

16 good reasons why legalised euthanasia is not good for individuals or society:

1. Legalised euthanasia gives too much power to doctors

Legalised euthanasia creates a dangerous imbalance in the doctor patient relationship - where the doctor now has the ability to end the life of a patient.

I'm sure many of us have experienced doctors who have shown scant concern for what we are telling them about our illness or medical needs.

Imagine a patient in that same situation, but this time they have been diagnosed with a terminal illness or disability, and their haphazard doctor now has the legal power to prescribe lethal suicide drugs, or to carry out their termination.

Do we really believe that such a situation is in the best interests of patients?

2. Legalised euthanasia unnecessarily exposes the patient to the seriously increased risk of accidental death

No health system is perfect, and New Zealand's is no different.

Patients can be misdiagnosed, they can be mistakenly denied rightful treatment, and they can even be subjected to unethical practise or wrong treatments at the hands of medical professionals.

This happens on a regular basis in our current and well established first world health system.

Imagine our current system, except with doctors and medical staff who have the legal power to euthanize patients.

Now you have a system where a wrong diagnosis, or a careless doctor could kill patients without the system even realising until it was too late.

Some people claim that strict legislation would solve such problems and protect patients, but our current health system is already governed by strict regulations yet it is common to hear of improper patient care for one reason or another.

It is seriously wishful thinking to believe that these common errors would not also spill over into the area of euthanasia if it were ever legalised.

3. Legalised euthanasia unnecessarily exposes the patient to a seriously increased risk of deliberate death

I'm sure we are all well aware of families where relationships are less than cordial, or even acrimonious.

Now imagine this same situation where a family inheritance is involved, or where the family members don't care enough to spend time or money caring for their ailing relative.

It is certainly not unrealistic to see how such a situation could result in the deliberate killing of an elderly or disabled patient.

We also all know true stories about doctors who have acted in an unethical, or even in an illegal manner for personal gain.

Imagine the situation of an unethical doctor, except that doctor now has the ability to end the life of their patient.

Once again, euthanasia supporters will claim that strict legislation will protect patients from this situation, but this belief is not based in reality.

One can think of a multitude of situations where legislation is meant to protect people, but it hasn't because it is constantly and easily being circumvented.

4. Legalised euthanasia places unnecessary and unhealthy psychological pressures upon a patient

In a culture where euthanasia is legal, patients are lumbered with the unnecessary and unhealthy psychological burden of having to consider whether they should go on living or not.

This will naturally result in patients who seek out euthanasia because they wrongly believe that if they choose life they will be a burden to their loved ones, or society.

Patients would also have to deal with this ongoing guilt as their treatment progresses, something that would not be beneficial to the patient or their family.

Either way; the patient is placed, unnecessarily, in harms way because of legalised euthanasia.

A study of terminally ill patients showed that those patients with substantial care needs were more likely to feel that they were being an economic burden to others. This group was more likely to consider euthanasia.

(Emanuel EJ et al. Understanding economic and other burdens of terminal illness: the experience of patients and their caregivers. Annals of Internal Medicine. 2000; 132: 451-9.)

In a survey of terminally ill patients, a total of 60% supported euthanasia in a hypothetical situation, however only 10.6% reported seriously considering euthanasia for themselves.

Factors associated with being less likely to request euthanasia were feeling appreciated, factors associated with being more likely to request euthanasia were depression, significant care needs and pain.

At follow-up interview two to six months later, half of all terminally ill patients who had considered euthanasia for themselves changed their minds, while an almost equal number began considering these interventions.

(Emanuel EJ et al. Attitudes and desires related to euthanasia and physician-assisted suicide among terminally ill patients and their caregivers. JAMA 2000; 284: 2460-8.)

5. Legalised euthanasia exposes a patient to lazy medical practitioners

We all know stories about medical practitioners who have not always acted in the best interests of their patient.

Imagine a patient exposed to such a doctor in a situation where euthanasia is legal.

Patients could quite easily be put in the situation where they mistakenly believe that euthanasia is their only option, when in actual fact there are other therapies or treatments open to them that they, or their doctor, are not aware of.

Alternately; a patient could mistakenly believe that euthanasia is their only option because of a medical misdiagnosis.

6. Legalised euthanasia gives an unhealthy power to governments and bureaucracies

We all know that governments and medical insurers maintain strict budgets, and that they have to make regular spending cuts.

Now imagine a country where euthanasia is legal. It is certainly not beyond the realms of possibility that the government, or a health insurance provider, would choose to stop spending money on certain treatments if they believed that euthanasia was a more cost effective approach.

