

**Submission To :**  
**The Legal And Constitutional Affairs Committee**  
**For Consideration Re:**  
**"The Rights Of The Terminally Ill (Euthanasia**  
**Laws Repeal) Bill 2008"**

**1) The meaning of euthanasia**

The word *euthanasia* comes from two Greek words—*eu*, meaning, "good, well, easy"; and *thanatos*, meaning, "death". So euthanasia, which is sometimes called "mercy killing", means the administration of a good and easy death. It is the deliberate act of killing someone in order to end suffering. It entails consciously causing a person's death out of supposed compassion for that person. *Voluntary* euthanasia involves killing with the consent of the victim, while *involuntary* euthanasia involves killing without the victim's request or consent. Helping someone to kill himself (assisted suicide) is one aspect of voluntary euthanasia.

It is worth clarifying, however, that euthanasia has little to do with refusing futile or extreme medical treatment. The man who rejects a heart transplant or declines a second course 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.

**2) Arguments against euthanasia**

**a) Religious arguments**

- i) Euthanasia is against the word and will of God  
I don't argue that we can't kill ourselves, or get others to do it. We can do it because God has given us free will. My argument is that it would be wrong to do so.  
Every human being is the creation of God, who imposes certain limits on us. Our lives are not for us to do with as we see fit.  
To kill oneself, or to get someone else to do it for us, is to deny God, and to deny God's rights over our lives and his right to choose the length of our lives and the way our lives end.<sup>1</sup>
- ii) Euthanasia weakens society's respect for the sanctity of life
  - (1) The measure of human life  
A measure of a person's worth can be found in the Bible. That measure arises from two things.  
The first is the Lord Jesus Christ himself. He is the measure of the value of every human life. He set aside his divine glory to come to earth from heaven to die for us. He did this to make amends to God the Father for our sins, so that all who trust in him may be forgiven and renewed forever. When contemplating the worth of human life, the implications of Christ's sacrifice are truly staggering. If God's Son laid down his life for us, then in some mysterious, thrilling, humbling way, the value of our lives is linked with the value of his life!  
The second measure of the value of human life lies in the love of God. The astonishing message of the Bible is that God loves us. His love is

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<sup>1</sup> [http://www.bbc.co.uk/religion/ethics/euthanasia/against/against\\_1.shtml](http://www.bbc.co.uk/religion/ethics/euthanasia/against/against_1.shtml) © British Broadcasting Corporation

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evident from the fact that he sustains and blesses us. But the pre-eminent proof of his love is found in his willingness to sacrifice his Son to save us. Indeed, the Bible declares that "God demonstrates his own love for us in this: While we were still sinners, Christ died for us" (Romans 5:8; NIV). The cross is the demonstration of God's love; and his love is the estimation of our worth.<sup>2</sup>

(2) Death is not the end

Those who argue that humans should be put out of their misery like animals fail to appreciate that humans are superior to animals in both nature and worth. They also fail to appreciate that misery does not necessarily end at death.

The Bible teaches that human beings are eternal beings. Although death marks the end of this life, it also marks the start of the next life. It is the doorway into eternity.

However, all people will not spend eternity in the same place. Some will go to heaven, while others will go to hell.

People who die without having their sins forgiven are not relieved of their suffering. On the contrary, they experience even greater suffering. They enter into a place of torment where, Jesus says, they will forever "weep and gnash their teeth" (Matthew 8:12).

To hasten the death of someone in the hope of putting him out of his misery may well be a tragic mistake. For death is not the end of suffering—unless the sufferer is a Christian.

Only those whose sins are forgiven through faith in Jesus will enjoy happiness and well-being in eternity. This is a compelling reason to prolong, not shorten, life. For while a person is alive, there is yet hope that he will repent and believe and be saved.<sup>3</sup>

(3) Whose lives would be devalued?

Euthanasia law would create a momentous change in the criminal law for which there is no precedent, and would indicate official approval for the concept of a life not worth living. What might that mean for others whose lives were also devalued? One group evidently at risk would be the

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<sup>2</sup> If people were dogs & other false arguments for euthanasia by Andrew Lansdown - First published by Life Ministries under the title, "Euthanasia: A Dangerous Enthusiasm", in 1995. Reprinted in 1995. Revised & reprinted in 2007. Copyright © Andrew Lansdown, 2007

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disabled, and it is no coincidence that every organisation representing disabled people in Australia opposes legalised euthanasia.<sup>4</sup>

(4) Euthanasia is a rejection of the importance and value of human life.

