The Facts About Voluntary Euthanasia: Dispelling Myths

Voluntary euthanasia is needed as a last resort in palliative and medical care

It is widely acknowledged, including by Palliative Care Australia (1) and the Australian Medical Association (2), that even the best of palliative care cannot help all patients – between 5-10% find their suffering so unbearable that they persistently request an assisted death. Our palliative and medical care is highly regarded, but it can never be 100% effective.

Palliative Care continues to advance under voluntary euthanasia legislation

The paper Ranking of Palliative Care Development in the European Union (3) shows that the Netherlands, Belgium and Luxembourg, which all have voluntary euthanasia laws, rank highly in palliative care services.
A further report in 2011, *Palliative Care Development in Countries with a Euthanasia Law* (4) showed palliative care is as well-developed in countries with legal assisted dying as those without. Advancement of palliative care continues after legalisation of assisted dying.
Belgium doubled funding to the palliative care sector when introducing its law in 2002 (5). There is abundant evidence that the drive for legal euthanasia can promote development of palliative care. The law was passed together with an act positing the 'right to palliative care', and a doubling of its public funding. It was mandatory for each hospital to have a palliative care team, and palliative home care was to be available nationally (5).
The Center to Advance Palliative Care (USA) has also provided a 'report card' on the level of access to palliative care in hospitals by state ranking. States with physician-assisted dying laws ranked very highly in the report. Vermont and Montana scored an 'A' ranking as the top two performers of all States. Vermont has palliative care programs in 100% of hospitals, with Montana providing programs in 88% of its hospitals. Oregon and Washington both received a 'B' ranking, with programs in 72% and 65% of hospitals respectively (6). Rankings span levels 'A' (81% to 100%) and 'F' (0% to 20%).

Trust in doctors is maintained with the assurance of voluntary euthanasia legislation

We put our trust in doctors throughout our lives, and the final trust for many is the assurance that their doctor will not abandon them if all treatments fail. Kimsa (2010) states that:

> *a request for euthanasia changes not only the doctor–patient relationship, but also the relationships between patients and their families and friends. This change is a deepening and strengthening of the emotional commitments and relations* (7).

The 2008 European Values Survey reported that where voluntary euthanasia is a legal option, public confidence in the healthcare system is well above the European average of 59%. In the Netherlands it stands at [70%] and Belgium [91%]. In fact, of the 47 countries surveyed, Belgium was second only to Iceland (8).
In 2008 the GFK Group, the fourth largest market research organization worldwide,

reported that 88% of respondents in Belgium and 91% in the Netherlands trust their doctors (9).

Voluntary euthanasia laws reduce the incidence of non-voluntary euthanasia

The incidence of non-voluntary euthanasia has not increased since the legalisation of euthanasia in Belgium. On the contrary, the rate dropped from 3.2% in 1998 to 1.8% in 2007. In the Netherlands, the rate dropped slightly after legalisation, from 0.7% to 0.4%. Non-voluntary euthanasia is not a practice confined to countries where voluntary euthanasia is legal (10). Surveys have compared the incidence of medical end-of-life decisions in Australia with those in the Netherlands and Flanders, Belgium. The surveys were conducted when euthanasia was a legal possibility in the Netherlands but prohibited in Australia and Flanders. Australia had a rate of ending life without explicit request five times higher than that of the Netherlands. The Flanders figure was four and one half times higher (11).

Voluntary euthanasia laws are working responsibly

The *Journal of Medical Ethics* states:

> *In Oregon USA and Netherlands, where assisted dying is already legal, there is no current evidence for the claim that legalized PAS or euthanasia will have disproportionate impact on patients in vulnerable groups. Those who received physician-assisted dying in the jurisdictions studied appeared to enjoy comparative social, economic, educational, professional and other privileges* (12).

Conversely the current law prohibiting choice for voluntary euthanasia does make those with irremediable suffering vulnerable to pre-emptive and possibly ill-informed suicide. This is by attempting to escape that suffering by the only means possible – self deliverance. A permissive law addresses this by giving peace of mind to those suffering: actually working to extend their lives. [see graph at http://www.oregon.gov/DHS/ph/pas/docs/year12.pdf]

A request for voluntary euthanasia may be rational

Despite the best medical care, a minority of patients will persistently request help to die as the only means of final relief from irremediable suffering. Palliative Care Australia acknowledges that such requests can be rational (13). An argument that is often put forward against voluntary euthanasia is that it would increase the suicide rate. However, it is more likely to lower it slightly. The number of rational suicides is extremely low, and while it is likely that voluntary euthanasia legislation may increase the number of rational suicides, the overall numbers would remain low. If people understood that they could seek voluntary euthanasia from doctors; and that discussions were not out of bounds, some individuals contemplating non-rational suicide, and those with major depression may speak to their own doctors and be diagnosed and successfully treated [15]. A survey in 1987 [16] of 869 Victorian doctors found that 93% believed that a request for voluntary euthanasia could be rational. A survey in 1993 [17] of 1268 NSW doctors found that 96% concurred, as did a survey in South Australia [18] of 298 doctors in which 89% considered that such a request could be rational.