People claim that such a thing could never happen, but the recent situation regarding the breast cancer drug Herceptin was an example of the NZ government doing exactly this, by choosing not to spend money on a lifesaving treatment.

We also have the story that appeared in the Timaru Herald on *Tuesday 21st November 2006*, which related how some South Canterbury GPs were refusing to treat patients over the age of 65 because they considered them too "expensive and time consuming".

7. Legalised euthanasia removes the right of patients to change their minds

Imagine a situation where a healthy adult has a discussion with his partner in which he indicates that if he was ever disabled or terminally ill he would probably choose to end his own life.

Now imagine that this same man has a car accident just months after this conversation and he becomes disabled and loses his ability to communicate.

Despite this; he has changed his mind and now wants to continue living.

Without the ability to communicate, this man's life is now in the hands of his partner, who is likely to say that he told her of his desire to be euthanized.

This patient has now lost the right to change his mind, and once he is dead there is no going back.

Some euthanasia proponents would respond by saying that legal systems would be put in place that require the patient to give written or verbal confirmation of their desire to be euthanized, etc.

We have already discussed how legal safeguards in a multitude of areas are commonly circumvented, so why wouldn't they also be ignored in this situation?

Such an idealistic view also completely ignores the fact that our current medical system allows relatives to make end of life decisions on behalf of patients, so why would this be any different under a system of legalised euthanasia?

It is impossible for a person to be 100% certain about how they would react, and what they would desire if they were placed in a situation that is totally foreign to their current life circumstance.

This means that freely choosing euthanasia before you are elderly, sick or disabled is a completely impossible thing to do, because you are not in full possession of all the facts regarding how you would feel in such a situation, and therefore your choice is not a fully informed one.

Choosing euthanasia in advance would also place you in serious risk of losing your ability to change your mind, or to be given a waiting period to see if you actually recover from what at first appears to be a terminal condition.

We must also remember that many terminally ill or disabled people will experience depression, or psychological instability which would leave them in an unsuitable state to be making a decision with such serious and permanent ramifications.

A study published by Dutch researchers in the *September 20, 2005 edition of the Journal of Clinical Oncology* has shown that at least 50% of patients killed in the Netherlands, where euthanasia is legally allowed, were suffering from depression.

It also found that 44% of those suffering from cancer showed clinical signs of depression when they asked for euthanasia.

Can one really claim that a person suffering from depression is making a free, informed and unbiased decision?

8. Legalised euthanasia denies families and patients the chance to grow together through the experience of human death

The final months, weeks and moments of a loved one's life are some of the most important and precious that a family will ever have.

Many people who have experienced the passing of a loved one talk about the importance of these moments, and how they promoted an otherwise unattainable family bond, and in some cases they even resulted in the healing of family disunity.

These moments also allow all the members of the family, no matter what their age is, to share in the journey of death; something that all of us must take at some stage or other.

Legalised euthanasia is almost certain to deny families these most important and precious moments.

Instead of a family united in love for their dying loved one, there will simply be a sanitised and clinical death that has no resemblance to the true human experience of death, and it will offer little benefit to the families involved.

Some claim that the dying family member will be spared from suffering.

This reasoning completely defies the human experience, and it has serious flaws.

Firstly; suffering is part of the human experience and no one is immune from it.

All of us suffer in big or small ways everyday, and this suffering builds character and strength within us - it is actually beneficial to our emotional growth.

If we start removing what we consider the big suffering, what is to stop us from next trying to escape the smaller sufferings we experience?

In the Netherlands, where euthanasia is legally allowed, a patient can now end their life if they are suffering from depression - they don't even need to have a physical illness.

It is also vitally important that we remember that pain medication is much more advanced than what it once was, and almost all human suffering can be adequately treated with medication.

Dr. Pieter Admiraal, who is considered to be one of the leading lights in the Dutch euthanasia movement, has publicly stated that "there are many good reasons for euthanasia, but pain control is not one of them."

According to *Pain Management and Care of the Terminal Patient*, by Judy Kornell, our current medical knowledge and technology allows us to adequately control the pain of up to 99% of patients.

Finally; when people talk of "ending the suffering of a loved one" it is often more about ending the pain of the family members who have to witness the suffering of a loved one.

Studies indicate that a family can be subjected to just as much psychological upheaval as their terminally ill or disabled loved one, yet this trauma is very rarely addressed and in such a situation the family's pain could contribute to

them supporting or encouraging detrimental and unnatural fears in their sick loved one.