People who support euthanasia often say that it is already considered permissible to take human life under some circumstances such as self defense - but they miss the point that when one kills for self defense they are saving innocent life - either their own or someone else's. With euthanasia no one's life is being saved - life is only taken.

(5) A civilized society is defined by how it treats its most vulnerable.

As one French biologist put it, "I have the weakness to believe that it is an honour for a society to desire the expensive luxury of sustaining life for its useless, incompetent, and incurably ill members. I would almost measure society's degree of civilization by the amount of effort and vigilance it imposes on itself out of pure respect for life."<sup>5</sup>

As the Pope has said recently, we have become "a culture of death". Abortion, infanticide, and euthanasia are all signs of a culture that has abandoned life and embraced death. This is the exact opposite of the Christian gospel which affirms life and eschews death.<sup>6</sup>

iii) Suffering may have value and need not be futile

Thanks to advances in palliative care, few people in the Western world need suffer extreme physical pain during the final stages of terminal illness. Even so, there may well be suffering arising from a fear of death, an anxiety for loved ones, a loss of dignity, a loss of independence, and a deterioration in quality of life.

While no one welcomes such distress, it should be recognized that as a part of God's dealings with mankind, He uses suffering to wean us from sin and win us to himself. He also uses it to develop in us endurance, character and hope. (Romans 5:3-4). Whether or not we can see it ourselves, God has a purpose in suffering.

Suffering is inevitable. But for God's people, it is not futile. Nor is it permanent. A time is coming when God will wipe every tear from our eyes. Indeed, "the sufferings of this present time are not worth comparing with the glory that is to be revealed to us" (Romans 8:18; cf 2 Corinthians 4:16-17). If we remember this, we will neither lose heart during suffering nor kill ourselves or others to end it.

### **3) Ethical arguments**

a) Euthanasia weakens society's respect for the sanctity of life

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<sup>4</sup> Dr Brian Pollard Retired Anaesthetist and Founder of the first full time Palliative Care Service in Sydney's Concord Hospital Sydney, New South Wales

<sup>5</sup> <http://www.billmuehlenberg.com/2002/02/01/the-case-against-euthanasia/>

<sup>6</sup> <http://www.billmuehlenberg.com/2002/02/01/the-case-against-euthanasia/>

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There are no objective criteria available to enable anyone to put a value on another's life. So, if a doctor agreed to take a patient's life on request because he thought it had lost sufficient value, this could only be because he shared the patient's values, even though, in the same circumstances, most other doctors would not agree. In that case, that doctor's decision would be both arbitrary and subjective, and could never justify a change in the objective requirements of criminal law.<sup>7</sup>

- b) Accepting euthanasia accepts that some lives (those of the disabled or sick) are worth less than others. (See above)
- c) Euthanasia might not be in a person's best interests
  - i) No request for hastened death can be fully understood without exploring the psychological background against which it is made. That is a difficult task, beyond the competence of many, if not most, doctors. Treatable clinical depression is a common cause of some seriously ill patients wanting to have their lives ended; a world expert on mental illness, visiting Australia in July 2000, claimed that 90% to 95% of suicides are associated with major psychiatric illness, while general practitioners commonly fail to diagnose depression in these patients. Even psychiatrists can have difficulty with this diagnosis unless they have been specially trained. In truth, this is a major area of medico-legal difficulty, for which no acceptable solution may ever be found.<sup>8</sup>
  - ii) In 1994 the Dutch Supreme Court ruled that euthanasia may be performed in cases of mental suffering. In the landmark Assen case, which used the defense of *force majeure*, the court exonerated a Dutch psychiatrist who had helped a patient commit suicide. The patient, Hilly Bosscher, although severely mentally distressed, was physically healthy. After a disastrous marriage that ended in divorce, and the deaths of her sons (one to suicide and the second to cancer), Bosscher wanted to die. She refused treatment for her depression, claiming that her mental suffering was such that nothing would help. Dr. Boudewijn Chabot was acquitted of assisted suicide because the patient was rational and had not been diagnosed with any psychiatric illness. Thereafter, the Dutch guidelines included information advocating that physicians be allowed to assist depressed people to commit suicide.<sup>9</sup>
- d) Voluntary euthanasia violates historically accepted codes of medical ethics. Traditional medical ethical codes have never sanctioned euthanasia, even on request for compassionate motives. The Hippocratic Oath states, "*I will give no deadly medicine to anyone if asked, nor suggest such counsel*"The International

