

Killing Me Softly

Should Euthanasia Be Legalised?
by Professor Rex Ahdar

Report to Family First New Zealand 2014



Executive Summary

1. Voluntary euthanasia (VE) is the act of intentionally and directly causing the death of a patient, at the request of the patient, with the intention of relieving intractable suffering. It is illegal, as is physician-assisted suicide (PAS). The administration of drugs with the intention to relieve pain, but with the effect of shortening the life of the patient (the “double effect” principle), is lawful. Withdrawal of life-preserving medical treatment is also lawful where the ongoing treatment is, according to the best medical opinion, futile and burdensome. Neither of these situations constitutes euthanasia.

2. One of either VE or PAS has been legalised in only a small handful of nations: the Netherlands, Belgium, Luxembourg and Switzerland, as well as four US states – Oregon, Washington, Montana and Vermont. New Zealand has had two unsuccessful attempts to introduce VE and the third and most recent one, the End of Life Choice Bill sponsored by Labour MP Maryan Street, was withdrawn from the private member’s bill ballot in 2013. It is almost certain to resurface after the 2014 General Election.

3. The potential for abuse and flouting of procedural safeguards is a strong argument against legalisation. A very small percentage of *all* deaths in the Netherlands and Belgium were cases of euthanasia implemented *without* the patient’s request (i.e., *involuntary* euthanasia). But as a percentage of *terminated* deaths, through euthanasia or assisted suicide, the figure is more alarming. A recent study found that 32 percent of all physician-assisted deaths in the Flemish region of Belgium in 2007 were done without an explicit request from the patient (Chambaere: 2010). The requirement to report euthanasia has not been fully complied with in those nations either.

4. Is there a “slippery slope” whereby VE gradually gets extended to other, less acceptable, situations? There is some empirical evidence from those nations that have authorised VE that the availability and application of euthanasia does expand to situations initially ruled out as beyond the pale. So, for example, euthanasia has been extended to enable minors to avail themselves of it (albeit with parental consent) in the Netherlands and, most recently, Belgium. Interestingly, Labour MP Maryan Street has commented: “Application for children with terminal illness was a bridge too far in my view at this time. That might be something that may happen in the future, but not now” (Fleming 2013).

5. Procedural safeguards that require the patient’s consent look convincing in theory. The Street bill has a raft of mandatory conditions, vetting processes and reporting duties. But in practice such safeguards can only go so far. Coercion is subtle. The everyday reality is that terminally ill people *and* those afflicted with non-terminal but irreversible and unbearable physical or mental conditions are vulnerable to self-imposed pressure. They will come to feel it (euthanasia) would be “the right thing to do”, they have “had a good innings”, they do not want to be “burden” to their nearest and dearest.

6. Simply offering the possibility of VE or PAS shifts the burden of proof, so that patients must ask themselves why they are not availing themselves of it. Society’s offer of an easy death communicates the message to certain embattled and hurting patients that they *may* continue to live if they wish, but the rest of us

have no strong interest in their survival. Indeed, once the choice of a quick and painless death is officially accepted as rational, resistance to this choice may be seen as stubborn, eccentric or even selfish.



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7. The highest appellate courts in the United States, Canada, the United Kingdom and Ireland, as well as the European Court of Human Rights, have upheld the current criminal laws in each jurisdiction that declare VE and PAS to be unlawful.

8. Opinion polls in New Zealand have been consistent: the majority support the legalisation of VE and PAS. But the questions asked have sometimes been misleading in that they conflate the “double effect” principle and withdrawal of treatment situations (which are currently lawful) with euthanasia. More importantly, however, while the public’s views are always important in a liberal democracy, key social policy ought not to be determined by such polls alone.

9. The majority of the medical profession and national medical associations around the world have been resolutely against the introduction of VE or PAS. The role of the doctor would be, at times, irrevocably changed from healer to killer, from caring professional who saves lives to one who takes them. “Therapeutic killing” would have arrived. Inevitably, patient trust would be eroded.

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About the Author

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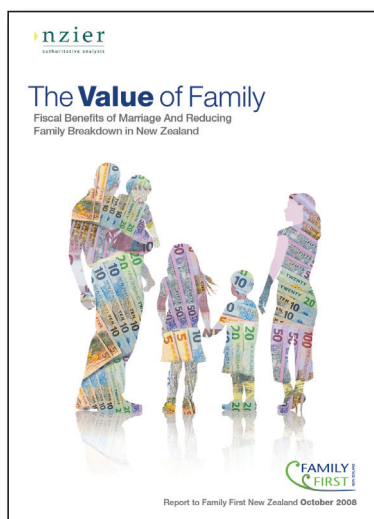
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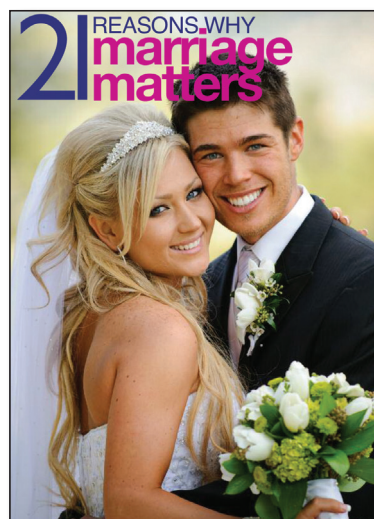
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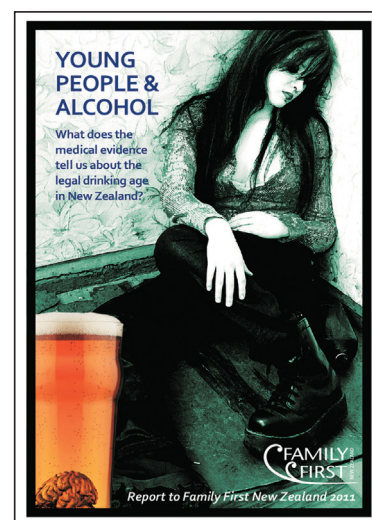
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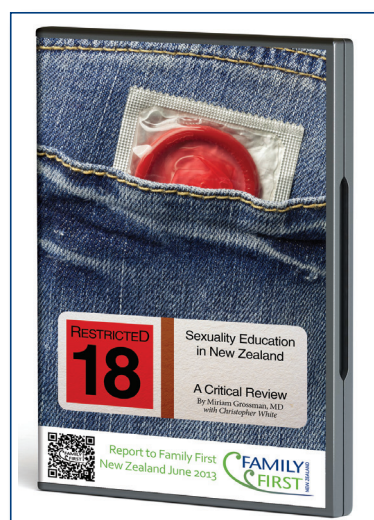
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