Voluntary Euthanasia

This Talk Sheet introduces arguments for and against voluntary euthanasia, where a clearly competent person makes a voluntary and enduring request to die, but needs someone else’s help to achieve this. Commonly, this involves what is known as physician-assisted suicide, where a doctor will prescribe a lethal dose of medication for the patient to self-administer.

Arguments regarding involuntary euthanasia and non-voluntary euthanasia are also explored.

Involuntary euthanasia is where the person is unable to articulate or make that decision for themselves. The person being euthanised is not making the choice. Others make the choice based, it is claimed, on a judgement about the quality of life that person is experiencing.

Non-voluntary euthanasia is based on pragmatic reasons such as efficient use of healthcare resources, where the decision is not based on the quality of life of the individual, but the perceived greater good of the community as a whole.

Legal Status of Euthanasia in New Zealand

Currently, euthanasia in any form is illegal according to New Zealand law and could come under any number of sections of the Crimes Act 1961. These include section 63 which states:

“No one has a right to consent to the infliction of death upon himself; and, if any person is killed, the fact that he gave any such consent shall not affect the criminal responsibility of any person who is a party to the killing.”

Section 179 notes the potential penalty of imprisonment for anyone who:

“Incites, counsels, or procures any person to commit suicide, if that person commits or attempts to commit suicide in consequence thereof; or aids or abets any person in the commission of suicide.”

It is important to note that this discussion is not about the right of a patient to refuse treatment. Such a right is legal according to the New Zealand Bill of Rights Act 1990, section 11, which says: ‘Everyone has the right to refuse to undergo any medical treatment.’

Timeline of Euthanasia related events

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tr>
<td>1994</td>
<td>Oregon, USA, legalised physician-assisted dying</td>
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<tr>
<td>1995</td>
<td>The first New Zealand Death with Dignity Bill defeated in Parliament 61 to 29 votes</td>
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<td>1995</td>
<td>A One Network News Colmar Brunton poll issued found 62 per cent of respondents were in favour of voluntary euthanasia, with 27 per cent opposed and 10 per cent undecided.</td>
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<td>1995</td>
<td>The Australia Northern Territory legalised euthanasia. This was nullified in 1997 by the Federal Parliament</td>
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<td>1998</td>
<td>In a New Zealand study it was reported that 17 Waikato Hospital doctors had admitted assisting a patient to die</td>
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<td>2000</td>
<td>A New Zealand Herald-DigiPoll survey of 756 people indicated 61 percent supported the legalisation of euthanasia and 27 percent opposed it</td>
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<td>2002</td>
<td>Belgium legalised euthanasia</td>
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<td>2002</td>
<td>Netherlands formally legalised euthanasia. This effectively only formalised a 20-year-old convention.</td>
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<td>2002</td>
<td>A Massey University survey of 1000 New Zealanders found 73 percent supported assisted suicide for someone with a painful, incurable disease, provided it was a doctor who assisted.</td>
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<td>2003</td>
<td>New Zealand’s second Death with Dignity Bill defeated in parliament 60 to 58 votes.</td>
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<td>2003</td>
<td>In a survey of 2600 General Practitioners (GPs), 39 GPs when asked to discuss the last patient death they were involved with in the preceding 12 months answered yes to the question ‘Was death caused by a drug prescribed, supplied, or administered with the explicit purpose of hastening the end of life or enabling the patient to end their own life?’</td>
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<td>2003</td>
<td>According to Grey Power survey figures released in May 2003, 74.8 per cent of 500 respondents supported voluntary euthanasia in some form, while 25.1 percent opposed it.</td>
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<td>2008</td>
<td>Luxembourg legalised euthanasia</td>
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<td>2008</td>
<td>Washington, USA, legalised physician-assisted dying</td>
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Legal ‘Safeguards’

Most euthanasia enabling legislation contains certain ‘safeguards’ designed to define when and how someone would be eligible for voluntary euthanasia. Depending on the legislation these generally are similar to this example:

The person:

(a) is suffering from a terminal illness;

(b) is unlikely to benefit from the discovery of a cure for that illness during what remains of her life expectancy;

(c) is, as a direct result of the illness, either suffering intolerable pain, or only has available a life that is unacceptably burdensome (because the illness has to be treated in ways that lead to her being unacceptably dependent on others or on technological means of life support);

(d) has an enduring, voluntary and competent wish to die (or has, prior to losing the competence to do so, expressed a wish to die in the event that conditions (a)–(c) are satisfied); and

(e) is unable without assistance to commit suicide.
**COMMON REASONS GIVEN TO JUSTIFY VOLUNTARY EUTHANASIA**

**Unbearable Pain**
This is a commonly used argument for the legalisation of voluntary euthanasia: that people ought not to be forced to suffer unbearable pain when they have a terminal or incurable illness and do not wish to continue to live.6 To avoid untreatable pain, some terminally-ill people have chosen to commit suicide by refusing food and fluids, which is their right.4

Proponents of this view argue that people ought to be able to die with dignity, and that euthanasia can give them that.5 They suggest this is more humane than forcing someone living with great pain to starve themselves to death or continue to live in agony of body or mind.

**The Right to Commit Suicide**
In New Zealand law, suicide itself is not illegal, as a dead person cannot be prosecuted. Proponents of voluntary euthanasia say this implies a ‘right’ to commit suicide. New Zealanders do not have the legal right to assist someone else to suicide.6 Proponents say that a person who has made a conscious decision to commit suicide should be able to enlist the aid of someone else, if they are not able to commit the act unaided. This is seen as simply an extension of their ‘right’ to suicide.

**People Have the Right to Die When and How They Want**
Some consider the right to choose their own time and mode of death the ultimate ‘human right’, and so the denial of that for those unable to take their own life, unaided, is a human rights issue8 i.e. People are being denied a ‘human right’.

One argument used to support this is that we, as a society, have accepted (in law at least) that there can be grounds for abortion, and we regularly promote contraception. We accept the human right of people to decide when life starts, or not, so it is reasonable that we accept people have the human right to choose when to end life.

**Euthanasia Happens—Better to Make It Legal and Regulate It Properly**
There have been medically administered fatal doses of pain medication given in the hope of alleviating pain, and the knowledge that they will hasten death, to many people. The argument is that this should be legalised, and regulated, creating a robust process and empowering medical professionals to legally administer these fatal doses to those requesting them.

‘**Death Is A Private Matter, And If You Are Not Hurting Anyone Else, The State Should Not Interfere**’9

This is a similar argument to the ‘human rights’ one, but has political implications—the state has a mandate to run the affairs of state, but does it have the right to limit the rights of the individual over their own life/death?

**Autonomy**
‘Illness can take away autonomy (the ability to make choices) and dignity, leaving you with no quality of life; euthanasia allows you to take back control in deciding to die.’10 This argument defines ‘quality of life’ as ‘autonomy’, and ‘dignity,’ and suggests that without these one may be better off dead.

**COMMON REASONS GIVEN TO OPPOSE VOLUNTARY EUTHANASIA**

**Protection of the Vulnerable**
Of primary importance is the safety and protection of those who are vulnerable. With increased isolation of the elderly, growing pressure on health care resources and escalating care costs, those at the end of life or with disabilities may experience the increasing feeling that they are a burden.11 Individuals may feel they are causing avoidable suffering for their families and further financial pressure by remaining alive. Thus, the ‘right to die’ may become the ‘duty to die’ as people have to justify their desire to keep on living.12 Major Garth Stevenson states that: ‘By offering some the choice to end their life, even with the best of intentions, we may also be removing a choice from others who may consequently feel pressured to choose an “early exit”.’13

With the acceptance of voluntary euthanasia comes the idea that there is such a thing as ‘a life not worth living.’ This is not comforting news to the disabled, the elderly, or the dying, as they are viewed as a drain on society rather than of value. A group representing disabled persons to the Dutch Parliamentary Committee for Health Care and Justice in 1990 states:

“We feel our lives threatened … We realise that we cost the community a lot … Many people think we are useless … Often we notice that we are being talked into desiring death … We will find it extremely frightening if the new medical legislation includes euthanasia.”14

Clearly, those who responded in this way do not perceive euthanasia as offering either compassion or dignity.

