THE CASE AGAINST LEGALISED EUTHANASIA

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INTRODUCTION

In recent times the subject of euthanasia has become a hotly contested issue in most Western cultures. The fear of seeing a loved one suffer has led many to believe that the compassionate response is to send them on to an early exit. Indeed, as medical science enables people to live longer and to overcome more and more disease, there is a fear that many elderly patients are being kept alive artificially and against their will.

People now speak about a "right to die" and many pro-euthanasia societies have sprung up, actively lobbying on behalf of their cause. The contention of this paper is that it is a strange kind of compassion which says that the way to relieve suffering is to kill the sufferer. And the real problem today is not that of over-treatment, but really one of under-treatment. That is, we have become all too willing to allow loved ones to die, without always looking at all the options, or exhausting all the alternatives.

TERMINOLOGY

In this important debate, it is imperative that we clearly define our terms before proceeding. From our point of view, euthanasia is not about halting futile treatment. Nor is it about the alleviation of suffering (this is known as palliative care). Euthanasia is an act that directly and intentionally causes a person's death. Thus there is a "crucial difference between taking a life intentionally and allowing a death naturally. The first is homicide, and the second is a natural death". (Geisler and Turek, p. 185)

As Andrew Lansdown explains, "euthanasia has little to do with refusing futile or extreme treatment. The man who rejects a heart transplant or declines a third bout of chemotherapy is not committing suicide, but rather is accepting the inevitability of his own death. The doctor who withholds or withdraws undue treatment at the request of a terminally ill patient is not killing his patient but rather is refusing to prolong his patient's life at any cost. Properly understood, euthanasia involves an intentional act to end a person's life. Opponents of euthanasia do not advocate the unnecessary and unwelcome prolonging of human life by artificial means. Rather, they oppose active measures to bring human life to a premature end."

And as ethicist Leon Kass reminds us, the ambiguity of the term "right to die" blurs the "difference in content and intention between the already well-established common-law right to refuse surgery or other unwanted medical treatments and hospitalization, and the newly alleged 'right to die.' The former permits the refusal of therapy, even a respirator, even if it means accepting an increased risk of death. The latter permits the refusal of therapy, such as renal dialysis or the feeding tube, so *that* death *will* occur. The former would seem to be more about choosing how to live while dying, the latter mainly about a choice *for death*." (Kass, 2002, p. 206)

Euthanasia, then, is about one thing only: the killing of another person. It does not matter whether this is done with a gun or a lethal injection - the effect is the same. With this definitional framework in place, here are our objections to legalised euthanasia.

THE DOCTOR-PATIENT RELATIONSHIP IS WEAKENED

When the medical profession becomes involved in the killing, the delicate trust relationship between patient and doctor is undermined. People trust their lives to doctors and health care workers in the knowledge that they are dedicated to the preservation of life, to healing, to caring. This after all is the basis of the Hippocratic tradition. The Hippocratic Oath includes the commitment not to kill a patient, even if the patient requests such a course.

Once doctors became involved in the killing game, once they become "legalised terminators" as Morris West calls them, patients will be in a state of fear and suspicion, not knowing where the doctor is coming from. Some may rightly fear whether "every injection, pill or new IV bag is designed to cure or to kill - to end the pain or the patient." (Kilner)

But it is not just the patient who is at risk. Doctors too risk becoming desensitised, seeing the taking of life as just another routine procedure. This was exactly the case in pre-Nazi and Nazi Germany. The medical establishment played a large role in the killing of hundreds of thousands of Germans and non-Germans. (See, for example, Burleigh, Friedlander, Alexander.) It took less than 20 years for German medicine to make the practice of the widespread euthanasia of "undesirables" acceptable. (Fumento, 1991) And the horrible Nazi crimes "started from small beginnings. The beginnings at first were merely a subtle shift in emphasis in the basic attitude of the physicians. It started with the acceptance of the attitude, basic in the euthanasia movement, that there is such a thing as life not worthy to be lived." (Alexander).

Moreover, legalised euthanasia gives too much power to doctors. Doctors, not patients, are empowered by euthanasia. Even for a doctor who acts only from the noblest of motives, there is a chance of making the wrong decision for the wrong reasons. But what of unscrupulous doctors? What if doctors make a straight commission from each patient they kill, as is the case with some abortionists? As T.C. DeLacey notes, "Doctors like anyone else can be selfish and lazy. It is not unknown for doctors to take self-interested short-cuts, for example, putting a pregnant woman to the added and unnecessary strain of an induced or caesarean section birth on a Friday in order to guarantee an uninterrupted weekend for themselves. Why, then, would they never be tempted to kill as the quickest or easiest way of dealing with a troublesome case; likewise, why would they never be prepared to falsify a patient's 'living will'?"

