

Euthanasia: Research Paper for Western Australia

Association for Reformed Political Action (July 2017).

What is Euthanasia?

Euthanasia comes from a combination of two Greek words that, when combined, mean “easy death.”¹ Euthanasia is the intentional and direct practice of ending the life of a person, usually a person suffering from a terminal illness. It is most commonly carried out by lethal injection. Another form of euthanasia, physician-assisted suicide, involves a patient self-administering a lethal dose of a drug under the supervision of a physician. Euthanasia is sometimes euphemistically referred to by phrases such as ‘assisted dying’ or ‘freedom of choice at the end of life.’

‘Active’ euthanasia is an intentional and direct act which has as its primary aim the extinction of life. ‘Active’ euthanasia is distinct from what is sometimes called ‘passive’ euthanasia, which is the act of terminating further life-sustaining treatment because it is extreme or futile. In these cases a patient’s death is not caused by the treatment but by the underlying disease or medical condition.² When referring to euthanasia this report refers explicitly to ‘active’ or ‘direct’ euthanasia, as this is the form of euthanasia currently being lobbied for within Australia.³

Although the Association for Reformed Political Action (ARPA) opposes euthanasia, we do not deny the reality of intense pain, horrific suffering and severe loss of dignity that often accompanies death. We also do not believe that life must be prolonged at all costs. However, we do believe that taking active steps to end life is morally wrong, and contend that overseas examples show that the legalisation of euthanasia in any form will lead to inevitable expansion, opening up a Pandora’s box of horrific ethical dilemmas.

Who is pushing for Euthanasia in Western Australia?

Euthanasia for terminally ill patients has recently been promoted by Greens MLC Robin Chapple and Labor MLC Alannah MacTiernan, who pledged to put forward a pro-euthanasia Bill after the March 2017 state election. It was also promoted Dr Alida Lancee, a Byford GP currently under investigation for administering a lethal injection to a patient. Dr Lancee ran as an independent, pro-euthanasia candidate in the March state election.⁴

What is the status of Euthanasia in other Australian states and territories?

Euthanasia not currently legal in any Australian State or Territory. It was legalised briefly in the Northern Territory during 1996 but the laws were made inoperative by Federal legislation in 1997.⁵ Unlike Territories, States are allowed to make their own laws on euthanasia and all Australian states with the exception of Queensland have considered euthanasia. Recent attempts to legalise it in Tasmania in 2013 and June 2017 were unsuccessful, as was an attempt in South Australia in November 2016. Western Australia last considered a euthanasia bill in 2010.

Victoria’s Legislative Council established an ‘Inquiry into End of Life Choices’ in 2015. The committee reported back in 2016, with the majority of committee members recommending the legalisation of euthanasia in certain circumstances.⁶ A final report is expected to go to the Health Minister in July and a vote will be held by the end of 2017.⁷

Cross-party groups in both NSW and Western Australia have been drafting bills.⁸ In Western Australia a motion calling for the establishment of Parliamentary Committee to examine laws for end of life choices is expected to be introduced in August 2017.

¹ From Eu (well) and Thanatos (death) “Euthanasia - Definition of Euthanasia in English | Oxford Dictionaries.” *Oxford Dictionaries | English*. Accessed May 31, 2017. <https://en.oxforddictionaries.com/definition/euthanasia>.

² Wolf, S. M. (2017). Euthanasia. In *World Book Advanced*. <http://worldbookonline.com/advanced/article?id=ar187040>

³ Debate around passive euthanasia is a much more nuanced and sensitive topic, seeking to balance a recognition of God’s will in ending life with the command not to kill. Although outside the scope of this paper it must be acknowledged that believers, seeking to recognise God’s will in also ending life, do not believe that life must be artificially prolonged at all costs. The role of pain-killer medication is also complex, as it can hasten death. For a detailed discussion on the difference between active and passive euthanasia as well as the implications of sedation, see Pouwelse, W. *Like Living Stones*. Winnipeg: Premier Publishing, 1985, pp.93-96.

⁴ “Doctor Targets Barnett,” December 31, 2016. <http://www.perthnow.com.au/news/western-australia/proeuthanasia-doctor-alida-lancee-could-target-colin-barnetts-seat-at-state-election/news-story/943ad3d119175db6f402a1f81bd18e07>.

⁵ For an overview of attempts to introduce euthanasia in Australia and a summary of jurisdictions where it is legal see Australian Human Rights Commission. “Issues Paper: Euthanasia, human rights and the law,” May 2016. <http://www.humanrights.gov.au/our-work/age-discrimination/publications/euthanasia-human-rights-and-law>.

⁶ Legislative Council Legal and Social Issues Committee, Parliament of Victoria. “Inquiry into End of Life Choices, Final Report,” June 2016. http://www.parliament.vic.gov.au/images/stories/committees/SCLSI/EOL_Report/LSIC_58-05_Text_WEB.pdf.

⁷ Yahoo7 News. “Victoria Could Become First State to Legalise Euthanasia.” Accessed May 31, 2017. <https://au.news.yahoo.com/a/35300044/victoria-could-become-first-state-to-legalise-euthanasia/>.

⁸ Nicholls, Sean. “Premier Gladys Berejiklian Silent on Voluntary Assisted Dying Vote.” *The Sydney Morning Herald*, May 16, 2017.

Internationally, euthanasia and physician-assisted suicide are legal in Switzerland (since 1942), the Netherlands (2002), Belgium (2002), Luxembourg (2009), Colombia (2015), Canada (2016) and five US States, beginning with Oregon in 1997.⁹

Why do people want Euthanasia?

Supporters of Voluntary Euthanasia argue that patients with an incurable or terminal illness who are experiencing intolerable suffering should have the option to end their life, generally as an option of last resort.¹⁰ They believe that patients have the right to choose both the timing and manner of their death.¹¹

Advocates for voluntary euthanasia often present first-hand stories of traumatic, painful deaths experienced by family members and friends and are motivated by a desire to never witness such suffering again or experience it themselves.¹² They also claim there is widespread community demand for euthanasia. Lobby group Go Gentle Australia claims that 75% of Australians want euthanasia legalised.¹³ However, other surveys on euthanasia have shown mixed results. An SBS Survey in 2015 found 50.3% support and Right to Life Australia claims support is only 42%.¹⁴ Survey results depend largely on the wording of the question and the format of participation. Support tends to be higher when online survey methods are used, as these under-represent Indigenous and elderly Australians, two groups where support for euthanasia is lower than others.¹⁵

In Western Australia, euthanasia lobby groups are currently advocating for euthanasia in cases of terminal illness and seem to be distancing themselves from more radical euthanasia advocates, such as Phillip Nitschke, who advocate for euthanasia in any circumstance.¹⁶ In general, supporters of Voluntary Euthanasia want it offered as an option in addition to, and not at the expense of, palliative care. They are not necessarily pro-suicide in all cases, and not all seek the liberal application of euthanasia to the extent seen in some European countries.

Are religious arguments against euthanasia relevant?

