



"To concur with the intention of another person to commit suicide and to help in carrying it out through so-called 'assisted suicide' means to cooperate in, and at times to be the actual perpetrator of, an injustice which can never be excused, even if it is requested"

(*The Gospel of Life*, n. 66).

The culture of life: palliative care and good end of life decision making

How should we react to the suffering of others, especially when they are in desperation? Pope John Paul II answers: "The request which arises from the human heart in the supreme confrontation with suffering and death, especially when faced with the temptation to give up in utter desperation, is above all a request for companionship, sympathy and support in the time of trial. It is a plea for help to keep on hoping when all human hopes fail" (*The Gospel of Life*, n. 67).

The medical profession's deep commitment not to abandon those who suffer has been a powerful motivation in the development of modern medicine generally, as well as of end of life care. Palliative care is specialised care and support that recognises the unique needs of a person who has a terminal condition, and their family and carers. Not everyone with a terminal condition will experience pain, but if patients do experience it, in almost all cases it can be relieved. The broader goal, however, is to improve quality of life for patients, their families and carers by providing care that addresses physical, emotional, social, cultural and spiritual needs. The aim is to help the person live as well as possible; not to die as soon as possible!¹²

This often involves decisions about appropriate levels of medical treatment. Catholic teaching and good ethical end of life care do not require us to do everything, by every means available, to preserve life. Life is not a god, but a gift of God! While we should not seek to bring about our own death or the death of others, we are not obliged to try to prolong life indefinitely. Treatments which have become, or are likely to be, futile or overly-burdensome may be ethically and lawfully withheld or withdrawn at a patient's request, even where it is foreseen that death may come sooner as a result of this choice. To forgo such treatments is not the equivalent of euthanasia or suicide, but an acceptance of the human condition in the face of death. It is very different from a choice to refuse treatment because we judge *life* to be futile or overly burdensome.

Dying with dignity

Throughout our tradition, Catholics have made it their practice to pray for a 'good death'. Ironically, the word euthanasia comes from the Greek meaning precisely 'good death'. Dying can be a time for us to come to terms with our life and with those with whom we have lived it, to thank and be thanked, to forgive and be forgiven. Our willingness to accept the love and care of others, especially our family, can gesture to them that we trust them, need them and love them enough to want to stay with them for as long as we can. It can also be time for us to deepen our relationship with God, praying and preparing for death.

Questions for discussion

1. Why does there seem to be popular support for legalised euthanasia?
2. Euthanasia is one symptom of the 'culture of death'. What are some other signs of this culture in society today?
3. St Paul, writing to the Church in Rome, reminds us that "the life and death of each of us has its influence on others" (*Rom 14:7*). What sort of influence do you want your final days to have?
4. What is a 'good' death?

Brigid McKenna is the Life Issues Policy Officer for the Life, Marriage and Family Centre in the Archdiocese of Sydney. She has degrees in medicine and bioethics, and has spent time working as a palliative care doctor.

¹Ganzini, L. et al., "Physicians' experiences with the Oregon Death with Dignity Act", *New England Journal of Medicine*, 2000; 342: 557-63.

²Kenneth Chambaere, Johan Bilsen et al., "Physician-assisted deaths under the euthanasia law in Belgium: a population-based survey," *Canadian Medical Association Journal*, May 2010.

³2009 Summary of Oregon's Death with Dignity Act.

⁴Wesley J. Smith, *Forced exit*, Dallas 2003, p. 111.

⁵Vrakking, A. et al., "Medical end-of-life decisions made for neonates and infants in the Netherlands 1995-2001", *Lancet*, 2005; 365:1329-1331.

⁶A. van der Heide et al., "End-of-Life Practices in the Netherlands under the Euthanasia Act", *New England Journal of Medicine*, 2007; 356:1957-1965.

⁷Tinne Smets, et al., "The Reporting of euthanasia in medical practice in Flanders, Belgium: cross sectional analysis of reported and unreported cases," *British Medical Journal*, 2010; 341:c5174.

⁸2009 Summary of Oregon's Death with Dignity Act.

⁹Inghelbrecht et al., "The role of nurses in physician-assisted deaths in Belgium," *Canadian Medical Association Journal*, June 15, 2010; 182(9): 905-10.

