A submission to the Senate inquiry into the

Rights of the Terminally Ill (Euthanasia Laws Repeal) Bill 2008

from the

Tasmanian Baptists

April 2008

The position of Tasmanian Baptists

Tasmanian Baptists, in accordance with Christian teaching, are deeply concerned with promoting respect for all human beings. We believe that the whole of society has a special duty to safeguard the interests of the weak and vulnerable, including the terminally ill. We believe that passage of the *Rights of the Terminally Ill (Euthanasia Laws Repeal) Bill 2008* would not only be contrary to the interests of such people, but also detrimental to broader society. Hence, we find it particularly misleading that the Bill euphemistically refers (in s3) to "the right [of the territories] to legislate ***for*** the terminally ill" (emphasis added).

Throughout 2006 and 2007 Tasmanian Baptists devoted considerable effort to carefully researching and considering end-of-life issues, including euthanasia, resulting in the adoption of a Statement of Principles on End-of-Life Issues at our Mid-Year Assembly in July 2007. A copy of the final document is included as an appendix to this submission. We commend that document to the Committee's consideration.

While we recognise the distress experienced by people who are terminally ill and their families and loved ones, it is our considered view that the deliberate taking of a human life, even when well-intended, should not be tolerated or permitted by law in a civilised society. As experience in other places such as the Netherlands has shown, the sweeping away of the long-held taboo against the taking of a human life and its replacement with a claimed right to die would progressively erode general respect for human life and result in a whole series of individually and socially adverse consequences.

The promotion of euthanasia brings echoes of primitive times when the very young, sick, or aged were abandoned to the elements as a means of population control or in order to ensure that they weren't a burden to the rest of the community. While the proponents of euthanasia claim that it would only be permitted on a voluntary basis for terminally ill people experiencing unbearable suffering, there is good evidence from elsewhere of how difficult it is to sustain and enforce that position once the taboo is broken.

In the Netherlands between 2000 and 2003, the annual number of formally reported cases of medically administered euthanasia ranged from 2123 to 1815, but that doesn't include the 17% of all cases of "terminal sedation" that were deliberately intended to bring about a death often not otherwise imminent. Another study reported that, in spite of 20 years of relatively open euthanasia, about half of Dutch doctors don't report cases as the law requires. In one survey 28% of the paediatricians questioned said they would be prepared to give a lethal injection to a child with incurable cancer, even against the parents' wishes.

In Belgium, one academic has claimed that the number of cases of medically assisted euthanasia was actually about five times higher than the 400 reported in 2005. Another study reported frequent cases of the provision of lethal doses of opiates to infants under 12 months, even though infant euthanasia was illegal.

Where voluntary euthanasia is permitted, enforcing its voluntariness is fraught with difficulty. Legislation cannot always ensure that the decision of the person concerned

is fully informed, up-to-date, free of coercion and made at a time when they are capable of exercising clear and rational judgment. An expression of a wish to die made when one is experiencing severe pain, depression, inability to think clearly and rationally, or is subject to psychological pressures or concerns about being a burden to others should not be regarded as sufficient grounds to end a life.

Researchers have found that requests for euthanasia are rarely rational, with depressed patients, who account for half of all requests, being four times more likely to seek it. Yet, despite depression being the most common condition for suicide, only 5% of patients given prescriptions for lethal drug doses in Oregon, USA, where self-administered, medically prescribed suicide is legal, were referred for a psychological evaluation.

Once euthanasia or assisted suicide become legal this almost inevitably results in a general reduction in respect for human life and hence an increased willingness on the part of the medical profession to take the easy option of recommending euthanasia, or acquiescing to patients' requests for it, rather than administering appropriate treatment and palliative care to those with terminal illnesses.

With appropriate palliative care, pain can generally be kept within tolerable levels. Furthermore, most of those to whom legally approved voluntary euthanasia has been administered elsewhere were not suffering severe pain. A clear distinction should be maintained between the legitimate administration of pain relieving drugs which may have a predictable side effect of shortening life during the palliative care of a terminally ill patient and the administration of drugs with the specific intent to kill the patient.

Legalisation carries the risk that euthanasia will be administered to people, (including some who have previously expressed a wish for it) who may now prefer to live but are unable to effectively communicate that preference. In addition to the probably rare cases where family members may, for mercenary reasons, consent to or administer euthanasia to a relative incapable of communicating their own wishes, there will probably be many more cases where the family members' own distress at their relative's plight may cloud their judgment and persuade them to unjustifiably request or approve euthanasia. But one person's life should never be traded off for another's peace of mind.