Euthanasia supporters acknowledge that there are religious objections to euthanasia, but in their literature refer to the universal application of these as religious people, "imposing their beliefs on everyone else."¹⁷ This disingenuously dismisses a portion of the population who have the right to have their beliefs reflected in the democratic process. Furthermore, the strategy of dismissing religious arguments from the public sphere simply because they are religious fails to properly acknowledge the role that religious beliefs have in forming both personal opinions and the moral views of societies as a whole. It is based on a misunderstanding of the separation between church and state. While church and state must be *institutionally* separate, any state and the citizens within it depend on a system of morals and ethics. For thousands of years, religious beliefs have formed the basis for morals and ethics.

All people, atheists and secularists included, have a system of ethics and none of the underlying belief systems, including those which are faith-based, should be dismissed out of hand. There are numerous moral beliefs in a democratic society which are justifiably 'imposed' on a population; for instance, the moral belief that violence and assault are wrong. To dismiss religious arguments from the euthanasia debate because they represent an 'imposition of beliefs' is disingenuous.

<http://www.smh.com.au/nsw/premier-gladys-berejiklian-silent-on-voluntary-assisted-dying-vote-20170516-gw6371.html>.

⁹ Emanuel, Ezekiel. "Euthanasia and Physician-Assisted Suicide: Focus on the Data." *Medical Journal of Australia* 206, no. 8 (2017). <https://www.mja.com.au/journal/2017/206/8/euthanasia-and-physician-assisted-suicide-focus-data#5>.

¹⁰ "Go Gentle Australia." Go Gentle Australia. Accessed May 31, 2017. http://www.gogentleaustralia.org.au/the_facts.

¹¹ Western Australia Voluntary Euthanasia Society. "Factsheet 14c - 'Tips for Talking About VE.'" Accessed January 31, 2017. <http://www.waves.org.au/images/Factsheet-14c-Tips-for-talking-about-VE>.

¹² A prominent example is ABC TV personality Andrew Denton, who is associated with Gentle Australia. See "Go Gentle Australia." Go Gentle Australia. Accessed June 7, 2017. <http://www.gogentleaustralia.org.au/about>.

¹³ "Go Gentle Australia." Go Gentle Australia. Accessed May 31, 2017. http://www.gogentleaustralia.org.au/the_facts.

¹⁴ Mason, Brett, and Calliste Weitenberg. "Allow Me To Die." SBS Dateline, November 24, 2015. <http://www.sbs.com.au/news/dateline/story/allow-me-die>. Right To Life response via Twitter on FactCheck Q&A: Do 80% of Australians and up to 70% of Catholics and Anglicans Support Euthanasia Laws?" *The Conversation*. Accessed June 7, 2017. <http://theconversation.com/factcheck-qanda-do-80-of-australians-and-up-to-70-of-catholics-and-anglicans-support-euthanasia-laws-76079>.

¹⁵ A comprehensive 'FactCheck Q&A' by The Conversation provides a good analysis of opinion polls and variations in public support for euthanasia. See Cartwright, Colleen. "FactCheck Q&A: Do 80% of Australians and up to 70% of Catholics and Anglicans Support Euthanasia Laws?" *The Conversation*. Accessed June 7, 2017. <http://theconversation.com/factcheck-qanda-do-80-of-australians-and-up-to-70-of-catholics-and-anglicans-support-euthanasia-laws-76079>.

¹⁶ "Suicide Doctor out to Advance 'militant pro-Euthanasia Position' with New Organization." LifeSiteNews. Accessed June 7, 2017. <https://www.lifesitenews.com/news/suicide-doctor-out-to-advance-militant-pro-euthanasia-position-with-new-org>.

¹⁷ Western Australia Voluntary Euthanasia Society. "Factsheet 14c - 'Tips for Talking About VE.'" Accessed January 31, 2017. <http://www.waves.org.au/images/Factsheet-14c-Tips-for-talking-about-VE>

What are the arguments against Euthanasia?

Arguments against euthanasia centre around two main themes. Firstly, Reformed Christians believe that deliberate action to end life constitutes murder and is morally wrong. Secondly, legalising euthanasia is a disingenuous response to the issue of end-of life suffering, opening up a Pandora's Box of horrible ethical dilemmas.

Moral arguments against Euthanasia¹⁸:

Human life is sacred.

Christians believe that human beings are made in God's image and have an eternal soul (Genesis 1:26-27). For this reason Christians speak about life having 'sanctity.' Psalm 139 teaches that human beings are "fearfully and wonderfully made." Humans have been given special rules and laws which distinguish them from the animal kingdom and hold them to a higher standard of behaviour. Humans are distinct from animals, which are legitimately euthanised when in pain. Animals are not made in the image of God and do not have an eternal soul. The Bible, in both the Old and New Testament, only ever condones intentionally ending a person's life in the context of legitimate war, self-defence or – in some instances - capital punishment; murder is condemned (Exodus 20:13).

Because human life is sacred, the Bible contains numerous encouragements to care for those who are sick and suffering. Acts of charity, including the establishment of hospitals and healthcare facilities, has long been a feature of Christian ministries. The weak and infirm should be treated with dignity, honour and respect by the generations that follow them (2 Timothy 5:4).

Death is not the end.

The Bible teaches that because people have an eternal soul, death is not the end. Instead, it is a transition to eternal life, either in heaven or hell (Matt 25:31, 41, 46). For those whose sins are not forgiven, death does not mark the end of their suffering (Matt 8:12). For that reason, hastening the death of an unbeliever who has yet to repent may have tragic consequences for his or her eternal life. Luke 23:39-43 contains the well-known story of a thief who, whilst experiencing the agony of crucifixion, repented and asked Jesus to forgive his sins. Mindful of God's wrath and the possibility of conversion until the end of life, Christians never seek to hasten death.

The time of our death is appointed by God

Christians do not believe that death must be resisted at all costs. Indeed, people who are assured of their salvation do not fear death. People like Paul and the prophet Simeon write openly in Scripture about their desire to die and be with God (Philippians 1:23, 2 Corinthians 5:8, Luke 2:29). Hebrews 9:27 speaks about how God has appointed a time for every person to die, and Psalm 139:16 describes how the days of our life are all numbered. Christians believe that Jesus has conquered death and therefore do not fear it. However, they believe that the timing of their death is in God's hands and is not theirs to take when they see fit. King David's response to the soldier who assisted the dying King Saul and killed him at his own request is instructive in the context of euthanasia. In 2 Samuel 1:9-16 David commanded that the soldier be put to death for killing "the Lord's anointed," showing that human life is to be respected even in tragic circumstances.

We do not have a "right" to the time and manner of our death.

The idea that we should have full control over the time and manner of our death is misplaced, for none of us knows the manner and time in which our lives will end. In fact, we are incapable of adding a single hour to our life (Matthew 6:22). Desiring to have control over death is symptomatic of anger and rebellion against God. Insisting on a 'right to die' promotes suicide. Furthermore, Euthanasia does not truly give control over death; rather, it gives in to it. Psalm 104:29-30 describes how God creates souls by sending out His Spirit, and explains how they die when *He* takes away their breath. Ultimately, life and death is in God's providential hand.

Suffering is not futile

Death always involves suffering, be it in the form of pain, fear, anxiety or loss of dignity. Christians do not always understand how God works and why He does what He does (Isaiah 55:8, 9).

