

Euthanasia: We're all in this together



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On 27 August 2009 the ABC screened the documentary 'The Suicide Tourist' which showed the last days and minutes of the life of Craig Ewert prior to his assisted suicide. It was profoundly sad and deeply moving for viewers, whether for or against voluntary euthanasia, to witness his painful struggle with the debilitating effects of motor neurone disease. The programme also told the story of Canadian couple George and Betty Coumbias; George had terminal heart disease, and wanted the right to choose the time of his death; his wife Betty, who was perfectly healthy, was determined to die with him and believed that she had the right to do so. The question is: Does she?

Those in favour of legalised euthanasia say 'It's your life and it's your right as an individual to die whenever you choose to. Nobody should have the right to make that decision for you, especially if you are in great pain but even if you are not.' But is your life 'your life'? Obviously, in one sense it is; you're the one who is living it, after all. However, when we say to a friend or to our teenage child that 'It's your life', we normally do so in order to encourage them to do something positive with it; we're reminding them that they've been given life on trust and that it's their responsibility to do something worthwhile with it. What can at least be readily agreed is that 'your life is your life' in the sense that 'its purpose (for you) is for you to discover and realise'.

But is it your right as an individual to *end* your life whenever you choose to? Let's begin to answer this question by first recollecting that

when we say to a friend or to our teenage child that 'It's your life', we normally do so in order to encourage them to do something positive with it

it's not your right as an individual to *begin* your life whenever you choose to. For us to be born, our parents played a key role, but not just our parents. Our parents needed all the advantages provided by a civilised society (roads, houses, sewerage systems, trains, universities, language, literature, the Westminster model) all of which pre-dated our 'private' existence and the 'public' (beyond our 'private' control) combination of which determined or conditioned the moment and circumstances of our birth. Our parents also needed an ecological system congenial to human life (air, water and food). In a sense, then, it took the whole world (the world of our family and its connections to the wider ecological universe) to bring each of us into being at a time not of our own choosing.

Life is an incredible privilege that we've been unexpectedly gifted with, without our having been consulted in the matter, and it's not just religious believers who feel that way. In his book *The God Delusion*, the well-known atheist Richard Dawkins describes himself as a deeply religious non-believer, one who does not believe in a personal God but who does believe in the harmony of the universe and its prescriptive implications for humanity. The following quote from Einstein, enthusiastically quoted by Dawkins, sums up his view: 'What I see in Nature is a magnificent structure that we can comprehend only very imperfectly, and that *must* fill a thinking person with a feeling of humility'.

If you feel about the universe which gave us birth the way Richard Dawkins does (or religious believers do), certain things follow, at least for me and perhaps for you. You will feel a sense of loyalty to the universe we collectively belong to. You will feel that it makes demands upon you, sets you a purpose or destiny which it is your duty to fulfil and, in fulfilling which, you become who you truly are. You will

feel that at a certain point your 'own' self (your 'deepest self') is in touch with the Spirit of Life of the universe itself, and you will feel that we have as much right to determine the moment of our death as we have to determine the moment of our birth.

Now I am well aware that there are (at least) two groups of people who feel very differently. Firstly, there are those who feel that the circumstances of their birth are entirely fortuitous, arbitrary, accidental and loathsome (no father, let alone a heavenly Father), that we find ourselves unaccountably thrown into this strange universe, that we have to make the best of it while we are here and that we can best do that by carving out a space where we are in control, where the cruelty, indifference and arbitrariness of the universe is held at bay. If the universe (or God, or whoever...) did not consult us over the matter of our birth, we will at least 'repay' the universe for not consulting us by not consulting it (or God, or whoever...) when we choose ourselves when we will die. To those who feel thus, all I can do in this short space is suggest that perhaps this 'suicidal word' is not the last word, that in the end the universe (or God...) will hear, and not deny, our heart's deepest desire.

What are the poor, vulnerable dying to do when they are made to feel that their continued existence is an intolerable public burden?

Secondly, there are those who have had good parents, good families, good jobs, good lives; they have had a good life and they now want to secure the right to a 'good death', by which they mean not just a death that is as painless and dignified as possible (something we all want) but the right to voluntary euthanasia. This is the group who would see the assisted suicide of Craig Ewert under such dreadful and painful circumstances as admirable and exemplary and as supporting the case for voluntary euthanasia. To those who think and feel thus, I would ask them to consider the full ramifications of what they are asking for.