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<sup>7</sup> Dr Brian Pollard Retired Anaesthetist and Founder of the first full time Palliative Care Service in Sydney's Concord Hospital Sydney, New South Wales

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Code of Medical Ethics, as originally adopted by the World Medical Association in 1949 in response to the Nazi holocaust, declares '*a doctor must always bear in mind the obligation of preserving human life from the time of conception until death*'. In its 1992 Statement of Marbella, the World Medical Association confirmed that assisted suicide, like euthanasia, is unethical and must be condemned by the medical profession.. When a doctor intentionally and deliberately enables an individual to end his life, the doctor acts unethically.<sup>10</sup>

**4) Practical arguments**

- a) Proper palliative care makes euthanasia unnecessary
  - i) Meticulous research in palliative medicine has in recent years shown that virtually all unpleasant symptoms experienced in the process of terminal illness can be either relieved or substantially alleviated by techniques already available.
  - ii) It is no surprise that in the Netherlands where euthanasia is now accepted there is only a very rudimentary hospice movement. By contrast, in the UK, which has well developed facilities to care specifically for the terminally ill, a House of Lords committee recently ruled that there should be no change in the law to allow euthanasia. A law enabling euthanasia will undermine individual and corporate incentives for creative caring<sup>11</sup>
- b) There's no way of properly regulating euthanasia
  - i) *Journal of Medical Ethics* - a British publication, released a report in February 1999 based on its own research in the Netherlands. According to this report, studies conducted in 1996 revealed that the safeguards established by the Royal Dutch Medical Association were not being followed. Almost two-thirds of euthanasia and physician-assisted suicide cases went unreported. In 20 percent of euthanasia cases, the patient did not make a request; for 17 percent of these patients, there were other available treatment options. Despite the law's "unbearable suffering" requirement, more than half of doctors listed the patient's primary concern as "loss of dignity." Taking into account all situations with explicit intention to end life, the number of deaths increased from 3,200 to 24,500 ("Euthanasia Does Not Seem to Be under Effective Control in the Netherlands," *Journal of Medical Ethics*, February 16, 1999).<sup>12</sup>
  - ii) Both the Dutch and the California models list sets of precautions designed to prevent abuses. They acknowledge that such abuses are a distinct possibility. The history of legal "loopholes" is not a cheering one. Abuses may easily

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<sup>12</sup> "Euthanasia Does Not Seem to Be under Effective Control in the Netherlands," *Journal of Medical Ethics*, February 16, 1999

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arise when the patient is wealthy and an inheritance is at stake or when the doctor has made mistakes in diagnosis and treatment and hopes to avoid detection or when insurance coverage for treatment costs is about to expire, and in a host of other circumstances. (Maguire 321)<sup>13</sup>

- c) Allowing euthanasia undermines the commitment of doctors and nurses to saving lives
- d) Euthanasia may become a cost-effective way to treat the terminally ill  
*"...physician-assisted suicide, if it became widespread, could become a profit-enhancing tool for big HMOs. "*

*"...drugs used in assisted suicide cost only about \$40, but that it could take \$40,000 to treat a patient properly so that they don't want the "choice" of assisted suicide..."* ... Wesley J. Smith, senior fellow at the Discovery Institute.

Perhaps one of the most important developments in recent years is the increasing emphasis placed on health care providers to contain costs. In such a climate, euthanasia certainly could become a means of cost containment.

In the United States, thousands of people have no medical insurance; studies have shown that the poor and minorities generally are not given access to available pain control, and managed-care facilities are offering physicians cash bonuses if they don't provide care for patients. With greater and greater emphasis being placed on managed care, many doctors are at financial risk when they provide treatment for their patients. Legalized euthanasia raises the potential for a profoundly dangerous situation in which doctors could find themselves far better off financially if a seriously ill or disabled person "chooses" to die rather than receive long-term care.

