EOLC Sub 410
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woodvale
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Reaching Out
Growing Together...

The following submission is from Woodvale Baptist Church to the Joint Select Committee on End of Life Choices. It speaks to the variety or reasons to continue to oppose legalising euthanasia and physician assisted suicide in WA, as well as addressing the second point of the terms of reference b) review the current framework of legislation, proposed legislation and other relevant reports and materials in other Australian states and territories and overseas jurisdictions.

In this submission our definitions will be as follows:

PHYSICIAN ASSISTED SUICIDE (PAS) is intentionally helping a person commit suicide by providing drugs for self-administration, at that person's voluntary and competent request.

EUTHANASIA (E) is intentionally killing a person by the administration of drugs, at that person's voluntary and competent request.

INVOLUNTARY EUTHANASIA is intentionally killing a person by the administration of drugs, without that person's consent.

There are many problems that manifest and develop wherever PAS or E becomes common practice or is legalised. Many, if not all of the examples, in this submission are backed up by research, documented and sources have been checked. Unfortunately, they do point to the slippery slope effect, that E/PAS becomes more than it was first introduced as.

Initially, in the 1970's and 1980's, euthanasia and PAS advocates in the Netherlands made the case that these acts would be to a small number of terminally ill patients experiencing intolerable suffering and that the practices would be considered last resort options only. By 2002, euthanasia laws in neither Belgium nor the Netherlands limited euthanasia to persons with a terminal disease (recognizing that the concept of "terminal" is in itself open to interpretation and errors). The Dutch law requires only that a person be "suffering hopelessly and unbearably." "Suffering" is defined as both physical and psychological, which includes people with depression. In Belgium the law ambiguously states that the person "must be in a hopeless medical situation and be constantly suffering physically or psychologically." By 2006 the Royal Dutch Medical Association had declared that "being over the age of 70 and tired of living" should be an acceptable reason for requesting euthanasia.[1]

Euthanasia/Physician Assisted Suicide follows a predictable pattern when legally introduced into a jurisdiction, as seen above. **The problems that we see as found in the literature include:**

EUTHANASIA OF NEONATE/INFANTS This has been allowed for in the Groningen Protocol in the Netherlands.[2] We believe that human beings are created in the image of God and therefore all human life has inherent worth and dignity and is deserving of our protection. This does not mean that keeping neonates/infants alive by artificial means must always occur, sometimes a natural death is sad but

[1] Pereira, J. (2011). Legalizing euthanasia or assisted suicide: the illusion of safeguards and controls. *Current Oncology*, 18 (2), p. 41.
[2] Verhagen, E., Pieter J.J., Saauer. (2005). The Groningen Protocol-Euthanasia in Severely Ill Newborns.NEJM Cases in Primary Care. doi:10.1056/NEJMp058026

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necessary, but not by a deliberate act of euthanasia. The Groningen Protocol does not really differentiate between withdrawing or withholding life giving treatment or such an act of euthanasia.

UNDERREPORTING OF CASES

We believe that all cases must be reported if the country is to prevent uncontrolled and unjustified euthanasia, [3]

The quote above is taken from the pro euthanasia article written by Verhagen et al about the Groningen Protocol. It is noteworthy that those who support euthanasia can see the possibility for it becoming uncontrolled and unjustified. This is with particular reference to a national survey, showing a higher number of newborn euthanasia cases occurring per year (15-20) than the average number of cases being reported (3) annually.

If the Groningen Protocol were strictly adhered to there would be a minimum of cases of infants euthanased, being those with severe Spina Bifida, but as many cases go unreported [4] there is no guarantee that infants with moderate cases of Spina Bifida were not euthanased also. This could spread to infants with other congenital defects too, whether mild, moderate or severe. In fact, there is anecdotal evidence from the Hon Kevin MP of this occurring illegally with Spina Bifida in Australia.[5]

EUTHANASIA OF CHILDREN/YOUTH

In 2014 Belgium became the first country to end age limits on euthanasia, extending the practice to terminally ill children of any age. The first child killed under this policy died in 2016. Since 2002 the Netherlands has allowed euthanasia for children aged 12 or older.[6]

E/PAS OF DEPRESSED INDIVIDUALS

The legalisation of physician assisted suicide paves the way for the eventual breakdown of suicide prevention programs because people who wish to commit suicide would be entitled to do so. Our laws require that people be treated equally, so why PAS suicide for some, not suicide for all? Eventually this would happen in practice.