¹⁰Rita L. Marker, "Oregon's Suicidal Approach to Health Care," *American Thinker*, September 14, 2008.

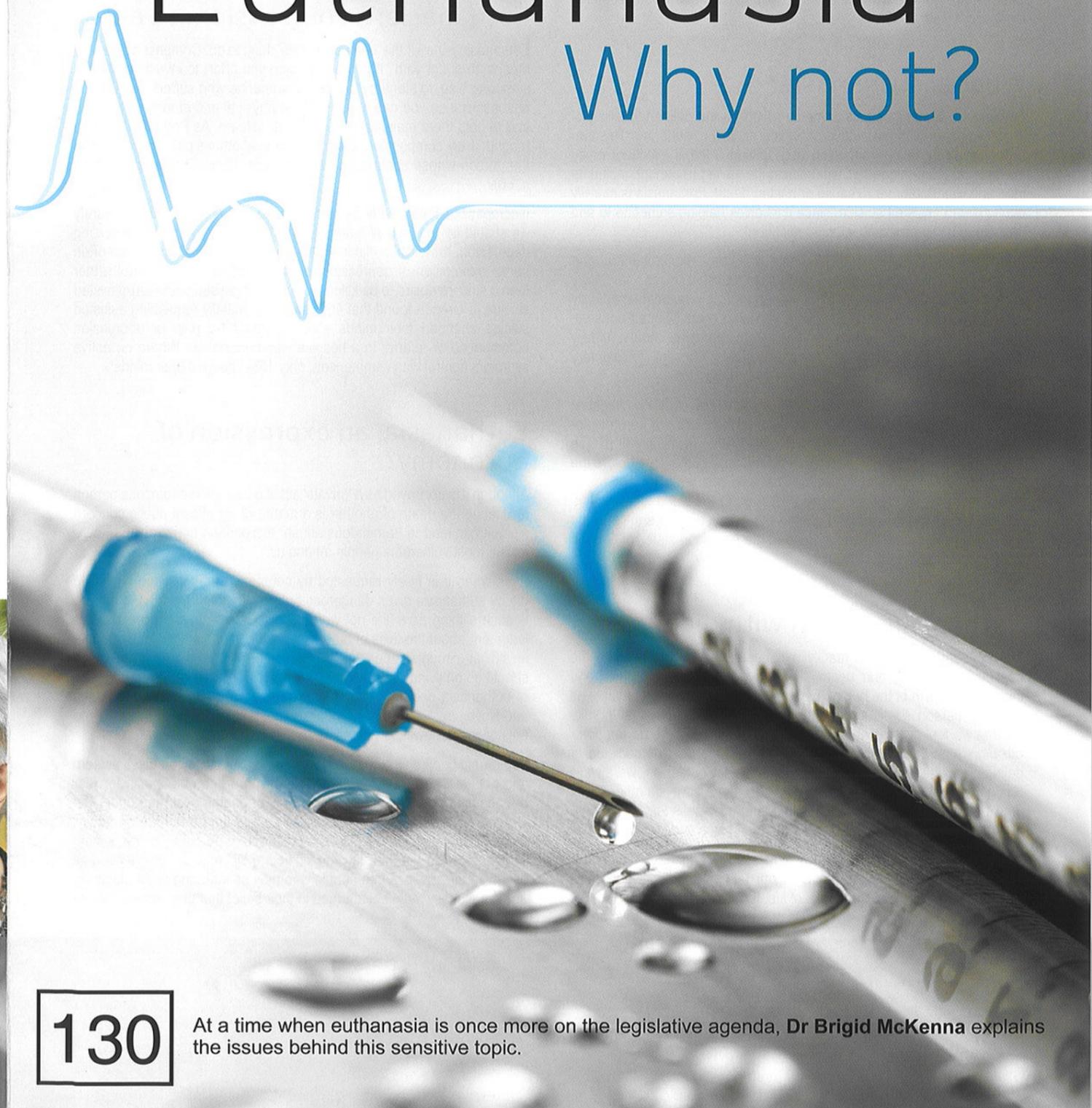
¹¹"Sharp growth in euthanasia deaths", *Dutch News*, 16 June 2010 (http://www.dutchnews.nl/news/archives/2010/06/sharp_growth_in_euthanasia_dea.php).

