

## ***On Turning off Life-support***

The following question came from a concerned Baptist: *What is Baptist thinking on a person being on a life-support system and the family being asked by the doctor whether to have the life-support turned off? If the person concerned had previously expressed a view on this would the family be bound by that view?*

Dr Lachlan Dunjey, the Acting Director of Pathways Counselling, provided the following thoughts.

The medical view on this issue is to uphold the principle of the sanctity of life by seeking to sustain and preserve life where that possibility exists, and is opposed to action to initiate death.

There is sometimes confusion between the issue of euthanasia and the withdrawal of life support. We need to draw a clear distinction between the two. Euthanasia is an ***interference*** in the natural process, but ceasing (futile) life-support is a ***withdrawal of an interference*** in the natural process. It is misleading to call the latter 'passive euthanasia' and I will clarify the issues re definition in a subsequent article.

It is obviously important to know when the life-support is ***futile*** i.e. when death is inevitable and imminent. The decision is not always easy - it has been known in the past for life support to be switched off and for the patient to keep on breathing and eventually recover.

Doctors interfere with 'natural' processes all the time however this interference is to preserve life where the possibility of recovery exists, and not to hasten death. The preservation of life by life support will continue until such a time as the body's natural physiological processes can resume life maintenance or until it is deemed that life is no longer - and will not become - sustainable without such support.

In fact, doctors sustain life in many circumstances where support is needed in a specific area but other body functions are preserved e.g. by giving insulin to a diabetic; by assisting breathing in a person with paralysis. The withdrawal of life-support is reserved for cases where such support is deemed futile i.e. where the person is considered to be brain dead by appropriate medical evidence and therefore life is not sustainable.

### ***Practical considerations and examples:***

In the event of serious head injury a decision needs to be made as to whether a person being ventilated is 'brain-dead' i.e. with no chance of recovery. A rigorous process involving two specialist doctors performing about ten clinical tests at two different times determines this. When this diagnosis is certain then the medical view is that life-support should cease and I believe this to be the right ethical and Christian position i.e. we should not interfere with the process of 'natural' death when this is inevitable.

As in the above instance the issue is clear in the event of a serious 'stroke' with a definite 'brain-dead' diagnosis. But the issue becomes much more complex in the event of a serious stroke possibly just compatible with life and yet holding little recovery of 'useful' (a very dangerous concept!) existence. Again, the issues are probably fairly clear in the instance of an elderly person, say 95 years of age, whose partner in life has recently died, who has dementia, is bed-ridden and who has previously expressed a request not to be kept alive! In my view it would be a very *uncompassionate* thing to keep that person alive by artificial means - with the exception being to allow a close relative to see that person in hospital before death e.g. a child returning from overseas the next day.

At the opposite end of the spectrum may be a young person with a brain haemorrhage due to a congenital abnormality which is capable of surgical correction and where some degree of functional recovery is possible. In this instance it becomes a medical decision to maintain life support to allow the appropriate surgery and then await clarification of the situation with the passage of time.

Most of the time it is clear, in consultation with the doctors concerned, what needs to be done. If there is any doubt, then further consultation should occur.

The above is a personal view and, although representative of Christian doctors, is not to be interpreted as Baptist policy.

## ***Euthanasia: What do we need to know and why?***

This is a call to awaken you as God's people and equip you to be the 'light on a hill.' The euthanasia fight will not go away unless the voices clamouring for legal euthanasia have won. How long do we have to fight? For as long as we are here. For as long as we are still listening to God and our energies have not been diverted by the pleasures of this world.

It is well recognised that a big majority of the community when responding to surveys regarding euthanasia are in favour of it - *why not? of course people should not have to suffer...* But the general public is not fully aware of the real issues and that is why we as God's people must be.

What are some of these issues?

- the effectiveness of good medical treatment and palliative care in relief of pain and suffering
- the huge difference between interference and non-interference in the course of 'natural' death (the issue of when to switch off life-support being dealt with in the previous Contact article)
- theological and ethical issues regarding the sanctity of life and redemption through suffering
- the present legislation concerning care of the dying and whether changes are needed
- the meaning of the terms *active* euthanasia and *passive* euthanasia
- the *slippery slope*: what is it? is it a real risk?

Several of these matters are too big to be discussed in Contact. In this issue I want to look at the terminology that is used when talking about euthanasia and in particular the use of the terms *active* and *passive*.

The campaign of many years by pro-euthanasia people to muddy the definitions has been very successful, to the point that most Australians think that when we are talking about euthanasia we are talking about withdrawal of life-support, which may be referred to as being an example of 'passive' euthanasia. Further, it is suggested that as doctors already practice 'passive' euthanasia, all euthanasia should be legalised, including that which is 'active.'