¹⁸ Acknowledgment for the structure of arguments and choice of scriptures in this section is based on Lansdown, Andrew. "If People Were Dogs and Other False Arguments for Euthanasia." Life Ministries. Accessed June 7, 2017. <http://www.lifeministries.org.au/pamphlets/if-people-were-dogs-and-other-false-arguments-for-euthanasia/>, and Anderson, Kerby. *Christian Ethics In Plain Language*. Nashville: Thomas Nelson, 2005

While Christians do not welcome suffering, they recognise that it is one of the ways in which God develops endurance, character and hope in his people (Romans 5:3-4). God is not capricious, and although we may not understand why God inflicts suffering we do believe that suffering is purposeful, trusting that God never abandons His people to suffer alone. In fact, it is often during suffering that Christians experience the care of the church of Christ and the nearness of God. The sufferings we currently experience cause us to long with greater desire for a time when there will be no more suffering (Rom 8:18).

Furthermore, suffering is not limited to the end of life. People face suffering at many points in their life due to non-terminal illnesses, bereavement, abandonment, crime, natural disaster and a host of other reasons. If the desire to alleviate suffering is the argument in favour of euthanasia, there is no reason why it should be ruled out for these other circumstances as well.

There is no such thing as a “good death.”

While a death that is painless may be considered “good,” death itself never is. Death only came into the world because of sin (Romans 5:12) and it is described as the last enemy to be destroyed (1 Corinthians 15:26). From a Christian perspective, death is not primarily biological but is a spiritual event with biological consequences.¹⁹ Death occurs when the soul or spirit leaves the body (Ecclesiastes 12:7, James 2:26). Death in any form is the ultimate degradation of human life on this earth. Allowing assisted suicide will not make death good in any sense.

Other Considerations:

In addition to these Bible-informed moral arguments against euthanasia, there are other matters to consider. These matters are so serious that for Christians and non-Christians alike they stand alone as reasons to reject Euthanasia in any form.

Unbearable pain is not the primary reason most patients seek euthanasia.

Despite the impression that euthanasia is commonly sought for people in unbearable pain, statistics in jurisdictions where euthanasia is legal show that pain is not the primary motivation. Oregon, USA, is often cited as an example of how euthanasia laws have operated “successfully” to exclusively assist the terminally ill. However, data from the US state of Oregon over a 17-year period shows that less than 33% of patients who were given assisted suicide did so due to either experienced or feared pain. Rather, the overwhelming reasons cited were loss of autonomy (90% of patients), loss of ability to engage in activities that made life enjoyable (70%) and loss of dignity (70%).²⁰ Despite this, Oregon patients are not routinely referred for psychological help; in 2015 only 5 of 132 euthanasia patients were referred for psychiatric evaluation.²¹

A 2005 study of terminally-ill cancer patients in the Netherlands who were euthanised found that most of them were experiencing depression and few were experiencing pain. Because it is used to ‘treat’ psychological suffering instead of pain in the majority of cases, euthanasia has more characteristics of suicide than of palliative care.²²

Palliative care already allows for dignity in death.

Effective palliative care is the best way of providing compassion and dignity in death. To characterise euthanasia as ‘dying with dignity’ is disingenuous because in most cases, effective, high-quality palliative care can reduce patients’ fears and alleviate the symptoms and pain associated with the dying process.²³ According to Professor Peter Hudson from St Vincent’s centre for Palliative Care in Victoria, when quality palliative care is provided less than 1% of people desire euthanasia or assisted suicide, even in jurisdictions where it is available.²⁴

¹⁹ Anderson, Kerby. *Christian Ethics In Plain Language*. Nashville: Thomas Nelson, 2005, p.63

²⁰ Emanuel, Ezekiel. “Euthanasia and Physician-Assisted Suicide: Focus on the Data.” *Medical Journal of Australia* 206, no. 8 (2017), p.1. <https://www.mja.com.au/journal/2017/206/8/euthanasia-and-physician-assisted-suicide-focus-data#5>

²¹ Oregon Public Health Division. “Oregon Death With Dignity Act: 2015 Data Summary,” February 4, 2016.

<http://public.health.oregon.gov?ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year18.pdf>.

²² Emanuel, Ezekiel. “Euthanasia and Physician-Assisted Suicide: Focus on the Data.” *Medical Journal of Australia* 206, no. 8 (2017), p.2.

<https://www.mja.com.au/journal/2017/206/8/euthanasia-and-physician-assisted-suicide-focus-data#5>.

²³ British Medical Association (BMA). “BMA - Physician-Assisted Dying.” Accessed June 7, 2017.

<https://www.bma.org.uk/advice/employment/ethics/ethics-a-to-z/physician-assisted-dying>.

²⁴ Nightingale, Tom. “Doctors Warn Victoria against Legalising Euthanasia.” *Text*. ABC News, December 5, 2016. <http://www.abc.net.au/news/2016->

Euthanasia constitutes a monumental shift in public health policy that should not be progressed without first undertaking a thorough review of access and funding of palliative care. In responding to the issue of Euthanasia, Palliative Care Australia has stated that euthanasia and physician-assisted suicide is not part of palliative care and has also called for more public awareness and engagement with palliative care.²⁵ It is a lamentable irony that euthanasia ‘safeguards’ often provide euthanasia recipients with more access to clinical support (multiple physicians, access to social workers etc) than is available to terminally-ill patients who are seeking palliative care.

Euthanasia ‘Safeguards’ are open to interpretation and do not guarantee that innocent people will not be killed.

The presence of ‘safeguards’ to mitigate abuse implies that the death of innocent people is an inherent risk of legalised euthanasia. The possibility of even one wrongful death should be enough to call the legitimacy of the whole practice of assisted suicide into question. The law should protect all citizens equally, especially citizens who are vulnerable to abuse. These principles are recognised in Australia’s legal system, where the possibility of death due to wrongful conviction is one of the main reasons Australia no longer practices capital punishment. The underlying assumption is that it is better to free someone who is guilty than to convict and execute somebody who is innocent. Applying this principle to euthanasia, it is better that some impending deaths are not hastened and instead are allowed (with pain management) to run their natural course than it is to run the risk of one vulnerable person being euthanized against his or her will.

In addition, safeguards depend on definitions and timeframes, which can be difficult to specifically define and may be open to dispute. Words like “terminal” and “unbearable” need to be specifically defined and definitions are not universally agreed-on. In the Netherlands, “unbearable suffering” as defined for the purpose of euthanasia includes people with Spina Bifida, despite the fact that many Spina Bifida sufferers lead fulfilled lives.²⁶ If euthanasia is allowed for those expected to die within a certain time-frame, there is no way that this time frame can be defined with complete certainty.

Finally, safeguards on euthanasia require enforcement in order to be effective. Overseas examples show that enforcement and prosecution rarely occur. In Quebec, Canada, a review by that province’s college of physicians found 21 of 262 patients euthanized during an eight month period in 2016 were euthanised in breach of the legal requirements. In 18 cases the second doctor was not considered independent, in two cases patients were not considered at the “end of life” and in one case there was a failure to prove the patient had a serious and incurable illness.²⁷ Despite the breaches and the possibility of homicide, no doctor has faced discipline and no police investigations have occurred into any of the illegal deaths.²⁸ Analysis is difficult for Belgium, which simply classifies euthanasia deaths as “natural deaths.” However, its Euthanasia Control Commission has not reviewed any deaths in 13 years.²⁹ Even if they were done properly, reviews of euthanasia cases by definition only take place *after* the patient has already died, meaning that even if it is found to be wrongful, the act of euthanasia can never be undone.