¹²"What is palliative care?" *Palliative Care Australia*. (www.palliativecare.org.au).



Euthanasia

Why not?



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At a time when euthanasia is once more on the legislative agenda, **Dr Brigid McKenna** explains the issues behind this sensitive topic.

CAEC

Postal Locked Bag 888 Silverwater DC NSW 1811 **Street 3 Keating St Lidcombe 2141**

Email info@caec.com.au **Phone** (02) 9646 9010 **Fax** (02) 9646 9090 **Web** www.caec.com.au

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No one wants to suffer. No one wants to see their loved ones suffer. This is why a significant majority of Australians are alleged to support voluntary euthanasia and why there are ongoing attempts to legalise the practice in Australia.

But many people who claim to support voluntary euthanasia do not fully understand or appreciate what euthanasia is. Like other life and death issues, euthanasia evokes all sorts of emotions, memories, prejudices and misconceptions. We can quite easily become convinced that it promotes 'death with dignity', compassion, autonomy, or healthcare. But when we delve deeper into the nature and effect of medically assisted killing, it soon becomes clear that euthanasia is never a humane response to suffering.

Indeed, Pope Benedict has said: "...euthanasia is a false solution to the drama of suffering, a solution unworthy of man. Indeed, the true response cannot be to put someone to death, however 'kindly', but rather to witness to the love that helps people to face their pain and agony in a human way. We can be certain that no tear, neither of those who are suffering nor of those who are close to them, is lost before God" (Angelus message, 1 Feb. 2009).

What is euthanasia?

Euthanasia, sometimes called 'mercy killing', is the deliberate killing of another person with the motive of ending his or her suffering. This can be achieved by doing something (e.g., giving a lethal injection) or by failing to do something (e.g., withholding life saving treatment, including food and water) in order to cause or hasten death. Euthanasia is *morally equivalent* to assisted suicide, since it involves helping someone to end their life (e.g., by providing lethal medication).

Euthanasia is sometimes divided into voluntary, non-voluntary and involuntary, depending on the degree of consent given. *Voluntary* euthanasia occurs when a competent person freely requests medically assisted killing. However, euthanasia can also occur without consent, either because the person is unable to consent (*non-voluntary* euthanasia), or because he or she refuses consent (*involuntary* euthanasia).

All forms of euthanasia and assisted suicide are currently illegal in Australia. However, euthanasia was legal in the Northern Territory for eight months from 1996 under the "Rights of the Terminally Ill (ROTI) Act". Four Australians died as a result of voluntary euthanasia before the ability of the Territories to legislate euthanasia was removed by Federal Parliament (the "Andrew's Bill") in 1997. Around the world today, only a handful of jurisdictions have legalised the practice. These include the Netherlands, Belgium, Luxembourg, and the American states of Oregon and Washington.

Euthanasia: death with dignity?

The concept of dignity is readily misunderstood and misused in the context of suffering and death. 'Dignity' describes the intrinsic and inestimable worth of the human person. Our dignity – our great value as a human person – is found in our very being. This means that in spite of what we feel or think about the 'quality' of our lives, we *do not 'lose' our dignity* as death approaches. Even if we face death emaciated or delirious or unable to walk, feed, speak or toilet ourselves, we always retain our dignity. Christians would add that we are always a reflection of God's glory – we were made in his image and likeness (cf. *Gen 1:26*) – and that our lives are always God's gift to ourselves and to other people.

There are, however, more or less dignified ways to die. A 'dignified' death will acknowledge the reality of our human condition, and show reverence and gratitude for the gift of life. It will involve living through the dying process in a way which reflects our great value as a human being:

"Whatever its motives and means, direct euthanasia consists in putting an end to the lives of handicapped, sick, or dying persons. It is morally unacceptable. Thus an act or omission which, of itself or by intention, causes death in order to eliminate suffering constitutes a murder gravely contrary to the dignity of the human person and to the respect due to the living God, his Creator. The error of judgment into which one can fall in good faith does not change the nature of this murderous act, which must always be forbidden and excluded" (*Catechism of the Catholic Church*, n. 2277).



accepting the love and care of those around us and waiting for death to come naturally. By contrast, euthanasia is a tragic rejection of the truth about the value of our lives and the care of others. It is an 'undignified' way to die.

Euthanasia: a compassionate act?

