

# THE UNINTENDED CONSEQUENCES OF EUTHANASIA

## 1 CONFLICT OF INTEREST

- By legislation the State enables universities to educate and graduate doctors and nurses to heal.
- By legislating in favour of euthanasia / assisted suicide, the State directly authorises doctors and nurses to kill directly or abet the killing of a human being.
- Thus an ultimate and fatal conflict of interest comes about; undoubtedly the most complete conflict of interest or double standard that can be created.
- Most doctors and nurses find this double standard ethically confronting and do not wish to participate.
- They do not wish to be lackies of the law or mere agents of the State.

## 2 DOCTOR / PATIENT RELATIONSHIP

- The relationship that builds up between the doctor and patient and nurse and patient is built on trust.
- Introducing a conflict of interest fundamentally and irrevocably erodes that trust.

## 3 HIPPOCRATIC OATH

- The Hippocratic Oath, after 2,500 years, is voided if the law is changed.
- Care of the dying 2,500 year ago was basic compared to the high quality palliative care available today. How do you reconcile this paradox?

## 4 DOCTOR / NURSE DISTRESS

- The suicide rate of veterinary surgeons is four (4) times that of doctors.
- This, in part, is the result of practising the euthanising of animals.
- How much worse is the stress relating to euthanising human beings. Dutch doctors are paid 1,500 euros for euthanasia *plus* a paid day off work to cope with the emotional stress!
- Many doctors who initially are pro-euthanasia opt out subsequently after euthanising patients.
- In Canada less than two (2) years after the law was changed, the impact on doctors, nurses, pharmacists and indeed many other hospital workers, has necessitated the introduction of counselling services because of the stress.

## 5 COERCION OF DOCTORS

- In Victoria the law stipulates that doctors who are against termination of pregnancy, must refer the pregnant woman who wishes to have a termination to a doctor who will do so.
- In Ontario (Canada) the Superior Court ruled on 31 January 2018 that doctors who are against euthanasia or assisted suicide, *must* refer people to a doctor / nurse who is pro euthanasia, or face penalties.
- In the same judgement the 3 judges said that the policy of effective referral did violate the charter of the right to religious freedom – but the court ruled that in light of the goal of “ensuring access to healthcare” *The College of Physicians and Surgeons of Ontario* (CPSO) effective referral policy presents “reasonable limits on religious freedom demonstrably justified in a free and democratic society”.
- The CPSO policy also requests conscientiously objecting physicians to commit euthanasia (or abortion) themselves in unspecified ‘emergency’ situations.

So within 2 years of the legalisation of euthanasia in Ontario, *conscientious objection* has been discarded and *civil conscription* has become a reality.

- Several politicians from both ends of the political spectrum have reminded me that politicians pass laws for the present and cannot prevent future politicians changing the laws.

## 6 DIRECT AND INDIRECT COERCION OF VULNERABLE PATIENTS

- Where life is devalued it is inevitable that patients with terminal illness will directly or indirectly feel useless and consequently accept euthanasia as a ‘way out’, or more sinisterly, their obligation.
- Elder abuse is a reality in our society. How much more so will it be if euthanasia is legalised, particularly if money is involved.

## 7 WIDENING OF THE INDICATIONS BEYOND TERMINAL ILLNESS

Already people have been euthanised because of:

- Mental illness
- Dementia
- Non-terminal illness
- Children with terminal illness
- The disabled
- Tiredness of life

In Canada within two (2) years of euthanasia being legalised, widening the criteria to include children has been seriously recommended. The ‘slippery slope’ is real. Somewhere, whatever you may consider is possible has already happened.

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## **8 EUTHANASIA GONE WRONG**

- In the U.S.A., State sanctioned execution is extant in a number of States.
- The American Medical Association policy is to forbid its members to be involved in executions.
- There is a continuing list of bungled / unsuccessful executions.
- The same happens in legalised euthanasia; patients have not died from the procedure, which has resulted in repetition or upgrading of the procedure.

## **9 DIMINUTION IN THE STANDARD OF PALLIATIVE CARE**

- The double standard is at work.

## **10 ECONOMIC JUSTIFICATION FOR EUTHANASIA**

- Studies in Canada, the U.S.A. and elsewhere have analysed the cost to the health budget and savings consequent upon legalised euthanasia.
- It is cheaper to kill people than expend money on palliative care.

## **11 EFFECT ON MEDICAL AND NURSING TRAINING AND BEYOND**

- From the time the Victorian Law comes into effect, those students entering medical and nursing courses will have known nothing else.
- Will medical and nursing schools be obligated to learn about the new law?
- Will the State have to mount special courses on euthanasia practices?
- Will the State issue a certificate of competence to those undertaking such courses?
- Will the hospitals, hospices, aged care homes, domiciliary services need to be registered to perform these services?

## **12 WOULD THE STATE SET UP COUNSELLING SERVICES FOR THOSE PARTICIPATING IN EUTHANASIA?**

- Doctors; nurses; pharmacists; orderlies - let alone other staff less directly involved
- Clerical; domestic; cleaning, housekeeping – as happened in other jurisdictions

### **13 SUICIDE RATE**

- In some jurisdictions where euthanasia has been legalised the suicide rate has not declined but increased.
- The Victoria Coroner detailed suicides in terminally ill patients, often harrowing.
- Logically this cannot be used as a reason for legalising euthanasia.

### **14 FEE FOR SERVICE**

- Will any item number of euthanasia come about?
- The flat fee in the Netherlands is 1,500 euros.
- Doctors in Canada are paid less but want more.

### **15 OTHER LAWS WILL NEED CHANGING**

- Advanced Directives /Living Wills. These currently deal with withdrawing of treatments only.

## **The last question the Committee has posed to me states**

*If VAD became part of the law in Western Australia what protections would be required for doctors?*

### **My answer:**

- The law in Victoria and Canada allows for conscientious objections by doctors and nurse practitioners.
- I regard this as a form of civil conscription. That is – if you do not approve of the law you have to *opt out*.
- The recent judgement of the Ontario Supreme Court on 31 January 2018 has strengthened my belief that it has not only sanctioned civil conscription but has also curtailed freedom of conscience at the same time.

### **The alternative:**

- Instead of *opt out* legislation
- Have *opt in* legislation

### **How this might work:**

- For doctor; nurses; pharmacists and institutions (including hospitals, hospices, nursing homes, domiciliary services).
- Have a State-run register of those who wish to take part in euthanasia.
- All registrants to remove themselves on request.
- Do not require doctors or nurses to refer patients to those on the registry.
- By having a voluntary registry which is transparent and easily accessible to all doctors; nurses; pharmacists; members of the public - will do away with any question of coercion, civil conscription, penalties under the law or infringement of personal freedom, including freedom of conscience.
- The State could still mandate courses / certification for volunteers.
- The State can mandate cause of death, notification of euthanasia and maintain an official registry of cases of euthanasia.