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The Principal Research Officer
Select Committee on End of Life Choices
Legislative Assembly
Parliament House
Perth WA 6000

Dear Sir/Madam

Below please find a submission from Life Ministries to the Select Committee on End of Life Choices.

Yours sincerely

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Life Ministries submission to the Joint Select Committee on End of Life Choices

Introduction

Life Ministries is a non-denominational Christian organisation dedicated to the advancement of human flourishing according to the Christian worldview as revealed in the Bible.

We are opposed to euthanasia and doctor-assisted dying for numerous reasons, but fundamentally because we believe in the inestimable preciousness of every human life. This preciousness arises from the fact that human beings bear the image of God.

While we frankly acknowledge that our bedrock position is religious, we nonetheless believe that there are many non-religious arguments against euthanasia and doctor-assisted dying. We wish to present several of those arguments as follows:

Mitigating Suffering

All decent people rightly want to lessen and/or end the suffering that terminally ill patients experience, and this desire is sometimes used as an argument in support of euthanasia. However, this supposed support often involves a confusion concerning what constitutes euthanasia.

Euthanasia involves purposely killing a person by (usually) lethal injection. It should not be confused with the use of painkillers that may inadvertently shorten a patient's life. The unintentional hastening of death cannot be equated with the intentional taking of life.

Furthermore, euthanasia should not be confused with the discontinuation of treatment. A decision to shorten life is quite different from a decision not to prolong life. The injection of a lethal chemical is not the same as the withdrawal of a futile treatment.

It is true that there are grey areas so far as the discontinuation of treatment is concerned. Some decisions may be difficult and open to question. But there are no grey areas, no uncertainties, so far as euthanasia is concerned. It is the deliberate dealing out of death and it is uniformly black.

It is right to want to mitigate suffering—and doctors, in concert with patients and loved ones, already have the means to mitigate suffering. Under current law futile life-prolonging treatment can be discontinued or refused. Also under current law, doctors, in concert with patients and loved ones, can take risks (*visa vi* the *possible* shortening of life) to alleviate pain, provided their intention is indeed to alleviate pain rather than to shorten life.

The Problem of Confinement: Doctors

Once the principle of mercy killing is accepted in law, it cannot be confined to those who give their consent. Voluntary and involuntary euthanasia go hand in hand. According to the Dutch government's *Rommelink Report*, for example, of the thousands of people who have their lives deliberately shortened or terminated by medical staff in Holland each year, over half are non-voluntary. "In the practice of euthanasia in the Netherlands," says Dr John Flemming, Director of the Southern Cross Bioethics Institute in Adelaide, "more are killed without their knowledge and consent than with their knowledge and consent."¹

Dr Karel Gunning, a medical practitioner in Rotterdam, Holland, cites an instance of involuntary euthanasia: "A friend of mine, an intern, was asked to see a lady with lung cancer, being very short of breath and having at most a fortnight to live. After the examination he asked the patient to come to the hospital for a few days. She refused, being afraid to be euthanised there. 'But I myself am on duty this weekend. Come on Saturday morning and I'll admit and help you.' So the lady came. On Sunday night she breathed normally and felt far better. The doctor went home and, being off duty on Monday morning, came back Monday afternoon. Then the patient was dead. The doctor's colleague had said: 'What is the sense of having that woman here. It makes no difference whether she dies today or after two weeks. We need that bed for another case.' So the lady was euthanised against her explicit wish."²

In addition to logic, research indicates that Australia would soon follow the Dutch example if voluntary euthanasia were legalised. A Flinders University survey of doctors and nurses in South Australia, for example, revealed that nineteen percent of doctors

and nurses had taken active steps to bring about the death of a patient, despite the fact that euthanasia is illegal in that state. Forty-nine percent of these euthanasia-practising doctors said that they had never received a request from a patient to take such active steps.³ If this happens when euthanasia of any sort is illegal, it is certain to happen all the more if euthanasia of some sort is legal.

Voluntary euthanasia inevitably gives rise to involuntary euthanasia. This in turn gives rise to distrust in doctors. Where euthanasia is sanctioned, the elderly and the seriously ill cannot be confident that medical staff will treat them rather than terminate them. To legalise euthanasia is to generate anxiety and distrust in the hearts of people at a time when they most need comfort and assurance.

The Problem of Confinement: Family

Doctors are not the only danger when it comes to the practice of involuntary euthanasia. Relatives can be a threat, too. They can pressure a seriously ill person to “choose” euthanasia. This is already happening in Holland, where “In some cases, a patient’s ‘right to die’ has subtly become a duty to die.” Amsterdam psychiatrist Frank Koerselman observes, “I frequently see people pressured towards euthanasia by exhausted and impatient relatives.” He cites an example of “a woman whose relatives gathered in Amsterdam for her planned euthanasia. One relative came from overseas. When the patient expressed last-minute doubts, the family said, ‘You can’t have her come all this way for nothing.’ Instead of ensuring that the patient’s true wishes were observed, the doctor carried out the euthanasia.”⁴

Once it is socially acceptable and legally permissible, euthanasia cannot be confined to those who choose it.