There is also the problem of faulty diagnosis and predictions. To terminate a patient's life, a doctor must have pretty good assurance of his diagnosis/prognosis. But surveys have found that one-half of responding physicians said they were not confident to predict that a patient had less than six months to live. (Lee) A study published in the *British Medical Journal* found that there is an astonishing level of misdiagnosis of persistent vegetative state (PVS). The study of 80 patients supposedly in a deep and presumably irreversible form of coma found that three-quarters of them had been misdiagnosed. Many of the patients had either woken up spontaneously or had shown signs of brain activity. (*The Age*)

One study found that eleven patients admitted to a New York hospital who were diagnosed as having "advanced cancer in its terminal stages" did not have cancer at all. (Kamisar) Indeed, as one doctor put it, "Significant numbers [of patients] have been told by doctors that they have only months to live, and have lived on, often with a good quality of life, for many years. As with capital punishment, if you get it wrong, it's too late!" (Muirden)

Examples are common. Doctors at a Sydney hospital decided that a man who lapsed into a coma after a drug overdose would be better off dead, claiming he had irreversible brain damage. His sister intervened, and with the help of a NSW Supreme Court judge, managed to prevent the hospital from shutting down his life support. Four weeks later the man was smiling, and kissing loved ones. (McIlveen) A Queensland grandmother, ill with bowel cancer, who had demanded the right to die, has now gone into remission, and is living a healthy and happy life. (Taylor/Whiting)

One man from Arkansas who was barely conscious for twenty years because of a severe brain injury recently stunned doctors by regaining speech and movement. It seems his brain rewired itself. (Associated Press) And an English woman in a vegetative state after a car accident has amazed doctors by responding to voices. (Wheldon)

More recently a Texas man who was declared to be brain dead was on the verge of having his organs removed for transplant. As family members were saying their final goodbyes, the man's hand and foot moved. After a period in hospital, the man is now recovering at home. Amazingly, he recalls doctors pronouncing him brain dead while in hospital. (Herald Sun)

The story is the same at the other end of life. For example, a faulty prognosis about unborn twins was recently made. A mother was told by a specialist that her twins were deformed with abnormalities and would not survive. The mother did not heed her doctor's advice to get an abortion, but instead gave birth to two perfectly healthy daughters. (Lambert)

THE RIGHT TO DIE IMPLIES A DUTY TO KILL

There are no rights without corresponding duties. If society goes down the path of legalised euthanasia, this right to die will lead to its corollary, the duty to kill. Once a society has said that its citizens have the right to die, it will be forced to provides the means to do so. That is, if a state says there is a legal right to die, logically, anyone can bring

suit to ensure that governments comply. (Kass, 1993) Just as today society tells us a woman has a right to abort her own child, so it provides, via Medicare and tax-payer funding, the means to carry out this activity.

Indeed, once legalised, it is possible that doctors may one day face lawsuits if they violate someone's rights by not killing them. As one commentator put it, "Imagine doctors purchasing malpractice insurance that covers 'denial of death' suits. That day may not be far away." (Fournier)

For all the talk about choice, about freedom to choose, about giving people options, the legal and social legitimisation for assisted suicide will effectively eliminate one option, namely, staying alive without having to justify one's existence. With legalised euthanasia, the burden will be upon people to justify being alive - we will have to prove that we ought to be allowed to live. Lest that sound too far out, consider the words spoken in 1984 by the then Colorado Governor Richard Lamm who said, "Elderly people who are terminally ill have a duty to die and get out of the way." (Cited in Spring) Or recall the comments made here by the then Governor-General Bill Hayden who, thinking of his own advancement in years, spoke of "unproductive burdens" which we need to be "disencumbered" of via euthanasia. (Fagan)

But as Simon Leys (Pierre Ryckmans) has noted, why is Bill Hayden as a senile, incoherent old man in a wheel chair (one day) any less of value and worth than Bill Hayden was as Governor-General? A society that allows such distinctions is one that has "simply forsaken the very principle of civilisation and crossed the threshold of barbarity".