**The ‘Slippery Slope’**
Despite proposed safeguards, it is argued these do not provide adequate protection from abuse or that they will prevent euthanasia from becoming more widely used. If autonomy and ‘the right to choose how and when you die’ is the primary argument for euthanasia, where then does the line get drawn? ‘Once it’s accepted, there is no logical reason why the strict guidelines shouldn’t be challenged and be made available to anyone who wants it.’15 This slippery slope phenomenon is denied by pro-euthanasia advocates,16 but those who oppose voluntary euthanasia believe it to already be occurring in places where euthanasia is legal.17 It is reported that euthanasia has been used on paediatric cancer patients, people with dementia, those suffering untreatable psychiatric illness,18 and that it has also taken place without consent or the explicit request to die from the patient.19
An Ethical Dilemma for Doctors

The New Zealand Medical Association has clearly stated its opposition to voluntary euthanasia and that even if the law changed, they would still consider it to be unethical.20 The association’s Code of Ethics states:

‘Doctors should bear in mind always the obligation of preserving life wherever possible and justifiable, while allowing death to occur with dignity and comfort when it appears to be inevitable.’

Further concerns for doctors include:

• the possibility of incorrect diagnosis—where someone thought to have a terminal illness actually recovers
• the difficulty in accurate prognosis/life expectancy
• determining if a patient has a persistent wish to die, or what if they change their mind?
• potential abuse by medical staff—eg, staff may be influenced by managerial pressures/financial rewards/concealing evidence of medical negligence
• negative psychological effects on doctors and carers.

An Alternative Option – Palliative Care

Some argue that ‘euthanasia is happening already’ in the context of palliative care pain management that may have the secondary effect of hastening death. However, the key difference is that of ‘intention’. The primary intention of palliative care is that of pain relief; whereas, the primary intention of euthanasia is to end life.23 Those who oppose voluntary euthanasia promote effective palliative care as a real solution to the issue at hand.24 New Zealand is considered to have a world-class palliative care system where there should be no reason for a person to suffer intolerable pain.25 ‘Excellence in palliative care is what is needed, not euthanasia.’

BIBLICAL REFLECTION

Some will argue that euthanasia can be seen as a way of protecting the vulnerable from harm. ‘Isn’t the deliberate ending of human life a way to protect a person from suffering?’ Well, no. biblical thought always draws a line between removing suffering and removing the sufferer.27 It has also been said that ‘society’s task is not to eliminate those who suffer, but to find better ways of dealing with their suffering’.28 Many would argue that this is a truer biblical understanding of treating someone with dignity and compassion.

In the story of Job, his wife suggested that it would be ‘better to curse God and die’, a possible suggestion of euthanasia.

What can we learn from the story of Job about human suffering and God’s response?


The Sanctity of Human Life

Human life is sacrosanct because humans are a mysterious expression of God’s being and his image, according to Genesis 1:27. All human beings are made in the image of God, sacred and with an eternal destiny. Therefore, all people have dignity and worth—whatever their circumstances.29 Genesis 9:6 also adds a warning: ‘Whoever sheds human blood, by humans shall their blood be shed; for in the image of God has God made mankind.’

God’s Sovereignty over Life

God is Creator and owner of all things. (Genesis 1:1, Psalm 24:1) As Job 1:21 states: ‘The Lord gave and the Lord has taken away’—God alone is sovereign over life. Psalm 139:16 says that ‘all the days ordained for me were written in your book before one of them came to be’. Jeremiah 10:23 mentions that ‘people’s lives are not their own; it is not for them to direct their steps’.

Taking one’s life intentionally is both a rejection of God’s sovereignty and an attack upon the sanctity of life.