We could respond that passive euthanasia is in fact not euthanasia at all but then we are in a war of words and away from the real issue. Euthanasia - from the Greek - actually means a *good death*, but there are many 'good deaths' in medicine e.g. with palliative care. The pro-euthanasia people quickly switch in mid-sentence from such 'good deaths' in palliative care to the sense of active mercy killing in euthanasia with the implication that there is no difference - '*the consequence is the same in both cases*'. And when they manage to convince the community of this they are on the way to success.

So let us be clear and talk about

- **purposeful killing by lethal injection** - deliberate administration of an injection in a definite lethal dose with the object and certainty of death which would otherwise not take place at that time or as soon as desired by the person or those responsible for that person - this is an *interference* in the natural process. This is what is commonly known as euthanasia and this is what the pro-euthanasia lobby wants as a right.
- **withdrawal of futile medical treatment** which may or may not result in acceleration of death which is deemed to be inevitable and shortly following - this is a *withdrawal of an interference* in the natural process (and was dealt with in the preceding article)
- **relief of pain and distress** by *normal* doses of narcotic medication which may inadvertently hasten death when such is inevitable and imminent

The difference between the first process and the other two processes is enormous, from both ethical and religious viewpoints. The latter two are part of good palliative care as practised in Western Australia. A lot of the arguments that are used to support euthanasia e.g. 'the method used is not in itself important' or 'the consequence is the same in both cases' are flawed when considered in the context of the above distinct processes.

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## ***The Push for Legalisation of Euthanasia and the Dangers***

In the last two *Contacts* we looked at the issue of turning off life-support and also the terminology surrounding euthanasia so we could be clear about our thinking – including that euthanasia really means *purposeful killing by lethal injection* and is not to be confused with *withdrawal of futile medical treatment*.

In this *Contact* I want to look at some of the implications of potential legalisation and point to some dangers.

For us as Christians we must be clear in our own minds that euthanasia is not an option. Ultimately euthanasia represents a rebellion against God: “I will die in my own time and by a method of my choice.” Also the option of very good palliative care in this country makes euthanasia unnecessary. Relief from pain and distress is achievable and obtainable.

But then it might be argued that legislation is only giving an option to those who have no belief in a higher (spiritual) authority and who wish to choose the time and nature of their death and that that option should be given them. But, quite apart from the obvious moral dilemma in introducing legislation that permits evil in order to give legal ‘approval’ for those who wish to choose that evil, there are extreme dangers with this position.

Firstly, there is the pressure on the dying or infirm or handicapped to ask for or consent to be euthanased even when they want to keep on living – the so-called *duty to die* – in order to relieve emotional, physical or financial distress on relatives or carers involved.

Secondly, the euthanasia option solves a financial problem for government in the provision of facilities and personnel for palliative care. Politicians faced with deficit budgets and an increasing bill for palliative care are likely to opt for legalisation of euthanasia as a way of limiting and even cutting funding for palliative care. This can already be seen in Holland which has recently legalised euthanasia after practicing it for many years and which has an extremely low ratio of palliative care beds per population as compared with Australia and England.

So the *duty to die* can also reflect a ‘state’ obligation as well as to relatives. Try to imagine the pressure put on an elderly infirm person in a hostile environment with an expectation that they will agree to be killed because it is better for society.

Thirdly, there is the reality of the ‘*slippery slope*’ with blurring of the boundaries between voluntary and involuntary euthanasia and the concept of a *life not worthy to be lived*. Who would have thought that when our community accepted abortion under conditions of medical threat to the mother that it would have resulted in abortion on demand with 80,000 abortions being performed in Australia, the vast majority being for ‘social’ reasons? We must not allow a similar ‘slide’ to occur with euthanasia. But the slide has already happened in Holland with roughly 20% of euthanased people being killed without their consent (according to the *International Task Force on Euthanasia and Assisted Suicide*).

Fourthly, perception by the patient of ambiguity in the role of the treating doctor would inevitably lead to uncertainty and fear. Patients may justifiably think that doctors might be less enthusiastic in their care if they think the patient should be prepared to die and are supported in this view by society and the law. Dualism in the doctor’s role must inevitably lead to confusion and fear with patients wondering whether their doctor’s attitude might change somewhere along the line of care.

Finally, there are the effects that such decisions for evil ultimately have on society in terms of how we think and how we value human life. M. Scott Peck of *The Road Less Travelled* fame has written a brilliant book on euthanasia: *Denial of the Soul: spiritual and medical perspectives on euthanasia and mortality*. Peck argues strongly that we need to look at the issues in detail and see what euthanasia would mean in terms of our society’s denial of the soul. He writes:

*‘...advocates of euthanasia on demand... fail to realize.. that the achievement of their ends would quite possibly create a society even more soulless and mechanistic than the one we have now... a society where there is no potential glory in dying, an utterly rational society where people are simply put to sleep upon request without any reference to the irrational mystery of their souls or to God who is their source and that of all true glory.’*

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