

Killing us Softly....

With apologies to Roberta Flack

Legalised euthanasia: the ultimate
wolf in sheep's clothing.

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End of Life choice Bill

Would allow a person to receive medical assistance to end his or her life (a euphemism for euthanasia or assisted suicide) if he or she:

- Is mentally competent
- Suffers from either a terminal disease or other medical condition likely to end his or her life within 12 months OR
- Suffers (from) an “irreversible physical or mental medical condition that, in the person’s view, renders his or her life unbearable.”

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Definitions.

- Euthanasia ~ ‘a good death.’ In practice = using a procedure with the deliberate intention of terminating a persons’ life as soon as possible.
- Physician Assisted Suicide = Assistance to commit Suicide

Both currently illegal

(Committing suicide is not illegal in New Zealand)

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What euthanasia is not :

- withholding or withdrawing technological support or medication that is not accomplishing anything useful.
- Death that may incidentally occur when medication is administered for the relief of symptoms. (Rule of 'double effect').

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- Advocates of euthanasia are desperate to confuse the public (and doctors) as to what is and is not euthanasia.
- They are doing their best to: (1) convince the community that euthanasia is widely practiced in the NZ health service, and (2) that there is no moral difference between 'letting die' and deliberate killing.
- ***THEY ARE WRONG ON BOTH COUNTS.***

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- The factor that is crucial to deciding whether the act of administering a drug capable of both symptom relief and causing death is for the relief of suffering by medical means or the relief of suffering by euthanasia is....

the intent of the physician, not the end-point of death.

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The proportionate dose principle.

- In palliative care, potentially lethal drugs are used in doses proportionate to the symptoms purely and simply for the relief of symptoms.

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- Although the death of a patient may be *foreseen as a possibility* when symptom-relieving medication is administered, opponents of euthanasia deny that there is any moral category of “*partial* intent to terminate a patient’s life” as pro-euthanasia activists argue in a further attempt to confuse what is and what is not euthanasia.

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- **Reasons why people request E / PAS**
- In the past it was for the relief of poorly controlled pain suffered by people with terminal disease . Pro-euthanasia activists continue to tout this reason because it clearly has emotive overtones and creates fear.

But is it still the case?

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- Oregon Public Health Division annual report on Death with Dignity Act 2012 reveals that the main reasons for requesting PAS were:
- **Losing autonomy (93.5%)**
- **Losing ability to engage in enjoyable activities: (92.2%)**
- **Loss of dignity (77.9%)**
- **Becoming a burden to others (57.1%)**
- **Losing control of bodily functions (35.1%)**
- **Inadequate pain control *or fear thereof*: (29.9%) (Note how these are lumped together)**

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- ***“Pain is not the main reason we want to die. It’s the indignity. It’s the inability to get out of bed and go to the toilet....”***

(Janet Good a co-worker of Dr. Jack Kevorkian reported in The Washington Post, August 11th. 1996)

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- ***“There is not one instance in Oregon of assisted suicide being used for actual untreatable pain.”***

Testimony by Professor K.R. Stevens, Oregon Health and Science University, Portland, Oregon, to a British House of Lords Select Committee 14 June 2005.

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Reasons why people request E / PAS

The main reasons can be summed up in one word:

fear:

- Fear of the future (Belgian twins)
- Fear of being a 'burden'- elderly and disabled people are most susceptible
- Fear of being 'kept alive by technological means'.
- Fear of uncontrollable pain.

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Other reasons why people request E / PAS include:

- Loneliness
- ‘Right’ to exercise choice / exercise autonomy
- Desire to die with ‘dignity’
- Depression
- Inability to mobilise and enjoy physicality.

Euthanasia and PAS have moved from being an intervention of last resort to becoming a panacea for all sorts of social ills at the risk of trivialising death.

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A question:

- ***Do we really believe that the appropriate way to treat loneliness, depression, fear and mobility problems is by euthanasing the individual?***
- ***Some clearly do.***

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**The clause that makes the proposed NZ Bill
very radical.**

It allows applications for termination of life to anyone who:

- ***Suffers (from) an “irreversible physical or mental medical condition that, in the person’s view, renders his or her life unbearable.”***

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- This definition is so wide and so undefinable that it would fit most chronic conditions that are not terminal including depression, schizophrenia, Parkinson's disease, loneliness, ageing, early and moderate dementia, emphysema and bronchitis, asthma etc. etc.: maybe even being crossed in love?

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A question.

Why would we want to kill people whose primary need is for good therapy, care and support?

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Answer:

- **Because in The West we have lost a sense of family and community leading to isolation, neglect, loneliness and fear on the part of the vulnerable, making Euthanasia an attractive option.**
- **Because we no longer espouse the Biblical injunction to “bear one another’s burdens.”**

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Another factor

- **Because our materialistic and consumer-driven society no longer sees anything unique in human beings as such, treats people as if they were commodities and respects only those who can make an economic contribution to society. The rest are economic burdens unworthy of respect, and disposable.**

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Another factor.