- e) Savings to the government may also become a consideration.  
This could take place if governments cut back on paying for treatment and care and replace them with the "treatment" of death. For example, immediately after the passage of Measure 16, Oregon's law permitting assisted suicide, Jean Thorne, the state's Medicaid Director, announced that physician-assisted suicide would be paid for as "comfort care" under the Oregon Health Plan which provides medical coverage for about 345,000 poor Oregonians. Within eighteen months of Measure 16's passage, the State of Oregon announced plans to cut back on health care coverage for poor state residents. In Canada, hospital stays are being shortened while, at the same time, funds have not been made available for home care for the sick and elderly. Registered nurses are being replaced with less expensive practical nurses. Patients are forced to endure long waits for many types of needed surgery.<sup>14</sup>

The most disturbing risk is the growing concern over medical costs and that euthanasia is, after all, a very cheap service. The cost of a dose of barbiturates

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<sup>13</sup> [www.cyberessays.com/Politics/97.htm](http://www.cyberessays.com/Politics/97.htm)

<sup>14</sup> International Task Force on Euthanasia and Assisted Suicide's "Frequently Asked Questions" web page

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and curare and the few hours in a hospital bed that it takes them to act is minute compared to the massive bills incurred by many patients in the last weeks and months of their lives. Already in Britain, There is a serious under-provision of expensive therapies like renal dialysis and intensive care, with the result that many otherwise preventable deaths occur. Legalizing euthanasia would save substantial financial resources which could be diverted to more "useful" treatments. These economic concerns already exert pressure to accept euthanasia, and, if accepted, they will inevitably tend to enlarge the category of patients for whom euthanasia is permitted.<sup>15</sup>

Consider, for example, a report issued last year by EPAC, the Economic Planning and Advisory Council, a government think-tank. The report discussed the rising costs of medical care for the elderly, and rising hospital costs in general, and actually suggested that euthanasia might be an option in dealing with this crisis. There was no mention of suffering or the humane treatment of dying human beings. Instead, cold utilitarian considerations of cost-cutting were given as the reason to consider euthanasia.<sup>16</sup>

- f) Allowing euthanasia will discourage the search for new cures and treatments for the terminally ill
  - i) Medical research is essential if medicine is to advance further. When the focus changes from curing the condition to killing the individual with the condition this whole process is threatened. The increasing acceptance of prenatal diagnosis and abortion for conditions like spina bifida, Down's syndrome and cystic fibrosis is threatening the very dramatic progress made in the management of these conditions, especially over the last two decades. Rather than being employed to care and console, funds are being diverted to fuel the strategy of "search and destroy".
  - ii) If euthanasia is legalised we can expect advances in kentology (the science of killing) at the expense of treatment and symptom control. This will in turn encourage further calls for euthanasia.<sup>17</sup>
  - iii) If euthanasia had been legal 40 years ago, it is quite possible that there would be no hospice movement today. The improvement in terminal care is a direct result of attempts made to minimize suffering. If that suffering had been extinguished by extinguishing the patients who bore it, then we may never have known the advances in the control of pain, nausea, breathlessness, and other terminal symptoms that the last twenty years have seen. Some diseases that were terminal a few decades ago are now routinely cured by newly developed treatments. Earlier acceptance of euthanasia might well have undercut the urgency of the research efforts which led to the

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<sup>15</sup> [www.cyberessays.com/Politics/97.htm](http://www.cyberessays.com/Politics/97.htm)

<sup>16</sup> <http://www.billmuehlenberg.com/2002/02/01/the-case-against-euthanasia/>

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discovery of those treatments. If we accept euthanasia now, we may well delay by decades the discovery of effective treatments for those diseases that are now terminal. (Brock 76)<sup>18</sup>

- g) Abandonment of hope & Increased fear of hospitals and doctors
- i) Every doctor can tell stories of patients expected to die within days who surprise everyone with their extraordinary recoveries. Every doctor has experienced the wonderful embarrassment of being proven wrong in their pessimistic prognosis. To make euthanasia a legitimate option as soon as the prognosis is pessimistic enough is to reduce the probability of such extraordinary recoveries from low to zero.
  - ii) Despite all the efforts of health education, it seems there will always be a transference of the patient's fear of illness from the illness to the doctors and hospitals that treat it. This fear is still very real and leads to large numbers of late presentations of illnesses that might have been cured if only the patients had sought help earlier. To institutionalize euthanasia, however carefully, would undoubtedly magnify all the latent fear of doctors and hospitals harbored by the public. The inevitable result would be a rise in late presentations and, therefore, preventable deaths.<sup>19</sup>
- h) Euthanasia undermines the motivation to provide good care for the dying, and good pain relief leading to it being only be for people who are "terminally ill."
- i) There are two problems here -- the definition of "terminal" and the changes that have already taken place to extend euthanasia to those who aren't "terminally ill." There are many definitions for the word "terminal." For example, when he spoke to the National Press Club in 1992, Jack Kevorkian said that a terminal illness was "any disease that curtails life even for a day." The co-founder of the Hemlock Society often refers to "terminal old age." Some laws define "terminal" condition as one from which death will occur in a "relatively short time." Others state that "terminal" means that death is expected within six months or less.
  - ii) Even where a specific life expectancy (like six months) is referred to, medical experts acknowledge that it is virtually impossible to predict the life expectancy of a particular patient. Some people diagnosed as terminally ill don't die for years, if at all, from the diagnosed condition. Increasingly, however, euthanasia activists have dropped references to terminal illness, replacing them with such phrases as "hopelessly ill," "desperately ill," "incurably ill," "hopeless condition," and "meaningless life."
  - iii) An article in the journal, *Suicide and Life-Threatening Behavior*, described assisted suicide guidelines for those with a hopeless condition. "Hopeless condition" was defined to include terminal illness, severe physical or psychological pain, physical or mental debilitation or deterioration, or a

