Assisted Suicide/Euthanasia: A Duty to Die?

YES OR NO?

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Euthanasia /Assisted Suicide

Quiz: Is this an example of euthanasia/assisted suicide

1. 25 year old male on life support after car crash – doctors say there is no hope of recovery after brain injury – family decide to turn off life support

2. Elderly couple purchase drug on the internet with the help of a friend so they can administer drug and die together

Quiz: Is this an example of euthanasia/assisted suicide

3. Elderly person is given morphine in the final week of life to ease pain. They die peacefully days later.

4. Person in mid 30's has terminal cancer and askes doctor to administer drugs to end their life when they decide the time is right.

Quiz: Is this an example of euthanasia/assisted suicide

5. Person with terminal cancer stores pain medication in order to overdose. A family member finds out but does not stop them.

6. Person in their mid 40's with end-stage motor neuron disease decides to stop taking antibiotics for repeated chest infections. They die days later.

Quiz: Is this an example of euthanasia/assisted suicide

7. Scenario on *Chicago Med* Session 2 episode 20:

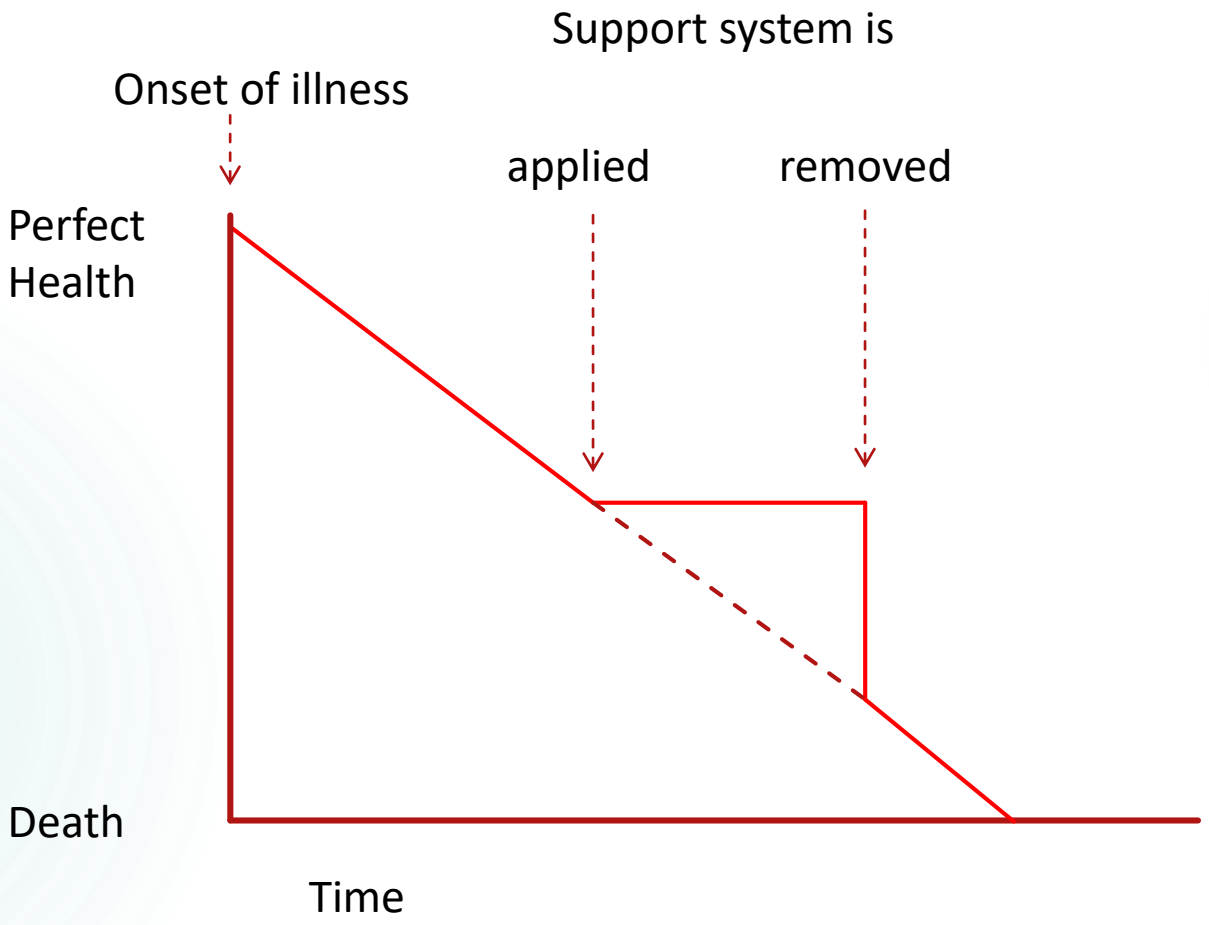
- Patient with ALS comes into the ED after a car accident
- He has critical injuries including a brain bleed
- Has a DNR order and is an organ donor
- Clots begin to form meaning he cannot donate organs due to lack of oxygen supply
- Solution: administer Heparin to prevent blot clots
- Problem: Heparin will shorten life to hours (brain bleed) rather than weeks, but will allow organ harvesting