Moreover, would Hayden set up a test whereby we determine who is an unproductive burden? Will people be forced to give written evidence as to why they should be allowed to remain alive? After all, in a world of scarcity, such proposals are not all that far off. Indeed, some people are calling for such measures already.

Some people, concerned by what they see as a crisis in over-population, have called for a drastic reduction in population levels. Consider some existing proposals: one Australian Museum palaeontologist told a Canberra Parliamentary audience in March 1995 that Australia should aim for a population target of fewer than 10 million by the end of the century. What will become of the other 8 million Australians is anybody's guess. (Cribb)

In 1995 a Gosford councillor told an inquiry into population control that people who choose to have three children should be compulsorily sterilised and forced to pay the government $200 per fortnight. He also said that couples who choose to have no children should be given a "community service award" of $50,000 and $200 a fortnight until they are age forty five. (Central)

In 1992 the then Leader of the Democrats, John Coulter, told a Sydney audience that no Australian family should have more than two children. (Cited in Joseph) All these respected leaders in Australia have come up with fairly draconian measures to cut back population growth. It does not take much imagination to see that euthanasia will be enlisted to supported such population-reduction goals.

Again, this is not far fetched. In January of 1994 the Economic Planning Advisory Commission (EPAC) discussed the rising costs of health care for the elderly. In its publication EPAC actually looked at the issue of euthanasia as one option in the whole discussion. There was no talk about alleviating suffering or being compassionate - the whole proposal centred around cost-cutting measures. (Clare)

Indeed, it is estimated that around half of all health care dollars are spent on people in their last six months of life. (Chamberlain, p. 89) Thus cost considerations are increasingly becoming a major part of the decision making process. In a recent case of a brain dead man on life support, a Monash University medical ethicist said that there would be a high cost involved in maintaining the man, so the economic factor would have to be considered in deciding his fate. (Cited in Coffey)

THE MOST VULNERABLE WILL BE AT RISK

The elderly are especially at risk. A poll taken in the Netherlands found that almost all of those living in nursing homes opposed euthanasia. (Fumento, 1995) And with good reason. Similar feelings can be found in disabled persons, "who report that they are being roughly treated by medical staff who resent their 'hopeless' condition". (Caton) Comments like those by Bill Hayden can only multiply such situations.

Legalised euthanasia will put pressure on people for a number of other reasons. For example, family members who may gain from a person's will may wish to speed along the death of someone in the family. And the most vulnerable will be on the defensive. The entire class of the elderly, terminally ill and disabled people "would be forced to justify their own continued existence, and this at the most vulnerable time in their lives." (Chamberlain, p. 147)

But it is not only the elderly, the infirm or the disabled who are at risk. Soon everyone could be at risk. If someone is suffering from depression or loneliness or some other non-life threatening illness, cannot they ask for euthanasia as well? After all, if we decide that people are entitled to take their own lives, why limit it to the elderly? Why not terminate any life at any time? (Wennberg)

If we declare that everyone has a right to die, then how can we say only certain people can be euthanased? In an age fixated on rights, and on equal rights for all, anyone can demand, and receive, the same treatment. Indeed, doctors in Holland have been reported as taking the life of non-elderly people who asked to be euthanased simply because they were depressed. (Jochemsen) The Royal Dutch Medical Association has said that teenagers and children should have the right to choose to be killed, even without parental consent. (Fumento, 1991) As one commentator put it, "Once the fundamental 'right' to euthanasia is created, that right must be and is being extended to all who claim fundamental humanity". (van Gend, 1997)

Indeed, the situation in the Netherlands continues to deteriorate. A new bill introduced recently in the Dutch government would allow anyone over twelve years of age to choose the right to die. In case of 12 – 16 year-olds disagreeing with their parents, the child's wishes will be met. One Dutch cancer specialist said this in support of the bill: "I think if these people want to die then it is their right. There are situations where a 16-year-old manic depressive should be allowed to die". (Jones). And a recent case of a 15-year-old Dutch girl who was euthanased shows this is not just theory. (*Ibid*.) And on April 11 2001, a vote in the Dutch Senate allowed the Netherlands to become the first country in the world to legalise euthanasia. (Iley)

Giving depressed young people an easy way out is simply unthinkable, given our very high rates of youth suicide. Indeed, some euthanasia advocates would only compound the problems. Consider the proposal by Dr Philip Nitschke to allow anyone, including troubled teens, to get access to suicide pills. (O'Malley)

LEGAL EUTHANASIA SENDS OUT THE WRONG MESSAGE

"Some lives are not worth living." That is the clear message being sent out by a society that enacts assisted-suicide legislation. As a clinical intensive care specialist put it, "To solve the problems of the suffering by killing them does not help the next suffering person ... it sends signals of despair and helplessness. It weakens the social prohibition against killing, and allows that some lives might not be worth protecting." (Wright) At the moment very few people request euthanasia, and of those who do, many change their minds. (Lickiss) But once legalised, it may well seem to be an option to many people, simply because it is legal. Indeed, people may feel they have a duty to be killed.

