

# THE EUTHANASIA DEBATE

**Brian Lewis\***

Much ink has been spilled about the issue of voluntary euthanasia and whether or not it should be legalised. Most in our society have their own opinion, often strongly favouring an end-of-life freedom to decide for oneself whether to continue living in extreme pain or to die, as it is commonly said, ‘with dignity’. The question has once again become a pressing issue with the Prime Minister bowing to pressure from the Leader of the Greens to allow debate in Parliament about restoring power to the Northern Territory Government to permit euthanasia.<sup>1</sup> The euthanasia question is now back on the agenda in the State Parliaments of both New South Wales and Victoria.<sup>2</sup> One might wonder why the haste to address this issue when there are so many issues affecting the good order and proper running of our country.

My excuse for adding to the abundant literature already available on this topic is this: if there is to be a debate in the Federal Parliament, we should be clear regarding what precisely the debate is about and what is the competence of the legislature on the



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issue. A distinction needs to be made between the morality of voluntary euthanasia on the one hand and the impact of legislation on the other.

## The Morality of Voluntary Euthanasia

I have already discussed this question on this website.<sup>3</sup> The main points are summarised here.

### 1. What Euthanasia does not mean

Euthanasia is not to be confused with refusing or foregoing treatment that is futile or disproportionately burdensome and thus not morally obligatory. The debate about euthanasia is skewed if it is identified with ‘pulling the plug’. This is not the same as euthanasia or assisted

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\* Dr Brian Lewis has lectured and written extensively on ethical issues, and a regular contributor to the websites of the Yarra Institute and Social Policy Connections..

<sup>1</sup> Anglican Melbourne Bishop Philip Huggins has expressed the concern of many Australians regarding the lack of integrity of Labor and Greens in raising the issue of voluntary euthanasia immediately after the election and not before it. See *The Age*, 21/09/10

<sup>2</sup> However, a voluntary euthanasia bill introduced by a Green member has been defeated by a substantial majority in the Western Australian Parliament. See *CathNews*, Friday, 24 September 2010

<sup>3</sup> ‘Matters of Life and Death: End of Life Decisions in Christian Tradition’, *Social Policy Connections*, [www.socialpolicyconnections.com.au/Portals/3/docs/Lewis.PRESERVING\\_HUMAN\\_LIFE.pdf](http://www.socialpolicyconnections.com.au/Portals/3/docs/Lewis.PRESERVING_HUMAN_LIFE.pdf)

suicide.<sup>4</sup> Accepted legal, medical and moral practices permit the competent patient (or the agent of an incompetent one) to weigh up in the light of the patient's personal values the benefits and burdens of treatment, and then to choose some alternative treatment or to refuse treatment altogether.

It was in this context that the phrase, 'allowing to die with dignity' was originally used. As theologian Bernard Häring stated, 'the meaning of this cessation of a no longer beneficial treatment is not killing, but removing an artificial obstacle that impedes the natural process of death... The very meaning of the action itself as well as the intention of the attending physician is not to kill or to bring life to an end, but only to remove meaningless obstacles in a senseless fight against imminent death'<sup>5</sup>.

This is the most pressing problem facing doctors today. In his letter in *The Age*, Dr. Kristin Strunk refers to this problem as 'avoiding the cruel and unnecessary prolongation of (death). "Because we can" is not a good enough reason for invasive, often painful and frequently futile intervention. I would urge people to have the conversation regarding end-of-life wishes with their loved ones before they reach the emergency department'.<sup>6</sup>



'Guardian of Time', AlicePopkorn, flickr

Some of course do not accept the distinction between killing and allowing to die. The end result may be the same, but if there were no difference between killing an innocent person and in some circumstances allowing a person to die, then every decision to forego or resist from useless or disproportionately burdensome treatment could be considered direct killing. And if that were so, then we would further grease the already slippery slope towards a general policy of euthanasia.