Euthanasia does not guarantee a painless death.

Examples of traumatic deaths as a result of terminal illness feature heavily in pro-euthanasia arguments. While it is true that euthanasia may provide a tranquil death for many, equally distressing stories can also be found describing horrific deaths caused by legal euthanasia. No

12-05/doctors-warn-against-euthanasia-move/8091718.

²⁵ Palliative Care Australia (PCA). “Euthanasia and Physician Assisted Suicide: Position Statement,” August 2016. <http://palliativecare.org.au/download/2448/>.

²⁶ Valley, Paul. “Child Euthanasia: Too Hard to Live, Too Young to Die.” The Independent, February 16, 2014. <http://www.independent.co.uk/life-style/health-and-families/health-news/child-euthanasia-too-hard-to-live-too-young-to-die-9131089.html>.

²⁷ Peritz, Ingrid. “Quebec’s Assisted-Death Requests to Top 300 by 2017.” The Globe And Mail, October 27, 2016.

<https://www.theglobeandmail.com/news/national/quebecs-assisted-death-requests-to-top-300---three-times-governments-forecast/article32561209/>.

²⁸ Kirkey, Sharon. “‘Take My Name off the List, I Can’t Do Any More’: Some Doctors Backing out of Assisted Death.” National Post, February 26, 2017. <http://news.nationalpost.com/news/0227-na-euthanasia>.

²⁹ Mason, Brett, and Calliste Weitenberg. “Allow Me To Die.” SBS Dateline, November 24, 2015. <http://www.sbs.com.au/news/dateline/story/allow-me-die>.

medical procedure is free of the potential for complications. A study of euthanasia and assisted-suicide deaths in the Netherlands since the year 2000 found that 5.5% of euthanasia and assisted-suicide cases had some form of technical problem, 3.7% had a complication and 6.9% of cases had an issue with completing the procedure. Complications included nausea, vomiting and muscle spasms. 1.1% of patients did not even die but awoke from a coma.³⁰ In the United States, an Oregon patient who took his legally-prescribed euthanasia dose woke up after three days in a coma and spent another 13 days in extreme pain.³¹

Euthanasia does not lower suicide rates.

Submissions by Victoria's Coroner's Court into that state's current euthanasia debate have opened up the horrific reality that many people experiencing "irreversible decline" in their physical health are taking their own lives. Between 2009 and 2013 an estimated 240 people are believed to have suicided in that state because of deteriorating health.³² Euthanasia advocates argue that if the government does not sanction assisted-suicide, people in desperate circumstances will do it anyway, often using horrific methods.

While these situations are incredibly tragic, and highlight an urgent need to keep supporting suicide prevention strategies, making euthanasia available only endorses suicide as a legitimate response to suffering. Furthermore, overseas examples show that introducing euthanasia will not reduce suicide rates and may even increase them. A comprehensive study of state-level suicide rates in the US between 1990 and 2013 found that legalising euthanasia and physician-assisted suicide caused a 6.3% increase in total suicides, with a larger effect in individuals older than 65. This suggests that legalisation does not inhibit non-assisted suicide and that it possibly increases the inclination to suicide in some individuals.³³ Furthermore, not every individual who desires to end their life through euthanasia will be granted permission to do so, meaning some people may continue to suicide at their own hand. Even liberal countries do not honour all euthanasia requests: the Netherlands approves 45% of requests and Belgium 77%.³⁴

Euthanasia cheapens the 'value' of life by linking it to a supposed 'quality' of life.

Euthanasia opens up a dangerous dilemma where society is called to judge which lives are proper candidates for termination and which are not. Philosophically, and despite denial by euthanasia supporters, it undermines much of the work by anti-suicide campaigners as well as those campaigning for the rights of people with disabilities. The value of life does not vary depending on the circumstances or 'quality' it is in. The value of human life is absolute. To say that human beings have the right to determine what we will or will not put up with in life, and to kill ourselves in certain circumstances, promotes a culture of death, legalising and legitimising a form of suicide. The value of life should never be determined by what a person can do or by what "benefit" society can gain from a person's existence.

Euthanasia has dire implications for the safety of the elderly.

Any process of legalised euthanasia would be complex to administer. It would involve seeking permission, receiving counselling, obtaining the drug and administering/supervising the assisted-suicide. Within each of these steps there is a real danger that vulnerable patients could be pressured into euthanasia or even euthanised without giving proper consent. By necessity, the decision-making, consent and administration of euthanasia involves third-parties such as medical professionals, regulatory bodies and a patient's relatives.

³⁰ Emanuel, Ezekiel. "Euthanasia and Physician-Assisted Suicide: Focus on the Data." *Medical Journal of Australia* 206, no. 8 (2017), p. 2. <https://www.mja.com.au/journal/2017/206/8/euthanasia-and-physician-assisted-suicide-focus-data#5>.

³¹ Rawstorne, Tom. "The Chilling Truth about the City Where They Pay People to Die." *Mail Online*, August 10, 2009. <http://www.dailymail.co.uk/debate/article-1205138/The-chilling-truth-city-pay-people-die.html>.

³² Tomazin, Farrah. "Dying with Dignity: Coroners Court Weighs in to Euthanasia Debate ahead of Historic Report." *The Age*, May 28, 2016. <http://www.theage.com.au/victoria/dying-with-dignity-coroners-court-weighs-in-to-euthanasia-debate-ahead-of-historic-report-20160527-gp62c7.html>.

³³ Jones, David Albert, and David Paton. "How Does Legalization of Physician-Assisted Suicide Affect Rates of Suicide?" *Southern Medical Association* 108, no. 10 October 2015 (October 10, 2015): 599–604.

³⁴ Emanuel, Ezekiel. "Euthanasia and Physician-Assisted Suicide: Focus on the Data." *Medical Journal of Australia* 206, no. 8 (2017), p.1. <https://www.mja.com.au/journal/2017/206/8/euthanasia-and-physician-assisted-suicide-focus-data#5>.

Current statistics on elder abuse in developed countries in general, and Australia in particular, indicate that this potential for abuse is very real. Elder Abuse is generally defined as an action or lack of action which causes harm within a relationship where there is an expectation of trust. The 2014 Australian Longitudinal Study of Women's Health, found that 8% of elderly women in Australia aged 85 and above had experienced abuse, that up to 20% had experienced neglect, and that most abuse was intergenerational and conducted by adult children.³⁵ Australian research into calls made to elder-abuse hotlines in VIC, NSW and QLD found that most prevalent forms of abuse reported to these hotlines were financial (40-61%) and psychological (35-59%), with children featuring highly as perpetrators of abuse in these categories.³⁶ Legalising euthanasia in any form creates a possibility that some vulnerable Australians could be manipulated into it for the financial gain of others, particularly family members. In that sense a choice could be 'voluntary' by the patient but made under pressure by family. In July 2015 a Dutch Professor, Theo Boer (a member of one of the panels that reviews euthanasia in the Netherlands), reviewed 4000 case files and concluded that in 20% of cases the decision to proceed with euthanasia was influenced by family members.³⁷

A right to die can easily become a duty to die.

