

Euthanasia: Which lives are ‘worth living?’

Implications for the elderly and disabled.



Part 3 (of 4)

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In previous articles in this series we considered scriptural reasons for opposing euthanasia. We also challenged the common narratives used to promote it, especially the myth that euthanasia is necessary to control unbearable pain and suffering. It became clear that stories of end-of-life suffering will not end with euthanasia but may even become more sinister. We saw that palliative care remains the best way of mitigating many of the fears associated with dying, but that it is terribly underfunded, especially in rural areas.

We also saw that the push for euthanasia has more to do with a feared loss of dignity and autonomy than it has to do with a desire to be free from pain, which is reinforced by data from part of the USA and the Netherlands where euthanasia is legal. ‘Suffering’ is a subjective term, and euthanasia is primarily being sought as a “solution” for depression, loss of autonomy and loss of dignity.

Euthanasia implies that some lives are more worth living than others.

If we can ascertain that the real reason people support euthanasia is because they fear a loss of dignity, autonomy or even enjoyment in life, then we are forced to admit that legalising euthanasia takes us into dangerous territory where the ‘value’ of a person’s life is judged according to a supposed ‘quality’ of life, and society is called to make judgements about which lives are worth living and which are not. However, the value of a human life should *never* be determined by a person’s own feelings or by a subjective measure of ‘quality’ based on what a person can do. This leads society into incredibly dangerous territory, where lives are subconsciously evaluated according to what benefit society gains from that person’s existence.

Euthanasia devalues the life of the disabled and places them at risk.

Disability advocates are particularly opposed to euthanasia. Many people with a disability experience loss of dignity and a loss of autonomy every day, the very things that euthanasia advocates do not want to experience in their future. People with a disability may depend on a carer to help with showering, toileting, feeding and dressing. But the inherent value of their life or their dignity as a person is not diminished just because they depend on others for help.

These concerns are illustrated powerfully by Kylee Black, a 32-year-old New Zealand Woman with Ehlers-Danlos Syndrome (EDS). EDS is an incurable and degenerative connective tissue disorder which causes Kylee to experience daily joint dislocations and a gradual decline in the function of her internal organs. Many medical professionals would consider someone like Kylee eligible for euthanasia. In April, she spoke on a series of ten-minute films produced by anti-euthanasia lobby group Defend NZ. “I would feel a sense of pressure,” Kylee said. “All of a sudden I have to consider things I’ve never had to consider before: the cost of my treatment, or, am I worthy of it? Should I have it, or is it just more of a burden on society? What happens when society starts having conversations... ‘why are we supporting her when she’s eligible for euthanasia?’”¹ The very existence of euthanasia causes horrible questions to form in the minds of the elderly and people with disabilities about whether lives are worth living.

In April this year Ms. Catalina Devandas-Aguilar, the UN Special Rapporteur on the Rights of Persons With Disabilities, gave a damning assessment of her visit to Canada to report on the rights of people with disabilities living there. She said, "I am extremely concerned about the implementation of the legislation on medical assistance in dying from a disability perspective. I have been informed that there is no protocol in place to demonstrate that persons with disabilities have been provided with viable alternatives when eligible for assistive dying. I have further received worrisome claims about persons with disabilities in institutions being pressured to seek medical assistance in dying, and practitioners not formally reporting cases involving persons with disabilities."²

Euthanasia and Elder Abuse

Despite the promises, euthanasia can never be an entirely voluntary process. As with any restricted medication, there will be a process of seeking approval and then obtaining and administering the lethal dose. This by necessity involves third parties, and there is no guarantee that vulnerable patients, especially the elderly, will not be susceptible to coercion in some form.

Elderly people are vulnerable, and elder abuse is a real and growing problem in many countries, including Australia. It occurs when the elderly experience harm in a relationship where there is an expectation of trust. In September 2018, a WA Parliamentary Select Committee into Elder Abuse, chaired by Hon Nick Goiran MLC, released its report after a 12-month inquiry. The report estimated that elder abuse affects between two and ten percent of older Australians in a given year, and that up to 75,000 people are at risk of elder abuse in Western Australia alone.³ It found that elder abuse is overwhelmingly committed by immediate family members, particularly adult children. An alliance of WA Government agencies, in evidence to the committee, estimated that 34% of elder abuse is financial, and 33% psychological.⁴

A particularly pernicious form of such abuse is known as 'inheritance impatience' or 'early inheritance syndrome.' Mr Brian Roche, WA's Public Trustee, told the parliamentary committee that it was something his department witnessed "quite regularly." His Principal Legal Officer, Michael Bowyer, gave this evidence: "I have been in a room, for instance, where a woman said, 'That's mine. It's been left to me in the will', and my response is, 'But he's not dead yet and he needs the money now.'"⁵

Legalising euthanasia creates a possibility that some already-vulnerable Australians could be manipulated into it for the convenience or financial gain of others, particularly family members. In that sense a choice could be 'voluntary' by the patient but made under direct or indirect pressure from family. In July 2015, Professor Theo Boer (a member of one of the official panels that reviews euthanasia in the Netherlands) reviewed 4000 case files and concluded that in 20% of cases a decision to proceed with euthanasia was influenced in some way by family members.⁶ If elder abuse is already occurring in Australia while euthanasia is illegal, it will carry over in some way into euthanasia.