The Problem of Confinement: From the Terminal to the Troubled

Nor can euthanasia be confined to those who are dying from incurable ailments. The practice soon widens from the terminally ill to the chronically ill and from the physically diseased to the mentally distressed. Again, in Holland, for example, euthanasia is applied to old people who “suffer” from loneliness. This fact was highlighted at a Death, Dying and Euthanasia Conference at the University of Queensland, where one conference speaker casually described a conversation with a Dutch doctor at a cocktail party in Holland.⁵

Endeavouring to justify her country's widespread practice of euthanasia through lethal injections, the Dutch doctor cited the case of a highly cultured woman in her eighties who "got lonelier and lonelier and lonelier" after her husband's death. "We used to visit her every week," the doctor said. "And every week she'd say to us, 'Please give me a lethal injection.' So after about three months we did."

The doctor concluded, "It was a terrible situation. She had nothing to live for. She had no family. Her friends had all died. Her husband who had been the centre of her life in every way was gone."

Interestingly, the conference speaker responded, "Did you think about buying her a cat?" To which the doctor replied seriously, "What a good idea!"

This sad, true story touches the heart of euthanasia: It requires no effort on the part of those who administer it. It was easier to end the woman's life than to end her loneliness. But with a little imagination (buy her a cat) and self-sacrifice (visit her more often), her loneliness could have been minimised and her life preserved.

For a selfish society, euthanasia is an easy solution—and that is what makes it such a horror.

Personal Choice

According to its advocates, euthanasia is purely a personal affair. People should be free to choose to end their lives because such a choice is entirely individual and private.

On reflection, however, it is evident that euthanasia is not merely a personal matter. It is more than personal if it requires society to change its attitude to the sanctity of human life. It is more than personal if it encourages the community to view killing as a form of compassion and an alternative to care. It is more than personal if it requires governments to revise laws to allow certain types of homicide and suicide. It is more than personal if it requires doctors to assist in the killing. It is more than personal if it desensitises medical staff to the preciousness of human life. It is more than personal if it robs friends and relatives of extra time with a loved one. It is more than personal if it weakens a family's will to make sacrifices to care for one of its members. It is more than personal if it creates an atmosphere in which other weak or unwanted people feel pressured to choose to die.

Mixed Motives

Advocates of euthanasia claim for themselves the noblest of motives—namely, compassion for those who are suffering. All they want, they say, is to receive or to administer a quick and painless death as a means to end suffering. No doubt this is a genuine motive for many.

However, the motives behind mercy killing are not always so noble. Some are very ugly indeed. One such motive is selfishness, as Dr Karel Gunning reveals in the following anecdote.

Commenting on how much morphine is needed to kill a patient, a Dutch colleague said to Dr Gunning, “I remember a case of an old man, who might die any day. Then this son came to see me and said: ‘Doctor, my wife and I have booked a holiday, which we can’t cancel. We don’t want to come back for father’s funeral, so please arrange that the burial is over before we leave.’” Obliging, the doctor went along one morning and gave the old man a huge dose of morphine. Returning in the evening to pronounce the old man’s death, the doctor was surprised to find him “sitting happily on the edge of his bed, having had an excellent day without pain.” Dr Gunning concluded: “This colleague told the story as if it was the most normal thing to do, complying with the family’s desire to have father buried before the holiday started.”⁶

We should not blindly trust supporters of euthanasia just because they speak of “dignity” and “compassion”. People often try to conceal their selfishness by professing a concern for others.

Laws that permit euthanasia put people to the test. They tempt people to act selfishly. They open the possibility for relatives to hasten death to avoid inconvenience. They open the possibility for children to hasten death to gain their inheritance. They open the possibility for doctors to hasten death to free up hospital beds. They open the possibility for governments to hasten death to avoid the costs of medical care. In short, laws permitting euthanasia open possibilities that should not be opened. In doing so, they lead us into temptation.

Treating Humans Like Animals

Just as noble talk can conceal base motives, so a clever question can confuse sound sentiments. One such question often posed by the advocates of euthanasia is: “We put

animals out of their misery, so why not humans?” This question insinuates that the opponents of euthanasia are callous and uncaring. It implies that they are prepared to treat animals better than humans. It cleverly links mercy with death and misery with life, so that to argue for life is to argue for misery.

From a Christian point of view, however, the answer to this question is simple: We don't put humans out of their misery as we do animals because humans are not animals.

While human beings are similar to animals on a biological level, they are utterly dissimilar on a spiritual level. Unlike animals, humans possess conscience, imagination, reason, personality, a longing for purpose, and an impulse to worship. These are spiritual qualities that lift us from the animal kingdom into a kingdom all our own.

So to the suffering person who says, “If I was a dog, you'd shoot me,” we should respond: “Yes, but you're not a dog. You're a human being, which makes you vastly more valuable. So rather than shoot you, we'll soothe you. Rather than end your life, we'll end your pain. We'll do all we can to heal you; and where that's not possible, we'll do all we can to comfort you; but we'll do nothing at all to kill you.”

NB. The above arguments are taken virtually verbatim from two articles written for Life Ministries by Andrew Lansdown: (1) “Mistaken support for euthanasia”, Life News, 2017, and (2) “If people were dogs & other false arguments for euthanasia”, Life Pamphlet, 2007.

References

1. “Holland shows how euthanasia leads to active killing”, *News Weekly*, 25 February 1995, p.6.
2. “Euthanasia in Holland”, *Right to Life News*, March 1995, p.3.
3. “Holland shows how euthanasia leads to active killing”, *op. cit.*
4. *Reader's Digest*, February 1998.
5. “Encounter” programme, ABC Radio National, 17 October 1993. Available on cassette tape from ABC Radio Tape Sales.
6. “Euthanasia in Holland”, *op. cit.*