

REASONS FOR NOT LEGALISING EUTHANASIA

Rev Dr Peter Barnes, President of Evangelicals for Life (August 2014)

PO Box 594

Revesby

NSW 2212

There many good reasons for not encouraging the practice of euthanasia, and no good reasons for promoting the practice. The following issues must be considered very carefully :-

1. The right to life takes precedence over all other rights.

It is inviolable under normal circumstances. Once it is forfeited, it cannot be retrieved.

2. The diagnosis may be incorrect.

Like all other workers, doctors are fallible and capable of misdiagnosing a situation. Almost all the population would know of cases where a doctor made a faulty diagnosis. If euthanasia is practised, there will be people put to death in the mistaken belief that their prognosis was too bleak to warrant trying to continue with their lives.

3. The prognosis may be difficult to determine.

C. Everett Koop, a former Surgeon-General in the United States, has spoken well on these first two points: "I recognize full well the chance for errors in judgment. Because of that I try to err only on the side of life." In March 1999, a cancer patient named June Burns was used in political advertisements to advocate euthanasia. She fought back tears and pleaded for people to end her suffering. All this was financed by the Voluntary Euthanasia Society of NSW. However, this had changed radically by the end of the year as she had unexpectedly recovered to some extent, and wanted to go on living.

4. Patients may be depressed for a time.

Joni Eareckson Tada was a vibrant young American seventeen year old when she broke her neck in a diving accident in 1967. This left her paralysed for life and suicidal for a time. Again in 1991 she had blood pressure problems, weight loss, infections, and pressure sores on her sides and back, and was prone to depression. On both occasions, in 1967 and 1991, she felt the temptation to suicide, and may have taken that option had her carers cooperated with her wishes. In 1967, she even felt angry that she was physically unable to perform the deed herself. On both occasions she recovered her equilibrium as a human being. How a patient feels today may bear little relation to how he or she feels tomorrow.

Human autonomy is not open-ended. Human beings sometimes need to be protected from themselves. This is the rationale behind the compulsory use of seat belts in vehicles. It is significant that Philip Nitschke has recently helped to end the life of two men – one in Perth who was depressed after the death of his wife and the loss of his job, but without a terminal illness; and the other aged only twenty-five in Victoria, again with no physical illness that was terminal.

5. Patients may feel themselves to be a burden.

They may feel guilty if they do not co-operate in the ending of their own lives. A culture of convenient death will only add to this likelihood.

6. Pressure from relatives or carers.

Euthanasia legislation opens the door to selfishness and greed. Any practice which is based on the assumption that human nature is all sweetness and light is bound to come to grief.

7. Pressure from a lack of resources.

Euthanasia legislation will invariably foster the degrading notion that we are worth what we cost.

8. Effects on doctors, nurses, carers, and relatives.

Doctors will be called upon to save lives at one time and take them at another. That is likely to have drastic effects on the traditional doctor-patient relationships.

9. The difficulty in determining motives.

Human nature has its unseemly side, and legislation that builds on the opposite assumption is dangerously naïve. Society ought not to make it easier for persons to put their fellow human beings to death. Nor ought it to act on the assumption that love and compassion are the only possible motives for advocating or carrying out euthanasia. ‘Death with dignity’ sounds a noble slogan, but it may hide a multitude of motives.

Conclusion

Societies which have legalized euthanasia – notably the Netherlands, Belgium, and Oregon in the USA – have seen increasing numbers of people being euthanized. Dr Theo Boer from Utrecht University was an advocate for euthanasia in the Netherlands, but in July 2014 travelled to the United Kingdom to urge it not to go down the Dutch path. He warned that ‘Once the genie is out of the bottle, it is not likely ever to go back in again.’ Indeed, in February 2014 Belgium voted to allow euthanasia for terminally ill children of any age. The notion that suitable safeguards can be put in place flies in the face of history and of common sense.