

## Euthanasia: Human Rights and Human Wrongs



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Whether any State should legislate to permit the intentional killing of some of its members, even at their own request, is perhaps one of the most weighty questions that communities face. It is a question that goes to the core of the role of the State to impartially protect the life of each and every one of its members. To permit medical killing, as in euthanasia, not only conveys a profound statement about the value of some human lives, it also ultimately undermines the safety of every other person in the community. For euthanasia, by its very nature, cannot be controlled. Once the State permits the medical killing of some, it cannot quarantine that practice from the medical killing of others. This has been true of The Netherlands, as discussed below.

Euthanasia is as much about human rights as anything else. Fundamental shared human values expressed in the international human rights instruments contain powerful statements about human dignity and the inherent value of human life. The most basic human right, recognised by all nations that are signatories to the *Universal Declaration of Human Rights 1948*, is the right to life. Without it, no other right makes sense. The right to life is expressed as inalienable, in that a legal right to give up the right to life threatens others who do not agree to have that right taken from them. A parallel can be found in understanding the right to liberty. The State will prevent someone from selling themselves into slavery even if they competently wish to make that choice for very compassionate reasons. They may believe, at a time of high unemployment or other hardship, that their family will financially benefit from the money derived from enslavement.

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For this transaction to occur it would be necessary for the State to legalise the slave trade for those who wish voluntarily to enter it. However, the State cannot derogate from its obligations to protect the inalienable right to liberty because the State knows that others will be drawn into the slave trade *non-voluntarily* if the slave trade is allowed to exist. In other words, to allow some to sell themselves into slavery voluntarily puts at risk the right to liberty of others in the community, particularly the weak and the vulnerable. The same principle holds for the right to life. Euthanasia threatens that right, particularly for the weak and vulnerable.

Euthanasia has been legally practiced in The Netherlands for more than 30 years. During that time, what began as assisted suicide soon became euthanasia. First it was for the terminally ill, but now those who are chronically ill can be euthanased. Initially euthanasia was premised on the grounds of physical illness, but now it can, and has, been administered for psychological distress. At first, euthanasia was only available strictly upon voluntary request, now the Remmelink Reports cite thousands of cases where euthanasia has occurred without a request from the patient. The Dutch now permit euthanasia for 12-16 year olds, and in what has become known as the Groningen Protocol, dozens of disabled babies have been illegally euthanased by doctors who are now pressuring the government for legal permission to terminate infant lives.

The authors of the Remmelink study have conceded that voluntary euthanasia inevitably leads to non-voluntary euthanasia. In an essay in the *Hastings Center Report*, the prestigious American bioethics journal, they said, "But is it not true that once one accepts [voluntary]

euthanasia and assisted suicide, the principle of universalizability forces one to accept termination of life without explicit request, at least in some circumstances, as well? *In our view the answer to this question must be affirmative.*" [Emphasis added]

Despite all the rhetoric about strict criteria, mandatory reporting and tight regulation, it is impossible to safely manage legalised euthanasia. Herbert Hendin, head of the American Suicide Foundation and Professor of Psychiatry at New York Medical College, visited Holland to gain first-hand knowledge of euthanasia in practice. In a review of Hendin's book *Seduced by Death*, Eric Chevlen comments, "One hardly knows which is more chilling, the widespread flouting of the scant and effectively toothless legal regulation of euthanasia in Holland, or the sangfroid with which it is defended by the Dutch practitioners."

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lia, when palliative care is the best it has been at any time or place in human history. What is going on? Is it perhaps the fear that people may be 'kept alive' by treatments they do not want; or that, more cynically, as the population ages and health budgets rapidly blow out, the frail and aged are too much of a burden for the rest of the community to sustain? What kind of a society are we building where the solution to these problems is seen to be assisted suicide and euthanasia? Yes, the community does want "dignity, relief and comfort to people suffering from a terminal illness", but there are numerous effective ways to achieve that goal without introducing the pervasive and ultimately literally fatal problems that legalized euthanasia will inevitably bring.

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The Northern Territory had a brief experiment with euthanasia in the nineties with its *Rights of the Terminally Ill Act, 1995* (ROTTI). Seven people accessed the law and four were eventually euthanased under the Act. Details of the cases were published in an article in the medical journal *The Lancet*. Social isolation, depression and lack of consensus about terminal illness were features of the cases. The authors made the following observation, "Pain was not a prominent clinical issue in our study. Fatigue, frailty, depression and other symptoms contributed more to the suffering of patients." The article makes for sad reading. ROTTI was effectively a statement that some lives are not worth living. Genuine care could have made all the difference, but instead there was tacit agreement that death was the solution. It is also noteworthy that Aboriginal opposition to ROTTI was authoritatively reported to be "near universal", and that "the very fact of the legislation, at least anecdotally, is causing people to be reluctant to present, or to present not as soon as one might, to attend clinics or to go to hospital".

It is somewhat ironic that the question of euthanasia arises in the present era in Australia,