Voluntary euthanasia and the Hippocratic Oath

It is sometimes argued that voluntary euthanasia is against the Hippocratic Oath with the injunction to 'do no harm'. This oath originated 2400 years ago and begins by swearing to Apollo and to all the gods and goddesses and states that the doctor will teach his art without fee or stipulation. A critical review of the oath reveals that it is 'steeped in sexism, secrecy, self-aggrandizement, and sorcery' [19]. Few if any medical schools require their students to take the original form of the Oath. Avoiding harm is not always possible, as many medical procedures have side effects, and doctors may need to evaluate harms and benefits before advising a course of action. Although doctors are expert advisors it is the patient who makes the ultimate decision on which treatment, or none, represents the greater benefit and lesser harm. An incurably ill patient with unremitting suffering may decide, after consultation and advice, that a peaceful death is the lesser harm. The UK General Medical Council has revised the oath taken by graduating doctors to reflect good medical practice and duties of a doctor [20].

Voluntary euthanasia legislation helps circumvent current abuse of the law.

It is the responsibility of lawmakers to craft sound laws that minimize circumvention and hold societal practice accountable to scrutiny. Current laws prohibiting voluntary euthanasia fail on both counts. Eight reputable surveys in Australia since 1987 show that many doctors disregard the law and intentionally hasten patients' deaths with drugs, assist with suicides and accede to requests for voluntary euthanasia (14).

Voluntary euthanasia is an act of merciful clinical care.

Voluntary euthanasia is often referred to as 'killing' by those who would deny the right to medical assistance in dying. This is spurious and cynical. Chambers 21st Century Dictionary defines killing as "an act of slaying". Killing implies a violent act against someone's will, rather than a compassionate response to a patient's informed request.

Surveys on voluntary euthanasia law reform use scientific polling and unambiguous questions.

Contrary to the claims of opponents of law reform that polling questions are ambiguous, over the past 15 years approximately 75% of respondents gave an affirmative response to the unambiguous question in Morgan and Newspoll surveys:

> *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 give a lethal dose or not? [21].*

A right to die imposes no duty on another to assist.

All voluntary euthanasia laws allow conscientious objection, protecting the right of any person to refuse to assist in the administration of the law.

References:

[1] 1999 Palliative Care Australia Position Statement
[2] AMA Position Statement on the Role of the Medical Practitioner in End of Life Care - 2007
[3] Centeno C; Clark D; Rocafort J; Lynch et al.,Task Force on the Development of Palliative Care in Europe, European Association for Palliative Care (EAPC).
[4] Palliative Care Development in Countries with a Euthanasia Law, European Association for Palliative Care (EAPC) Kenneth Chambaere, Carlos Centeno, Erick Alejandro Hernandez, Yanna Van Wesemael, Francisco Guillt~n-Grima, Luc Deliens, Sheila Payne
[5] Bernheim JL, Deschepper R, Distelmans W, Mullie A, Bilsen J, Deliens L, (2008), 'Development of palliative care and legalization of euthanasia: antagonism or synergy?' British Medical Journal, 336: 864-867.
[6] Centre to Advance Palliative Care http://www. capc.org/reportcard/
[7] Kimsma GK, (2010) 'Death by request in the Netherlands: facts, the legal context and effects on physicians, patients and families', Medical Health Care and Philosophy, 13: 355-361.
[8] European Values Study 2008, 4th wave, Integrated Dataset. GESIS Data Archive, Cologne, Germany, ZA4800 Data File Version 1 0 0 (2010-06-30) DOI:10 4232/1 10059 [2010.
[9] GfK Trust Index, GfK Custom Research *August 8th 2008*
[10] Chambaere K, Bilsen J, Cohen J, Onwuteaka- Philipsen BD, Mortier F, Deliens L. (2010) 'Physician-assisted deaths under the euthanasia law in Belgium: a population-based survey', CMAJ, 182 vol 9, 895-901. See: Kuhse H, Singer P, Baume P, Clark M, Rickard M End-of-life decisions in Australian medical practice. Med J Aust 1997; 166: 191-6, and: Luc Deliens, Freddy Mortier, Johan Bilsen et al. End- of- life decisions in medical practice in Belgium, Flanders. The Lancet 2000; 356: 1806-11. Comment by H. Kuhse on the latter article was published in the Belgium journal Ethiek & Maatschappij, le trimester 2001, Jahrgang 4, Nr. 1, April, pp. 98-106.
[11] Kuhse H, Singer P, Baume P, Clark M, Rickard M End-of-life decisions in Australian medical practice. Med J Aust 1997;166: 191-6.
[12] Battin MP, van der Heide A, Ganzini L, van der Wal G, Onwuteaka-Philipsen BD. (2007), 'Legal physician-assisted dying in Oregon and the Netherlands: evidence concerning the impact on patients in "vulnerable" groups', Journal of Medical Ethics, (10), 591-597.
[13] Position Statement on voluntary euthanasia, palliative care practice and end of life decisions 2006.
[14] http://www.saves.asn.au/resources/facts/fs03.php
[15] Dr Chris Ryan, consultant psychiatrist, Westmead Hospital and lecturer Sydney University. Based on a talk given to NSW VES reported in the society newsletter March 2003.
[16] Kuhse H, Singer P. Doctors' practises and attitudes regarding voluntary euthanasia. Med. J. Aust 1988, 148: 623-627
[17] Baume P, O'Malley E. Euthanasia; attitudes and practises of medical practitioners. Med. J. Aust. 1994; 161: 137-144
[18] Stevens CA, Hassan R. Management of death, dying and euthanasia; attitudes and practices of medical practitioners in South Australia. J. Medical Ethics 1994; 20: 41-46
[19] Robin ED, McCauley RF, 'Cultural lag and the Hippocratic Oath', Lancet 1995; June 3.
[20] http://www.gmcuk.org/guidance/good_medical_practice/duties_of_a_doctor.asp
[21] See SAVES Fact Sheet 2 http://www.saves.asn.au/resources/facts/fs02.php

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