On the contrary, if the distinction between this decision and euthanasia were clearly grasped by the community, if it were realised that in certain situations it is not morally wrong to discontinue the use of life-sustaining tubes protruding from a patient's orifices or treatment experienced as an intrusion upon one's dignity as a person, it seems to me that the thrust of the arguments advanced by the advocates of voluntary euthanasia would be greatly deflected.

In cases where patients fear that physicians or perhaps family members might prescribe treatment that they would consider useless to effect any good purpose or be excessively painful and burdensome, they should be encouraged to make known their wishes while they are still able to do so. This procedure is often called 'a living will', which communicates the patient's will and conviction about the kind of treatment considered beneficial or not, even if it is a question of life and death. In this way

<sup>4</sup> See 'Matters of Life and Death', pp. 6 and 7

<sup>5</sup> Bernard Häring, *Free and Faithful in Christ* (Sydney: St. Paul Publications: 1979), Vol. 3, p.104

<sup>6</sup> *The Age*, 28/09/10

the person's intention to be a participant with the physician and one's family in the final decision is made clear.<sup>7</sup>

## 2. What Euthanasia does mean

In the current debate, voluntary euthanasia (literally, 'a good death') means the deliberate intervention at the request of a terminally ill patient by a second person with the intention of causing the death of that person. This is commonly brought about by lethal injection or by drugs. Physician-assisted suicide refers to the action on the part of a physician making available to the patient the necessary information and the appropriate means to help the patient in bringing about his/her death. From the moral viewpoint assisted suicide is not essentially different from voluntary euthanasia.



*Ascension, courtesy AlicePopkorn, flickr CC*

## 3. The argument from autonomy

The main argument of the pro-euthanasia lobby is the claimed right to personal autonomy. Persons should be free to dispose of their life as they see fit, on the principle that 'it's my life. I can do with it what I want with it, without interference from government or anybody else'. This is the attitude of our current Prime Minister and of many politicians. When the intensity and inevitability of personal pain and loss of personal dignity render life unliveable, one is morally justified in either terminating it oneself or, in the situation where one is unable to bring this about by oneself, enlisting the aid of somebody else to do so. The right of the individual person to self-determination is paramount. This is our freedom and it is absolute, according to this view.

In response, I would argue that individual autonomy is a precious human value and a fundamental human right, but it is not absolute. There are limits to our exercise of freedom simply because as individuals we are members of a

community, indeed many communities. Poet John Donne put it tellingly: 'No man is an island'. The

prevailing individualism conveniently overlooks this. We are free to make our own choices, true, but in the exercise of our freedom we have to take into account the effect of our choices on other people in our community. The choice to terminate one's life has an impact on others, not only one's family, the assisting doctor, the medical profession, but also on the wider community, especially the terminally ill and the dying. To be morally good, our individual decisions must reflect our inter-dependency.

It is not often realised that the argument from autonomy is a vicious circle. Euthanasia is morally justified, it is claimed, because one has a right to it. But one cannot have a right to something that is morally wrong. This is precisely what has to be proven, and thus far no convincing argument has yet been raised to establish that euthanasia or assisted suicide is not morally wrong.

<sup>7</sup> See R. M. Veach, 'Euthanasia and Sustaining Life', *Encyclopaedia of Bioethics*, Vol.1, (New York: Macmillan, 1978), pp. 280-282

#### 4. The argument from the inalienable value of human life

The traditional argument against euthanasia rests on the inalienable value of human life. We do not question that the right to life is the most fundamental of human rights. However, according to a long Christian tradition, which, whether we personally subscribe to it or not, shaped the lives and attitudes of the vast majority of our forebears and perhaps even our own, life is a gift, over which we have a stewardship of care and nourishment but not complete mastery. It is not in our power to reject the gift of God and assume the right to take our own life. We do not have a 'right to death'. To take our own life is direct killing of an innocent person and as such morally unacceptable.

This argument, though convincing to religious-minded people, clearly is not entirely or universally cogent, and certainly not to the advocates of euthanasia and to those for whom their life has come to be regarded as worthless and not worth living.