A study published in the *Journal of the American Medical Association* in February 1992 showed that pain-killing drugs are as equally prescribed "for the comfort" of the family, as they are for the actual suffering of the patient.

The same study also stressed that without the right assistance, the people closest to a sick patient may actually end up reinforcing harmful psychological messages for the patient concerned.

9. Legalised euthanasia removes the incentive for government spending on palliative care and end of life treatments

If a country allows legalised euthanasia, then why should its government or medical insurers spend money on palliative care and other forms of end of life treatment when euthanasia is a readily available and much more cost effective option?

There is no incentive for them to invest in such areas, as they would simply become costly extras compared to euthanasia.

It is common knowledge that palliative care standards in the Netherlands, where euthanasia is legally allowed, are seriously lagging behind those in other countries.

10. Legalised euthanasia removes the incentive for government spending on research into disease cures

Once again, legalised euthanasia becomes a more cost effective option for governments when compared to the time and resources that need to be invested in researching cures for terminal illnesses and disabilities.

11. Legalised euthanasia always leads to involuntary euthanasia, or to the government sanctioned killing of innocent human beings

Three surveys conducted over a 10-year period by Dutch researchers showed that in Holland, where euthanasia has been legalized, at least 1,000 patients are killed every year through euthanasia without consent or without request. This constitutes homicide.

The first report, published in 1991 showed that in 1,000 cases (equivalent to 0.8% of all deaths) physicians administered a drug with the explicit purpose of hastening the end of life without an explicit request by the patient.

Two further reports from 1996 and 2001 confirm these findings.

In 2001, still 1000 deaths (0.7% of total) were due to patients killed against their wishes or without explicit consent.

(Van der Maas PJ et al.: Euthanasia and other medical decisions concerning the end of life. Lancet 1991; 338: 669-74. Van der Maas PJ et al.: Euthanasia, physician-assisted suicide, and other medical practices involving the end of life in the Netherlands, 1990-1995. NEJM 1996; 335: 1699-705. Onwuteaka-Philipsen BJ et al.: Euthanasia and other end-of-life decisions in the Netherlands

in 1990, 1995, and 2001. Lancet online 17 June 2003. <http://image.thelancet.com/extras/03art3297web.pdf>

Dr Karel Gunning, a Dutch General Practitioner states: "Once you accept killing as a solution for a single problem, you will find tomorrow hundreds of problems for which killing can be seen as a solution."

The following quote sounds like it was written yesterday, but in actual fact it comes from a 1941 Nazi film called *Ich Klage an* (I Accuse):

"At this stage I do not feel that I am going to die, but I don't want to die away later with my body being reduced to a little more than a lump. Please, promise to help me before this moment comes."

This film was produced by the Nazis to promote the message that doctors who help their patients to commit acts of euthanasia are doing something morally good.

Just 8 years later, in 1949, Dr. Leo Alexander, chief medical consultant to the prosecution at the Nuremberg War Crimes Tribunal, offered this trenchantly chilling analysis of the origins of the Nazi extermination of 6 million Jews and 5 million others:

"The beginnings at first were merely a subtle shift in emphasis in the basic attitude of the physicians. It started with the acceptance of the attitude, basic in the euthanasia movement, that there is such a thing as life not worthy to be lived.

This attitude in its early stages concerned itself merely with the severely and chronically sick. Gradually the sphere of those to be included in this category was enlarged to encompass the socially unproductive, the ideologically unwanted, the racially unwanted and finally all non-Germans."

12. Legalised euthanasia promotes the message that suicide is a good thing

Legalised euthanasia proclaims to society that suicide is actually a good thing if you are in pain, yet this is the exact opposite message to that which governments, educators, therapists and youth workers are trying to reinforce in society today.

How can we expect anti-suicide programs to be effective if we have euthanasia laws which give validation to the exact opposite philosophy - that suicide is a way out if you are in pain.

Instead of a culture which honours true courage against all odds, we would be embracing a cultural ethos that states that "courage has its limits", and that "giving up in the face of adversity is actually a good thing to do".

13. Legalised euthanasia promotes the message that disabled, terminally ill or elderly people do not need to go on living

Legalised euthanasia reinforces the false notion that some human lives have a "use by" date, or are simply not worthy of life.

In a culture of euthanasia, disabled, sick and elderly people come to be viewed as a burden upon the system, society and their families.

In such a culture; it is hard to see why people in such situations would be encouraged to go on living, or be given the standards of care that the rest of us enjoy.

