"Should voluntary euthanasia be legalised?"

To be able to answer this question or participate in the debate about voluntary euthanasia (VE) intelligently, it is important to understand the meaning of the terms used and be conversant with the facts.

TERMINOLOGY

♦ Euthanasia

Euthanasia is the act or practice of ending the life of a chronically or terminally ill individual with the dual purpose of relieving unbearable suffering and facilitating a quick, peaceful death.

♦ Voluntary euthanasia (VE)

VE is euthanasia at the express request of the person wanting to die.
It can only be administered legally if strict prescribed safeguards are followed.

♦ Involuntary euthanasia

Involuntary euthanasia occurs when the patient has not requested it. He/she may not be competent to decide, or has to submit without consent, or the action is accidental.

♦ Passive euthanasia

Life sustaining treatment is either withheld or withdrawn with the intention of allowing death to occur naturally. But neither method can be properly described as 'passive' as both require a firm decision and action. Also neither will necessarily result in a good death nor reflect the wishes of the patient.

♦ Physician-assisted suicide (PAS)

PAS is a form of VE where lethal medication is provided to the patient at his request to enable him to bring about his own death under medical supervision. This method maximizes the patient's autonomy.

♦ Physician aid in dying (PAD)

PAD is a form of VE where lethal medication is administered by the physician at the patient's request.

♦ Palliative care (PC)

PC is healthcare that aims to relieve the suffering of patients, but not cure them. It is provided for patients in all disease stages, including those undergoing treatment for chronic diseases, and patients who are dying. The practice is often combined with **hospice care**, which provides palliative care specifically for the dying, while focusing on comfort rather than medical intervention.

♦ Palliative or terminal sedation

This is the legally allowed practice of relieving pain and distress in a terminally ill person, usually by means of a continuous intravenous infusion of a sedative drug. The clear intention is to control symptoms but not shorten life, although this often occurs. It is also called **slow euthanasia.**

♦ Principle of double effect (PDE)

PDE is a set of ethical criteria which holds that an action, even though harmful, is justifiable in certain cases when the nature of the act is itself good, or at least morally neutral; the agent intends the good effect and not the bad; the good effect outweighs the bad effect when due diligence is exercised.

♦ Slippery slope argument

This is an assumption that safeguards, initially put in place to underpin legislative reform, may in time be eroded so they become no longer effective or may lead to other unintended, harmful consequences. The term is frequently used, but there is no evidence that this has occurred in any of the jurisdictions where VE is legal. It is an unwarranted assumption.

FACTS

♦ VE is unlawful in Australia but permitted in some other countries

VE is permitted in The Netherlands (2002), Belgium (2002) and Luxembourg (2009). Oregon (1997), Washington (2009), Montana(2009), Vermont (2013) allow PAS. In Switzerland VE remains unlawful under Criminal Code but 'intent' determines prosecution; assisting in a suicide is only an offence if done for selfish motives. VE was briefly permitted in the Northern Territory (1996) before being repealed by the Federal Government.

♦ Eligibility requirements to qualify for VE in these jurisdictions

All have strict requirements, such as: legitimacy of request (no coercion), minimal age (12-18), patient mentally competent (or AHD) and well informed, cooling-off period (7-15 days), terminal medical condition (death within 6-12 months, but not in Netherlands, Belgium) and/or physical or mental suffering (not in Oregon, Washington), diagnosis by at least two physicians, and residence requirement (in Oregon and Washington). Swiss organisations have similar requirements. The 'Dignitas' program includes consultations, procurement of legal evidence and the provision of the drugs (PAS).

♦ Safeguards

The strict eligibility requirements, the obligatory close relationship between the patient and the physicians, compulsory reporting, certification procedures and the review process, ensure compliance with the Acts.

THE GREAT DEBATE – the issues in short

While the debate over VE should be about public policy and the law, the underlying dispute is between what many see as the dying individual's right to self-determination and others as interference with divine law. Conservative religious factions in particular seem resolute to hinder debate and block law reform.

1. The inherent value of human life - 'sanctity of life'

This assumes that special status should be afforded to human beings over and above other species. 'Sanctity of life' suggests the deliberate ending of a human life can never be justified.

2. The need to respect a person's autonomy – the right to decide how to live and to die

The right of a mentally competent person to self-determination is a fundamental principle in a liberal democracy. While the right of competent adults to refuse life-sustaining medical care has been recognised, the question follows whether the right to VE must also be accepted. If patients have a right to request and be granted assistance in the removal of respirators or feeding tubes, it stands to reason that they should also be able to claim the right to request and be granted assistance to suicide.

3. To assist or let die – there is no moral difference between active and passive euthanasia

The process of being allowed to die naturally (passive) can be slow and painful, whereas a lethal injection (active) is quick and painless. For the purpose of moral assessment, passive euthanasia is also a type of action. The decision to let a patient die naturally is subject to moral appraisal in the same way that the decision to actively end his life would be. It is the *question of intent* that overrides the issue.

4. The need to protect vulnerable members of society

As a healthy society we value all individuals and want to safeguard those who are vulnerable. Laws should protect vulnerable individuals as well as acknowledge and support the rights of others.

5. The position of doctors is unclear

The role of a doctor is deemed to save lives and relieve suffering. According to the old Hippocratic Oath, assisting a person to die is a violation of the oath. However, modern versions do not repeat this. It is argued that many doctors feel morally obliged to help their terminally ill patients to die humanely and it is suspected that they do so often under the cloak of terminal sedation to avoid legal prosecution.

6. Improved PC makes VE law reform unnecessary

PC has improved for many patients, but not those for whom pain-killing drugs through constant use have lost their effectiveness. Also of concern to some is the loss of faculties and dignity that comes with being terminally sedated.

7. The need for the law to reflect the will of the people, and be coherent and transparent

For a liberal democracy to function effectively, individuals should respect the prevailing legal framework. For this to occur, the law must be just, coherent and operate in a transparent fashion.

8. Polls are not a reliable source to confirm consensus on VE

Polls held by reputable polling companies (Gallop, Morgan, et al) are unlikely to be biased as they use scientifically accepted sampling methods, but questions may be provided or vetted by the commissioning group and may well be leading. A valid option is to hold an independent referendum.

9. The voice of the people: politicians responsible for law-reform should respond

It is the duty of MPs to discover the needs and wishes of the electorate and to act on their behalf.