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<sup>18</sup> [www.cyberessays.com/Politics/97.htm](http://www.cyberessays.com/Politics/97.htm)

<sup>19</sup> [www.cyberessays.com/Politics/97.htm](http://www.cyberessays.com/Politics/97.htm)



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quality of life that is no longer acceptable to the individual. That means just about anybody who has a suicidal impulse.<sup>20</sup>

- i) Euthanasia gives too much power to doctors.
  - i) CALLS FOR VOLUNTARY euthanasia have been encouraged either by the failure of doctors to provide adequate symptom control, or by their insistence on providing inappropriate and meddling interventions which neither lengthen life nor improve its quality. This has understandably provoked a distrust of doctors by patients who feel that they are being neglected or exploited. The natural reaction is to seek to make doctors more accountable. Ironically, voluntary euthanasia legislation makes doctors less accountable and gives them more power. Patients generally decide in favour of euthanasia on the basis of information given to them by doctors: information about their diagnosis, prognosis, and treatments available and anticipated degree of future suffering. If a doctor confidently suggests a certain course of action, it can be very difficult for a patient to resist. However, it can be very difficult to be certain in these areas. Diagnoses may be mistaken. Prognoses may be wildly misjudged. New treatments which the doctor is unaware of may have recently been developed or about to be developed. The doctor may not be up-to-date in symptom control.
  - ii) Doctors are human and subject to temptation. Sometimes their own decision-making may be affected, consciously or unconsciously, by their degree of tiredness, or the way they feel about the patient. Voluntary euthanasia gives the medical practitioner power which can be too easily abused, and a level of responsibility he should not rightly be entitled to have. Voluntary euthanasia makes the doctor the most dangerous man in the state.<sup>21</sup>

The pro-euthanasia movement cheerfully hands the dirty work of the actual killing to the doctors who by and large, neither seek nor welcome the responsibility. There is little examination of the psychological stresses imposed on those whose training and professional outlook are geared to the saving of lives by asking them to start taking lives on a regular basis. Euthanasia advocates seem very confident that doctors can be relied on to make the enormous efforts sometimes necessary to save some lives, while at the same time assenting to requests to take other lives. Such confidence reflects, perhaps, a high opinion of doctor's psychic robustness, but it is a confidence seriously undermined by the shocking rates of depression, suicide, alcoholism, drug addiction, and marital discord consistently recorded among this group<sup>22</sup>

- j) Euthanasia exposes vulnerable people to pressure to end their lives

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<sup>20</sup> International Task Force on Euthanasia and Assisted Suicide's "Frequently Asked Questions" web page

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- i) Moral pressure on elderly relatives by selfish families  
". Both sets of proposals seek to limit the influence of the patient's family on the decision, again acknowledging the risks posed by such influences. Families have all kinds of subtle ways, conscious and unconscious, of putting pressure on a patient to request euthanasia and relieve them of the financial and social burden of care. Many patients already feel guilty for imposing burdens on those on those who care for them, even when the families are happy to bear the burden. To provide an avenue for the discharge of that guilt in a request for euthanasia is to risk putting to death a great many patients who do not wish to die".<sup>23</sup>
- k) Moral pressure to free up medical resources
- l) Patients who are abandoned by their families may feel euthanasia is the only solution