The legalisation of euthanasia could cause certain vulnerable people groups, including the terminally-ill and depressed, to feel that they have a duty to die, especially if its legalisation means doctors can present it to them as an option. State records show that in 2015, 48.1% of Oregon patients gave as one of their reasons for seeking euthanasia that they were a burden on their family, friends or caregivers.³⁸

Euthanasia is contrary to medical ethics.

The Australian Medical Association is opposed to euthanasia.³⁹ The British Medical Association is also against all forms of assisted dying, saying in June 2016 that shortening life is "contrary to the ethics of clinical practice."⁴⁰

Euthanasia creates the potential for distrust between patients and medical staff as well as the potential for conflicts of interest in an environment where the costs of medical care are under scrutiny. Examples exist in overseas jurisdictions of individuals being denied chemotherapy for cancer as it is deemed too expensive in relation to the cheaper cost of euthanasia medication.⁴¹ It also places elderly patients in a vulnerable position as these patients may fear seeking medical assistance until their situation becomes desperate.

Participating in euthanasia has a profound effect on doctors. In Ontario (Canada), one in three doctors who were willing to administer euthanasia when it was legalised in June 2016 had asked to be removed from the registry by February 2017 or have their names put on hold. Of the 29,898 registered physicians in the province, only 107 physicians are currently willing to administer euthanasia.⁴²

³⁵ Australian Longitudinal Study on Women's Health. (2014). *1921–26 cohort: Summary 1996–2013*. Callaghan, NSW & Herston, Qld: University of Newcastle and the University of Queensland, cited in pp 9, 10 of Kaspiew, Rae, Rachel Carson, and Helen Rhoades. "Elder Abuse: Understanding Issues, Frameworks and Responses." Australian Institute of Family Studies, February 2016. <https://aifs.gov.au/publications/elder-abuse/1-introduction>.

³⁶ Kaspiew, Rae, Rachel Carson, and Helen Rhoades. "Elder Abuse: Understanding Issues, Frameworks and Responses." Australian Institute of Family Studies, February 2016. <https://aifs.gov.au/publications/elder-abuse/1-introduction>.

³⁷ "Pressure on Patients Is Cause for Concern: Euthanasia Expert." *DutchNews.nl*, July 3, 2015. <http://www.dutchnews.nl/news/archives/2015/07/pressure-on-patients-is-cause-for-concern-euthanasia-expert/>.

³⁸ Oregon Public Health Division. "Oregon Death With Dignity Act: 2015 Data Summary," February 4, 2016. <http://public.health.oregon.gov?ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year18.pdf>.

³⁹ Australian Medical Association. "Transcript: Dr Gannon, RN Breakfast - Euthanasia." Australian Medical Association, November 24, 2016. <https://ama.com.au/tags/euthanasia>

⁴⁰ British Medical Association (BMA). "BMA - Physician-Assisted Dying." Accessed June 7, 2017. <https://www.bma.org.uk/advice/employment/ethics/ethics-a-to-z/physician-assisted-dying>.

⁴¹ Rawstorne, Tom. "The Chilling Truth about the City Where They Pay People to Die." Mail Online, August 10, 2009. <http://www.dailymail.co.uk/debate/article-1205138/The-chilling-truth-city-pay-people-die.html>

⁴² Kirkey, Sharon. "'Take My Name off the List, I Can't Do Any More': Some Doctors Backing out of Assisted Death." National Post, February 26, 2017. <http://news.nationalpost.com/news/0227-na-euthanasia> and Canadian Medical Association. "Physicians by Province/Territory and Speciality." Accessed June 7, 2017. <https://www.cma.ca/En/Pages/canadian-physician-statistics.aspx>.

Legalising euthanasia leads to calls for its expansion.

The introduction of Euthanasia in any form normalises suicide as an acceptable response to human suffering. With this principle as its basis there is no logical reason why it must be restricted to terminal illness. Overseas precedents show that, once legalised in a limited form, euthanasia increases in scope in every jurisdiction where it has been legalised. No euthanasia proposals presented in Australia to date have addressed how Australia will not follow the trends of overseas countries where the supply of euthanasia has stirred its demand. Once adopted in a restricted form, there is always the possibility of an amendment to expand euthanasia and remove or amend the restrictions.

The Netherlands legalised euthanasia in 2002. At that time the Netherlands required explicit patient consent prior to administration of medication, but in 2015 changed the law to allow the euthanasia of dementia patients if they had requested it prior to their dementia.⁴³ Furthermore, the definition of “hopeless and unbearable suffering,” has become so broad in the Netherlands that euthanasia is now permitted in cases of “suffering” from alcoholism.⁴⁴ Former supporters of the law, including some high-ranking professors, are alarmed at how quickly a method seen as an option of last resort is becoming demanded as a right, placing pressure on doctors.⁴⁵ In 2017, the Netherlands is considering a change to the law which would allow anybody over the age of 75 the right to assisted suicide by virtue of their age.⁴⁶

In Belgium, euthanasia was also legalised for adults in 2002 but was expanded to children of any age in 2014.⁴⁷ The scope of expansion there is the most an alarming example of how setting up a mechanism for state-sanctioned killing in some form allows for the possibility that it will be expanded and legalised beyond the original intent. Belgium also euthanizes on the basis of tinnitus, blindness, and ‘psychological suffering’ including the fear of entering a nursing home. Even though none of these situations were initially intended when the law was drafted, they have since been included.⁴⁸ According to Dr Wim Distelmans, Belgium’s principle euthanasia advocate, expansion of euthanasia is “imperative” because “suffering has no limits.” Whilst Australia is culturally different from Belgium and the Netherlands, we share the same human nature and similar aspirations. In other social policy debates, such as the debate for same-sex marriage, these European countries are often held up as a model for Australia to follow. Euthanasia advocates dismiss concerns about euthanasia in Belgium and the Netherlands too quickly.

The US state of Oregon limits euthanasia to terminally-ill patients and for the last twenty years has required patients to self-administer their fatal dosage. As a result, it is often held up by Australian euthanasia advocates as a more desirable model than European jurisdictions. However, Oregon’s legislature faced demands in 2015 to modify the definition of terminal disease and in 2017 a bill is being debated which would allow patients to make advance directives authorising others to administer the medication.⁴⁹ Similar demands have been made in other US states.

The potential for expansion in Australia has already been demonstrated by the way the euthanasia debate is taking shape in Victoria. Dr Rodney Syme, a euthanasia campaigner and Australian Humanist of the Year 2017, has publicly written that proposed limitations in Victoria’s euthanasia

⁴³ Pieters, Janene. “Euthanasia Rarely Approved for Advanced Dementia Patients, despite Lucid Requests.” *NL Times*, January 6, 2017. <http://nltimes.nl/2017/01/06/euthanasia-rarely-approved-advanced-dementia-patients-despite-lucid-requests>.

