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Submission to Senate enquiry on euthanasia.
 Rev. Dr Peter Barnes

EUTHANASIA: A GOOD DEATH?

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The word literally means 'good death', and it is often presented in terms of 'mercy killing'. Sir Mark Oliphant, a distinguished scientist and a former Governor of South Australia, thought that euthanasia should not be a crime but a right. Isaac Asimov has stated the case for the pro-euthanasia position: 'No decent human being would allow an animal to suffer without putting it out of its misery. It is only to human beings that human beings are so cruel as to allow them to live on, in pain, in hopelessness, in living death, without moving a muscle to help them.' Phrased like that, euthanasia seems the only compassionate thing to do, but Asimov sees no distinction between human beings and animals (like the movie *They Shoot Horses, Don't They?*), and sees no positive value in suffering. The former Victorian premier, Jeff Kennett, went further and advocated euthanasia on the grounds that it was a 'beautiful experience.'

Some Definitions

Some definitions need to be clarified first:

- (a) *Euthanasia* refers to the intentional taking of life for 'compassionate' motives, whether by act or omission. It is not a right to die but a right to be killed.
- (b) *Passive euthanasia* usually denotes the cessation of treatment that is regarded as futile. This should not be regarded as euthanasia at all. In fact, to call it 'euthanasia' is either mistaken or mischievous. It is every person's common law right to refuse any medical treatment (except for food and fluids), and doctors may not provide treatment without express consent. For example, it is not euthanasia for a cancer patient who is very ill to refuse any more chemotherapy.
- (c) *Voluntary euthanasia* is euthanasia carried out at the request of the patient.
- (d) *Involuntary euthanasia* is euthanasia in defiance of a request that it not be done.
- (e) *Non-voluntary euthanasia* is euthanasia where there has been no request by the person (the person may be immature, mentally incompetent, in a coma, or simply not asked).
- (f) *Medically-assisted suicide* occurs where the doctor provides the means for a person to commit suicide.

The Current Situation in Australia and Elsewhere

From September 1996 to March 1997 the Northern Territory allowed a patient to request his doctor to assist the patient to terminate his life if he (the patient) was experiencing unacceptable pain or distress. The decision was to be ratified by a second medical practitioner. This legislation was overturned by the intervention of the federal government. At one stage attempts to introduce pro-euthanasia legislation into state parliaments looked like becoming annual events.

In Holland it has been widely practised. In September 1991 it emerged that euthanasia had been practised in about 20% of all deaths, with much falsification of death

certificates. Just over one quarter of the doctors in Holland admitted that they had killed patients without any request at all. Lawmakers talk about 'strict safeguards' but they do not exist and cannot exist. Children as young as twelve can demand euthanasia in Holland, and can over-ride their parents' wishes.

It is worth remembering that the first society in modern times to usher in euthanasia laws was Nazi Germany. It was widely practised in the 1930s, and became law in 1939. Ultimately, some 275,000 persons were exterminated, for being mentally defective, psychotics, epileptics, paralytics, or sufferers from Parkinson's Disease and multiple sclerosis. As Leo Alexander commented:

The beginnings at first were merely a subtle shift in emphasis in the basic attitude of physicians.

It started with the attitude, basic in the euthanasia movement, that there is such a thing as a life

not worthy to be lived. This attitude in its early stages concerned itself merely with severely

and chronically sick. Gradually, the sphere of those to be included in this category was enlarged to encompass the socially unproductive, the ideologically unwanted, the racially

unwanted and finally all non-Germans.

Michael Burleigh in his compelling book, *Death and Deliverance*, has shown that the euthanasia mentality in Germany did not suddenly emerge with Nazism; there had been a long period of preparation for it.

Biblical Texts Bearing on Euthanasia

The basic text has to be 'You shall not murder' (Ex.20:13). Voluntary euthanasia could not be classified as first-degree murder, but it undermines the sanctity of human life. When the emotionally-drained Elijah asked for death, God twice refused his request (1 Kings 19).

The Bible gives two accounts of assisted suicide - that of Abimelech (Judges 9:53ff) and that of King Saul. In the latter case, the soldier who killed Saul was in turn killed by David (2 Sam.1:5-10). Both of these deaths are portrayed as judgments by God. It is God who has appointed us to die (Heb.9:27). He promises to uphold those who trust Him, even in old age (Psalm 71; Isa.46:3-4). Euthanasia is a repudiation of this promise. The Christian knows that the wearing out of the body can go hand-in-hand with spiritual growth (2 Cor.4:16). An old and incapacitated person, for example, can still have much to offer others in terms of relationships and example.

Our bodies are not our own to do with them as we will (1 Cor.6:19-20). At the basis of the push for euthanasia is humanism. Hence, as Nigel deS. Cameron points out: 'The old axis of sanctity-of-life and healing is rapidly being replaced by a new one of quality-of-life and relief-of-suffering.' In the name of compassion and mercy, there is death and degradation. Humanism declares that it promotes the well-being of human beings, but in fact it devalues their worth. It is inevitable that those who hate God love death (Prov.8:36).

Practical Problems with Euthanasia

Even without the biblical texts as our authority, it is clear that there are many practical problems associated with euthanasia:

a. the diagnosis may be incorrect. Doctors are fallible beings. They work with limited knowledge. Your garage mechanic makes mistakes, and so does your doctor.

b. the prognosis may be difficult to determine. C. Everett Koop, a former Surgeon-General in the United States, has spoken well on these first two points: 'I recognize full well the chance for errors in judgment. Because of that I try to err only on the side of life.' In March 1999 a cancer patient named June Burns was used in political advertisements to advocate euthanasia. She fought back tears and pleaded for people to end her suffering. All this was financed by the Voluntary Euthanasia Society of NSW. However, this had changed radically by the end of the year as she had unexpectedly picked up, and wanted to go on

living.

c. patients may be depressed for a time. Joni Eareckson was a vibrant young American seventeen year old when she broke her neck in a diving accident in 1967. This left her paralysed for life, and suicidal for a time. Again in 1991 she had blood pressure problems, weight loss, infections, and pressure sores on her sides and back, and was prone to depression. On both occasions, in 1967 and 1991, she felt the temptation to suicide, and may have taken that option had her carers cooperated with her wishes. In 1967 she even felt angry that she was physically unable to perform the deed herself. On both occasions she recovered her equilibrium as a human being. How a patient feels today may bear little relation to how he or she feels tomorrow.

d. patients may feel themselves to be a burden. They may feel guilty if they do not cooperate in the ending of their own lives.

e. pressure from relatives or carers. Euthanasia legislation opens the door to selfishness and greed. Any practice which is based on the assumption that human nature is all sweetness and life is bound to come to grief.

f. pressure from a lack of resources. Euthanasia legislation will invariably foster the notion that we are worth what we cost - a degrading notion, surely.

g. effects on doctors, nurses, carers, and relatives. Doctors will be called upon to save lives at one time and take them at another. Not too many abortionists make good paediatricians. The same principle will operate for doctors and others involved in euthanasia.

h. the difficulty in determining motives. Human nature is corrupt (Jer.17:9), and legislation that builds on the opposite assumption is dangerously naïve.

Alternatives to Euthanasia

With modern palliative care, almost all severe pain can be effectively relieved. As Brian Pollard has said, the aim ought to be not to eliminate the person in distress but the distress in the person. It is ironic indeed that the generation that has so much power to lessen pain is the generation that is so keen to advocate and embrace death.