The blithe disregard of this issue by euthanasia supporters is disconcerting. It was most infamously demonstrated by renowned British Neurosurgeon and euthanasia advocate Henry Marsh who, in an interview with *The Times* of London after England's parliament rejected euthanasia in 2015 said, "Even if a few grannies get bullied into it, isn't that the price worth praying for all the people who could die with dignity?"⁷ Euthanasia does not lead to a gentle society; it produces a brutal society.

Euthanasia increases suicide rates

A final pro-euthanasia narrative which needs to be addressed is the argument that if euthanasia is not legalised people suffering from deteriorating health will take their own lives anyway. This argument carried considerable weight in Victoria as a result of testimony by the state's coroner.⁸ It has also had some traction in Western Australia with the sensationalist media coverage surrounding 104-year-old David Goodall's trip to Switzerland in May last year to end his life, although Mr Goodall did not even have a terminal illness.⁹

Overseas examples show that legalising euthanasia does not reduce suicide rates and may in fact increase them. A study of state-level suicide rates in the USA between 1990 and 2013 found that when euthanasia was legalised, total 'non-assisted' suicide rates (not including euthanasia) went up by 6.3%, with a larger effect in individuals older than 65.¹⁰ Legalising euthanasia thus may even increase the inclination of some people to take their own life. Philosophically, and despite denial by euthanasia supporters, legalising euthanasia undermines the work done by anti-suicide campaigners because it legitimises death as an escape from pain and difficulty.

Conclusion

In conclusion, although our primary reasons for opposing euthanasia are scriptural, there are many weaknesses in pro-euthanasia arguments. Most people who access euthanasia do so not because of pain but because of a loss of enjoyment, dignity and autonomy in life. This produces a dangerous environment for vulnerable people, particularly the elderly and those with disabilities. Elder abuse is a known problem and legalised euthanasia makes it highly likely that some people will feel pressure to end their life. Finally, legalising euthanasia will not reduce suicide rates. Instead, it will legitimise suicide as a response to suffering. Because suffering cannot be easily defined or quantified, it is inevitable that euthanasia will expand in jurisdictions where it is legalised.

We'll examine the consequences of euthanasia in some of these jurisdictions in the next instalment.

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¹ 'OHCHR | End of Mission Statement by the United Nations Special Rapporteur on the Rights of Persons with Disabilities, Ms. Catalina Devandas-Aguilar, on Her Visit to Canada'

<https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=24481&LangID=E&fbclid=IwAR3Vclyvm1_XM_4acVyh03C20-4zpFpQNg1XE7Ps0j-MJbCCO4zW1gqY0dc> [accessed 26 July 2019].

² 'OHCHR | End of Mission Statement by the United Nations Special Rapporteur on the Rights of Persons with Disabilities, Ms. Catalina Devandas-Aguilar, on Her Visit to Canada'.

³ Nick Goiran and others, *'I Never Thought It Would Happen To Me': When Trust Is Broken. Final Report of the Select Committee into Elder Abuse* (Parliament of Western Australia: Select Committee into Elder Abuse, September 2018), p. 21

<[http://www.parliament.wa.gov.au/Parliament/commit.nsf/\(Report+Lookup+by+Com+ID\)/5D4DB8F8EB0A444848258307000F6874/\\$file/el.eld.180830.rpf.000.xx.web.pdf](http://www.parliament.wa.gov.au/Parliament/commit.nsf/(Report+Lookup+by+Com+ID)/5D4DB8F8EB0A444848258307000F6874/$file/el.eld.180830.rpf.000.xx.web.pdf)> [accessed 26 July 2019].

⁴ Goiran and others, p. 21.

⁵ Goiran and others, p. 15.

⁶ 'Pressure on Patients Is Cause for Concern: Euthanasia Expert', *DutchNews.Nl*, 2015 <<http://www.dutchnews.nl/news/archives/2015/07/pressure-on-patients-is-cause-for-concern-euthanasia-expert/>> [accessed 7 June 2017].

⁷ 'Renowned Neurosurgeon on Assisted Dying and His "Suicide Kit"', *Medscape* <<http://www.medscape.com/viewarticle/879187>> [accessed 26 July 2019].

⁸ Farrah Tomazin, 'Dying with Dignity: Coroners Court Weighs in to Euthanasia Debate Ahead of Historic Report', *The Age*, 28 May 2016 <<http://www.theage.com.au/victoria/dying-with-dignity-coroners-court-weighs-in-to-euthanasia-debate-ahead-of-historic-report-20160527-gp62c7.html>>.

⁹ Charlotte Hamlyn and Briana Shepherd, 'David Goodall Ends His Life with a Final Powerful Statement on Euthanasia', *ABC News*, 2018 <<https://www.abc.net.au/news/2018-05-10/david-goodall-ends-life-in-a-powerful-statement-on-euthanasia/9742528>>.

¹⁰ David Albert Jones and David Paton, 'How Does Legalization of Physician-Assisted Suicide Affect Rates of Suicide?', *Southern Medical Association*, 108.10 October 2015 (2015), 599–604.