Once euthanasia is legally allowed, questions may arise as to the desirability of killing off certain sections of society. One utopian bioethicist told a Harvard university audience in 1987 that once euthanasia becomes more accepted, it could be used to "get rid of morally undesirable people". (Cited in Caton) And once we get to that point, the obvious questions that come to mind are: Who will judge who is worth living? What criteria will we use?

It needs to be remembered that the Nazi holocaust was preceded by this line of thinking which says that certain lives are not worth living. Indeed, a very influential essay appeared in 1920 by Dr Alfred Hoche and jurist Karl Binding entitled, *Releasing Persons from Lives Devoid of Value*. (Cited in Bell)

The cheapening of human life is the outcome of the euthanasia mentality. Talk of 'dying with dignity' is clearly misplaced here. How can one affirm life by eliminating it? Life is not dignified by 'putting down' lives. As Dr Robert Bernhoft put it, "My idea of death with dignity is facing it with courage and humor. Putting one to sleep like a rat is not dignified". (Cited in Geisler and Turek, p. 192)

Moreover, there is what is known as the normative effect of the law. Whenever we legalise something, we send out a message that as a society we endorse that activity. That is, what a society allows intellectually, and more importantly, legally, will impact on how individuals respond to those conditions. One study found, for example,

that not one AIDS patients in England who wanted to end their life did so, while 30 % did in the Netherlands. The reason? PAS is illegal in England and hospice care widely available, while the exact reverse is true in Holland. So those who wish to legalise PAS will inevitably see a rise is such cases. Bad thinking leads to bad laws which leads to bad outcomes. (Dyck)

SLIPPERY SLOPE

For all the talk about "safeguards", there really can be no safeguards in legalised euthanasia. The Dutch experience is an excellent example of this. The "guidelines" for euthanasia in Holland have often been flouted. Dr John Keown has studied the Dutch situation in great detail. For example, he found that in 1990, 52 per cent of the 10,558 cases of a doctor's intent to hasten death were done with no explicit request from the patient. (Clark)

The Remmelink Report, an official Dutch government survey of euthanasia practices, found that more than one thousand patients are involuntarily euthanised each year. (Jochemsen, Keown, Smith, van der Maas) As one Oxford philosopher put it, the Dutch experience clearly shows that "even with stringent safeguards, once voluntary euthanasia is legalised the descent down the slippery slope is inevitable". (Oderberg)

In South Australia, where voluntary euthanasia is illegal, a recent survey of doctors who had taken active steps to end a patient's life found that 49 per cent of them had never received a request from the patient to do so. (Fleming) A more recent survey of nearly 1000 Australian surgeons found that more than one third had intentionally hastened the death of a patient by administering more medication than was necessary to treat the patient's symptoms. Of this group, more than half said they did so without an explicit request from the patient. (Brett Foley)

Another survey of 683 general surgeons, conducted a year later by the University of Newcastle, found similar results: over a third had sped up the death of terminally ill patients, and over half of the patients had not explicitly asked for a lethal dose of drugs. Only a few of the patients had clearly asked for euthanasia. (Baskett)

It seems that abuse is inevitable. Voluntary euthanasia will lead to involuntary euthanasia. It is already happening. As one Australian expert in palliative care put it, "No proposal has ever been devised which could be guaranteed not to be abused." (Pollard)

But more importantly, as noted earlier, once we have opened the door to the killing of the elderly, why stop there? This is the really dangerous slippery slope. And again, it is not just theoretical. Respected Australians are actually proposing that infanticide for example be seriously considered. Peter Singer is one well known proponent of this view.