At the present time in Australia, it is health professionals who are ultimately vested with the responsibility for deciding the quantity of a pain-relieving drug to be administered to a dying

patient. In many cases they decide to administer a quantity which, whilst relieving the patient's suffering, may have the effect of ending the patient's life. The responsibility is an awesome one, so awesome in fact that I believe that it should continue to be assumed by those professionally equipped to shoulder the burden and professionally 'positioned' (that is, having a degree of emotional distance and professional objectivity) in relation to such life-and-death situations.

If voluntary euthanasia were to be introduced in Australia, every dying person capable of doing so would have to decide not just whether or not their own pain had become too much to bear, but whether or not the emotional, physical and financial burden was becoming too much for relatives and friends to bear. What are the dying to do when their children and grandchildren have to travel long distances, endure enormous emotional strain and go through wearing physical fatigue to be with them during an awkwardly long and unpredictable 'dying period'? What are the poor, vulnerable dying to do when they are made to feel that their continued existence is an intolerable public burden?

In cases where the dying elderly are not in a position to give formal consent to their own death, those legally vested with the right to make this decision on their behalf can never be sure that they acted out of the right motives. (Were they motivated by their dying relative's emotional strain or by their own, by the interests of the patient or by the prospect of securing an inheritance sooner rather than later?, and so on) The legalization of euthanasia would put almost 'humanly impossible' demands on the dying and their relatives, especially if they are poor. Where voluntary euthanasia is illegal, the timing and extent of medical intervention in the lives of dying patients is more a matter of 'professional judgment' than of 'personal choice' and this means that the health professions are able to protect the poor and vulnerable from pressures of this kind.

With the full legalization of voluntary euthanasia, medical practitioners would simply be-

come the instruments or 'professional administrators' of the patient's right to die and we all, but especially the poor, weak and vulnerable, would be put under 'humanly unbearable' pressures.

We have already gone down that path in the case of abortion, which was introduced for the sake of rape victims and for pregnant women whose lives were in danger but is now freely available in Australia, meaning that, with our approval and the state's endorsement, an 'unreal, untrue' right to abort takes precedence over the right to live and thousands of tiny hearts are stopped from beating.

We have already gone down that path in the case of divorce, which was introduced for the benefit of the few whose marriages were intolerable but is now universally available in Australia, meaning that, with our approval and the state's endorsement, an 'unreal, untrue' legal right of adults to divorce takes precedence over the (true, real) right of our children to be raised in a loving union of their own natural parents, thereby wreaking havoc on our families.

Do we really want to go down that path again in the case of euthanasia? Must we always self-righteously suppress and silence (literally as well as metaphorically) the weak and marginalised in order to placate the strong, the powerful and the vocal? Our sick and vulnerable elderly would be made more, not less, vulnerable by the introduction of voluntary euthanasia; let us not deceive ourselves into believing that they would not be put under very real (however well disguised) pressure to 'euthanise'.

On 1 September 2009, the Minister for Health and Ageing, the Hon Nicola Roxon, launched the National Preventative Health Strategy. The Strategy recommends a range of interventions aimed at reducing the chronic disease burden associated with three lifestyle risk factors – obesity, tobacco and alcohol. The main justification for this intervention ad-

vanced by its supporters is that the free life style choices of *some* individuals have been at a cost which their fellow citizens simply cannot bear and that this strategy, if properly implemented and funded, would be in the best interests both of (private) individuals themselves and of society (the public) as a whole.

I do not wish here to either agree or disagree with the strategy's supporters, but I do wish to fully endorse their underlying conviction that there is a kind of ultimate harmony here between the (true, real) good of the individual and the (true, real) common good of society, and to claim that this is especially true in the case of euthanasia. Thus, when proponents of euthanasia say that "it's fine for their opponents to have their pro-life views but they have no right to push them on to everyone else", they need to recall that the legal rights we secure for ourselves have consequences for others and ripple (or flood!) into their lives. There simply *is* no (real, true) right to die; a 'legally enacted' right to die in Australia would put pressure on our frail elderly suffering long term illnesses to end their own lives and *we would all be implicated*. The man who helped Craig Ewert to take his fatal last drink did so with the endorsement of his society and if ever there was a first man to do so in Australia, he would be legitimated in doing so by *us*, his complicit fellow citizens. In brief, we're *all* involved in this, whether we like it or not.

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