Why not euthanasia?

Arguments in favor of euthanasia are deceptively simple, generally playing on our emotions and sense of fair play. On closer inspection, however, all of these arguments have major flaws. Here are a few of them.

**Euthanasia for uncontrolled pain?**

The Chapple Bill proposes euthanasia for any person who has a terminal illness and who is experiencing considerable pain, suffering or debilitation related to that illness.

The Bill is using out-dated information. Pain control specialists today state clearly that there is no such thing as intractable pain: all patients, in the right hands, can be kept comfortable if the best of contemporary medical science is applied.

There are simply no objective medical reasons to permit euthanasia.

**Euthanasia for dignity?**

Other arguments for euthanasia revolve around more subjective issues, such as the person’s perceived loss of dignity as they age or become less able to look after their own needs.

Harvey Chochinov’s research shows that the desire to recapture dignity can be fulfilled in other ways. A strategic psychosocial intervention known as ‘dignity therapy’ trialed in Canada and in Perth WA in 2005 showed that in most cases when patients are offered better and more targeted palliative care, the desire for death quickly disappears.

If the person really seeks dignity, we should offer them dignity, not death.

**Euthanasia: a personal choice?**

Some say that if I want to make a personal choice for euthanasia, I should have legal access to it. Personal freedom is one of the hallmarks of our society, and denying me the right to euthanasia is a denial of my personal freedom.

There are strong arguments against this proposition.

First: euthanasia is not a purely personal choice, because by definition it requires at least one other person to assist and a social commitment not to prosecute those who do assist.

Euthanasia is always a social act. A law permitting euthanasia would commit us, our whole society, to allow doctors to kill rather than cure. So the effect of such a law goes far beyond the individual and his or her personal choice - it flows over to affect our whole society, the medical community in particular.

Second, we do not routinely change laws that bring social benefit to all citizens simply in order to fulfill the autonomous aspirations of a few. For example, we do not change speed restrictions on the roads just because a few people wish to drive faster.

This is especially true because a few people driving faster would inevitably put others at risk. It is incontestable that laws permitting euthanasia inevitably put innocent people at grave risk. The Dutch experience proves beyond any doubt that there are very great risks in permitting euthanasia, including evidence that some of the legal checks and balances are simply ignored, and that it quickly ceases to be a purely voluntary matter.

Euthanasia is never a personal choice. It always exposes others to very grave risk.

A ‘right’ to euthanasia?

Shouldn’t I have the right to choose euthanasia if I want to? Don’t I have the right to dispose of myself as I wish?

In practice, anyone can dispose of themselves - i.e. commit suicide - but we have a law against assisting in suicide. Why is that? Because such a law could so easily be abused: it can be very difficult to tell the difference between ‘murder’ and ‘suicide’ once the only other material witness, the victim, has died.
Laws against assisting suicide protect all of us, and so do laws against euthanasia. Laws permitting either assisted suicide or euthanasia would open up many opportunities for abuse.

**Don’t most of us want euthanasia?**

One of the most emotive arguments made for euthanasia is that it is simply democratic: it is claimed that opinion polls consistently show that 80% of the population want access to euthanasia.

**This claim is demonstrably false.**

First, no reputable researcher would agree that a simple opinion poll can cater for complex social questions such as euthanasia. Opinion polls are fine for one-dimensional issues (‘do you vote Labor or Liberal?’), but they are manifestly incapable of managing more complex social issues.

In order to be reliable, genuine research has to ‘control for’ (take into consideration) any variables that could ‘confound’ or confuse the potential results. If many people are confused over what euthanasia actually is, and most are not aware of the extent of abuse in countries that permit euthanasia, can the results of a simplistic poll really be trusted?

Second, opinion polls are notoriously easy to manipulate, simply by asking a question in a particular way. For example, euthanasia advocates in New South Wales posed this question in a 2009 opinion poll:

> If a hopelessly ill patient, experiencing unrelievable suffering, with absolutely no chance of recovering, asks for a lethal dose, should a doctor be allowed to provide a lethal dose, or not?

Simply by making the answer ‘no’ seem manifestly cruel and unreasonable, the question leads you down a one-way street to an obvious ‘yes’, which is the preferred answer. The sponsors of this poll want you to ignore the fact that some incredibly complex medical, social and personal issues have been reduced to a single black-or-white question that is clearly designed to produce only one outcome.

How many of us really want euthanasia? The only truthful answer is: **no-one knows.**

**The evidence against euthanasia**

So what do we know about euthanasia? What does the experience in other countries show us?

Wherever it has been introduced throughout the world, euthanasia has proved impossible to contain or control even when accompanied by the strictest legislative safeguards.

The Dutch Government’s own 1995 study reported that 945 patients had had their lives ended **without their explicit consent**, of which 37% (350 individuals) were legally competent to give consent had they been given the choice.²

Ten years later the situation had not changed: the Dutch Government’s 2005 report found that 1 in 7 patients who had been ‘euthanised’ in the previous year had not given explicit consent.³

Dutch laws impose much stricter controls over euthanasia than laws proposed in the Chapple Bill, yet they have caused a radical shift in public trust in the medical professions: in 2001, 55% of Dutch citizens believed that doctors no longer have the right to refuse requests for euthanasia,⁴ while doctors themselves report suffering personal trauma from performing euthanasia.⁵

The Dutch themselves admit that 20% of cases of euthanasia go unreported.⁶ No wonder one writer believes that ‘this is a system out of control’.⁷

**There is no reason to believe that outcomes would be any different in this State.**

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