1. Definition

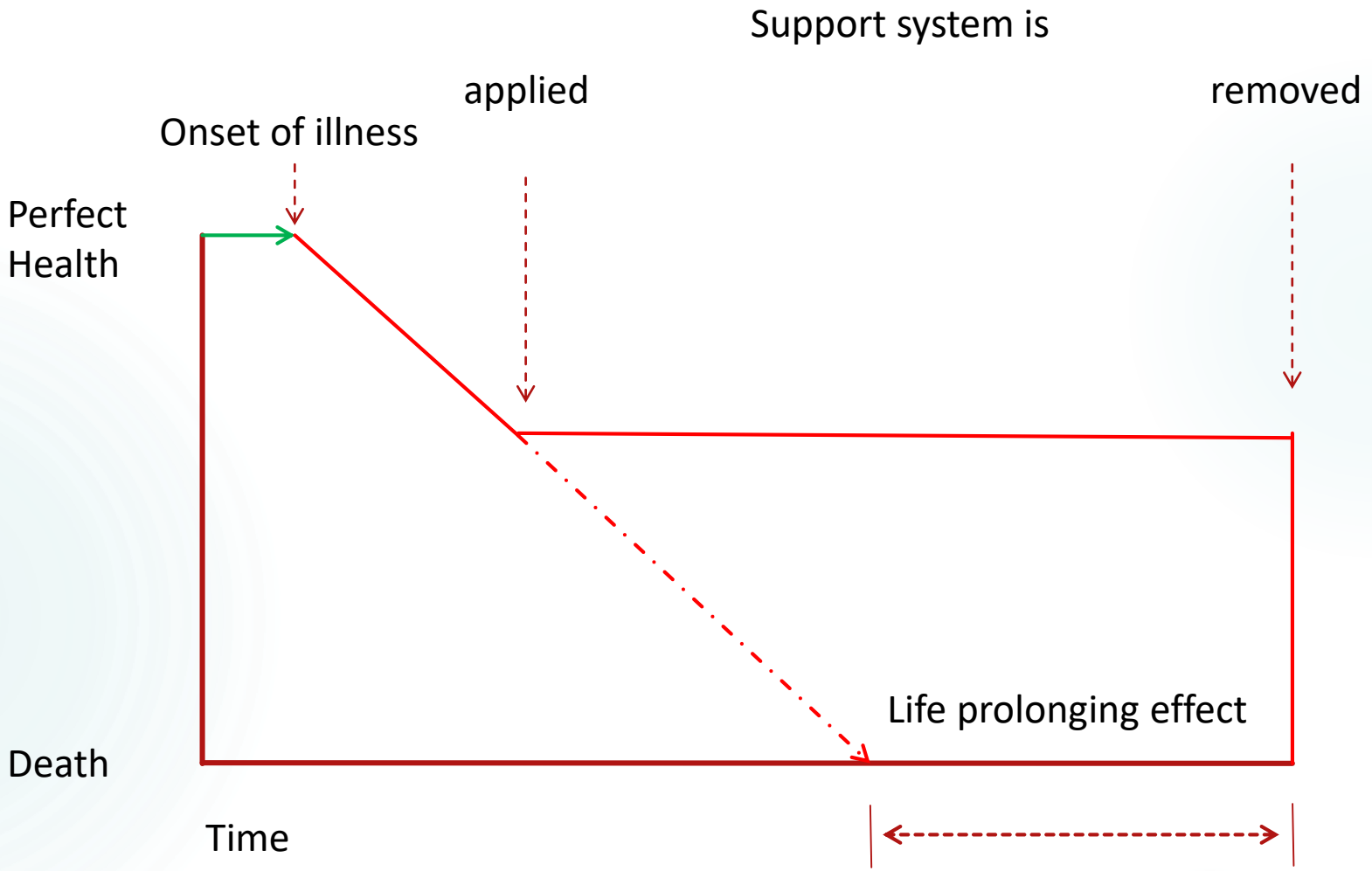
- The key point is the **intent**

- Intent = end life = euthanasia/assisted suicide = illegal
- Intent = comfort/allow death to take its natural course = **NOT** euthanasia/assisted suicide = legal
- Currently there is a clear distinction in NZ law