#### 5. The challenge of palliative care

Many arguments against euthanasia have been advanced, including the undermining of the doctor-patient relationship and the loss of confidence in the community in the medical profession.<sup>8</sup> Rational arguments are important in any debate, but no amount of reasoning will satisfy those who do not want to be convinced. The only satisfactory answer to the cry of despair and extreme pain of the terminally sick and dying is caring compassion and the effort to relieve pain on the part of those involved with them. The real challenge is the funding and perfecting of palliative care, based on the worth and dignity of every human life. One still hears of cases where such care has not been available or has been very limited. Much has been done but much more remains to be done, in hospitals and in institutions charged with the care of gravely ill inpatients.

### Legislation governing Euthanasia and assisted suicide

As regards civil legislation, the objective is not to determine the morality of any particular behaviour but to discern the stance to be adopted by the legislature when people sincerely hold different opinions. Whatever of the moral rightness or wrongness of euthanasia and assisted suicide, the focus of any debate in Parliament about euthanasia ought principally to be upon the question of legislation. The Prime Minister herself seems to recognise this. Her own intellectual opinion on the morality of euthanasia aside, she acknowledges that the difficulty of the issue facing government rests on the fact that it is 'impossible to conceive' what safeguards could be put in place to obviate the danger of abuse in the matter.<sup>9</sup>

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It cannot be reasonably denied that the legalising of voluntary euthanasia opens the door to the possibility and even the likelihood of abuse in the community. This danger can be confirmed by considering the following points.

<sup>8</sup> See my article, 'Matters of Life and Death', pp. 2 and 3

<sup>9</sup> *The Age*, 27/09/10

## 1. The duty to respect the Common Good

Protection of the common good ought to be a basic moral imperative for society as a whole, for government and for all social groups within the community, in virtue of the duty of all towards the common welfare. There is no question that as human beings we all enjoy the right to freedom and to exercise control over our lives. But, as already mentioned, the exercise of our freedom of choice is qualified by the demands of the common good. The common good is not, as some mistakenly think, opposed to our individual good. It is the sum-total of conditions of social living that enables *each person* in the community to flourish to his/her maximum potential. It embraces our individual freedoms, whether in the religious or the moral or any other sphere of our life as members of the community.

This means that the exercise of our individual freedom cannot be at the expense of the rightful freedom of other people. We enjoy the right to freedom of expression, but we cannot say whatever we like, true or false, about somebody else. We have a right to privacy, but we cannot invoke that right to conceal bomb-making equipment in our back shed. Our right to the truth does not entitle us to spy upon our neighbour's private affairs. Our freedom in its exercise is thus a limited right. This will be spelled out in the following point in regard to legislation.

## 2. The justification for legislation regarding Euthanasia

Civil laws are of their nature restrictive of individual freedom. In a democratic society such as ours, freedoms must be respected as far as possible and curtailed by the state only insofar as is necessary. This principle is deeply rooted in the long-standing tradition regarding kingship, law and jurisprudence.<sup>10</sup> As has been pointed out in the previous consideration, the first limit on the exercise



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of freedom in society stems from the moral principle of personal and social responsibility incumbent on government and all members of the community to promote the common good. Beyond this the specific role of the state is to work towards the common good by the maintenance of public order. *Public order* is the immediate end of the state and the demands of public order are the justification for the enactment of civil laws by government. Only if it is established that public order requires it, is the government, whether Federal or State, entitled to restrict individual freedom by coercive legislation. Public order is the juridical norm for any laws passed by the state in regard to euthanasia.

Public order requires not only that certain minimal standards of public morality are enforced by law, but also that the rights of all citizens are effectively safeguarded, for otherwise a peaceful society, in which people live together in a harmonious relationship, will become impossible. It seems to me that the justice requirements of public order

<sup>10</sup> I have written more extensively on this question in my article, 'Civil Legislation and the Catholic Politician', in the *Australian EJournal of Theology*, October 2006. See also Patrick Hannon, 'Morality and Law', *Christian Ethics: An Introduction* (ed. Bernard Hoose, London: Cassell, 1998).

constitute the essential criteria by which parliamentarians should assess the effect of legislation either outlawing or legalising euthanasia and assisted suicide.

