

# Euthanasia: Harrowing Lessons from Overseas

Part 4 (of 4)

August 2019



## Consequences of Euthanasia

As Western Australia's Parliament debates euthanasia, we can draw on examples from overseas to demonstrate that euthanasia has terrible consequences for society. Previous articles in this series have hinted at this reality already. This final article will demonstrate that in jurisdictions where euthanasia is legal, the bad tree of euthanasia is bearing bad fruit. Three of these bad fruits are:

- 1) 'Safeguards' are an illusion and are rarely enforced.
- 2) Laws inevitably expand to include more categories of suffering.
- 3) Euthanasia opens a Pandora's box of new ethical dilemmas.

### 'Safeguards' are an Illusion.

When something requires a safeguard there is an inherent admission that it has the potential to be abused or to cause unintended harm. With euthanasia, that harm is nothing less than the death of innocent people. It is important to emphasise this simple fact very clearly, because euthanasia campaigners make much of safeguards. However, in jurisdictions where euthanasia is legal, these 'safeguards' never work perfectly and cannot give total protection from abuse. Even if a safeguard is breached and investigated, nobody can be brought back from the dead.

Canada legalised euthanasia in 2016, supposedly with strict safeguards. However, a review in Quebec that year already found that of 262 euthanasia instances in an eight-month period, an astonishing 21 breached legal requirements. The breaches included 18 cases lacking an independent opinion from a second doctor, two cases where patients were not 'at the end of life' and one case of a failure to prove that a patient even had a serious and incurable illness.<sup>1</sup> Despite the breaches and possibility of homicide, no doctor faced discipline and no police investigations occurred.<sup>2</sup> Even though Canada's laws state that patients must request euthanasia "of their own free will," there are cases of doctors bringing the topic up with their patients.<sup>3</sup> As mentioned in a previous article, a 91-year-old woman from Hamilton, Ontario, was hospitalised in Hamilton, Ontario and told ARPA Canada, "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..."<sup>4</sup>

Safeguards depend on terms which sound robust but can be easily manipulated. For instance, a requirement for a doctor to approve euthanasia sounds convincing, but people can get around one doctor's refusal by finding another doctor who will approve. This happened when euthanasia was briefly legalised in the Northern Territory in 1996. A man with Mycosis Fungoides (a cancerous skin condition), who also had depression, was assessed by an oncologist and a dermatologist as being ineligible for euthanasia because

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<sup>1</sup> Ingrid Peritz, 'Quebec's Assisted-Death Requests to Top 300 by 2017', *The Globe And Mail*, 27 October 2016 <<https://www.theglobeandmail.com/news/national/quebecs-assisted-death-requests-to-top-300---three-times-governments-forecast/article32561209/>> [accessed 7 June 2017].

<sup>2</sup> Sharon Kirkey, "'Take My Name off the List, I Can't Do Any More': Some Doctors Backing out of Assisted Death", *National Post*, 2017 <<http://news.nationalpost.com/news/0227-na-euthanasia>> [accessed 7 June 2017].

<sup>3</sup> Health Canada, 'Medical Assistance in Dying', 2016 <<https://www.canada.ca/en/health-canada/services/medical-assistance-dying.html>> [accessed 16 August 2019].

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

he was not terminally ill. However, he was euthanised after the certification was subsequently provided by an orthopaedic surgeon, even though this surgeon's expertise was unrelated to the man's condition.<sup>5</sup> In the Netherlands, the Right To Die Society (which is a powerful lobby group and has more members than any Dutch political party) established the 'LevensEinde Kliniek' in 2012. This clinic provides euthanasia at home specifically to assist patients "whose requests for assisted dying are more complex and often denied by their own physician."<sup>6</sup>