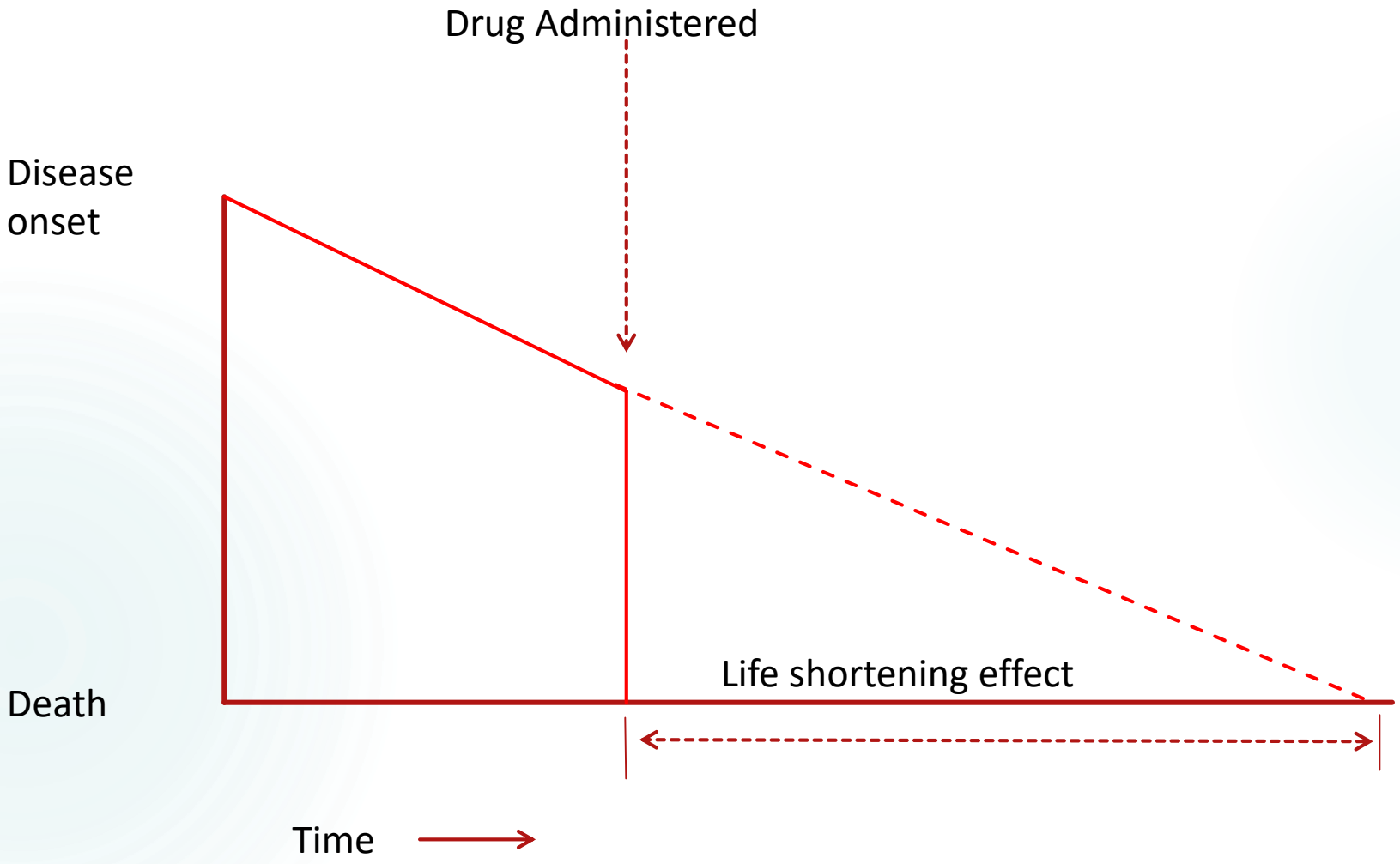
Withdrawal of support system prior to total collapse of natural physiological systems



Withdrawal of support system after primary physiological mechanisms supporting life have failed



Administration of toxic substance – Assisted-suicide/ Euthanasia



1. Definition

'a deliberate intervention, specifically intended to end a person's life for the purpose of relieving distress'.

