Euthanasia:
Regaining control of the narrative of suffering.

Part 2 (of 4)

July 2019

When Western Australia's parliament resumes in early August, it is expected that a bill to legalise euthanasia will be tabled for debate. Politicians will be granted a conscience vote, and the battle is on to convince them to vote against it. If the bill follows the recommendations made by a Ministerial Expert Panel last month, WA will be considering laws even more liberal than those which have come into effect in Victoria.

Faith forms the foundation for our opposition to euthanasia. As was explained in the previous article, we believe that it is up to God to determine the time and manner of our death. Euthanasia does not give control over death; rather, it gives in to it.

However, how do we argue against euthanasia with those who do not share our faith? One important strategy is by not allowing euthanasia advocates a monopoly on the narrative of suffering. This means:

- Challenging the myth that euthanasia is necessary for 'unbearable deaths.'
- Explaining that palliative care provides the answers to end-of-life suffering,
- Demonstrating that where euthanasia is legal it is not primarily used for physical pain
- Reminding people that euthanasia itself causes suffering.

Unbearable suffering and the reality of good palliative care.

Appeals to emotion play a huge part in the campaign for euthanasia. Stories of the painful and prolonged death of a loved one often come up as a reason behind people's support for euthanasia. Andrew Denton claims he started euthanasia advocacy group 'Go Gentle Australia' because of his father's slow, painful death from heart failure twenty years ago. At the height of the campaign for euthanasia in Victoria, one of Go Gentle's campaigns featured a photo of an ill elderly man gasping for oxygen, with the caption 'You can stop the horror in Victoria.' The argument that euthanasia is the humane answer to painful deaths is simple, emotional and incredibly effective.

However, it is also misleading. While these stories of suffering describe lamentable situations which warrant an empathetic response, how common are these occurrences? Is euthanasia the only answer, or could they have been prevented with quality palliative care?

Palliative care is the term describing care given to people with an active, progressive or advanced disease for whom there is no prospect of cure, with the goal of keeping the patient as comfortable as possible and optimising his or her quality of life.[1] It is noteworthy that almost all palliative care specialists oppose euthanasia.

Dr Maria Cigolini, Clinical Head at the Department of Palliative Medicine at Sydney's Royal Prince Alfred Hospital, wrote a letter co-signed by 150 palliative care specialists at the height of the New South Wales campaign for euthanasia two years ago. In it she accused euthanasia campaigners of "actively and deliberately" undermining public confidence in palliative care. "Australian data shows no more than two in every 100 palliative care patients would be in moderate or severe pain at the end of life," she wrote, adding

that in unusual cases where no other pain relief methods were available, "palliative sedation therapy is available to provide adequate relief of suffering."[2]

Palliative care has developed so much in recent decades that even doctors who formerly supported euthanasia, such as oncologist Professor Ian Haines, now believe palliative care can achieve "equal or more dignity" than euthanasia.[3] Evidence presented to the WA Joint Select Committee on End of Life Choices in 2018 suggested that there were myths, even within the medical profession, about palliative sedation and morphine. Multiple palliative care witnesses stated proper pain management, including the use of morphine, did not hasten death. They testified that it was disingenuous of euthanasia advocates to suggest euthanasia 'happened anyway' through medications such as morphine, saying – ironically – that an unfounded fear of inadvertently causing death meant doctors were sometimes underdosing pain medication.[4] Their evidence made it clear that a patient's life does not have to be ended to ease pain, and that more palliative care awareness and training is needed.

Access to good palliative care is currently inadequate.

While good palliative care offers much potential, it is terribly under-resourced. Palliative Care WA estimates that in Western Australia alone a staggering 60% of people who would benefit from access to palliative care are unable to access it, particularly in regional and remote areas.[5] Western Australia also has the worst ratio of palliative care specialists in any Australian state, with only 15 full-time equivalent specialist palliative care doctors serving the entire state. This is dangerously below Palliative Care Australia's recommended ratios of 42 specialists for the Perth metropolitan area and 10 for the regions.[6] As Australia's population ages, demands for good palliative care can only be expected to increase and access will become only more difficult.

When euthanasia is legalised, it is primarily used for emotional pain, not physical suffering.

Data from jurisdictions where euthanasia is already legal confirms that unbearable pain is ***not*** the primary reason people seek euthanasia. Statistics from Oregon, USA, show that over a 17-year period less than 33% of patients who were given assisted-suicide did so due to either experienced or even 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%). A 2005 study of terminally ill cancer patients in the Netherlands produced similar results. It found patients who chose euthanasia were usually experiencing depression and few were experiencing pain.[7] Advocates of euthanasia must admit that they are advocating for suicide by legitimising death as an escape from psychological suffering.