- **The modern foundation of ethical theory is *autonomy*. It's all about me and my intense desire to control my life – including how it will end. There is no concern for the 'common good' including for example the prospect that legalising euthanasia for a few will have a serious impact on a large segment of society.**

It's all about me: the rise of narcissism. Joanne Black, The Listener, 19 May 2012

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Another answer

- **With the loss of religious belief with its promise of life hereafter,, this life is all there is. Hence the widespread interest in the extension of life (immortality). How will that be achieved? By science. And while immortality eludes us, we can create the illusion that death is optional. Where do we look for that? To science – via the lethal injection.**

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Reasons for opposing legalisation.

1. **Public safety:** The Right to die becomes a Duty to die.

Example: Sunday Star Times May 6th. 2012 report of a study by VES member and ethicist Dr. Phillipa Malpas:

“Unselfish Kiwis back Euthanasia.”

By implication those who reject euthanasia are the selfish ones. How much pressure does that put on an ageing person?

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- **Reasons for opposing legalisation.**

Another example. NZ Herald Jan 17, 2012 p.A11

Statement by Dame Jenny Gibbs.

She is promoting the cause of euthanasia because “It’s simply dreadful the amount of money being spent to keep the old generation going to these extraordinary ages...in the end, I believe the economic realities will decree that countries won’t be able to afford all these people aged 100.”

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Reasons for opposing legalisation.

2. It puts pressure on old people – and people with disabilities - who are made to feel themselves to be burdensome, to request it.

“We feel our lives threatened...We realise that we cost the community a lot...Many people think we are useless...Often we notice that we are being talked into desiring death...We will find it extremely frightening if the new medical legislation includes euthanasia.”

(Letter to Dutch parliament by group representing disabled people, 1990.)

- **Age Concern fields on average 4 complaints of elder abuse each day.**

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Reasons for opposing legalisation.

3. Autonomy is not an over-riding ethical principle despite claims to the contrary.

In exercising their independence, every citizen, without exception, must have regard to the sensibilities and rights of others in the community.

‘No man is an island unto himself....’ John Donne, 1572 – 1631.

In this case, changing the law for a few people will put countless others at risk.

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Reasons for opposing legalisation.

4. Abuse by some health professionals.

Belgian study: 32% of reported assisted deaths done without explicit consent or request.

C.M.A.J. 2010, vol. 182:.895 - 901.

Dutch study: In 2010, 0.2% of a random sample of 6861 deaths, were by euthanasia without explicit request. This would extrapolate out to >340 of all deaths. (Lancet on line July 11, 2012)

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Reasons for opposing legalisation.

4. Abuse by some health professionals.(cont.)

Despite being legally obliged to report them, a Belgian study showed that 47% of deaths due to euthanasia in 2010 were not reported, while a Dutch study showed that 23% of cases of euthanasia in 2005 were not reported.

If these deaths are morally acceptable, why try to hide them?

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Reasons for opposing legalisation.

5. The impossibility of limiting its application

Two 'slippery slopes'.

1. Doctors and nurses increasingly bold to make unilateral decisions about QOL and administer euthanasia in the absence of patient request.
2. Legislators with the connivance of doctors, continually increasing the range of conditions for which it is legal.

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Reasons for opposing legalisation.

6. Health staff will have conflicts of duty.

“Doctors helping patients kill themselves as part of therapy results in distorted clinical thinking and...fewer efforts by the doctor to find a solution to the patient’s distress.”

(Professor K. R. Stevens MD of Portland Oregon in a submission to the British House of Lords Select Committee 14.06.2005.)

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Reasons for opposing legalisation.

7. Wrong option /diagnostic and prognostic errors.

Both diagnosis and prognosis are matters of probability, not certainty. There is no question that people will be killed who either do not have the terminal disease they think they have or who outlive their prognosis by years: it has happened already.

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Reasons for opposing legalisation.

8. Dying with dignity is not the prerogative of death by euthanasia.

- Dignity is conferred on us by others.
- It's hardly dignified when your family thinks you should be 'put down' like a pet dog.
- Studies show that rates of complications of euthanasia including epileptic fits, intractable vomiting, and waking up not-dead run between 7 and 30%.
- (Groenewoud J. et al New England J . Med. 2000, 342. #8): 551 – 556.)

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Reasons for opposing legalisation.

9. It will be used as a tool to reduce costs in the Health sector.

There are well documented cases in the State of Oregon in which expensive therapies have been denied funding for patients who at the same time have been offered State-funded assisted suicide.

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A question:

For whose benefit is this legislation being pushed? Patients or their relatives.?

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- The ending of a loved one's life at death is regarded by psychologists as the most intensely stressful process a person can experience. No wonder St. Paul called death 'the last enemy.' Some deaths are inspiring, others are heart-rending. It is degrading to advocate that killing dying people is exercising compassion towards them. There has got to be a better way of assisting the very small number of people who are subject to severe suffering than killing them and in so doing creating a serious hazard for the rest of the community.

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- There is much that friends and family can do to support the dying and those who grieve for them.
- It is by recognising their innate dignity, relieving their symptoms and providing them with total loving human support through the dying process.
- True compassion requires sacrifice: of time, money, emotions and practical helps.

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- For those who have religious faith that encompasses the concept of a faithful God; prayer, reading or hearing the Scriptures read, songs of faith, the hope of eternal life and the realisation that God may be revealed to them in a new way through suffering and sadness can give powerful support and reassurance.