### **Euthanasia laws inevitably expand to include more categories of suffering**

While some dismiss this argument as a 'slippery slope' fallacy, it is a fact that once euthanasia is legalised it is much easier to expand its eligibility categories. Euthanasia advocates themselves have admitted that they desire this. When Victoria debated euthanasia, the state's Health Minister Jill Hennessy fanned suspicion when she encouraged fellow supporters to 'go softly' in advocating for euthanasia, saying, "Politicians need to ask themselves: is it about being pure or is it about saying 'let's get the best result we can'?"<sup>7</sup> Dr Rodney Syme, a prominent euthanasia campaigner and Australian Humanist of the Year for 2017, is on the public record as saying that the restrictions on euthanasia in Victoria are too narrow and discriminate against those who have an "ill-defined trajectory to death."<sup>8</sup>

Laws have been broadened overseas, particularly in Europe. Once it is legal euthanasia changes the culture surrounding death. When it initially legalised euthanasia in 2002, the Netherlands required explicit patient consent prior to administration of medication. However, by 2015 laws had changed to allow euthanasia of dementia patients if they had requested it prior to their dementia.<sup>9</sup> 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, or in the case of a 29-year-old woman in January 2018, severe anxiety, depression, eating disorders and psychosis.<sup>10</sup> Many patients have a psychological wish to die but emphasise physical ailments and refuse simple treatments. There is an ongoing discussion in the Netherlands about whether a law should be passed allowing anyone to access euthanasia if they are tired of life. Two years ago, a "completed life" bill was introduced to parliament, which would have allowed anyone in the Netherlands over the age of 70 to access lethal poison without any doctor involvement. The bill did not progress but is expected to be re-introduced.<sup>11</sup> Belgium's laws are even more liberal than those of the Netherlands, and in 2014 were expanded to include children.<sup>12</sup>

### **Euthanasia opens up a Pandora's box of new ethical dilemmas**

Finally, legalised euthanasia opens a Pandora's box of other ethical dilemmas:

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<sup>5</sup> 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. 162.

<sup>6</sup> 'LevensEindeKliniek' <<https://www.levenseindekliniek.nl/en/>> [accessed 16 August 2019].

<sup>7</sup> Greg Brown, 'Go Softly Or Law Will Fail', *The Australian*, 26 September 2016 <<http://www.theaustralian.com.au/national-affairs/state-politics/euthanasia-reform-go-softly-or-law-will-fail/news-story/dad2497a07412eb1af9166767dd2df6b>> [accessed 14 June 2016].

<sup>8</sup> Rodney Syme, 'New Legal Framework Needed for Assisted Dying', *The Age*, 4 March 2017 <<http://www.theage.com.au/comment/new-legal-framework-needed-for-assisted-dying-20170302-gup4ty.html>>.

<sup>9</sup> Janene Pieters, 'Euthanasia Rarely Approved for Advanced Dementia Patients, despite Lucid Requests', *NL Times*, 6 January 2017 <<http://nltimes.nl/2017/01/06/euthanasia-rarely-approved-advanced-dementia-patients-despite-lucid-requests>> [accessed 14 June 2017].

<sup>10</sup> Tom Embury-Dennis, 'Man Euthanised Because He's an Alcoholic', *The Independent*, 29 November 2016 <<http://www.independent.co.uk/news/world/europe/man-holland-netherlands-dutch-euthanised-alcohol-addiction-alcoholic-netherlands-a7446256.html>> [accessed 14 June 2017]; Linda Pressly, 'The Troubled 29-Year-Old Helped to Die by Dutch Doctors', *BBC News*, 9 August 2018, section Stories <<https://www.bbc.com/news/stories-45117163>> [accessed 16 August 2019].

<sup>11</sup> Christopher de Bellaigue, 'Death on Demand: Has Euthanasia Gone Too Far?', *The Guardian*, 18 January 2019, section News <<https://www.theguardian.com/news/2019/jan/18/death-on-demand-has-euthanasia-gone-too-far-netherlands-assisted-dying>> [accessed 16 August 2019].

<sup>12</sup> Ben White and Lindy Willmott, 'Belgium's Child Euthanasia Law – Implications for Australia', *The Conversation* <<http://theconversation.com/belgiums-child-euthanasia-law-implications-for-australia-23250>> [accessed 14 June 2017].

