



**ORDER OF MALTA  
AUSTRALIA**

---

**DEFENCE  
OF THE FAITH  
INFORMATION PAPER**

**PREVENTING EUTHANASIA / ASSISTED SUICIDE**

*"Australia's biggest pro-life challenge is euthanasia".*

Archbishop Anthony Fisher, January 2019

# DEFENCE OF THE FAITH INFORMATION PAPER

## PREVENTING EUTHANASIA / ASSISTED SUICIDE

*“Australia’s biggest pro-life challenge is euthanasia”.*  
Archbishop Anthony Fisher, January 2019

### UNDERSTANDING THE ISSUE

#### Being clear on terminology

There is a lot of confusion over the terms “Euthanasia” and “Assisted Suicide/Dying”. To be clear:

- *Euthanasia* is “a physician (or other person) intentionally killing a person by the administration of drugs, at that person’s voluntary and competent request.”<sup>1</sup>
- *Assisted Suicide or Assisted Dying* (usually referred to as ‘physician assisted suicide/ dying’) is where a doctor or person “helps a person to terminate their life by providing drugs for self-administration, at that person’s voluntary and competent request.”<sup>2</sup>
- *It is not* turning off life support, ‘do not resuscitate’ requests, ceasing medical tests, treatments and surgeries, or palliative care. These are all already available and do not involve the active and intentional ending of a life.

#### The medical profession is overwhelmingly opposed to Euthanasia/Assisted Suicide

- 107 of the World Medical Association's 109 constituent National Medical Associations oppose euthanasia and assisted suicide.
- The World Medical Association (WMA) is opposed to euthanasia and assisted suicide. As it states in its position statement, “physician assisted suicide, like euthanasia, is unethical and must be condemned by the medical profession.”<sup>3</sup> Further, it “reaffirms its strong belief that euthanasia is in conflict with basic ethical principles of medical practice, and ... strongly encourages all National Medical Associations and physicians to refrain from participating in euthanasia, even if national law allows it or decriminalizes it under certain conditions.”
- Prior to the legalisation of assisted suicide in Canada, 78% of doctors indicated in surveys support for assisted suicide. These numbers have now inverted, with 77% now claiming a conscientious objection to killing a patient.<sup>4</sup>

#### Once introduced, its application is always extended

- In the past two years, in Belgium (which legalised euthanasia in 2002):
  - 3 children;
  - 77 people suffering from mental health issues; and

<sup>1</sup> European Association for Palliative Care, cited in Radbruch L et al (2015) ‘Euthanasia and physician-assisted suicide: A white paper from the European Association for Palliative Care’ Palliative Medicine.

<sup>2</sup> Ibid.

<sup>3</sup> <https://www.wma.net/policies-post/wma-resolution-on-euthanasia/>

<sup>4</sup> Opatrny L, Bouthillier M. “Décoder l’objection de conscience dans le cas de l’aide médicale à mourir,” Le Spécialiste, 2017, 19:4, 36-40



- 173 people with no physical suffering but afflicted by conditions such as addiction, loneliness and despair, were euthanised.<sup>5</sup>
- In the Netherlands, the mentally ill have increasingly made use of euthanasia for depression, anxiety, autism, anorexia nervosa, schizophrenia and personality disorders.<sup>6</sup> In 2017, 83 of 6,585 reported euthanasia deaths were for mental illness; 1.3% may appear small but it increases annually.
- Since the legalisation of assisted suicide in Oregon 20 years ago, the top five reasons given by those who request (and are given) assisted suicide drugs have been:
  - Losing autonomy
  - Less ability to engage in activities making life enjoyable
  - Loss of dignity
  - Losing control of bodily functions
  - Burden on family, friends and caregivers.
 Notably, pain or fear of it does not appear in the top reasons.<sup>7</sup>

### **Where legislated, protections of the vulnerable fail, and abuses occur**

- In 2017 in Oregon, the median time between the first encounter with a drug-prescribing doctor to request assisted dying and death was less than three weeks.<sup>8</sup>
- Only 4.9% of those who have been given assisted suicide drugs in Oregon were sent for a psychiatric evaluation beforehand.<sup>9</sup>
- Oregon is often cited as safe legislation because it is restrictive. When Compassion in Dying Oregon commissioned research to prove that depressed patients were not given access, Ganzini and colleagues found that one third of those using the medication to suicide were in fact depressed.<sup>10</sup>
- In the first two years of legalised euthanasia in Quebec, 52 deaths (5.6% of all euthanasia deaths) were deemed by the Commission on End of Life Care not to have complied with the law but did not recommend any for prosecution.<sup>11</sup>
- Since euthanasia was legalised in the Netherlands in 2002, there has been no successful prosecution of a doctor for violating safeguards, despite regular breaches of the law being recorded by the Euthanasia Commission.

