The Facts on Euthanasia

The Parliament of Western Australia is considering a law to permit euthanasia. Many people are confused about what ‘euthanasia’ actually means. This Fact Sheet describes what euthanasia really is - and what it is not.

What euthanasia is not

The experience of serious illness can be quite complex and confusing, leaving us unsure about the right and ethical thing to do. It is important to know that some life-and-death decisions, while they may cause us concern, have nothing to do with euthanasia - they are simply good medical practice.

The reasonable refusal of treatment

• We have a responsibility to take reasonable care of our own life and health. But in some cases a suggested medical treatment may not offer me great benefit, or I may judge it to be overly burdensome. This is more likely to occur in the final stages of a very serious or chronic illness.

• Everyone has a legal right to decide which medical treatments they will and will not receive. No doctor or hospital can force me to accept a treatment against my will.

• Since no-one can be obliged to do what is futile or to endure what is unreasonable, I have the moral right to refuse any medical treatment if I judge it to offer me no reasonable benefit or to be overly burdensome.

• Refusal in this case is legally and ethically justifiable even if death occurs. Reasonable refusal is not euthanasia.

Palliative care

• Doctors have a duty to offer every reasonable means to relieve pain and other symptoms. The aim is to leave patients well enough to conduct the business of their lives.

• The science of pain and symptom relief is always advancing. These days a patient in expert hands can often be kept pain free almost indefinitely. Even in very serious cases when pain can sometimes ‘break through’, treatments can usually be adjusted to restore an acceptable level of comfort.

• Good palliative care is about enabling a person to live well even if there is no cure for their illness. It provides all necessary medical treatments as well as many other forms of non-medical care. When death eventually does occur, it occurs because of the illness. Palliative care is not about euthanasia.

Wanting to die

• In very old age or the final stages of chronic illness it is not unusual that a person may express a wish to die. They may feel that age or illness has reduced their dignity, and death seems the only way out.

• It is important to recognize this for what it is: a desire to have dignity restored. It is not a desire for death or euthanasia, yet euthanasia is often promoted as ‘the only answer’.

• Medical research consistently shows that when these patients are offered specific ‘dignity therapy’, the desire for death usually disappears.¹

What euthanasia is

‘Euthanasia’ describes any deliberate action or omission which both of itself and by intention causes a person to die in order that in this way their suffering may be ended.

It is important to be very clear. ‘Euthanasia’ occurs only when one person both directly intends to end the other person’s life, and performs or omits some action which itself kills that person.

For example, a patient wants to end his suffering, so he asks his doctor for euthanasia. The doctor, fully intending to end the patient’s life, gives him a lethal injection - and the patient dies.

Euthanasia occurs when both the doctor’s intention and the action he takes aim directly at the patient’s death, and actually cause death to occur.
Euthanasia: not a medical choice

- Some say euthanasia is about pain control: a doctor should be able to kill patients who consider their suffering to be intolerable.
- Good medical care aims to heal and to relieve symptoms of illness. Euthanasia aims only to kill. Euthanasia is never good medical care.
- There are simply no medical grounds to justify euthanasia.

Euthanasia: not a personal choice

- Supporters of euthanasia say that this option should be freely available to anyone who, for whatever reason and regardless of their state of health, wishes to determine the time and manner of their own death.
- Australia already has a very high rate of suicide: 1 in 10,000 annually. Far from addressing a national tragedy, legalised euthanasia will only serve to increase this rate substantially.
- In fact, euthanasia is never a purely personal matter: by definition it requires someone else (usually a doctor) to assist. A law authorizing euthanasia would commit the medical profession and our whole society to the path of killing rather than caring. No wonder almost all medical associations around the world reject euthanasia as ‘fundamentally incompatible with the physician’s role as healer’.

Euthanasia: not a voluntary choice

- The argument that euthanasia will always remain strictly voluntary is false. Even in the Netherlands - which has a much stricter euthanasia law than the one proposed for WA - the Government’s own study found that ‘termination of life without request of the patient’ has become more or less routine.
- In every country to have legalised it so far, euthanasia has proved to be ‘difficult or impossible to control’. The elderly, chronically ill and vulnerable always come under threat. In practice, euthanasia never remains ‘purely voluntary’.

The laws proposed for WA are weak and poorly conceived. They would offer even less protection than the Dutch laws, which have never been able to control the practice of euthanasia. They are not the answer we need.

There is a better way

What we need is dignity care for all people at all times.
• We need better access to compassionate, coordinated, state-of-the-art acute and palliative care, both at home and in dedicated facilities.
• We need a better planned and resourced aged-care sector, and more options for those with disabilities.
• We need medical professionals, administrators and legislators to truly respect the dignity of each and every human being at every stage of life.

The proposed laws on euthanasia will not address our real needs. They will provide no help whatever for the sick, the aged, the disabled or the dying.

They would commit our health care system, our resources and our society as a whole to the path of killing rather than caring.

We reject euthanasia as an option.

We call on our legislators to ensure that excellence, care and compassion continue to be the hallmarks of the health professions and of our healthcare system.

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