In 2007 none of the people who died by lethal ingestion in Oregon had been evaluated by a psychiatrist or a psychologist, despite considerable evidence that, compared with non-depressed patients, patients who are depressed are more likely to request euthanasia ***and that treatment for depression will often result in the patient rescinding the request.***[7]

There are no second chances for people after E/PAS.

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[3] Verhagen, E., Pieter J.J., Saauer. (2005). The Groningen Protocol-Euthanasia in Severely Ill Newborns.NEJM Cases in Primary Care. doi:10.1056/NEJMp058026

[4] Verhagen, E., Pieter J.J., Saauer. (2005). The Groningen Protocol-Euthanasia in Severely Ill Newborns.NEJM Cases in Primary Care. doi:10.1056/NEJMp058026

[5] Schadenberg A.(2013), Exposing vulnerable people to euthanasia and assisted suicide. Connor Court Publishing, foreword by Kevin Andrews.

[6] United States Confederate of Catholic Bishops-(2017). Assisted suicide and euthanasia: From voluntary to involuntary. Retrieved from www.usccb.org/prolife.p.3

[7] Pereira, J. (2011). Legalizing euthanasia or assisted suicide: the illusion of safeguards and controls. *Current Oncology*, 18 (2), p. 40.

INVOLUNTARY EUTHANASIA

Should there be such a thing as involuntary euthanasia, by the definition of euthanasia itself? Clearly not! Euthanasia is intentionally killing a person by the administration of drugs, at that person's voluntary and competent request. How much further away from its very definition is killing someone without that person's consent. This is a clear violation of human rights.

There is clear and consistent evidence from overseas jurisdictions where euthanasia has been legalized for some time that involuntary euthanasia does occur. Examples of involuntary euthanasia include 66 deaths in Belgium in a six month period[8]in 2007, 1040 cases in the Netherlands in which doctors killed their patients without their knowledge or consent in 1990[9] and a recent case where a woman with dementia was held down and euthanased.[10]

CONCLUSION

It is important to protect the vulnerable in our society and to speak up for those who cannot speak for themselves. The vulnerable include newborn and children with disabilities, in fact those of any age with disabilities. They also include the elderly, with varying stages of frailty and dementia, and those subject to elder abuse. And even the terminally ill can sometimes go into remission, and perhaps they need time before dying to reconcile to loved ones and friends, without a hasty end. Families can be quite distraught when they suddenly discover a loved one has taken their life.

The AMA position statement on Euthanasia and Physician Assisted Suicide 2016 states: If a doctor acts in accordance with good medical practice, the following forms of management at the end of life **do not constitute euthanasia or physician assisted suicide:**

*not initiating life-prolonging measures;

*not continuing life-prolonging measures; or

*the administration of treatment or other action intended to relieve symptoms which may have a secondary consequence of hastening death.[11]

The above things are legal already in Australia. There are also Advanced Health Care Directives or Living Wills for declining unwanted medical treatment at End of Life.

As all these safeguards are already in place, we feel that there is no need for the legalising of E/PAS in Australia, and even if it should be legalised in another State, we have no desire for it to be legal in WA, for all the reasons stated in this submission. These point to the slippery slope effect, that E/PAS becomes more than it was meant to be at first in a negative sense. If we look only at the small number of terminally ill people who are in extreme pain, we miss the bigger picture of what our society as a whole, and therefore each one of us, will lose if E/PAS becomes commonly accepted or legalized.

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[8] Chambaere, K. et al. (2010). Physician-assisted deaths under the euthanasia law in Belgium: a population based survey. Canadian Medical Association Journal 182.9.895-901doi:10.1503/cmaj.091876

[9] The Remmelink Report. (1991). Medical Decisions About the End of Life, I. Report of the Committee to Study the Medical Practice Concerning Euthanasia. *p.15*

[10] http://www.independent.co.uk/news/world/europe/doctor-netherlands-lethal-injection-dementia-euthanasia-a7564061.html

[11] Australian Medical Association Limited. Euthanasia and physician assisted suicide. (2016). Retrieved from https://ama.com.au/position-statement/euthanasia-and-physician-assisted-suicide-2016