- **Euthanasia:** having one's life ended by someone else eg a doctor administering a lethal dose of drug**s**
- **(Physician)Assisted Suicide:** intentionally ending one's life with help from someone else (including Doctors).

1. Definition

'a deliberate intervention, specifically intended to end a person's life for the purpose of relieving distress'.

- Assisted Dying/Physician Assisted Dying (PAD) or Medically Assisted Dying (MAiD)
- Ontario Canada, 2018: Roger Foley 42 yrs old

1. Definition

There is no such thing as "passive euthanasia"

- Switch off machines
- Disconnect a feeding tube
- Not carrying out life-extending operation
- Not giving life-extending drugs
- Non-intervention orders
- **These are not acts of euthanasia/assisted suicide**

2. How do we make ethical decisions?

1. Do the ends justify the means?
2. "Can we" vs "Should we" / "Is" vs "Ought"
3. Ethical Principles
    a. Autonomy
    b. Beneficence
    c. Non-Maleficence
    d. Justice
4. Problem: lowest common denominator to secure public consensus

Euthanasia/Assisted Suicide

What are the reasons for change?

- 1
- 2
- 3
- 4

3. What are the reasons for change?

- 1 Autonomy/Rights/Choice
- 2 Fear of pain/suffering
- 3 Pressure from relatives
- 4 Economics

- How would you rank these – choose your number one reason?

3. What are the reasons for change?

- losing autonomy (91.4%)
- less able to engage in activities making life enjoyable (86.7%),
- loss of dignity (71.4%)
- burden on family, friends/caregivers (40%)
- inadequate pain control or concerns about it (31.4%)

https://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year17.pdf (2014)

3. What are the reasons for change?

How do we understand suffering?

- 1
- 2
- 3

3. What are the reasons for change?

Autonomy/Choice/Rights

- Relational: As a society our individual rights are tempered by social considerations (eg current laws)
- Euthanasia – rights of the few change society for all – especially the vulnerable
- Society is judged by how it treats the vulnerable – children, those with disabling conditions, elderly
- Does increased choice lead to increased happiness?

3. What are the reasons for change?

Autonomy/Choice/Rights

- Increasing cases of involuntary euthanasia (where someone else decides if you die).
  - Dementia (Netherlands: 107 in 2015, Dr Theo Boer)
  - New-borns
  - Belgium (2007) – 32% of all euthanasia without consent

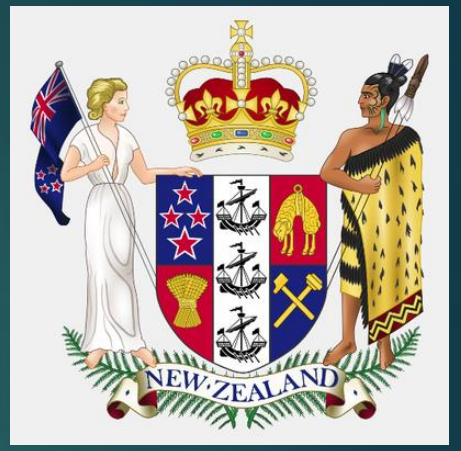
- Legal option – Advanced Care Directive/Plan

http://www.alexschadenberg.blogspot.ca/2013/09/euthanasia-is-out-of-control-in-belgium.html

4. The New Zealand Situation

- 1995 Michael Law's death with dignity bill
- 2003 Peter Brown's death with dignity bill
- 2012 Maryan Street's End of Life Choice Bill
- 2015 Seales v Attorney General
- 2015 Voluntary Euthanasia Society Petition
  - 2016 Health Select Committee Investigation'
- 2017 David Seymour's End of life Choice Bill

4. The New Zealand Situation



Lec**retia Seales v Attorney General**

"The **complex** legal, philosophical, moral and clinical issues raised by Ms Seales' proceedings can only be addressed by Parliament …"

Justice Collins – Judgement

All three petitions to the court based on human right to die/choose death were rejected on legal grounds

4. The New Zealand Situation

VES Petition – June 2015

TO THE HOUSE OF REPRESENTATIVES

"We, the undersigned, respectfully request that the New Zealand House of Representatives investigate fully public attitudes towards the introduction of legislation which would permit **medically assisted** dying in the event of a **terminal illness** or an **irreversible condition which makes life unbearable.**"