<sup>5</sup> [://organesdeconcertation.sante.belgique.be/sites/default/files/documents/8\\_rapport-euthanasie\\_2016-2017-fr.pdf](https://organesdeconcertation.sante.belgique.be/sites/default/files/documents/8_rapport-euthanasie_2016-2017-fr.pdf)

<sup>6</sup> Kim et al JAMA Psychiatry. 2016;73(4):362-368. doi:10.1001/jamapsychiatry.2015.2887

<sup>7</sup> Oregon Public Health Division, Oregon Death With Dignity Act: Data Summary 2017  
<https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year20.pdf>

<sup>8</sup> Ibid

<sup>9</sup> Ibid

<sup>10</sup> Ganzini L, Goy ER, Dobscha SK. (2008). Prevalence of depression and anxiety in patients requesting physicians' aid in dying: cross sectional survey. BMJ 2008; 337 doi: <https://doi.org/10.1136/bmj.a1682>

<sup>11</sup> <https://www.newswire.ca/news-releases/le-ministre-gaetan-barrette-depose-le-rapport-de-la-commission-sur-les-soins-de-fin-de-vie-653342363.html>  
<https://www.newswire.ca/fr/news-releases/le-ministre-gaetan-barrette-rend-public-le-premier-rapport-de-la-commission-sur-les-soins-de-fin-de-vie-598891241.html>



## The legalisation of assisted suicide has dangerous 'second order' consequences

- The suicide rate in Oregon, where assisted suicide was legalised in 1997, has been increasing. In 2012, Oregon's suicide rate was 42% higher than the national average.<sup>12</sup> This does not include deaths by assisted suicide, as they are recorded as being deaths due to the underlying condition.
- Similarly, in the Netherlands, despite arguments by proponents of euthanasia that legalisation of assisted suicide helps prevent suicides, a study has found that there "seems to be no causal link between the possibility of euthanasia and lower suicide rates. The opposite seems to be the case: the suicide rates in the Netherlands are the fastest growing when compared to surrounding European countries, most of which lack the option of euthanasia." In the Netherlands, in the period between 2002 and 2016, when the total mortality rate in relation to euthanasia tripled, the suicide numbers did not go down; rather during that period, the incidence of suicide increased by 20.8% (from 1,567 in 2002, increasing to 1,894 in 2016).<sup>13</sup>
- In the United States, in states where assisted suicide is legal, insurance companies have refused to cover chemotherapy treatment for cancer patients, instead offering the insured assisted suicide drugs.<sup>14</sup>
- In 2015 in the Netherlands, 431 people had their life ended by means of euthanasia without their explicit request.<sup>15</sup>
- Its application increases over time. The number of patients making use of euthanasia and assisted suicide has risen sharply in the Netherlands from the first year that the practice was legal in 2003, when there were 1815 reported deaths from assisted suicide and euthanasia (representing 1.28% of all deaths). In 2017, there were 6,585 reported deaths (representing 4.38% of all deaths in the country).

## Popular support for Euthanasia/Assisted Suicide is founded on misunderstanding

- Polling demonstrates the ambiguity associated with the term 'assisted dying'. For example, a Curia Market Research Poll conducted in New Zealand found that the more strongly a person supports 'assisted dying', the more likely they are to be confused about what it includes. Of those who strongly support 'assisted dying', 85% thought it includes turning off life support, 79% thought it includes 'do not resuscitate' (no CPR requests) and 67% thought it includes the stopping of medical tests, treatments and surgeries. All three of these procedures are already legally available.<sup>16</sup>
- While many people understandably have a fear of the process of dying, few have any understanding of the success of palliative care in ameliorating suffering and retaining dignity for the dying person.

<sup>12</sup><https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/INJURYFATALITYDATA/Documents/NVDRS/Suicide%20in%20Oregon%202015%20report.pdf>

<sup>13</sup><https://jemh.ca/issues/v9/documents/JEMH%20article%20Boer%20final%20proof.pdf>

<sup>14</sup> Stephanie Packer in California was denied chemotherapy treatment by her health insurance company but offered to pay for assisted suicide <https://www.washingtontimes.com/news/2016/oct/20/assisted-suicidelaw-prompts-insurance-company-den/> See also case of Barbara Wagner in Oregon – denied health cover but offered assisted dying <http://abcnews.go.com/Health/story?id=5517492&page=1>

<sup>15</sup> <https://opendata.cbs.nl/statline/#/CBS/en/dataset/81655ENG/table?ts=1525401083207>