⁴⁴ Embury-Dennis, Tom. “Man Euthanised Because He’s an Alcoholic.” *The Independent*, November 29, 2016. <http://www.independent.co.uk/news/world/europe/man-holland-netherlands-dutch-euthanised-alcohol-addiction-alcoholic-netherlands-a7446256.html>.

⁴⁵ Miller, Barbara. “Euthanasia in the Netherlands: One Family’s Experience of a Loved One’s Assisted Suicide.” Text. *ABC News*, April 10, 2015. <http://www.abc.net.au/news/2015-04-10/one-familys-experience-of-assisted-suicide/6381604>.

⁴⁶ “Assisted Dying Could Be Legalised for over-75s Who Have Had ‘Enough of Life.’” *DutchNews.nl*, December 19, 2016. <http://www.dutchnews.nl/news/archives/2016/12/assisted-dying-could-be-legalised-for-over-75s-who-have-had-enough-of-life/>.

⁴⁷ White, Ben, and Lindy Willmott. “Belgium’s Child Euthanasia Law – Implications for Australia.” *The Conversation*. Accessed June 14, 2017. <http://theconversation.com/belgiums-child-euthanasia-law-implications-for-australia-23250>.

⁴⁸ Mason, Brett, and Calliste Weitenberg. “Allow Me To Die.” *SBS Dateline*, November 24, 2015. <http://www.sbs.com.au/news/dateline/story/allow-me-die>.

⁴⁹ 2015: “Tracking House Bill 3337 in the Oregon Legislature.” *Your Government :: The Oregonian*. Accessed June 14, 2017. <http://gov.oregonlive.com/bill/2015/HB3337/>.

2017: “Oregon Revised Statute.” Accessed June 14, 2017.

<https://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Pages/ors.aspx>.

model limiting the practice to those with “serious and incurable conditions” and “endurable and unbearable suffering” conflicts with the proposal’s other requirement that the patient have only “weeks or months to live.” Dr Syme argues that this discriminates against those who have an “ill-defined trajectory to death”, and thus the definitions should be broadened.⁵⁰ Suspicions of ulterior motives to expand euthanasia at a later date have also been fanned by Victoria’s Health Minister, who stated that “*Politicians need to ask themselves: is it about being pure or is it about saying ‘let’s get the best result we can?’*”⁵¹ If limited euthanasia is not “pure,” it is hard to see how there could not be future demands for legislation to be ‘purified’ by expanding the illegibility criteria.

Ultimately, if patient choice, freedom from suffering and a right to die are the determining factors in promoting euthanasia, there is no logical reason why it should only be limited to the terminally ill. There is a fine line between chronic illness and terminal illness, between physical suffering and psychological suffering. Stories about the expansion of euthanasia to groups beyond the terminally ill in other jurisdictions are thus extremely relevant to Australia.

Pro-euthanasia supporters do not have the monopoly on compelling stories.

Compelling personal stories are not the exclusive domain of the pro-euthanasia lobby. Equally powerful stories illustrate the dangers of legalised euthanasia. For instance, in the Netherlands, a story surfaced in January 2017 of a dementia patient who ‘woke up’ during her euthanasia and resisted the efforts to end her life so violently her family had to hold her down while her lethal injection was administered.⁵² The patient’s doctor had put a sedative in her coffee without telling her. The sole basis for the doctor’s decision to euthanise her was a phrase in the patient’s will that she would consider euthanasia “when I myself find it the right time.” More disturbing is that the doctor ignored the woman’s verbal instructions, made several times in the previous days and recorded in her case notes, that she did not want to die. A Dutch ethics board reviewing the case advised that the doctor should have stopped the procedure but did not punish her because she had acted “in good faith.”

Disability advocates are amongst those most fearful of legalised euthanasia. This is because people with a disability experience on a day-to-day basis many of the things that euthanasia advocates fear in their future, such as a loss of autonomy and an inability to care for one’s own basic needs. Disability advocates are concerned that legalisation of euthanasia legitimises the notion that some lives are less fulfilling than others and introduces a double-standard where ultimately the benefit to the few will be outweighed by the risks to the many. Most prominently is comedian Liz Carr, who wrote ‘Assisted Suicide – The Musical’. Her March 2017 interview with ABC Mornings can be found at <https://youtu.be/pLBVhXtOUCQ> and her statement in the Victorian Parliament at <https://youtu.be/sRE6Zwq62vc>

A compelling SBS Dateline documentary, *Allow Me To Die*, follows the paths of European patients considering euthanasia and includes footage of an elderly woman being voluntarily euthanised. It is available via <http://www.sbs.com.au/ondemand/video/525605443844/AllowMeToDie>

Legalising Euthanasia leads to other ethical issues having to be resolved.

The issue of organ donation gives an example of the other ethical implications that arise from euthanasia. Belgium, the Netherlands and Canada all allow for the harvesting of organs from euthanasia patients who have consented to the practice. Euthanasia patients are desirable because they do not have delays in organ procurement unlike patients whose life support is withdrawn and actual death can take two to three hours.⁵³ It is possible that having the recipient of an organ

⁵⁰ Syme, Rodney. “New Legal Framework Needed for Assisted Dying.” *The Age*, March 4, 2017. <http://www.theage.com.au/comment/new-legal-framework-needed-for-assisted-dying-20170302-gup4ty.html>.

⁵¹ Brown, Greg. “Go Softly Or Law Will Fail.” *The Australian*, September 26, 2016. <http://www.theaustralian.com.au/national-affairs/state-politics/euthanasia-reform-go-softly-or-law-will-fail/news-story/dad2497a07412eb1af9166767dd2df6b>.

⁵² “Panel Clears Dutch Doctor Who Asked Family to Hold Patient down as She Carried out Euthanasia Procedure.” *The Telegraph*, January 28, 2017. <http://www.telegraph.co.uk/news/2017/01/28/panel-clears-dutch-doctor-asked-family-hold-patient-carried/>. See also Somerville in Somerville, Margaret. “MercatorNet: The Importance of Stories in the Euthanasia Debate.” *MercatorNet*. Accessed June 14, 2017. <https://www.mercatornet.com/careful/view/the-importance-of-stories-in-the-euthanasia-debate/19452>.

⁵³ “If somebody has organs that would be appropriate to donate, you’ll never get better organs than you would by this process” - Dr James Downar, a Toronto-based critical-care doctor who is co-chair of a Canadian Blood Services Committee developing organ donation guidelines for “conscious

arranged and perhaps medically prepared induces a sense of obligation on person considering assisted-suicide or medical staff to continue the procedure which has been set in motion.

Consideration needs to be given to conscientious objectors, including doctors, nurses, pharmacy staff and organ donation recipients. For many, their beliefs will prevent them from even referring a patient to a euthanasia provider. In June 2017 a Canadian nurse was forced to resign from her position as a homecare coordinator because she could not comply with laws in the province of Ontario which make it mandatory for doctors and nurses to assist patients who request euthanasia.⁵⁴

Finally, there is also the issue of patients who may seek euthanasia against the wishes of their children. Will confidentially laws prohibit consultation with family members? Bearing in mind the close nature of a patient-doctor relationship, can there be safeguards to protect a patient from a pro-euthanasia doctor's ideology?