THE SALVATION ARMY POSITIONAL STATEMENT

The Salvation Army believes that euthanasia and assisted suicide undermine human dignity and are morally wrong regardless of age or disability. Euthanasia is not ‘death with dignity’. The Salvation Army believes in the sanctity of human life, considering each person to be of infinite value and each life a gift from God to be cherished, nurtured and redeemed.

‘For many, the end of life is clouded by pain and impaired judgement and it is right to use all and any medical treatment to control pain. The Christian faith puts death into proper perspective as the transition from earthly life to life eternal.’

In this context, The Salvation Army believes that human beings do not have the right to death by their own decision, whether procured by their own act or by the commissioning of another person to secure it.’20
FOR DISCUSSION

John is a 39-year-old father of teenage children who was diagnosed with muscular dystrophy four years ago. The disease has progressed rapidly, leaving him bedridden, barely able to move because of the loss of muscle tissue. He still has full mental capacity to make decisions about his life and wellbeing. John has expressed a desire to die, yet his family is opposed to the idea.

Jill is an 81-year-old widow. She was diagnosed with incurable stomach cancer 12 months ago. The cancer has ravaged her body and her greatest fear is that she will die in intolerable pain. Jill’s one surviving son is himself sick and they are both financially poor. Recently, some of Jill’s friends have been talking about voluntary euthanasia and she wonders if this would save her from being a burden on others.

Jane is a 69-year-old grandmother diagnosed with Parkinson’s disease at age 42. In the past 18 months, she has developed dementia and is now unable to make informed decisions about her body and her greatest fear is that she will die in intolerable pain. Jane has a deeply divided family with some family members pushing for euthanasia while other members are opposed.

Discuss each of these scenarios in light of the issues raised in this Talk Sheet:

• What are the difficulties and challenges presented?

• What are the immediate and wider parties involved? How might euthanasia affect these people?

What moral and ethical issues are presented in each case?

FURTHER READING

THE SALVATION ARMY
www.salvationarmy.org.nz/masic The Salvation Army has compiled a number of links for further reference around euthanasia.

LIFE
www.life.org.nz/euthanasia/ Life is a New Zealand Website that seeks to fairly present all sides of the discussion.

VOLUNTARY EUTHANASIA SOCIETY
www.ves.org.nz The Voluntary Euthanasia Society seeks to promote the legalisation of voluntary euthanasia in New Zealand.

HOPE
www.noeuthanasia.org.au Hope is an Australian Website with the purpose to prevent voluntary euthanasia and assisted suicide.

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• How does biblical and theological reflection speak into these scenarios?

Also consider:

• God the shepherd leading us through the valley of the shadow of death: Psalm 23

• The incarnation of Jesus and his suffering death: Philippians 2:5-11

• Our bodies as temples of God: 1 Corinthians 6:19-20

Endnotes


6 The Crimes Act 1961, Section 63, Section 179.


11 John Kleiman, Legal Euthanasia Kills: Justice For All, Sunday Star Times May 6 2012 OP-08

12 John Wyatt, Matters of Life and Death: Human dilemmas in the light of the Christian faith. (Nottingham, England:IVP, 2009), 205


15 John Wyatt, Matters of Life and Death, 204


19 John Wyatt, Matters of Life and Death, 203

20 Paul Russell – debate in Wellington


23 John Wyatt, Matters of Life and Death, 205

24 Hospice: Preventing Euthanasia and Assisted Suicide, Paper on Euthanasia.


26 Richard Egan, as cited by Thomas M.I, Naolais Dungan, Voluntary Euthanasia in New Zealand: An Analysis of Compassion, Autonomy and Secularism in the Public Sphere, 16 March 2012, p 12


28 John Wyatt, Matters of Life and Death, 215-216.

29 Garth Stevenson, Army Rejects Euthanasia Bill media release

30 http://www.salvationarmy.org.nz/about-us/position-statements/euthanasia/ [Cited 28/05/12]