4. The New Zealand Situation

VES Petition – June 2015

TO THE HOUSE OF REPRESENTATIVES

Health Select Committee Process

- 18 month process, report to Parliament August 2017
- 21,000 unique submissions
- "80% of submitters were opposed to a change in legislation that would allow assisted dying or euthanasia".
- Health Select Committee, *Petition 2014/18 of Hon Maryan Street and 8,974 others*. Wellington: NZ Parliament, 2017, pg 6. https://www.parliament.nz/resource/en-NZ/SCR_74759/4d68a2f2e98ef91d75c1a179fe6dd1ec1b66cd24

4. The New Zealand Situation

David Seymour: End-Of-Life-Choice Bill

- Health Select Committee: 34,000 submissions
- Provides **immunity from criminal prosecution** or disciplinary action for doctors or pharmacists involved in hastening death (unless provable that they acted in "bad faith")
- **4 methods proposed**: ingestion or intravenous delivery by the person (assisted suicide); or delivery through a tube or injection (euthanasia).
- Provides "assisted dying" for NZ citizens **18+** with a **terminal illness** or **grievous and irremediable condition;** or in **advanced state of irreversible decline**; **unbearable suffering** unable to be relieved in a manner the person considers tolerable

4. The New Zealand Situation

David Seymour: End-Of-Life-Choice Bill

- Health Select Committee: 34,000 submissions
- **'Unbearable suffering' is self-defined** – effectively EAS **'on demand'**
- Will be lawful to promote assisted suicide
- **No provision for Advanced Care Directives**

4. The New Zealand Situation

- **The Bill is <u>not</u> just about persons with a terminal illness** but embraces anyone with grievous and irremediable condition or in an advanced state of irreversible decline or with unbearable suffering **unable to be relieved in a manner the person considers tolerable.**
- People who live with **chronic depression** or **mental illness** qualify for euthanasia, even if they reject effective treatment on the basis they deem it intolerable.
- **No person is obligated to take a role** under this Bill, although medical practitioners who conscientiously object **must refer** people to the SCENZ Group.

4. The New Zealand Situation: Cultural Dimensions

- **Current debate lacks the voices of other cultural groups**
  - Euthanasia/ physician-assisted Suicide – no equivalent in language or practice in Māori and Pacific cultures
  - Māori – karanga aituā – talk about death will "call it down"
  - Talk of assisted suicide – "unnatural conversation to discuss or contemplate"

"the dying and their whānau are proactive in doing whatever they can to ensure a high quality of life is achieved to enable the individual to live for as long as possible and as comfortably as possible" – "They do not give in easily to death"

- Tess Moeke-Maxwell

5. Unintended Consequences

Extension of Criteria and Normalisation

- Any limitation is susceptible to legal challenge
- Why? If death is a right/good/benefit for some – why isn't it a right/good/benefit for all irrespective of age or condition.
- Increased use and normalisation
- NZ Bill – "unbearable suffering" is self-defined

Euthanasia debate reignited by 20yo sexual abuse victim

By Simone Mitchell at news.com.au, Monday May 16, 2016

http://www.nzherald.co.nz/lifestyle/news/article.cfm?c_id=6&objectid=11639637

5. Unintended Consequences

Extension of Criteria and Normalisation

- Belgium: 2008 (708 deaths) to 2013 (1807) = 150% increase
- Netherlands 2006 (1923 deaths) – 2014 (5306), 2015 (5561)= 190% increase in 9 years
- Netherlands – under reporting
  2010 77% reporting; 2005 80%
  (Onwuteaka-Philipsen et al, Lancet 380 (2012), 908-915)
- Netherlands: Minister of Health Edith Schippers (Oct 12, 2016) – assisted suicide for "completed life"

5. Unintended Consequences

Extension of Criteria and Normalisation

There is "no principled basis for excluding people suffering greatly and permanently, but not imminently dying" as noted in a recently completed report for the Royal Society of Canada.

End-of-Life Decision-Making in Canada: The Report by the Royal Society of Canada Expert Panel on End-of-Life Decision-Making, Chapter 5; 7.b part (iv) at http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3265521/

5. Unintended Consequences

Extension of Criteria and Normalisation

- Oregon – seen as a model for New Zealand
- 1 in 4 terminally ill patients who requested assisted suicide had clinical depression
- Decline in referrals for psychiatric assessment:
  years 1-5 post legislation = 22%; years 12-17 = 2.3%

5. Unintended Consequences

Extension of Criteria and Normalisation (Oregon)