Conclusion

Death is an unpleasant reality of a broken world. No matter how noble the desire to reduce the suffering associated with death may be, the legalisation of euthanasia in any form is not a solution and carries the potential for enormous harm. Christian opposition to euthanasia is grounded in the belief that human life is sacred and that human beings do not have the right to decide the time and manner of their death. Euthanasia violates the fundamental principle that all human life is to be protected regardless of age or ability. Christians believe that death marks a transition to a state of either heaven, or hell. Suffering, which is not limited to the time of death but experienced throughout life, is not pleasant to endure but can be carried in God's strength. Vulnerable people, including the frail and elderly, are to be afforded every protection possible and treated with the utmost dignity.

While faith forms the bedrock of our opposition to euthanasia, research into jurisdictions where euthanasia has been legalised gives cause for additional concern. While unbearable pain features heavily in the pro-euthanasia narrative, most people seeking euthanasia do so not for physical but for psychological reasons, including the loss of autonomy. Because euthanasia is essentially a response to suffering, its expansion in any jurisdiction is inevitable and demonstrated by numerous overseas precedents. Because euthanasia is a form of state-sanctioned killing, it by necessity depends on safeguards, but the definitions that underpin these safeguards are often subjective and, when breached, are rarely enforced. In that regard, the idea that euthanasia is always an individual's choice is an illusion. Evidence shows that euthanasia does not guarantee a painless death in all cases and that it does not decrease suicide rates. In fact, euthanasia legitimises suicide by assigning 'value' to life based on its supposed 'quality.' Euthanasia has dire implications for vulnerable groups both now and in the future, especially the elderly. Elder abuse, particularly by family members, is a known and growing problem in Australia and the possibility remains of a person being euthanized against his or her wishes. Furthermore, in a context where an increasingly ageing population places burdens on the medical system, a right to die can easily be perceived as a duty to die. Legalised euthanasia opens up a Pandora's box of further ethical dilemmas. Once legalised, there is no objective boundary for limiting its expansion and determining which people may or may not die. Demands for expansion will be inevitable. There will be ongoing debates around the rights of children, the use of donated organs from euthanised persons and the rights of doctors and medical staff who want no part in the procedure.

Instead of legalising euthanasia, politicians should do all they can to elevate access and funding to palliative care, which will alleviate most of the fear surrounding the end of life and serve to elevate compassion in society, not only for the dying but for vulnerable groups in general, including the disabled and those contemplating suicide. There is perhaps the potential for Western Australia to investigate and give legislative clarification for situations where doctors administer pain medication to patients in great suffering, with the primary aim of relieving suffering, but where a secondary result is that the patient's life is shortened.⁵⁵ However, this is far different to any legislation which allows state-sanctioned death to be deliberately administered as part of medical care.

competent patients." See Kirkey, Sharon. "Doctors Harvesting Organs from Canadian Patients Who Underwent Medically Assisted Death." *National Post*. Accessed June 14, 2017. <http://news.nationalpost.com/health/doctors-harvesting-organs-from-canadian-patients-who-underwent-medically-assisted-death>.

⁵⁴ Baklinski, Pete. "Canadian Nurse Forced out for Refusing to Participate in Euthanasia | NRL News Today," June 15, 2017. <http://www.nationalrighttolifeneews.org/news/2017/06/canadian-nurse-forced-out-for-refusing-to-participate-in-euthanasia/>

⁵⁵ Australian Human Rights Commission. "Issues Paper: Euthanasia, human rights and the law," May 2016. <http://www.humanrights.gov.au/our-work/age-discrimination/publications/euthanasia-human-rights-and-law>.

Author: Laurence Van der Plas
Research Officer: ARPA Australia

Bibliography

Anderson, Kerby. *Christian Ethics In Plain Language*. Nashville: Thomas Nelson, 2005.

"Assisted Dying Could Be Legalised for over-75s Who Have Had 'Enough of Life.'" *DutchNews.nl*, December 19, 2016. <http://www.dutchnews.nl/news/archives/2016/12/assisted-dying-could-be-legalised-for-over-75s-who-have-had-enough-of-life/>.

Australian Human Rights Commission. "Issues Paper: Euthanasia, human rights and the law," May 2016. <http://www.humanrights.gov.au/our-work/age-discrimination/publications/euthanasia-human-rights-and-law>.

Australian Medical Association. "Transcript: Dr Gannon, RN Breakfast - Euthanasia." *Australian Medical Association*, November 24, 2016. <https://ama.com.au/tags/euthanasia>.

Baklinski, Pete. "Canadian Nurse Forced out for Refusing to Participate in Euthanasia | NRL News Today," June 15, 2017. <http://www.nationalrighttolifefews.org/news/2017/06/canadian-nurse-forced-out-for-refusing-to-participate-in-euthanasia/>

British Medical Association (BMA). "BMA - Physician-Assisted Dying." Accessed June 7, 2017. <https://www.bma.org.uk/advice/employment/ethics/ethics-a-to-z/physician-assisted-dying>.

Brown, Greg. "Go Softly Or Law Will Fail." *The Australian*, September 26, 2016. <http://www.theaustralian.com.au/national-affairs/state-politics/euthanasia-reform-go-softly-or-law-will-fail/news-story/dad2497a07412eb1af9166767dd2df6b>.

Canadian Medical Association. "Physicians by Province/Territory and Speciality." Accessed June 7, 2017. <https://www.cma.ca/En/Pages/canadian-physician-statistics.aspx>.

Cartwright, Colleen. "FactCheck Q&A: Do 80% of Australians and up to 70% of Catholics and Anglicans Support Euthanasia Laws?" *The Conversation*. Accessed June 7, 2017. <http://theconversation.com/factcheck-qanda-do-80-of-australians-and-up-to-70-of-catholics-and-anglicans-support-euthanasia-laws-76079>.

"Doctor Targets Barnett," December 31, 2016. <http://www.perthnow.com.au/news/western-australia/proeuthanasia-doctor-alida-lancee-could-target-colin-barnetts-seat-at-state-election/news-story/943ad3d119175db6f402a1f81bd18e07>.

Emanuel, Ezekiel. "Euthanasia and Physician-Assisted Suicide: Focus on the Data." *Medical Journal of Australia* 206, no. 8 (2017). <https://www.mja.com.au/journal/2017/206/8/euthanasia-and-physician-assisted-suicide-focus-data#5>.

Embury-Dennis, Tom. "Man Euthanised Because He's an Alcoholic." *The Independent*, November 29, 2016. <http://www.independent.co.uk/news/world/europe/man-holland-netherlands-dutch-euthanised-alcohol-addiction-alcoholic-netherlands-a7446256.html>.

"Euthanasia | Article | World Book Student." Accessed May 31, 2017. <http://worldbookonline.com/student/article?id=ar187040&st=euthanasia#tab=homepage>.

"Euthanasia - Definition of Euthanasia in English | Oxford Dictionaries." *Oxford Dictionaries | English*. Accessed May 31, 2017. <https://en.oxforddictionaries.com/definition/euthanasia>.