**5) Legal Arguments**

- a) Emotionally charged cases make bad laws.  
Legislation of euthanasia is usually championed by those who have witnessed a loved one die in unpleasant circumstances, often without the benefits of optimal palliative care.
- b) Voluntary euthanasia leads to euthanasia tourism.  
Once voluntary euthanasia is legalised in a single country or state, people from neighbouring constituencies will take advantage of it any state considering a change in its laws in this regard has a responsibility not just to its own citizens but to the whole international community.<sup>24</sup>
- c) The British House of Lords recently recommended no change to the law on euthanasia after an extensive inquiry. In view of increasing public interest in euthanasia and in the light of the Nigel Cox and Tony Bland cases, the House of Lords set up a Select Committee on Medical Ethics to look seriously into this issue in 1993. During their deliberations they took submissions from a variety of persons and parties. Of these, the Department of Health, the Home Office, the British Medical Association and the Royal College of Nursing all argued against any change in the law The committee, in its final report in February 1994, despite being earlier undecided on the issue unanimously ruled that there should be no change in the law.  
Lord Walton, the committee chairman reflected on this in a speech to the House of Lords on 9 May 1994 in saying:  
"We concluded that it was virtually impossible to ensure that all acts of euthanasia were truly voluntary and that any liberalisation of the law in the United Kingdom could not be abused. We were also concerned that vulnerable people - the elderly, lonely, sick or distressed - would feel pressure, whether real

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<sup>23</sup> [www.cyberessays.com/Politics/97.htm](http://www.cyberessays.com/Politics/97.htm)

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or imagined, to request early death." While decisions made in the House of Lords are clearly not binding on other countries, such an extensive review and unambiguous decision does carry great weight. Others considering changes to the law would be well advised to examine the arguments which convinced it to come to the above conclusion.<sup>25</sup>

**6) Historical arguments**

a) Voluntary euthanasia is the start of a slippery slope that leads to involuntary euthanasia and the killing of people who are thought undesirable.

i) Personal choice

According to its advocates, euthanasia is purely a personal affair. People should be free to choose to end their lives because such a choice is entirely individual and private.

On reflection, however, it is evident that euthanasia is not merely a personal matter. It is more than personal if it requires society to change its attitude to the sanctity of human life. It is more than personal if it encourages the community to view killing as a form of compassion and an alternative to care. It is more than personal if it requires governments to revise laws to allow certain types of homicide and suicide. It is more than personal if it requires doctors to assist in the killing. It is more than personal if it desensitises medical staff to the preciousness of human life. It is more than personal if it robs friends and relatives of extra time with a loved one. It is more than personal if it weakens a family's will to make sacrifices to care for one of its members. It is more than personal if it creates an atmosphere in which other weak or unwanted people feel pressured to choose to die.<sup>26</sup>

ii) We need that bed for another case.

According to the Dutch government's *Rommelink Report*, for example, of the thousands of people who have their lives deliberately shortened or terminated by medical staff in Holland each year, over half are non-voluntary. "In the practice of euthanasia in the Netherlands," says Dr John Flemming, Director of the Southern Cross Bioethics Institute in Adelaide, "more are killed without their knowledge and consent than with their knowledge and consent."<sup>27</sup>

Dr Karel Gunning, a medical practitioner in Rotterdam, Holland, cites an instance of involuntary euthanasia: "A friend of mine, an intern, was asked to

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<sup>27</sup> "Holland shows how euthanasia leads to active killing", News Weekly, 25 February 1995, p.6.

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see a lady with lung cancer, being very short of breath and having at most a fortnight to live. After the examination he asked the patient to come to the hospital for a few days. She refused, being afraid to be euthanised there. 'But I myself am on duty this weekend. Come on Saturday morning and I'll admit and help you.' So the lady came. On Sunday night she breathed normally and felt far better. The doctor went home and, being off duty on Monday morning, came back Monday afternoon. Then the patient was dead. The doctor's colleague had said: 'What is the sense of having that woman here. It makes no difference whether she dies today or after two weeks. We need that bed for another case.' So the lady was euthanised against her explicit wish."<sup>28</sup>

