



AUSTRALIAN CENTRE FOR  
**CHRISTIANITY AND CULTURE**

WISDOM FOR THE COMMON GOOD

## **Journeying with those in need as they complete the great circle of life and death**

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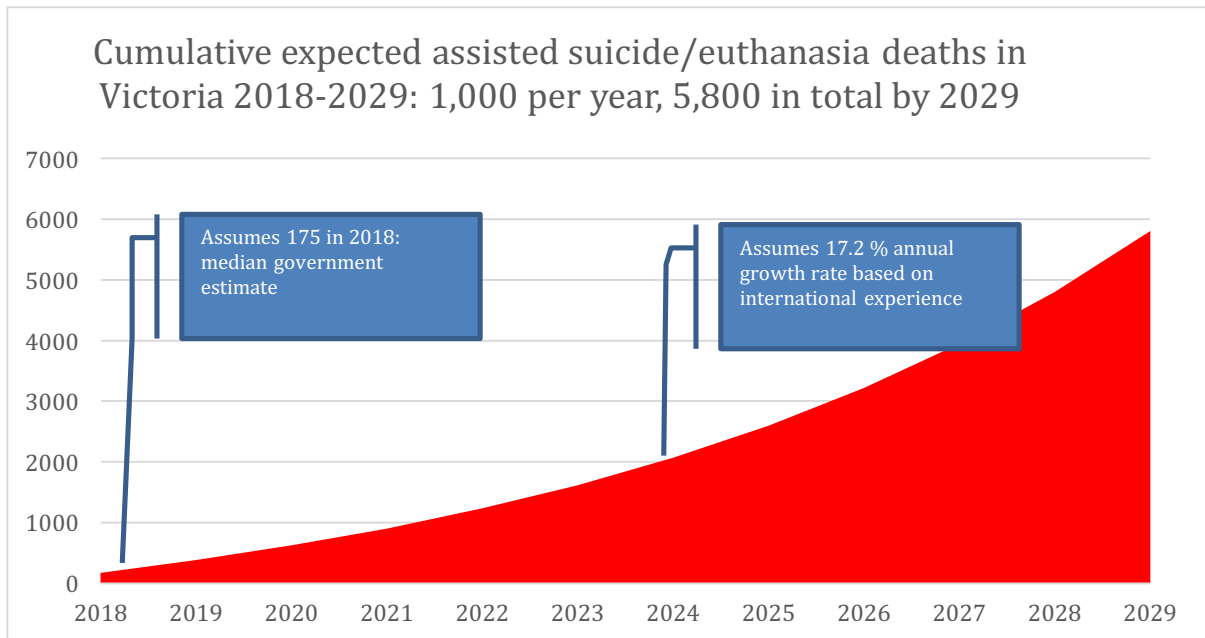
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The political representatives of the people of Victoria are now pushing forward, with speed, to make a fundamental change to the most critical aspect of the relationship between the people and the State. About 250 years ago, key thinkers in the English, French and Spanish speaking world, started to develop ideas about how the rule of sovereigns could be replaced with a sovereignty enjoyed by the people, for the people, paving the way for the development of modern democracies. While the emergence of the modern democratic states did not occur without violence, the decisive battles were not fought with arms but with ideas. We came to the view that all people have, by their nature, created by God, certain basic rights which were inalienable: not inhering to them because of social status or invested in them as part of a polity, but rights they held by virtue of their dignity as free human persons. Whether you read John Locke or Thomas Jefferson, in this broad philosophical movement, the first and most clearly inalienable right was the right to life. Certainly, it took some time for the Catholic world to come to accept these ideals but through the work of great Catholic political thinkers like Jacques Maritain the Catholic perspective has become a powerful force in the defence of the fundamental right to life and in the development of the Universal Declaration of Rights in the institution of the United Nations and international law. While this right to life is not as well defended as we would hope, it has become the first principle of the whole democratic endeavour, is deeply entrenched in the foundational political and legislative infrastructures of most modern democratic states, and arguably stands as the greatest social achievement of the modern period.

It is in the context of this immense philosophical and political legacy that we need to look closely at what the political representatives of the State of Victoria are now considering when they seek to legislate for a right to assisted suicide, a right to state sponsored euthanasia. We have to be clear about this: this is exactly what is proposed – that for certain individuals, in certain circumstances, the state will afford them a right to kill themselves not just in an act of suicide but state sanctioned and medically assisted suicide and active euthanasia. Medical practitioners will be asked to prescribe the lethal drug at public expense and may be asked to administer it, against the policy of the AMA, and against the Hippocratic Oath which they have taken and which has been the ethical guiding light of the medical profession for centuries. This is not a debate about the legal right to commit suicide. Whether such action is moral or not has been debated over millennia and romanticised in literature by authors like Shakespeare. What the Government is asking us to approve is that the state will assist this suicide in a legally sanctioned way at public expense employing medical professionals. What the State is asking us to permit is for it to withdraw from its core ethical obligation: to do all in its power to preserve the lives of its citizens. What is being called for is a departure from fundamental ethical basis of modern democracies: to defend in law the right to life as the first obligation of the state. What is proposed is a fundamental philosophical change to the ethical obligations the people ask of the state in the modern era. What is being asked for is a very big thing indeed.