First, how are patients assured that they will receive expensive treatment and palliative care when euthanasia is much cheaper to provide? In Oregon, USA, there are at least two documented cases of patients' health insurers refusing to fund treatment for advanced cancer but offering to pay for euthanasia instead. Oregon's standards of palliative care have dropped since euthanasia was legalised, and patients in Oregon are nearly twice as likely to experience moderate or severe pain in the last week of life, as reported by surviving relatives.<sup>13</sup>

Second, what will be the outcome for medical staff (including doctors, nurses and pharmacists) who do not want any part in facilitating euthanasia, including referring patients? In 2017 a Canadian nurse was forced to resign from her position as a homecare coordinator because laws in the province of Ontario make it mandatory for objecting staff to refer patients to euthanasia facilitators.<sup>14</sup> Palliative care nurses have reported that euthanasia requests prevent them from meeting the deeper care needs of terminally-ill patients, which include not only pain management but also facilitating closure and reconciliation between family members.<sup>15</sup> In May 2019, Ontario's Court of Appeal ruled that Canadian doctors who were conscientious objectors *must* provide effective referrals for euthanasia, stating that those who would not should transition to fields which did not pose ethical dilemmas, including sleep medicine, obesity medicine and aviation exams.<sup>16</sup>

Third, how will euthanasia impact organ donation? Belgium, the Netherlands and Canada all allow for organs to be harvested from euthanasia patients who have given consent. Euthanasia patients are in fact very desirable candidates for organ donation because they die quickly, and a recipient can be prepared in advance if the donor's death is scheduled. Is it possible that a euthanasia candidate who has consented to having organs donated, but is having second thoughts about the procedure, could feel a sense of obligation to proceed, knowing that a recipient for his organs has been arranged and may be waiting in theatre? Will recipients of donated organs be given any way of knowing whether the organ they are about to receive has come from a euthanised patient? These are not fringe questions; they are being asked in mainstream media in Canada, where euthanised patients are donating tissue including eyes, heart valves, skin, tendons and bones.<sup>17</sup>

### **What happens now?**

Readers in Western Australia who do not want this law to pass must write to their state politicians. The pro-euthanasia lobby group is running a slick public-relations campaign, writing to politicians and visiting them. They are energised by being so close to achieving their goal of legal assisted-suicide. While the passage of this law ultimately falls under the sovereignty of God, it would be to our shame if politicians only received letters, calls and visits from euthanasia supporters. They also need letters and visits from thousands of people who do not want euthanasia. It is our prayer that these articles have given you the arguments to use in this process and that the Lord will bless our efforts.

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<sup>13</sup> Marilyn Golden and Zoanni, Tyler, 'Killing Us Softly: The Dangers of Legalizing Assisted Suicide', *Disability and Health Journal*, 3.1 (2010), 16–30.

<sup>14</sup> Pete Baklinski, 'Canadian Nurse Forced out for Refusing to Participate in Euthanasia | NRL News Today', 2017 <<http://www.nationalrighttolifenews.org/news/2017/06/canadian-nurse-forced-out-for-refusing-to-participate-in-euthanasia/>> [accessed 3 July 2017].

<sup>15</sup> ARPACanada, *Ending Suffering: The Palliative Alternative - Part 10*, 2017 <<https://www.youtube.com/watch?v=r7gyydN8FrE>> [accessed 16 August 2019].

<sup>16</sup> 'Christian Medical and Dental Society of Canada v. College of Physicians and Surgeons of Ontario, 2019 ONCA 393' <<http://www.ontariocourts.ca/decisions/2019/2019ONCA0393.htm>> [accessed 16 August 2019].

<sup>17</sup> Sharon Kirkey, 'Doctors Harvesting Organs from Canadian Patients Who Underwent Medically Assisted Death', *National Post* <<http://news.nationalpost.com/health/doctors-harvesting-organs-from-canadian-patients-who-underwent-medically-assisted-death>> [accessed 14 June 2017].

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