- iii) Voluntary euthanasia inevitably gives rise to involuntary euthanasia. This in turn gives rise to distrust in doctors. Where euthanasia is sanctioned, the elderly and the seriously ill cannot be confident that medical staff will treat them rather than terminate them. To legalise euthanasia is to generate anxiety and distrust in the hearts of people at a time when they most need comfort and assurance.
- iv) Relatives can be a threat, too when it comes to the practice of involuntary euthanasia. They can pressure a seriously ill person to "choose" euthanasia. This is already happening in Holland, where "In some cases, a patient's 'right to die' has subtly become a duty to die." Amsterdam psychiatrist Frank Koerselman observes, "I frequently see people pressured towards euthanasia by exhausted and impatient relatives." He cites an example of "a woman whose relatives gathered in Amsterdam for her planned euthanasia. One relative came from overseas. When the patient expressed last-minute doubts, the family said, 'You can't have her come all this way for nothing.' Instead of ensuring that the patient's true wishes were observed, the doctor carried out the euthanasia."<sup>2930</sup>
- v) Mixed motives  
Advocates of euthanasia claim for themselves the noblest of motives—namely, compassion for those who are suffering. All they want, they say, is to receive or to administer a quick and painless death as a means to end to suffering. No doubt this is a genuine motive for many.

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<sup>28</sup> "Euthanasia in Holland", Right to Life News, March 1995, p.3.

<sup>29</sup> Reader's Digest, February 1998.

<sup>30</sup> If people were dogs & other false arguments for euthanasia by Andrew Lansdown - First published by Life Ministries under the title, "Euthanasia: A Dangerous Enthusiasm", in 1995. Reprinted in 1995. Revised & reprinted in 2007. Copyright © Andrew Lansdown, 2007

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However, the motives behind mercy killing are not always so noble. Some are very ugly indeed. One such motive is selfishness, as Dr Karel Gunning reveals in the following anecdote.

Commenting on how much morphine is needed to kill a patient, a Dutch colleague said to Dr Gunning, "I remember a case of an old man, who might die any day. Then this son came to see me and said: 'Doctor, my wife and I have booked a holiday, which we can't cancel. We don't want to come back for father's funeral, so please arrange that the burial is over before we leave.'" Obliging, the doctor went along one morning and gave the old man a huge dose of morphine. Returning in the evening to pronounce the old man's death, the doctor was surprised to find him "sitting happily on the edge of his bed, having had an excellent day without pain." Dr Gunning concluded: "This colleague told the story as if it was the most normal thing to do, complying with the family's desire to have father buried before the holiday started."<sup>3132</sup>

- vi) See Appendix I
- b) Voluntary euthanasia changes the public conscience. The law is a very powerful educator of the public sin . When a practice becomes legal. Accepted and widely practiced in society, people cease to have strong feelings about it. This was most dramatically demonstrated in Nazi Germany. Many of those involved in the euthanasia programme there were doctors who were motivated initially by compassion for their victims. Their consciences, and that of the society which allowed them to do what they did, became numbed. The testimony at Nuremberg of Karl Brandt, the medic responsible for coordinating the German euthanasia programme, is a chilling reminder of how conscience can gradually change: "My underlying motive was the desire to help individuals who could not help themselves . . . such considerations should not be regarded as inhuman. Nor did I feel it in any way to be unethical or immoral.... I am convinced that if Hippocrates were alive today he would change the wording of the oath ... in which a doctor is forbidden to administer poison to an invalid even on demand. I have a perfectly clear conscience about the part I played in the affair. I am perfectly conscious that when I said 'Yes' to euthanasia I did so with the greatest conviction; Just as it is my conscience today that it is right." He sincerely believed he was innocent. This demonstrates that once doctors start killing it is possible for them to go on doing it without feeling any guilt.<sup>33</sup>

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<sup>31</sup> "Euthanasia in Holland", op. cit.

<sup>32</sup> If people were dogs & other false arguments for euthanasia by Andrew Lansdown - First published by Life Ministries under the title, "Euthanasia: A Dangerous Enthusiasm", in 1995. Reprinted in 1995. Revised & reprinted in 2007. Copyright © Andrew Lansdown, 2007

<sup>33</sup> 12 Reasons Why Euthanasia Should Not Be Legalised by Peter James Saunders Copyright 01995 Peter James Saunders, BHB, MBChB, FRACS