These sorts of proposals have been put up to legislators time and time again and have on the whole been knocked back with 21 failed attempts in the US. England and New Zealand rejected it. Most European nations don't do it and where it has been introduced the results are generally quite concerning. There have been large increases in requests for assisted suicide/euthanasia in the jurisdictions which permit the process with average annual growth rates of over 21% in Washington State, over 19% in Belgium and Switzerland, and 13% in Holland and Oregon. If we seek to produce a simple weighted average of these growth rates based for size of the cohort of people who were killed as part of these measures using latest data, the annual growth is in order of 17%. Based on this evidence the expected initial cohort of persons who will access the procedure of 150-200 people, as stated by Dr Brian Owler at the Government consultations, must be seen as an unrealistically low estimate. The initial evidence from Quebec is that applications for assisted death/euthanasia are already much higher in Canada than was expected. However, even if we were to accept the initial median estimate of assisted suicide/euthanasia deaths per year of 175 in Victoria, applying the 17% indicative average growth rate in international jurisdictions over ten years would mean that in 2029 1000 people in Victoria would be killed under the assisted death/euthanasia measures. The cumulative total of these deaths by 2029 is estimated to be 5,806. An estimate of over 5,800 persons accessing the measures in ten years represents a significant cohort of persons in Victoria.



While many reasons have been given by politicians in the debate, and commentators on the issue, the key cause of the nervousness amongst legislators probably relates to whether such laws can adequately protect the rights of vulnerable people. A key area of concern is the extent to which any such legislation can deal with problem of persons who have mental illness and depression, the latter being an expected condition of comorbidity for terminal patients.

In Oregon, the references for a secondary psychological assessment are unrealistically low at about 4% suggesting that protections in law are difficult to enforce.

When people are in their last stages of life they are vulnerable indeed. They can be overwhelmed by the emotional burden of just another day, who of us can blame them for many of us will be in this situation when our time comes. I am not confident I would cope well. But perhaps the most important vulnerability is a sense of being a burden to others, especially those emotionally close to them.

It is a profoundly emotional time for them and their loved ones. They have the vulnerability of physical frailty and they have a natural sense of fear of death. They need medication to deal with pain control. We don't have a perfect health system but we have a reasonably good one, and while there is scope for more public investment in palliative care, this element of the medical system works fairly well to manage pain to the point where the pain itself does not press on the consciousness of the dying person in the vast majority of cases.

This gives the dying person some space, a respite before the end, to hold the hands of their children and grandchildren and even great-grandchildren and go gently, quietly and peacefully into the final frontier, cherishing intimate and precious moments of love. It allows the dying, in their current vulnerability, to receive love from those they have loved when they were young and vulnerable. Giving and receiving love, at moments of vulnerability, isn't this what the whole game of life is really about. Precious moments not to be taken away.

So why should we want to interfere with this most natural of processes? Why should we need to ask doctors to write a prescription to allow dying people to take a lethal poison, or worse, allow doctors to actually administer the poison? In the challenging situation of facing death, we Victorians are very well served by our medical professionals, palliative care doctors and nurses, who generally meet our high expectations. I believe that in this debate the public should be guided by the advice the medical profession is giving us. The AMA formally oppose this legislation. Doctor's representatives don't think it is necessary, and think it involves unwarranted risks to the welfare of dying persons. I think that this proposed measure, to allow doctors to kill their patients, in violation of their Hippocratic Oath, is a statement of a lack of confidence in the competence as palliative care professionals and undermines confidence in the palliative care system which dying patients rely upon.

What is needed is to increase support to palliative care as the proper way to manage end of life choices and it is disappointing that there was no funding in the last Victorian budget to implement the 29 recommendations of the Parliamentary Committee on End of Life Choices into relation to expansion of community palliative care and a new system that adequately funds the palliative care workforce. The best way to enhance the wellbeing of dying persons is to ensure that the palliative care system is adequately supported. This should be the focus of policy change in the area of end of life choices.

Academics in the Roman Catholic tradition, like myself, have a particular philosophical perspective to bring to this debate. For us assisted suicide is a violation of the dignity of the individual, a violation of the obligation to take all reasonable measures to sustain a person's life. We believe that in death we are going back into the loving hands of the God that created us, completing the great circle of life and death, and journeying into a new and better life in peaceful serenity: a good end to a life well lived, a happy end to a new beginning. Our Catholic theology sees death as the moment when we come to experience our true human life. Death is the moment when we become truly human, experiencing real humanity most intimately as living a relationship of complete union with our God: as Karl Rahner puts it in his powerful work on the Theology of Death, death is the "achievement of total self-possession, a real effectuation of self, the fullness of freely produced personal reality",<sup>1</sup> the moment we really become ourselves.

Those who seek to oppose this Bill can appeal to real concerns held by diverse faith and non-faith groups that state sponsored assisted death and euthanasia will have unintended consequences of putting vulnerable people at risk in their most vulnerable moments. However, Christian ethicists can also honestly present our philosophical view, in competition with the secular humanist and utilitarian view, that death is not just a sad and painful end, but is itself a fundamental and sacred moment of life, the moment when we come to embrace our own-most self, a moment which while often accompanied with physical frailty and suffering, is the moment we experience our real humanity, our human becoming, in its full and wondrous self-fulfilment and self-transcendence. What we want as Catholic health professions, ethicists and advocates is with loving hearts and caring hands, to give to those in their last moments compassionate service, so they can go gently back to the loving hand which created them, while to the last breath holding the hands of those they love. But this Bill stands in the way of this service, and for this reason it must be opposed.

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<sup>1</sup> Karl Rahner, **Theology of Death**, Herder and Herder, 1972, p.31.