*
>
> • *the administration of treatment or other action intended to relieve symptoms which may have a secondary consequence of hastening death.*[ix]

Palliative Care

We believe palliative care is not sufficiently funded or promoted in Australia's medical system.

Associate Professor Ian Haines, medical oncologist and palliative medicine specialist, said in 2016 that, as an oncologist with 35 years' full-time experience, "I have seen palliative care reach the point where the terminally ill can die with equal or more dignity than euthanasia will provide.

"[x] Three years later, palliative care in Australia has improved even more, such that no person need die in pain.

He further stated:

> *I have received many euthanasia requests from patients and families over my 34 years in full-time oncology practice, some very passionate, but I have invariably found that they quickly disappear as reassurance and adequate medication doses provide the comfort that is desired and the newly exposed opportunities for patients and families to share deep and poignant moments of bonding and reflection, or nurse a new-born grandchild, or attend a wedding or a graduation.*
>
> *If a patient and their family needs help for a comfortable and peaceful death, doctors routinely increase the dose of medications, even if the patient dies sooner as a result. As long as the primary goal of this treatment is the relief of suffering and not to cause death, this is permitted*.

Therefore:

- We believe that knowledge about palliative care which is already available amongst specialized medical and nursing practitioners should be made more broadly available; and that all governments should encourage the expansion of palliative care principles further into general medicine.
- We believe that medical staff should be required to clarify 'goal of care' with relatives of all admitted patients, at time of admission; that this become part of standard admission procedure.
- We believe that a public education campaign around Advance Care Directives should be undertaken to raise public awareness; that the language of ACDs ought to be clarified to focus on goal of treatment, such as cure or palliative symptom control and the circumstances in which an ACD applies, as opposed to a focus on refusal of treatment.

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[i] Palliative Care Australia, Standards for Providing Palliative Care for all Australians, ACT, 2005, pp. 10-11.
[ii] Sadd, T, *In its ethical cookbook, medicine needs more than autonomy*. MercatorNet, 22 June 2017. Accessed 31-1-2019. URL: www.mercatornet.com/features/view/in-its-ethical-cookbook-medicine-needs-more-than-autonomy/20001
[iii] Macomb County Suicide Prevention Coalition. Holding on to life toolkit. University of Michigan Medicine website. medicine.umich.edu/sites/default/files/content/downloads/macomb-county-cmh-holding-on-to-life-toolkit.pdf. Accessed June 6, 2018.
[iv] Loggers ET, Starks H, Shannon-Dudley M, Back AL, Appelbaum FR, Stewart FM. *Implementing a Death with Dignity program at a comprehensive cancer center*. N Engl J Med. 2013;368(15):1417-1424. doi: 10.1056/NEJMsa1213398.
[v] Lo B. *Beyond legalization - dilemmas physicians confront regarding aid in dying*. N Engl J Med. 2018;378(22):2060-2062. doi: 10.1056/NEJMp1802218.
[vi] Oregon Health Authority, Public Health Division, Center for Health Statistics. *Oregon Death With Dignity Act: data summary 2016.*
[vii] Aurora Plomer, *The Law and Ethics of Medical Research: International Bioethics and Human Rights,* Routledge, London, 2005, pp.1-2; World Medical Association, *Declaration of Geneva* (1948). Adopted by the General Assembly, Geneva Switzerland, September 1948; World Medical Association, 'International code of medical ethics', *World Medical Association Bulletin* 1949, Vol.1 (3): 109, 111.
[viii] World Medical Association, *Statement on Physician Assisted Suicide*, https://www.wma.net/policies-post/wma-statement-on-physician-assisted-suicide/, accessed 26/9/2017.
[ix] Australian Medical Association, *Position Statement on the Role of the Medical Practitioner in End of Life Care 2007 (amended 2014)*.
[x] Ian Haines, *'I believed that euthanasia was the only humane solution. I no longer believe that.'* Sydney Morning Herald, 18 November 2016. Accessed 31-1-2018. URL: www.smh.com.au/opinion/i-believed-that-euthanasia-was-the-only-humane-solution-i-no-longer-believe-that-20161118-gss921.html