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- c) Voluntary euthanasia inevitably leads to involuntary euthanasia.  
When voluntary euthanasia has been previously accepted and legalised, it has led inevitably to involuntary euthanasia, regardless of the intentions of the legislators. According to the Rummelink Report, commissioned by the Dutch Ministry of Justice, there were over 3,000 deaths from euthanasia in the Netherlands in 1990. More than 1,000 of these were 'voluntary'. Other assessments have been far less conservative, Summary and these figures pre-date February 1994, when euthanasia in that country' was effectively legalised. Holland is moving rapidly down the slippery slope with the public conscience changing quickly to accept such action as acceptable. The Royal Dutch Medical Association (KNMG) and the Dutch Commission for the Acceptability of Life Terminating Action have recommended that the active termination of the lives suffering from dementia is morally acceptable under certain conditions. Two earlier reports of the Commission affirmed the acceptability of similar action for severely handicapped neonates and comatose patients. Case reports include a child killed for no other reason than it had abnormal genitalia, and a woman killed at her own request for reasons of mental suffering.
- d) I have already alluded to the Nazi holocaust. Many are unaware that what ended in the 1940s in the gas chambers of Auschwitz, Belsen and Treblinka had far more humble beginnings in the 1930s: in nursing homes, geriatric institutions and psychiatric hospitals all over Germany. Leo Alexander, a psychiatrist who worked with the office of the Chief of Counsel for War Crimes at Nuremberg, described the process in the New England Medical Journal in July 1949; "The beginnings at first were merely a subtle shift in emphasis in the basic attitude of the 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 the 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. Such a procession requires only four accelerating factors; favourable public opinion, a handful of willing doctors, economic pressure and a law allowing it."
- e) In most western countries, the first three ingredients are present already. When legislation comes into effect, and the political and economic interests are brought to bear, the generated momentum can prove overwhelming. History has shown clearly that once voluntary euthanasia is legal involuntary euthanasia inevitably follows.<sup>34</sup>
- f) History has taught us the dangers of euthanasia and that is why there are only two countries in the world today where it is legal. That is why almost all societies - even non-religious ones - for thousands of years have made euthanasia a

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crime. It is remarkable that euthanasia advocates today think they know better than the billions of people throughout history who have outlawed euthanasia - what makes the 50 year old euthanasia supporters in 2005 so wise that they think they can discard the accumulated wisdom of almost all societies of all time and open the door to the killing of innocent people? Pain control medicines and procedures are far better than they have ever been any time in history. Have things changed? If they have, they are changes that should logically reduce the call for euthanasia not heigten it.<sup>35</sup>

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<sup>35</sup> International Task Force on Euthanasia and Assisted Suicide's "Frequently Asked Questions" web page

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Sydney Morning Herald, 25/3/08 ...

## Appendix I

### Feeling 'pretty good' after being declared dead



This photo provided by the NBC Today television program shows Doug Dunlap, left, and his son Zach Dunlap, during their interview with Today show correspondent Natalie Morales.  
Photo: AP

*Just makes me thankful, makes me thankful that they didn't give up ... Only the good die young, so I didn't go.*

Advertisement

March 25, 2008 - 8:49AM

Four months after he was declared brain dead and doctors were about to remove his organs for transplant, Zach Dunlap says he feels "pretty good". Mr Dunlap was pronounced dead on November 19 last year at United Regional Healthcare System in Wichita Falls, Texas, in the United States, after he was injured in an all-terrain vehicle accident. His family agreed to having his organs harvested.

As family members were paying their last respects, he moved his foot and hand. He reacted to a pocketknife scraped across his foot and to pressure applied under a fingernail.

After 48 days in hospital, he was allowed to return home, where he continues to work on his recovery.

On Monday, he and his family were in New York, appearing on NBC's *Today Show*.

"I feel pretty good. but it's just hard ... just ain't got the patience," he said.



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Mr Dunlap, 21, of Frederick, said he had no recollection of the crash. "I remember a little bit that was about an hour before the accident happened. But then about six hours before that, I remember," he said.

Mr Dunlap said one thing he did remember was hearing the doctors pronounce him dead.

"I'm glad I couldn't get up and do what I wanted to do," he said.

Asked if he would have wanted to get up and shake them and say he was alive, he responded: "Probably would have been a broken window that went out."

His father, Doug, said he saw the results of the brain scan.

"There was no activity at all, no blood flow at all," he said.

His mother, Pam, said that when she discovered he was still alive, "That was the most miraculous feeling.

"We had gone, like I said, from the lowest possible emotion that a parent could feel to the top of the mountains again," she said.

She said her son was doing "amazingly well", but still had problems with his memory as his brain heals from the traumatic injury.

"It may take a year or more ... before he completely recovers," she said. "But that's OK. It doesn't matter how long it takes. We're just all so thankful and blessed that we have him here."

Mr Dunlap now has the pocketknife that was scraped across his foot, causing the first reaction.

"Just makes me thankful, makes me thankful that they didn't give up," he said. "Only the good die young, so I didn't go."

**AP**