<sup>16</sup> <https://euthanasiadebate.org.nz/wp-content/uploads/2018/06/Euthanasia-Poll-Results-November-2017.pdf>

## THE CURRENT SITUATION IN AUSTRALIA

Having been prevented by the 'Andrews Bill' some 22 years ago, Australia is again right on the edge of legislating Euthanasia / Assisted Suicide and will require a concerted and intelligent effort to prevent its introduction. Below summarises the current situation across the country:

- *Victoria.* The Victorian Parliament's Voluntary Assisted Dying Act 2017 is due to commence on 19 June 2019. Victoria was the first state parliament in Australia to successfully enact assisted suicide legislation when the Bill was presented by the Minister of Health.
- *Western Australia.* The Western Australian government has recommended that assisted suicide be legalised following its committee report in late 2018. A bill is expected to be presented to parliament in August 2019 by their Minister for Health.
- *Queensland.* The Queensland government recently announced an inquiry into aged care, end of life and palliative care. The Committee is due to report to Parliament by 30 November 2019. Without an upper house to act as a check on the legislative power of the state parliament, the fight in the parliament is going to be a very difficult one.
- *New South Wales.* In New South Wales, the most recent attempt to legalise assisted suicide was defeated in November 2017 by one vote. The Hon Trevor Khan intends to reintroduce his Bill in the new parliament in 2019. The state election in New South Wales in March 2019 will likely change the balance of supporters and opponents of assisted suicide in the parliament. Senator David Leyonhjelm has announced he will be standing as a candidate in the NSW election. He was the proponent of the narrowly defeated Restoring Territory Rights (Assisted Suicide Legislation) Bill 2015 in the Federal Senate in August 2018. He has announced that legalising assisted suicide will be one of his objectives in NSW should he be successful in securing a seat in the NSW upper house.
- *Tasmania.* A private member's bill to legalise assisted suicide in Tasmania will most likely be introduced in the coming year. The bill is likely to have cross party support from Liberals, Labor and the Greens. Liberal Premier Will Hodgman, who voted against the last bill to be debated in the Tasmanian parliament in May 2017, has indicated an openness to vote in support of a new bill, if it "contained improved measures to protect the vulnerable."
- *Australian Capital Territory.* The Select Committee on End of Life Choices established in the ACT is due to report to the Legislative Assembly on 21 March 2019, at the conclusion of its inquiry process. Unless there is legislative change at the federal level to overturn the Euthanasia Laws Act 1997 (also commonly referred to as 'the Andrews Bill'), the ACT Assembly will not be in a position to legalise assisted suicide in the Territory. However, a new Commonwealth parliament following a general election in 2019 may produce a very different balance of power in the Senate, and may result in future attempts to overturn the Andrews Bill being successful.

While the situation is on a knife edge, it is not lost. What we can be sure is that doing nothing will see widespread unfavourable legislative changes in the near future.



## WHAT CAN YOU DO TO ASSIST?

Members of the Order have made major positive contributions on this issue, but this issue urgently needs much more widespread support. Our Conventual Chaplain ad honorem, Archbishop Fisher, is keen to see members of the Order make the greatest contribution possible on this critical issue.

There are several different ways we can each support including:

1. Subscribe to, support the activities of, and financially contribute to an organisation called HOPE or the Australian Care Alliance: HOPE is one organisation dedicated to opposing the introduction of Euthanasia/ Assisted Suicide and is known and trusted by members of the Order. Information for each can be found at:
  - HOPE: [www.no euthanasia.org.au](http://www.no euthanasia.org.au)
  - Australian Care Alliance: [www.australiancarealliance.org.au](http://www.australiancarealliance.org.au)
2. Speak to your local member of parliament and let them know your views: Materials to assist this can be found at the HOPE and Australian Care Alliance websites. The HOPE website provides the ability for people to email their politicians directly with tailored content to directly address issues relevant to each state campaign.
3. If you are a medical or legal professional, become active in your professional associations and organisations on this issue: There is a strong move for 'institutional capture' of peak bodies by proponents of Euthanasia / Assisted Suicide.
4. Witness through active service: Volunteer to strengthen palliative care. The Order will be able to provide a list of possible organisations that would welcome your assistance.
5. Pray: Pray to Our Lady for her intervention for the sake of our elderly, sick and vulnerable who will be subjected to the intentions of the changes being proposed.

---

This Information Paper has been prepared by the Australian National Defence of the Faith Panel under the authority of the President, Ian Marshall. The purpose of these Information Papers is to inform members of current important issues relating to the defence of the faith matters and to provide advice on how to practically respond.