14. Legalised euthanasia would reduce the rights of patients to take legal action against negligent or unethical doctors

Dutch doctors currently report only half of all cases of euthanasia to the authorities.

With such a low rate of reporting, Dutch claims of adequate legal protections and controls seem rather false.

In a recent analysis, the notification rate increased from 18% in 1990 to 45% in 1995 to 54% in 2001.

Asked why doctors did not report cases of euthanasia to the authorities – even though they were required to do so by law – doctors responded that this requirement was considered burdensome and time consuming.

More worrying obviously would be the possibility that patients had been 'euthanised' by doctors in violation of the regulations and that the cases were not reported in order to avoid criminal prosecutions.

(Onwuteaka-Philipsen, BD et al. Dutch experience of monitoring euthanasia. British Medical Journal 2005; 331: 691–3)

15. Legalised euthanasia is a step backwards for the world of medicine

What does it say about our supposedly "advanced" medical system, if we have got to the point where patients are being offered death as a solution to their medical and emotional problems?

Euthanasia is not medical advancement; it is a huge step backwards.

Advanced medicine is about combating illness, disability and pain, and providing a complete holistic treatment to all patients. True medicine is worlds apart from euthanasia which; instead of treating the disease, merely kills the patient.

Euthanasia does not promote a culture of medical advancement; in fact it creates an environment where medical advances are no longer needed, because the patients can now be killed instead of being assisted or cured.

Euthanasia is not advanced or enlightened medicine; it is the medical equivalent of a return to the stone-age.

16. Legalised euthanasia has not worked in the Netherlands

Euthanasia proponents always hold up the Netherlands as a shining example of a country where legalised euthanasia is working well.

But let's examine the facts of euthanasia in the Netherlands, and then you decide for yourself whether it really is working or not.

- Initially euthanasia was only introduced in the Netherlands for adults who were terminally ill and were definitely in the final stages of their lives, but today you can be euthanized without even having a physical illness.
- Doctors have been euthanizing new born infants since 2000, and Dutch law is currently undergoing changes in an effort to legalise child euthanasia.
- Despite supposed legal safeguards; Dutch doctors currently only report half of all cases of euthanasia to the authorities.
- Three surveys done over a 10-year period by Dutch researchers showed that in Holland, where euthanasia has been legalized, at least 1,000 patients are killed every year through euthanasia without consent or without request.
- Euthanasia does not stop with adults in the Netherlands. 9% of all neonatal deaths in the Netherlands occurred following the administration of drugs with the explicit aim of hastening death.

This was noted in two surveys in 1995 and 2001.

At least 2.7% of deaths of children between the ages of 1 and 17 in the Netherlands are due to euthanasia.

*(Vrakking A et al. Medical end-of-life decisions made for neonates and infants in the Netherlands. 1995–2001. Lancet, 2005; 365: 1329-1331
Vrakking A et al. Medical end-of-life decisions for children in the Netherlands. Archives of Pediatrics & Adolescent Medicine 2005; 159: 802-9.)*

- Even though Dutch doctors have the longest experience with euthanasia of any country in the world, distressing 'side effects' still occur: In 18% of cases where a patient attempted physician-assisted suicide the doctor had to intervene and kill the patient.

The reasons for this were that the patient awoke from coma, or had difficulty taking all the oral medication, vomited after taking the first medication or fell asleep before taking all the medication.

Furthermore, in nearly half of the cases which started as physician assisted suicide, the patient did not die quickly enough and the doctor had to terminate the patient. While it was planned for the patient to die within half an hour after taking the lethal drugs, 19% of patients took between 45 minutes to seven days to die.

(Groenewoud JH et al. Clinical problems with the performance of euthanasia and physician-assisted suicide in the Netherlands. New England Journal of Medicine 2000; 342: 551-6.)

- It has become almost impossible to prosecute doctors who break euthanasia laws in the Netherlands

In 1985, a Dutch doctor pleaded guilty to five patient murders, and was eventually convicted of three killings.

However, a higher court later dismissed the accused doctor's guilty plea and found him innocent of the killings. On top of this, a civil court awarded him \$150, 000 in damages.

According to Dr. Fenigsen, author of *A Case against Dutch Euthanasia*, the majority of legal professionals in the Netherlands support assisted suicide and they regularly prefer to protect doctors who practise questionable cases of euthanasia.

He also states that the current guidelines are so vague that even when they are not followed by medical staff, if a trial results, judges almost always rule in favour of the physician on the grounds of *force majeure*.

Force majeure is a legal defence that was instituted to allow doctors to overrule the law when it was in the best interests of their patients.