Euthanasia is never the 'compassionate' thing to do. Compassion literally means 'to suffer with'. It is the hard, genuine effort to invest yourself in someone else, to stand by the side of someone who suffers, to offer the best assistance you can to relieve their physical and emotional anguish and to help them maintain hope and self esteem. As Pope John Paul II taught: "True 'compassion' leads to sharing another's pain; it does not kill the person whose suffering we cannot bear" (*Enc. The Gospel of Life*, n. 66).

If compassion for the suffering person is the motive for euthanasia, surely we should try to eliminate suffering by treating the symptoms, including depression, rather than eliminate the sufferer. The wish to die can often be an expression of depression, pain or poor symptom control rather than a sincere desire to be killed. A study of legalised physician-assisted suicide in Oregon found that 46% of people initially requesting assisted suicide changed their minds after treatment for pain or depression commenced or referral to a hospice was undertaken. Where no active symptom control was commenced, only 15% changed their minds¹.

Euthanasia: an expression of autonomy?

Although it is portrayed as a 'private' act of personal freedom, one person facilitating the death of another is a matter of significant public concern since it can lead to tremendous abuse, exploitation and erosion of care for the most vulnerable people among us.

Even when it is freely requested by competent persons, the choice to die by euthanasia gives dangerous public witness to the idea that there is such a thing as a 'life not worth living.' This tempts us to make this judgment about the lives of other sick, dying, disabled or elderly people in similar circumstances and take it upon ourselves to decide who should go on living and who should die. A 2010 study reported that 32% of euthanasia deaths in the Flanders region of Belgium between June and November 2007 were without explicit request; that is, they involved unknowing or unwilling victims of someone else's autonomy.²

Vulnerable people also become more susceptible to lowered self esteem and hopelessness, and risk feeling pressured into euthanasia for fear of becoming a burden to others. In 37% of deaths occurring under the Oregon assisted suicide law, concern about being a burden on family, friends and caregivers was expressed as a reason for requesting assisted suicide.³ In this way, the 'choice to die' may be experienced as a 'duty to die'. Even young people who may be suffering psychologically and emotionally may feel affirmed in their belief that they have a 'life not worth living'.

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Euthanasia: a safe legislative option?

Even if euthanasia and assisted suicide were morally acceptable in certain 'hard cases' – and they are not –, they can never be effectively

controlled by the law. Overseas experience confirms the reality of a 'slippery slope' to killing patients who are not really examples of such 'hard cases', who are not offered any real alternatives (such as good palliative care), or who make *no* free and informed request for euthanasia.

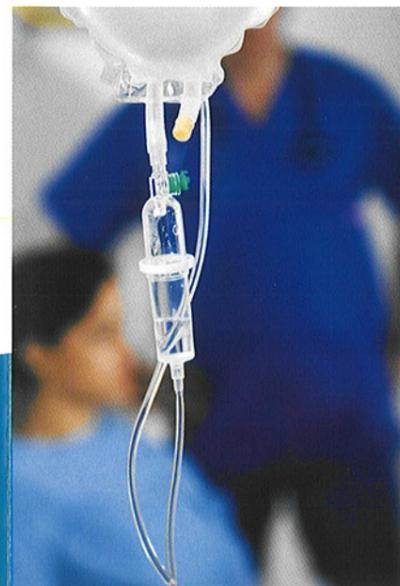
This is especially clear in the Netherlands, where euthanasia has been practised without fear of prosecution for twenty years and has been formally legal since 2002. At the outset, medically assisted killing in the Netherlands was intended to be tightly regulated and strictly limited to terminally ill adults who were able to make a free and informed request to die. The reality is that it has been practically impossible to frame and enforce safeguards restricting euthanasia to such situations. Indeed, "Dutch doctors have gone from killing the terminally ill who asked for it, to killing the chronically ill who ask for it, to killing the depressed who had no physical illness who ask for it, to killing newborn babies because they have birth defects, even though, by definition, they cannot ask for it".⁴

Logically, if euthanasia is permitted out of mercy, it should also be extended to suffering people who are unable to make a free and informed request to die, including babies and children, people with intellectual disabilities or mental illness, or the unconscious. Two official surveys of end of life practices in the Netherlands in 1995 and 2001 found that 9% of all neonatal deaths followed the administration of drugs with the explicit aim of hastening death.⁵ The most recent official survey found that 550 people died by euthanasia during 2005 *without* explicit request (0.4% of all deaths).⁶

Euthanasia: modern healthcare?