- Year on year increasing prescription recipients and deaths by AS
- Range of days between request and death in 2014 15-439 days (laws states within reasonable medical judgement 6 months = 180 days)
- Subversion of 2-doctor safeguard – "Dr Shopping"
- Coercion – safeguard requires 4 people – median duration of patient-physician relationship is 12 week – no longstanding relationship to assess coercion. 2 witnesses need not know the person
- Increase in conditions listed as "other" (7% in 2015)

notdeadyet.org/2016/10/Oregon-state-assisted-suicide-reports-substantiate-critics concerns.html

Public.health.orgeon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct

Professor Theo Boer –Netherlands

- A former euthanasia supporter and Academic
- Initially argued that a 'good euthanasia law' would produce relatively low numbers of deaths.
- Long-time member of Euthanasia Review Committee
- Increased use of physician assisted suicide
- "the very existence of a euthanasia law turns assisted suicide from a last resort into a normal procedure - **Don't make our mistake.**"

http://www.dailymail.co.uk/news/article-2686711/Dont-make-mistake-As-assisted-suicide-bill-goes-Lords-Dutch-regulator-backed-euthanasia-warns-Britain-leads-mass-killing.html#ixzz475CQjW5M

Professor Theo Boer –Netherlands

- 95% of E/AS deaths are euthanasia in Netherlands
- Law argued for on the basis of 'exceptional' cases
- 4% of deaths now documented as assisted dying
- 17,000 cases of "palliative sedation" – 12% of all deaths
- Suicides rates have risen in Holland by 35% over past 6 years
- Initially **95%** were patients with **a terminal disease** … terminal cancer now accounts for **75% - "Many of the remaining 25% could have lived for months, years or even decades."**
- **"… euthanasia is fast becoming the preferred, if not the only acceptable, mode of dying for cancer patients"**
- Travelling euthanasia clinics established …
- Children and teenagers, persons with dementia, mental illness …
- Push for a suicide pill for over 70 years no questions asked …

Boer, T. Rushing toward death? Assisted dying in the Netherlands, March 28 (2016) at http://www.christiancentury.org/article/2016-03/rushing-toward-death

5. Unintended consequences

What does euthanasia/assisted suicide say about suicide prevention?

- overseas studies show that allowing euthanasia/assisted suicide also increases rates of unassisted suicide

Aaron Kheriaty, "The dangerous contagious effect of assisted suicide laws". Washington Post, 20 November 2015. http://carealliance.org.nz/the-dangerously-contagious-effect-of-assisted-suicide-laws/

5. Unintended consequences

Medical/Caring professions?

- There is an assumption that doctors will be the ones to enact any law change. But doctors see their calling as maintaining life, not taking life. Any law change would have widespread and deepening repercussions for the way we understand life, and the callings and duties of the medical profession.
- Euthanasia/Assisted suicide is not a medical issue

5. Unintended consequences

What message does this say to the vulnerable?

- Elderly, disabled, mentally ill etc
- Right to dies becomes duty to die

- Stuff.co.nz – "Elder abuse soars as country's vulnerable targeted" by Emily Spink June 15, 2016.

5. Unintended consequences

A dignified death is not guaranteed

- Research in Netherlands shows that approximately 10% of killing by euthanasia and 30% of assisted suicides are complicated by unforeseen problems.

www.euthanasia-free.org.nz

6. Spiritual Perspectives

- **Holistic view of personhood**
  - Intrinsic value and dignity of human life regardless of abilities or situation
  - Life is seen in terms of gift rather than right
  - Autonomy/rights are not absolute
  - Focus on Character – who we are as people -virtues
  - Relational/Communal issue

6. Spiritual Perspectives

- **Sacrifice and compassion includes caring well**
  - Compassion denotes walking alongside so as to not die alone
  - Relief of suffering can include not prolonging death
  - Doing good without doing harm
  - Unconditional Love – care and compassion without harm (killing) –Protection of the vulnerable
    - A society is judged on how it treats the vulnerable – the young, the sick and the old

Conclusion

Premature death becomes a significant risk in a society which is ambivalent about people perceived as contributing little or nothing while being a drain on valuable resources.

Upholding the choice of a few to be euthanased will effectively take away the choice and/or will to live for much larger numbers of others.

Conclusion

As overseas experience shows, it's not where we start with respect to legislation around euthanasia and assisted suicide but where it will take us and where we will end up.

You matter because you are you.

**You matter to the last moment of your life,
and we will do all we can,
not only to help you die peacefully,
but to live until you die.**

C Sanders, as quoted in Margaret Whipp, *Euthanasia – a good death?* Grove Booklets E117.