

Euthanasia and the abandonment of life

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Euthanasia, that is the act of deliberately ending the life of a patient, even at the patient's own request or at the request of close relatives, is unethical. This does not prevent the physician from respecting the desire of a patient to allow the natural process of death to follow its course in the terminal phase of sickness. *[Adopted by the 39th World Medical Assembly, Madrid, Spain, October 1987]*

Until last week, most of Australians would not have heard of Dr John Elliott. Last Thursday, Dr Elliott took his life. He was 79 years old, suffering a terminal condition called multiple myeloma, was experiencing severe pain, and had been cared for by his wife for the previous seven years.

As he and his wife faced his death together, they took some steps to gain greater control of the process. Current Australian law does not allow euthanasia or assisted suicide, but the Elliotts knew that assisted suicide is allowed in Switzerland. Euthanasia is not legal there, but a 1942 law allows one person to help another to commit suicide, provided he or she does so for altruistic reasons.

They consulted a Swiss company, Dignitas, which helps facilitate the assisted suicide of terminally ill people and after the necessary preparations, travelled to Zurich with euthanasia campaigner Philip Nitschke and his partner Fiona Stewart.

On Thursday morning, after providing a statement, signing documents, and with a video camera rolling for legal reasons, Dr Elliott drank a small cup of a lethal substance. His wife, a nurse and social worker were present, and within fifteen minutes Dr Elliott was dead.

It may be worth revisiting some definitions. People disagree about the terms used, but the following are taken from an Australian Medical Association publication (which in turn cites a UK House of Lords report):

Euthanasia: 'A deliberate intervention undertaken with the express intention of ending a life to relieve intractable suffering.'

Assisted Suicide: 'The term we use when a competent patient has formed a desire to end his or her life but requires help to perform the act, perhaps because of physical disability. When the help requested is given by a doctor, the act is called physician-assisted suicide. A common form of assistance might be providing a lethal dose of a drug for the patient to swallow.'

Terminal Illness: 'An illness which is inevitably progressive, the effects of which cannot be reversed by treatment (although treatment may be successful in relieving symptoms temporarily) and which will inevitably result in death within a few months at most.'

What are we to make of Dr Elliott's decision and the motives of those who supported and assisted him?

Opponents of euthanasia and assisted suicide need to answer two very real concerns. The first is that we are somehow heartless: in our defence of an ideological position, we are blind and deaf to the immensity of pain and suffering experienced by the terminally ill. The second is that we are meddlesome: we are telling someone how to live their life by telling them how to die their death, and are denying desires that are not ours to deny.

Those two concerns arise from the logic of modern liberalism, the dominant thought-form in our culture. Liberalism, which in some respects has delivered very great benefits to the modern West, stresses the autonomy of each individual to decide about themselves for themselves, whether or not those around them think they are misguided. It also stresses the moral imperative upon each member of society not to harm others and to minimise human suffering. Both of these emphases come together in impassioned calls to allow both euthanasia and assisted suicide.

Christian arguments against euthanasia usually include and often rely upon the prerogative of God alone to take life. Many reply that since we don't all believe in God, such an argument is unhelpful and irrelevant. The arguments for and against then stall at this impasse. But perhaps there is a better way to get at the Christian position.

The God in whom Christians believe invents, sustains and protects the capacity for human social relationships and communities. His command not to murder represents a boundary condition that must not be crossed if relationships and communities are to prosper peacefully. (This is why it is not a contradiction for Christians sometimes sadly to allow killing in war, when it is understood that killing is only justified when it is the only means remaining to restrain aggression and to stop injustice, and done with a view to ending the war so that a peaceful community can be rebuilt.)

When it comes to euthanasia and assisted suicide, the liberal emphasis upon the autonomy of the individual has lost its usefulness and been blown out of proportion, because it forgets the way whole networks of people become implicated in the practice.