Once doctors become guardians of death, as well as life, they can no longer promise *always* to protect and promote the life and health of their patients. The goals of medicine then become not only life, health, and comfort, but also death. When that happens, trust in healthcare institutions and professionals is irreparably damaged, to a point where some people enter hospital fearful that they might be put to death against their will.

The euthanasia lobby often argues that doctors are already covertly practising euthanasia, often by administering large doses of pain-killers to dying patients, and that legislation is needed to regulate their practice and prevent abuses from occurring. However, there is a real difference, both ethically and legally, between intending pain relief and intending death. Doctors occasionally foresee that giving increasing doses of pain-killers or sedatives to comfort a patient may also have the side effect of shortening that patient's life. But where the intention is to relieve suffering and not to



hasten death, these doctors are *not* performing euthanasia.

Even if some doctors do practise euthanasia illegally, there is nothing to be gained by bringing euthanasia 'out into the open'. If some doctors are already breaking the law, why would we expect them to have the integrity to observe safeguards and follow regulations if euthanasia were legalised? Again, overseas experience is compelling. In Flanders, only one out of two actual cases of euthanasia is reported to and reviewed by the Federal Control and Evaluation Committee, as prescribed by their euthanasia legislation.⁷ The assisted suicide statute in Oregon requires doctors who suspect that a person is not of sound mind, or is possibly under some form of duress, to obtain a certificate from a psychiatrist before being allowed to proceed with assisted suicide. In the first year of the Oregon assisted suicide law, 11 of 24 people were sent for a psychiatric assessment. In 2009, not one of the 59 people who died by assisted suicide was sent for a psychiatric assessment.⁸

Euthanasia's corrupting effect also extends to other healthcare professionals. Belgium's law on euthanasia allows only physicians to perform the act. However a 2010 study found that the life-ending drugs were administered by a nurse in 12% of the cases of euthanasia, and in a massive 45% of the cases of assisted death without an explicit request. In both types of assisted death the nurses acted on the physician's orders, but mostly in the physician's absence, and clearly beyond the legal margins of their profession.⁹

Euthanasia: A symptom of the culture of death.

The push for the legalisation of euthanasia is largely a Western and modern phenomenon. In the encyclical *The Gospel of Life*, Pope John Paul II attributes this to a cultural climate which fails to perceive any meaning or value in suffering and where a certain Promethean attitude leads people to think that they can control life and death. Third party motives range from misguided pity at the sight of another's suffering to utilitarian ends of 'avoiding costs' (cf. n. 15). There are already instances in Oregon where patients have been told by their health insurance provider that a costly drug prescribed by a doctor to treat the patient's illness would not be covered by their insurance whereas inexpensive lethal drugs for assisted suicide would be covered.¹⁰

Pope John Paul II describes the situation in graphic terms: "Here we are faced with one of the more alarming symptoms of the 'culture of death', which is advancing above all in prosperous societies, marked by an attitude of excessive preoccupation with efficiency and which sees the growing number of elderly and disabled people as intolerable and too burdensome. These people are very often isolated by their families and by society, which are organised almost exclusively on the basis of criteria of productive efficiency, according to which a hopelessly impaired life no longer has any value" (*The Gospel of Life*, n. 64).

Once society decides that a 'little bit of killing' is the solution to suffering and despair, and makes euthanasia a legally available 'service', the 'culture of death' advances even further. To be sure, the number of euthanasia deaths in the Netherlands has significantly increased on a yearly basis over the years: in 2009 there were 2636 reported euthanasia deaths, a 45% increase over 2003.¹¹

In stark contrast to this approach to suffering and dying, the 'culture of life' affirms and protects the inherent value of every human life. It is also grounded on the understanding that we simply *do not have* absolute dominion over the gift of life. The exact time and circumstances of death are not ours to choose, for ourselves or for others.

In the words of the *Catechism of the Catholic Church*, "Human life is sacred because from its beginning it involves the creative action of God and it remains for ever in a special relationship with the Creator, who is its sole end. God alone is the Lord of life from its beginning until its end" (n. 2258).