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Euthanasia - A CMDFA Perspective

THREAT TO DISABLED PERSONS

Legalising assisted suicide poses a direct threat to the lives of some people with disabilities who may be assessed as eligible to request it. Language used to describe causes of suffering also includes terms used around disability. Doctors are more likely to agree that they are “better off dead” and to miss signs of depression or coercion. Legalising assisted suicide for being a burden, incontinence and loss of ability to enjoy activities trivialises issues faced daily by persons living with disability and demeans their courage in facing the challenges of life. The role of healthcare is to accompany and assist those who face such burdens in their lives with dignified care.

THREAT TO ELDERLY PERSONS

If an elderly person is made to feel like a burden to their family this should be considered a warning sign for possible elder abuse. Family members experiencing “inheritance impatience” may subtly or overtly influence an elderly, sick person to request assisted suicide. Recent reports from Victoria and New South Wales suggest professionals miss signs of such undue influence on the decision making of victims of elder abuse.

THREAT TO THOSE WITH MENTAL HEALTH ISSUES

One in six people given a lethal prescription in Oregon had undiagnosed depression but only one in 25 people were referred to a psychiatrist for assessment. Even with compulsory referral to a psychiatrist four of the seven people euthanised in the Northern Territory had unresolved mental health issues. Requests for assisted suicide are often due for psychosocial reasons and distress that need appropriate management and referral. These factors can be misinterpreted by professionals not trained in complex mental health, palliative and aged care. A doctor’s attitude can also exert undue influence on a patients desire to die.

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THREAT TO SUICIDE PREVENTION EFFORTS

Assisted suicide is being proposed as a means to prevent the elderly sick from committing suicide in violent ways. However, evidence shows that legalising assisted suicide increases the total rate of suicide by over 65s by 14.5% and the suicide rate in the whole community by 6.3%. Suicide rates in rural and regional areas of Australia significantly higher due to delay in diagnosis and management of mental health problems from lack of access to mental health and palliative services. These rates are doubled in our indigenous population, particularly men. Legalising forms of suicide implies this recourse to be a legitimate alternative to dealing with causes of suffering, which includes adequate access to services.

ONE WRONGFUL DEATH IS ONE TOO MANY

Zealous campaigners for assisted suicide may not care if "a few grannies get bullied into it" but just as with capital punishment, most thoughtful people would not support legalising assisted suicide once they understand the very real risks to the lives of the disabled, the elderly, those with mental health issues

THE OREGON MODEL

Oregon is being put forward as a successful and safe model for assisted suicide, However in Oregon assisted suicide is given primarily for reasons such as a loss of autonomy, life being less enjoyable, incontinence and feeling like a burden on family, friends and caregivers. Studies show less than 1% of those seeking assisted suicide did so because of pain, with many not having had appropriate referral or treatment.

THE PRINCIPALS OF AUTONOMY AND CHOICE

Some claim euthanasia and assisted suicide enhance an individual's legal autonomy and choices around their end of life care. In the face of inadequate and inequitable access to palliative care, aged care/disabilities and mental health care, such laws only serve to be in conflict with the autonomy, rights and choices of those who do not have access to appropriate care. Such principles also need to be tempered by other considerations including the role of health

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care, the erosion of the doctor/patient relationship, undue influence in dependent relationships, and the rights of health professionals.

Studies show that desire to die diminishes toward the true end of life, and often fluctuates according to health events, symptoms, care given and stages of disease. Desire to die also diminishes greatly when a person experiences quality palliative care.

CONCLUSION

No case for legalising assisted suicide can be made on the basis that this is the only possible response to people facing unrelievable pain. Rather people need universal access to gold standard palliative care which can alleviate pain, including using palliative sedation as a last resort. The actual proposal for legalising assisted suicide would cover subjective, existential suffering, including fear of being a burden on others. It would pose a very real threat to the disabled, the elderly, those with mental health issues and those people, including young people, struggling with suicidal ideation.

Legalising assisted suicide is unnecessary, unsafe and bad public policy.
For More Information on all of these and more:
http://www.noeuthanasia.org.au/issues
www.healthprofessionalssayno.info

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