- The Swiss law allows assisted suicide for 'altruistic reasons'. But can anyone be assured, over time, that such reasons won't become blended with selfish and greedy reasons? (If a person who wants to die is unpleasant and mean, am I being totally altruistic to assist them?) (If I am fed up with the difficulty, sadness and loneliness of caring for an ill person, am I assisting them to die for his or her sake, or for myself?) (What if I am truly compassionate, and am trying not to be motivated by the knowledge that I am also a beneficiary to the sick person's will?)
- Proponents of euthanasia often appeal to their wish for the sick person 'not to be a burden upon' their carers. But why is caring a burden? Perhaps, after a lifetime of helping and serving the people around us in various ways, it is right for us all to look forward to a time when we are honoured, even in our helplessness, by the care of others. But if a practice of euthanasia becomes well-established, societies might begin to forget what it is to care, and the person who asks *not* to be euthanased will become 'immoral' by creating a 'burden' for others.
- The logic of euthanasia and assisted suicide assumes that people reach a point where their helplessness so reduces their usefulness that the sick person can have no respect for themselves. But this dangerous trajectory, which makes helplessness and 'uselessness' a moral problem, must entail that eventually, people will be judged to have a 'use by' date. Even where euthanasia or assisted suicide is technically a free and autonomous choice, the people around a sick person may send subtle signals that the sick person's time is up. As the Archbishop of Canterbury put it in the UK House of Lords, to specify conditions under which life may be ended –
 - ... is to say that certain kinds of human life are not worth living. As soon as this is publicly granted, we put at risk the security of all who experience such conditions.
- It is very, very hard to imagine how habits of health care and of supporting life can co-exist alongside the practice of euthanasia in a health care institution. In practice, health care teams will develop an ethos in one direction or another, and at an infrastructural level, we will end up having hospitals whose policy is to euthanase, hospitals whose policy is not to, and acrimonious funding disputes between these two parallel systems.
- Such law could easily breed a certain callousness toward despairing people to whom we would normally reach out to help and support. Peter Hobbs, a UK man who watched the course of his terminally ill wife's moods, wrote:

I have a real concern that those whose moods are altered by their treatment, as Caroline's was, could, instead of receiving treatment to alleviate depression, simply be allowed to drift into a state where they decide to take their own lives.

In a way, it is easy to see Dr Elliott as courageous. He is perhaps an example of what one euthanasia advocate describes as 'a small but significant number of determined patients, generally having strong personalities and a history of being in control, who are unlikely to be deflected from their wish to end their lives'. But a society is not an individual writ large. We must not confuse the societal impact of euthanasia with the discussions that surround the few maverick individuals that currently choose it.

Australians obviously deeply agree that it is good to allow autonomy, and to minimise suffering—yet have consistently balked at legalisation for euthanasia. Why might this be? Perhaps it is because they are convinced that while autonomy and the minimisation of suffering has an extremely important place, there also remains great wisdom in retaining the boundary condition that Christians believe God has set in place. For even those who don't believe in God have some sense of what a society might begin to look like, once humans are allowed an active power of death over others.

The Australian Association for Hospice and Palliative Care describes their kind of palliative care as 'a concept of care which provides coordinated medical, nursing and allied services for people who are terminally ill, delivered where possible in the environment of the person's choice, and which provides physical, psychological, emotional and spiritual support for patients and for patients families and friends.' It 'includes grief and bereavement support for the family and other carers during the life of the patient, and continuing after death.' Here is an alternative approach to sickness and death that understands the way a sick person is still a part of a community, and that we do them no favour to abandon them and their life to a premature death. Palliative care deserves our fullest support, funding and imagination about how to make it the best way.

Federal Greens Senator Bob Brown plans to introduce a private members bill to legalise euthanasia in early February. It would be good to write to the Senators in your state and perhaps to your local member, urging them not to take the logic of liberalism in directions it was never designed to go.

*Andrew Cameron, Tracy Nodder and Lisa Watts,
for the Social Issues Executive, Diocese of Sydney*

Sources/Further Reading:

Button, James, "The Last Goodbye", *Sydney Morning Herald*, 26 January 2007. Online: <http://www.smh.com.au/news/world/the-last-goodbye/2007/01/26/1169788693523.html>

Maley, Jacqueline, "Farewell, Sweet Old World", *The Age*, 29 January 2007. Online: <http://www.theage.com.au/news/in-depth/farewell-sweet-old-world/2007/01/28/1169919208275.html?page=fullpage#contentSwap2>

'House of Lords (Session 1993-94), *Report of the Select Committee on Medical Ethics, Volume I*' cited in *Care of Severely and Terminally Ill Patients – Position Statement*, Australian Medical Association 1997. Online: <http://www.ama.com.au/web.nsf/doc/SHED-5FK3DZ>

Brown Confident of Euthanasia Support, *Sydney Morning Herald*, 30 January 2007. Online: <http://www.smh.com.au/news/National/Brown-confident-of-euthanasia-support/2007/01/30/1169919313344.html>

'House of Lords: Official Report,' *Hansard* (UK) Vol. 681 No. 154 12 May 2006. Online: <http://www.publications.parliament.uk/pa/ld199697/ldhansrd/pdvn/lds06/index/60512-x.htm>

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