If a right to die is recognised in law this will inevitably lead to demands that it be extended beyond terminally ill people experiencing unbearable suffering to other sections of society. The already alarming rates of suicide among young people would be likely to climb and experience from elsewhere shows that the circumstances regarded as warranting euthanasia are likely to be progressively relaxed. After the terminally ill are likely to come the disabled or deformed and ultimately those who are just tired of life.

To legalise euthanasia is to declare that the lives of those who qualify have not just zero value, in which case it would not matter whether they lived or died, but negative value, meaning it would be better if they were dead. Even (or especially) when people feel that way about themselves, to agree with them is not an act of compassion but one of callousness. Surely it is our collective duty to declare that all lives are equally precious.

Proponents of legalised euthanasia, including Dr. Philip Nitschke, have argued that its existence would be so reassuring to those with terminal illnesses that they would be

less likely to take their own lives. We know of no evidence whatsoever to support this proposition – quite the reverse. All the indications from other fields suggest that legalising a product or activity that was previously prohibited (e.g. teenage drinking, brothels) tends to make it more socially acceptable and increase rather than reduce its incidence. At a time when there is justifiable concern about Australia's excessive suicide rate, government action should rightly be aimed at reducing, not encouraging it.

What we do or don't do has inevitable implications for others. Many Australians, not just those with Christian convictions, believe that our lives are not of our own making and should therefore not be for our own taking. To say, as some do, that such a principle need only to apply to those who are willing to accept it is to render it as meaningless as to say that our prohibitions against theft should apply only to those who would never steal.

While we understand the stresses that family members and medical staff experience when they believe, rightly or wrongly, that a loved one is suffering or that their life has become meaningless, that does not justify the removal of prohibitions against the taking of a human life in a civilised society. The courts have demonstrated that they are able to take due account of the stresses involved in determining appropriate penalties for any accused of mercy killing. That is the way it should remain.

We therefore believe that the enactment of the *Euthanasia Laws Act* 1997 by the Australian Parliament to override moves to permit voluntary euthanasia within the Australian territories was consistent with its duty to the Australian people and that the prohibitions on intentional killing incorporated in that Act should be retained.

We strongly urge the Committee to recommend against the passage of the *Rights of the Terminally Ill (Euthanasia Laws Repeal) Bill 2008.*

April 2008

Appendix 1

A Statement of Principles by the Baptist Churches of Tasmania on End-of-Life Issues

We, the Assembly of the Baptist Churches of Tasmania, believe that all life is a gift from God and that human life should be held as sacrosanct; it is not ours to take at will. Furthermore, we believe it is not in the interest of society to allow it to be taken at will.

We support the use of God-given skills, knowledge and intellects in alleviating suffering and disability through medical science.

We believe that the following principles, always guided by mercy and compassion, should be applied to the end of human life:

1. ***Suicide should not be encouraged or condoned.***
2. ***Active euthanasia and assisted suicide should remain illegal.***
3. ***Palliative care should be encouraged and made available to those who are in the final stages of a terminal condition. This may include the administration of treatments aimed at alleviating their pain and suffering, even where these are likely to have a predictable side-effect of hastening death.***
4. ***Measures designed to artificially sustain life should not be adopted where there is no realistic prospect for a person to gain or recover awareness and ability to relate to others.***
5. ***Life support may be withdrawn once a person has reached the stage where it has been determined that there is no realistic prospect for them to gain or recover awareness and ability to relate to others.***
6. ***Subject to the exclusion of active euthanasia and assisted suicide, the competent, informed and up-to-date wishes of the person should be the primary consideration in deciding what treatment measures will be applied in a particular situation.***
7. ***Where those wishes have not been explicitly stated, or the person is incapable of exercising sound judgment or clearly expressing their wishes, the choice of appropriate treatment should be made by the next of kin, or by others properly authorised to act on the person's behalf, guided by sound medical advice. In an emergency, critical decisions may be made by medical staff pending a decision from the next of kin. In cases of doubt the decision should be to sustain life.***
8. ***Provided that the dignity of the dying person and their family is respected, we affirm the value of organ donation as a generous and selfless final gift from those who feel called to take this step. Nothing in this document should be taken as precluding organ donation or transplantation.***

Adopted by Assembly 8/7/07