Euthanasia causes physical suffering.

If the euthanasia debate is going to be about stories of suffering, supporters must confront the reality that euthanasia itself causes suffering. A particularly-ghastly story surfaced in the Netherlands in January 2017, in which a dementia patient 'woke up' during her euthanasia and resisted the efforts to end her life so violently that her family members had to hold her down while her lethal injection was administered. The woman had agreed to euthanasia in a written plan but had specifically asked not to be euthanised in the days leading up to what was arguably her murder.[8]

Even in cases where a patient wants to be euthanised, the stories are not always pleasant. A study of euthanasia and assisted-suicide deaths in the Netherlands since the year 2000 found that over 9% of euthanasia and assisted-suicide cases had some form of technical problem or complication, and that 1.1% of

patients did not even die, but awoke later from a coma.[9] 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 before passing away.[10]

Euthanasia causes psychological suffering.

In addition to causing physical suffering, Euthanasia inflicts psychological suffering even on those who do not want it. It stimulates fear and distrust of the medical system, and these fears are well-grounded. This is illustrated by the case of 91-year-old Ann Blokker from Ontario, Canada (where euthanasia has been available for terminally-ill patients since 2016). In July 2017, Mrs Blokker suffered a stroke and was hospitalised for three weeks. She told ARPA Canada that on one occasion, after her family left and she was alone in hospital, she was offered euthanasia. "There was a lady doctor who came around and she said, 'You don't have to be scared, but we have to ask everybody, if I needed help with dying.' I said right away, 'No I don't, I know where I am going, my life is in God's hands, I leave it up to Him.' It made me feel really scared," she said, "especially when you end up in a hospital."[11] Mrs Blokker was not terminally ill (the legal requirement) and yet was offered euthanasia when her family was not with her at the hospital.

Conclusion

Euthanasia is presented as a compassionate response to unbearable pain, but the reality is that it is an unnecessary and sinister practice. Euthanasia legitimises suicide as a response to suffering, and overseas data shows that it is used far more as an escape from psychological suffering than unbearable physical pain. As we have seen, euthanasia itself causes suffering, both physical and psychological. Worse, it can even induce in patients' minds a 'duty to die.' This has devastating implications for people with disabilities and the elderly in general, which will be considered in the next instalment of this series.

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[1] Palliative Care Australia (PCA), 'What Is Palliative Care?', *Palliative Care* <https://palliativecare.org.au/what-is-palliative-care> [accessed 28 June 2019].

[2] Cigolini, Dr Maria, 'An Open Letter to Members of Parliament by Australian Palliative Care Professionals', 2017 <http://www.parliament.wa.gov.au/Parliament/commit.nsf/(Evidence+Lookup+by+Com+ID)/F6EBD7526ADC7ECA4825822F000B939B/$file/20171023+-+EOLC+-+Sub+681-+Hon+Greg+Donnelly+MLC.pdf>.

[3] Ian Haines, '"I Believed That Euthanasia Was the Only Humane Solution. I No Longer Believe That."', *The Sydney Morning Herald*, 2016 <https://www.smh.com.au/opinion/i-believed-that-euthanasia-was-the-only-humane-solution-i-no-longer-believe-that-20161118-gss921.html> [accessed 5 July 2019] - quoted by Mr Richard Egan (Research Officer: Defend Human Life!) in Submission 5 in Nick Goiran, *The Safe Approach to End of Life Choices: License to Care Not Licence to Kill* (Perth: Joint Select Committee on End of Life Choices, August 2018), p. 3.

[4] Goiran, pp. 23, 24.

[5] Goiran, p. 5.

[6] Figures cited in a motion to the Legislative Council. Jim Chown, 'Media Release: Liberals Call for Palliative Care Funding before End-of-Life Laws', 2019 <https://mikenahan.com.au/mediarelease/liberals-call-for-palliative-care-funding-before-end-of-life-laws/>.

[7] Ezekiel Emanuel, 'Euthanasia and Physician-Assisted Suicide: Focus on the Data', *Medical Journal of Australia*, 206.8 (2017), p. 1 <https://www.mja.com.au/journal/2017/206/8/euthanasia-and-physician-assisted-suicide-focus-data#5>.

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

[9] Emanuel, p. 2.

[10] Tom Rawstorne, 'The Chilling Truth about the City Where They Pay People to Die', *Mail Online*, 2009 <http://www.dailymail.co.uk/debate/article-1205138/The-chilling-truth-city-pay-people-die.html> [accessed 7 June 2017].

[11] ARPA Canada, *Ending Suffering: The Palliative Alternative [Part 4]*, 2017 <https://www.youtube.com/watch?v=X0HqyakKOI4>.