

## **A response to the “Euthanasia - Shades of Grey” talk by Prof. Brian Kelly at Newcastle Catholic Conference Centre, Friday 21.9.2012.**

Congratulations to the Maitland Newcastle Catholic Diocese for their initiative in arranging this discussion on VE and my thanks to Prof. Brian Kelly for giving us his thoughts and opinions on this important social issue.

However, I had hoped that, given the title “Euthanasia - Shades of Grey”, Prof. Kelly would have given a more balanced presentation on the pros and cons of VE, and left it to members of the audience to decide their opinion. Alas, this was not the case.

For example -

**Religion.** Prof. Kelly glossed over religion as being a major factor of opposition to voluntary euthanasia.

Yet it is an established FACT that it was Catholic Kevin Andrews, and a small yet influential group of Catholics, who combined with John Howard to overturn the Northern Territory Rights of the Terminally Ill legislation.

It is Cardinal Sean O’Malley of Boston who is leading a state-wide fight to defeat the Death with Dignity Act, a November 2012 ballot measure that would legalize assisted dying in Massachusetts, USA.

By contrast, it is FACT that 3 out of 4 Australians who designate themselves as Catholic, wish for the choice (Newspoll 2007).

**Polling.** Prof. Kelly dismissed the strong support shown in reputable Australian polls, saying the question was leading. He did not say why he considered it leading, and ignored the FACT that over the last 50 years essentially the same question has been posed on a number of occasions, and the answer in support, yes, has increased from 47% in 1962 to 85%, and the percentage against, no, has decreased from 39% to 10%. By any logic, this is clearly reflecting a change in attitude.

**Northern Territory Rights of the Terminally Ill legislation.** At least twice Prof. Kelly referred to the submissions made by the so called vulnerable groups, elderly, disabled, and aborigines at the time of the Howard Government overturning the legislation, and their concern with coercion and abuse. It seemed to me he gave the impression to the audience that these concerns were valid. He did not present the FACT that numerous studies have found no evidence of abuse.

Prof. Kelly did not point out that under any proposed legislation a person who is merely elderly, depressed or disabled would not qualify for assistance, and that they would have to request assistance from two different doctors first. Any legislation that I have seen has required either a terminal illness and/or an incurable illness.

He could have mentioned *The Royal Society of Canada End of Life Decisions Report 2011*.

“It concludes that there is a strong argument for a moral right to choose euthanasia and assisted suicide and that the arguments others have proposed to support limiting these rights are flawed.”

“On ethical grounds, Canada should have a permissive yet carefully regulated and monitored system with respect to assisted death.”

“Despite the fears of opponents, it is also clear that the much-feared slippery slope has not emerged following decriminalization, at least not in those jurisdictions for which evidence is available. Nor is there evidence to support the claim that permitting doctors to participate in bringing about the death of a patient has harmed the doctor/patient relationship.”

“What has emerged is evidence that the law is capable of managing the decriminalization of assisted dying and that state policies on this issue can reassure citizens of their safety and well-being.”

**Palliative Care** Prof. Kelly gave the impression that provided depression was treated, palliative care was effective in 99% of cases, with less than 1% of cases quoted as inadequate.

Other sources suggest higher than 1% where palliative care is inadequate. In any event Prof. Kelly did not state how this 1% can be treated compassionately while they are dying.

A last resort in palliative care is terminal sedation, or ‘pharmacological oblivion’ as it is described by another PC specialist. Here a patient is put into a coma until they die from dehydration or starvation. Death by starvation – is that the best a humane society can come up with?

**The Vulnerable** Prof. Kelly did not talk about another major group others consider vulnerable. Those who are actually suffering with a terminal or incurable illness, who are vulnerable to futile treatments being needlessly inflicted on them by doctors who refuse to face the FACT that the patient is going to die and in many cases the side effects of this futile treatment are worse than the illness itself.

All people who support assisted dying for the incurably ill would agree that depressed people with their lives before them deserve and should receive maximum possible treatment and assistance. I strongly support Prof. Kelly’s approach on this and applaud what he is doing for the community in this area.

**Medical Bodies and the views of doctors within them.** Prof. Kelly stated that all medical bodies were against VE. While this is the official position of major bodies such as the AMA, in the interest of accurate information to his audience he could have given the FACT that this view is not shared by all doctors and nurses. In Australia we have Doctors for VE Choice, in SA there is SA Nurses for Choices in Dying, and in UK, Health Care Professionals for Change. All are lobbying for a change in the law. Palliative Care Australia has a neutral position. In USA, “In October 2008 the American Public Health Association (APHA) adopted a policy supporting death with dignity for terminally-ill patients after a review of Oregon’s ten year old law which demonstrated that aid- in- dying has ‘posed no harm to patients, vulnerable populations, or physicians’”.

Prof. Raymond Tallis of UK is a classic example of how doctor views are changing. *Why I changed my mind on assisted dying*, “As a doctor I used to think palliative care was the answer. Now I realise that keeping people alive can be unspeakably cruel”.

**Trust in Doctors.** Studies in Europe show trust in doctors in the Netherlands and Belgium is high. FACT Trust is not eroded.

**Palliative Care** and assisted dying in Belgium are complementary according to Prof. Jan Bernheim.

**Doctor Burnout.** Prof. Kelly spoke of the high rate of ‘burnout’ amongst doctors involved with palliative care, and said that such doctors were more supportive of assisted suicide. Could it just be that these doctors were frustrated by the current legal restraints and the paternalistic approach of the medical hierarchy? Could it be they sympathise with what they consider to be a rational request from a patient who is about to die and feel guilty about not being able to help?

**Live longer if you have assistance lined up!** "One of the paradoxes is that when a patient gets the medicine, they frequently will live longer than expected. The hospice nurse will tell the family that their mother who wasn't eating hardly at all or watching TV or reading or interacting is now eating like a horse and now doing those things. It's because the person no longer has that toxic anxiety. They know that they are empowered if things become intolerable. And the definition of that is whatever the patient says is intolerable." To quote Dr Robert Nathanson, Hawaii.

### **Pain and existential suffering**

I submit that physical pain should not be the ultimate criterion for a rational request for an assisted death. Perhaps more important is the suffering endured when the body becomes “unbound”. “ ‘Unbounded’ includes symptoms such as incontinence of urine and faeces, uncontrolled vomiting (including blood and faecal material), fungating tumours, gross oedema causing the skin to burst, rupturing tumours.”

*The Dying Process. Patient's experiences of Palliative Care*, Julia Lawton Page 127

**Death with Dignity** by Robert Orfali. Prof. Kelly had the cover of this book on a slide, but failed to mention Orfali presents a very strong and logical case for legalising Physician-Assisted Dying and Euthanasia, reaching a conclusion quite different to that espoused by his talk.

**Morality and Ethics.** Cardinal Ratzinger, now Pope, has stated it can be possible to justify war and capital punishment, but not euthanasia. Dare I say that many have a problem with the morality of this position?

The key Christian principles here surely should be -

- Do unto others as you would have them do unto you. How is love best served?
- Remember Jesus' message of love and compassion.

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