The responsibility in conscience of parliamentarians is to determine whether legislation sanctioning voluntary euthanasia ensures the protection of the rights of all persons involved and will not infringe upon the rights of other members of the community. The difficulty of just legislative intervention in this area is made more complex in a society such as ours, in which there is a pluralism of attitude and practice among Australian citizens, given that Australian society is made up of people of a variety of religious traditions or of none and come from a diversity of cultural backgrounds. Nevertheless, social justice demands that the rights of all, young or old, healthy and vigorous or gravely ill, perhaps lonely and marginalised, are recognised and upheld.

To guarantee this, the following questions should be asked and satisfactorily answered.

### **How ensure that Euthanasia is voluntary?**

As to whether the patient wishes or at least consents to euthanasia (or being euthanised) can be extremely difficult or even impossible in some instances to determine. Persons who are close to death or suffering grave pain may indeed say they long for death to end their pain and bring peace. But it does not follow at all that this wish is suicidal. Patients who seek assistance to die in the form of medication or information, whether to bring about death by their own hand or to get the doctor to do it for them, clearly have a suicidal wish. They deliberately seek death as an end or a means and in such cases euthanasia obviously is voluntary.

Patients, however, who welcome death as a deliverance from pain and hopelessness or the increasing burdens of the ageing process but who do nothing positive to bring it about cannot be said to be voluntarily asking for euthanasia. The problem is in many instances to be sure without any doubt about what the patient wishes. This is the point made by an experienced medical practitioner regarding thousands of patients affected by cancer and multiple sclerosis: ‘Many... are in shock or depressed, and are particularly worried about the burden they are to their families emotionally and financially. Initially these people are often confused in their thinking’. In consequence ‘the clarity about who wants to die and what reason is a good reason becomes fraught’.<sup>11</sup>

Politicians must indeed question whether the legalisation of euthanasia will affect its voluntary character. What legal safeguards are possible to offset in practice this insuperable difficulty?

### **How protect the rights of all?**

In our western society everyone enjoys the fundamental right to life, it is true. It is not a necessary consequence of the decriminalisation of ‘mercy killing’ that it will lead to the right to life of vulnerable and weak persons being over-ridden, but, given the experience of other countries (the dissenting claim of Belgium notwithstanding), there is a distinct possibility of this occurring. Gravely ill and dying patients may come to think themselves a financial and emotional burden on the community and on their families and as a result feel pressured into making a decision against life that they do not really desire. Their right to life is at least compromised. Thus the so-called ‘right to death’ may easily enough become a *duty* to die. As John Kleinsman wrote recently, ‘we don’t make our choices in isolation – we are affected by the underlying and mostly hidden assumptions of our society. So often we are unaware of the impact of these assumptions, even while they shape us; indeed, they are all the more powerful for being implicit, as there is no reflection involved’.<sup>12</sup>

<sup>11</sup> Dr. Ruth Gawler of the Gawler Foundation, *The Age*, 29/09/10

<sup>12</sup> John Kleinsman, ‘Resisting the Duty to Die’, *CathNews*, 21/09/10

Furthermore, there is a distinct possibility that the increasing undermining of what is seen in the community as acceptable standards of living will lead to what Pope John Paul II in his *Gospel of Life* called ‘a culture of death’. In such a society those who are suffering dementia, serious depression or are perceived as having a gravely diminished quality of life, and who cannot speak for themselves or defend their personal human values, may be especially at risk of being put out of their misery. Overall, the acceptance of euthanasia threatens to weaken the general attitude towards killing in our society with the result that human life becomes imperceptibly of less value.

The threat to the right of everybody to life needs to be addressed not only by politicians but by all members of our society.