Indeed, while some argue that policies permitting the killing of patients can be strictly controlled, in the real world such controls quickly dissipate. As Wesley Smith has put it, "The carefully shaded moral distinctions in which the health-care intelligentsia and policymakers take so much pride are of little actual consequence in the real world of cost-controlled medical practice, in busy hospital settings, and among families suffering the emotional trauma and bearing the financial costs of caring for a severely brain-damaged relative. Once killing is seen as an appropriate answer in a few cases, the ground quickly gives way, and it becomes the answer in many cases." (1997)

PALLIATIVE CARE

Palliative care is one of the great overlooked issues in the whole debate. What the terminally ill want is pain relief, not an end to life. In America there are 31,000 suicides annually, of which only 2 to 4 per cent are by people who are terminally ill. (Krauthammer) Although relatively new, palliative care has made tremendous advances in recent years. Yet it is still under-utilised. One medical doctor has said that between 50 and 75 per cent of cancer patients' pain is under-treated, even by specialists. (Cited in Bernhoft)

But palliative care, if used, can now relieve suffering in the majority of cases. As a pro-euthanasia doctor in Holland, Dr Peter Admiraal, has admitted, "essentially all pain can be controlled ... euthanasia for pain relief is unethical". (Cited in Van Gend, 1995) One doctor has said that "there is no pain that I cannot treat". (Dunne) Perhaps 95 per cent of all patients can find relief from palliative care. (K.M. Foley) Dr Ian Gawler has said, "in many years of working with people facing death I have never been confronted by a situation where the urge to provide ongoing compassionate care was outweighed by the pragmatic need for a prematurely induced death." And

a doctor from Western Australia has said, “there are very few symptoms indeed which cannot be controlled through the application of good palliative care”. (Dean)

Those who work with dying people know that the overwhelming majority want their pain controlled, but do not want to be killed. Paul Dunne, who has worked with over 1,000 dying patients in Hobart, has said that only five patients have ever said, “Kill me”.

The unanimous report of the House of Lords Select Committee on Medical Ethics has recommended that there be no change to law in the United Kingdom to permit euthanasia. More and better palliative care was instead recommended. (Finlay)

Finally, it should be pointed out that as euthanasia becomes legal and accepted by the community, there will be an inevitable lessening of interest in palliative care and the care of the elderly. As Dr John Buchanan put it, “A risk of the denial of the right to palliative care may arise for those who do not wish to request euthanasia”. Indeed, when “death is seen as a treatment, then medicine will allocate more and more resources to develop the technological advances to improve this treatment.” (Crum)

Australian author Lisa Birnie concurs. As she began writing her book on death and dying, she had an open mind on the issue of euthanasia, but she ended up recognising its many inherent dangers. She is now a strong supporter of palliative care, and regards the legalisation of euthanasia as “a form of social suicide”. She writes, “I am ... convinced that the research required to find the solution to extreme pain in all cases will never be done if euthanasia is permitted simply because it is the cheapest and easiest solution in a world where health budgets are tight, solutions are judged by practical results, and moral standards are determined, essentially, by expediency”.

CONCLUSION

For these and other reasons, euthanasia, or assisted-killing, should never be legalised. Instead, more effort should be put into reducing pain, not killing the sufferer. With the issue of youth suicide again in the public spotlight, we need to heed the words of the 1993 Report of the British House of Lords on euthanasia: “The message which society sends to vulnerable and disadvantaged people should not, however obliquely, encourage them to seek death, but should assure them of our care and support in life.”

When people like former Victorian Premier Jeff Kennett call euthanasia a “beautiful thing,” (Alcorn) I can only hope that the reality of what euthanasia is all about hits home. It was not a beautiful thing in Nazi Germany, and it will not be here, if allowed to go through. Such euphemistic language needs to be laid to rest.

As George Orwell so aptly put it: “In our time, political speech and writing are largely the defense of the indefensible. Things like the continuation of British rule in India, the Russian purges and deportations, the dropping of the atom bombs on Japan, can indeed be defended, but only by arguments which are too brutal for most people to face. . . Thus political language has to consist largely of euphemism, question-begging and sheer cloudy vagueness.” Indeed, the goal, wrote Orwell, “is to make lies sound truthful and murder respectable.”

The conclusion to the House of Lord’s Select Committee on Medical Ethics (1984) is worth citing here: “There is not sufficient reason to weaken society’s prohibition of intentional killing which is the cornerstone of law and of social relationships. Individual cases cannot reasonably establish the foundation of a policy which would have such serious and widespread repercussions. The issue of euthanasia is one in which the interests of the individual cannot be separated from those of society as a whole.”

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