"Go Gentle Australia." *Go Gentle Australia*. Accessed May 31, 2017. http://www.gogentleaustralia.org.au/the_facts.

"Go Gentle Australia." *Go Gentle Australia*. Accessed June 7, 2017. <http://www.gogentleaustralia.org.au/about>.

Jones, David Albert, and David Paton. "How Does Legalization of Physician-Assisted Suicide Affect Rates of Suicide?" *Southern Medical Association* 108, no. 10 October 2015 (October 10, 2015): 599–604.

Kaspiew, R., Carson, R. and Rhoades, H. "Elder Abuse: Understanding Issues, Frameworks and Responses." Text. Australian Institute of Family Studies, February 2016. <https://aifs.gov.au/publications/elder-abuse/1-introduction>.

Kirkey, Sharon. "Doctors Harvesting Organs from Canadian Patients Who Underwent Medically Assisted Death." *National Post*. Accessed June 14, 2017. <http://news.nationalpost.com/health/doctors-harvesting-organs-from-canadian-patients-who-underwent-medically-assisted-death>.

Kirkey, Sharon. "'Take My Name off the List, I Can't Do Any More': Some Doctors Backing out of Assisted Death." *National Post*, February 26, 2017. <http://news.nationalpost.com/news/0227-na-euthanasia>.

Lansdown, Andrew. "If People Were Dogs and Other False Arguments for Euthanasia." *Life Ministries*. Accessed June 7, 2017. <http://www.lifeministries.org.au/pamphlets/if-people-were-dogs-and-other-false-arguments-for-euthanasia/>.

Legislative Council Legal and Social Issues Committee, Parliament of Victoria. "Inquiry into End of Life Choices, Final Report," June 2016. http://www.parliament.vic.gov.au/images/stories/committees/SCLSI/EOL_Report/LSIC_58-05_Text_WEB.pdf.

Mason, Brett, and Calliste Weitenberg. "Allow Me To Die." *SBS Dateline*, November 24, 2015. <http://www.sbs.com.au/news/dateline/story/allow-me-die>.

Miller, Barbara. "Euthanasia in the Netherlands: One Family's Experience of a Loved One's Assisted Suicide." Text. *ABC News*, April 10, 2015. <http://www.abc.net.au/news/2015-04-10/one-familys-experience-of-assisted-suicide/6381604>.

Nicholls, Sean. "Premier Gladys Berejiklian Silent on Voluntary Assisted Dying Vote." *The Sydney Morning Herald*, May 16, 2017. <http://www.smh.com.au/nsw/premier-gladys-berejiklian-silent-on-voluntary-assisted-dying-vote-20170516-gw637l.html>.

Nightingale, Tom. "Doctors Warn Victoria against Legalising Euthanasia." Text. *ABC News*, December 5, 2016. <http://www.abc.net.au/news/2016-12-05/doctors-warn-against-euthanasia-move/8091718>.

Oregon Public Health Division. "Oregon Death With Dignity Act: 2015 Data Summary," February 4, 2016. <http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year18.pdf>.

"Oregon Revised Statute." Accessed June 14, 2017. <https://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Pages/ors.aspx>.

Palliative Care Australia (PCA). "Euthanasia and Physician Assisted Suicide: Position Statement," August 2016. <http://palliativecare.org.au/download/2448/>.

"Panel Clears Dutch Doctor Who Asked Family to Hold Patient down as She Carried out Euthanasia Procedure." *The Telegraph*, January 28, 2017. <http://www.telegraph.co.uk/news/2017/01/28/panel-clears-dutch-doctor-asked-family-hold-patient-carried/>.

Penninga, Mark. "A Life and Death Issue: Speaking to a Society Already Sympathetic toward Euthanasia and Assisted Suicide." *Reformed Perspective*, August 2009.

Peritz, Ingrid. "Quebec's Assisted-Death Requests to Top 300 by 2017." *The Globe And Mail*, October 27, 2016. <https://www.theglobeandmail.com/news/national/quebecs-assisted-death-requests-to-top-300---three-times-governments-forecast/article32561209/>.

Pieters, Janene. "Euthanasia Rarely Approved for Advanced Dementia Patients, despite Lucid Requests." *NL Times*, January 6, 2017. <http://nltimes.nl/2017/01/06/euthanasia-rarely-approved-advanced-dementia-patients-despite-lucid-requests>.

Pouwelse, W. *Like Living Stones*. Winnipeg: Premier Publishing, 1985.

"Pressure on Patients Is Cause for Concern: Euthanasia Expert." *DutchNews.nl*, July 3, 2015. <http://www.dutchnews.nl/news/archives/2015/07/pressure-on-patients-is-cause-for-concern-euthanasia-expert/>.

Rawstone, Tom. "The Chilling Truth about the City Where They Pay People to Die." *Mail Online*, August 10, 2009. <http://www.dailymail.co.uk/debate/article-1205138/The-chilling-truth-city-pay-people-die.html>.

Somerville, Margaret. "MercatorNet: The Importance of Stories in the Euthanasia Debate." *MercatorNet*. Accessed June 14, 2017. <https://www.mercatornet.com/careful/view/the-importance-of-stories-in-the-euthanasia-debate/19452>.

"Suicide Doctor out to Advance 'militant pro-Euthanasia Position' with New Organization." *LifeSiteNews*. Accessed June 7, 2017. <https://www.lifesitenews.com/news/suicide-doctor-out-to-advance-militant-pro-euthanasia-position-with-new-org>.

Syme, Rodney. "New Legal Framework Needed for Assisted Dying." *The Age*, March 4, 2017. <http://www.theage.com.au/comment/new-legal-framework-needed-for-assisted-dying-20170302-gup4ty.html>.

Tomazin, Farrah. "Dying with Dignity: Coroners Court Weighs in to Euthanasia Debate ahead of Historic Report." *The Age*, May 28, 2016. <http://www.theage.com.au/victoria/dying-with-dignity-coroners-court-weighs-in-to-euthanasia-debate-ahead-of-historic-report-20160527-gp62c7.html>.

"Tracking House Bill 3337 in the Oregon Legislature." *Your Government :: The Oregonian*. Accessed June 14, 2017. <http://gov.oregonlive.com/bill/2015/HB3337/>.

Vallely, Paul. "Child Euthanasia: Too Hard to Live, Too Young to Die." *The Independent*, February 16, 2014. <http://www.independent.co.uk/life-style/health-and-families/health-news/child-euthanasia-too-hard-to-live-too-young-to-die-9131089.html>.

"Victoria Could Become First State to Legalise Euthanasia." *Yahoo7 News*, May 4, 2017. <https://au.news.yahoo.com/a/35300044/victoria-could-become-first-state-to-legalise-euthanasia/>.

Western Australia Voluntary Euthanasia Society. "Factsheet 14c - 'Tips for Talking About VE.'" Accessed January 31, 2017. <http://www.waves.org.au/images/Factsheet-14c-Tips-for-talking-about-VE>.

White, Ben, and Lindy Willmott. "Belgium's Child Euthanasia Law – Implications for Australia." *The Conversation*. Accessed June 14, 2017. <http://theconversation.com/belgiums-child-euthanasia-law-implications-for-australia-23250>.