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Australian Doctors concerned with the drift
of ethics away from moral absolutes

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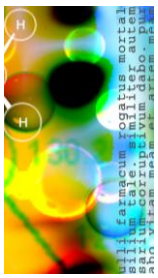

22 November 2010

Dear Member of Parliament,

re Consent to Medical Treatment and Palliative Care (End of Life Arrangements) Amendment Bill 2010

In the best traditions of medicine the doctors of *Medicine With Morality* are resolutely opposed to any laws that permit euthanasia in Australia no matter how particular bills might be framed and the discussion below will give our reasons for this. *For the sake of the future of medicine in Australia please heed these reasons.*

Euthanasia is wrong. Physician assisted suicide is wrong.

We are united in our resolve to care for those who are suffering and for those who are dying but there is a clear demarcation between giving good compassionate medical care to the very end of a patient's life and deliberate interference or assistance for the express purpose of ending that life.

Morally, it is wrong.

It is wrong to kill. It is especially wrong to kill those for whom we have been given a mandate of care. It is even more wrong for doctors to be involved in that killing. It is for very good reason that the Hippocratic Oath states that *I will give no deadly medicine to any one if asked.*

Medically, it is unnecessary.

Although we have compassion for those who are dying and who want euthanasia, true compassion means much more than simple acquiescence to any patient demand. Proper medical and *compassionate care* will help them get past that desire. The option of very good palliative care in this country makes euthanasia unnecessary. *Relief from pain and distress is increasingly achievable and obtainable*. Killing should never be seen as a solution for misery.

Sociologically, it has significant ramifications.

The legalisation of euthanasia has inevitable flow-on consequences for society.

There will be economic pressure on government to reduce palliative care services and for them to be less obtainable. We must not allow the cheaper option of euthanasia to ever become an easy reason to adopt such a course of action. We can and we must ensure quality of care until death's natural end for all Australians.

Likewise we must never put patients in the situation – as in Oregon – where health funds allow funding for physician-assisted suicide but not for treatments that may keep the patient alive.

Legalisation lends 'state' approval for assisted dying as a valid option for people – including the young – to consider what they would otherwise not consider. There is then a wider community attitude and expectation that individuals will choose this option.

Please consider the effect that legislation will have on the doctor-patient relationship. Inevitably there will be pressure on patients to ask for or consent to be euthanased or assisted to suicide even when they want to keep on living. This is the so-called *duty to die* – to relieve emotional, physical or financial distress on relatives or carers involved.

The *duty to die* can also reflect a state or society obligation e.g. the elderly with multiple health problems where there is an expectation that they will agree to be killed because it is better for society.

At the very least this leads to a perception by the patient of ambiguity in the role of the treating doctor and fear that their doctor's attitude might change somewhere along the line of care. Patients may justifiably conclude that doctors would be less enthusiastic in their care if they think the patient should be prepared to die and are supported in this view by society and the law.

The push to extend the 'right to die' from those who are 'mentally competent' to those who are not and to have agents respond on their behalf logically follow-on.

No legislation has been successful in confining euthanasia to those capable of informed consent.

Overseas experience has shown, and the results of enquiries have confirmed, that legislation has never been successful in confining euthanasia only to those capable of informed consent. Five government-sponsored inquiries in England, Canada, USA and Australia into the consequences of legalising euthanasia have been published and all reached the *same* conclusion that such law would *always* be unsafe[1].

In light of this it should be recognised by every member of parliament that if they vote to support this bill, they are inadvertently or otherwise, giving approval to involuntary euthanasia.

Implied approval of the legitimacy of suicide as a solution for distress

The inclusion of physician-assisted suicide in pro-euthanasia legislation sends a wrong message to the community about the legitimacy of suicide as a solution for distress.

Proposed legislations – such as the one before this house – have included terms such as 'intolerable' suffering and thus legitimise suicide where living with a relatively minor condition is considered intolerable by the person seeking euthanasia.

Given the present tragedy of suicide in Australia we must avoid anything that lends 'state' approval for suicide as a valid option thus undermining the good that is being done on so many fronts to combat this. As a nation we must not go down the path of suicide approval. We should make all efforts not to add to the philosophy already apparent in our society: *if things get too hard, I'll just kill myself.*

But it is clear that significant people in the euthanasia and physician assisted suicide lobby want suicide made easy and intend exactly that.

> Ludwig Minelli head of *Dignitas International* claims that suicide and assisted suicide are human rights and then argues

> If the Right to Suicide is a Human Right… we must accept that, in order to make use of this right, there must be no legal requirements other than that the person has the mental capacity needed to decide to end his or her own life. Any conditions which insisted that somebody must be terminally or severely ill would interfere with the essence of that Human Right. Human Rights are, inherently, unconditional.
>
> *Assisted Suicide Backers Mislead the Public* by Wesley J. Smith August 11, 2008, Life News.com

Dr Philip Nitschke also argues that anyone – even troubled teens – should have the right to kill themselves:

> …all people qualify, not just those with the training, knowledge, or resources to find out how to "give away" their life. And someone needs to provide this knowledge, training, or recourse necessary to anyone who wants it, including the depressed, the elderly bereaved, the troubled teen.
>
> *National Review Online*, 5 June 2001
> http://www.nationalreview.com/interrogatory/interrogatory060501.shtml

Further comments on the bill before the house.

Section 35 (1) (b)
The terms "quality of life " and "intolerable to that person" are subjective and would virtually allow any person with readily treatable disease to request and receive euthanasia e.g. an 18 year-old insulin dependent diabetic who doesn't want to face a life of injections.

It should be very clearly understood that this bill – intentionally or not – will allow euthanasia for many more than the usual scenario pictured.

Section 36 (1)
This section is extraordinary given the difficulty in determining "permanent deprivation", the possibility and occurrence of recovery defying all medical predictions to the contrary and the existence of "locked-in syndrome".

The proper role of a doctor is to uphold the value of life in all circumstance, to comfort always, but never to kill or assist in killing. Ethical and moral values that honour our nation should be upheld by all governments. We urge your strong opposition to this bill.

[1]http://www.mercatornet.com/backgrounders/view/euthanasia/

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(signatories follow)