### **What impact will the liberalising of the laws against Euthanasia have on the medical profession?**

The traditional role of the physician and the goal of medicine is to look to the prevention, diagnosis and treatment of disease and to the maintenance of health and wellbeing in the community or in other



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words to promote healing and wholeness of the person who is ill.<sup>13</sup> The euthanasia debate raises the question whether killing or providing the means to kill can be compatible with the purpose and function of the medical profession. The idea of combining physician and euthaniser seems to be a contradiction in terms. To assume the right to euthanise goes beyond the role proper to the medical practitioner and presumes the right to make judgments regarding the value of human life and whether or not it is worth living. The doctor is not competent to judge this. It is not a medical or a scientific matter at all but belongs to the metaphysical

realm of the meaning of happiness and the meaning of human life. This falls within the compass of philosophy and religion.

The proponents of euthanasia claim that we all, and especially health professionals, have the grave obligation to relieve suffering. The implication is that, if it cannot be relieved, suffering should be terminated by death. We all undoubtedly have a duty of compassion towards those who are suffering, but it does not follow that termination of life can be construed as healing. Pain often has physical or psychological causes and as such it should be relieved by analgesics and by whatever means are in the power of the medical profession, but pain in many cases transcends the scope of the medical profession. In its worst forms it arises from the sufferer's outlook on the meaning of life. It is a consequence of one's framework of ultimate meaning more than it is an extremely unpleasant experience.

<sup>13</sup> For fuller development of some of what follows, see Richard M. Gula, 'Euthanasia, in *Christian Ethics: An Introduction*, (London: 1998), pp. 277-289

While we should not glorify suffering as an end in itself, it can be mitigated by setting it in the context of a life that is accepted as having intrinsic value. The inner meaning of pain, suffering and death is tied to the meaning of life itself, which again is fundamentally a religious rather than a medical question. This is no doubt scant consolation for those who do not believe in God or divine providence and who have no faith in an after-life or in the redeeming love of Christ.

There seems to be no gainsaying that the relaxation of the laws forbidding euthanasia and assisted suicide will diminish the respect paid to doctors and the medical profession generally. One wonders what confidence the lonely, the terminally ill and the dying, or any patient for that matter, could have in their doctor who is prepared to take human life, to euthanise patients. This ought to be a question of grave concern for legislators to consider.

## Conclusion

The decision to terminate human life, however diminished that life may be, cannot be a purely individual matter. It is also a social decision, with ramifications for the community, for it affects not only those in the community who have irreversible disease and attendant suffering, but also the community of health professionals and indeed the community at large. Public policy and legislation ought to take account of this social dimension of the issue of euthanasia precisely because of its inevitable effect upon the community.

Conversely, the community itself needs to be involved in the issue, because the push for euthanasia will gather momentum if community support structures and caring skills lag behind the demand. As Pope John Paul II pointed out, a caring community is one that provides the structures and develops the skills that will provide ‘companionship, sympathy and support in the time of trial’ (*The Gospel of Life*, n. 67).

According to health reporter, Kate Hagan<sup>14</sup>, Australia has been ranked second out of 40 countries for providing quality palliative care. Countries were scored according to factors including public awareness of palliative care, training, existence of a national palliative care strategy, and access to pain-killers. The report went on to say that ageing populations meant that demand for end-of-life care was likely to rise sharply and that even in countries with excellent health-care systems ‘too many people ... suffer a poor quality of death’. One of the factors here was that ‘in Western societies, death has become medicalised and curative procedures are often prioritised ahead of palliative care’.

It is clear that our country must address even more effectively the so-called ‘need’ for euthanasia by funding and perfecting the field of palliative care, providing adequate drug availability for pain relief, offering company for the lonely people in the community, and imparting some meaning and hope for the weak and vulnerable tempted to despair. This ultimately depends, of course, on the sort of society we want Australia to be and the kind of people who comprise Australian society.

Unless we as individuals and as a people accept that every human life has intrinsic value, that adequate care of health is a grave duty, that we cannot claim absolute control of our own lives in all circumstances, that suffering is part and parcel of human living and that we must learn to bear it with courage, that we must be concerned for others and care for the sick, the ageing and the dying, there is little hope of our country halting the advance of a culture of death without meaning except as an escape.

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<sup>14</sup> *The Age*, July 2010