

Eight myths about legalising euthanasia that you will hear from those advocating it...

Sometime in the next months a piece of legislation sponsored by Maryan Street MP will be placed before Parliament. Its objective is to legalise the practice of euthanasia and physician-assisted suicide in N.Z. In its support, it is said that more than 60% of new Zealanders support the proposal.

It is my contention that they do so only because they have never been exposed to the arguments opposing it and the problems it would raise for our society. I invite you to read the following short summary of myths about euthanasia as a contribution to your knowledge of the subject.

Myth No. 1. The new legislation will be written with all the checks and balances required to ensure that euthanasia is strictly limited to those who request it.

Comment: After many years of non-legalised and more recently, legalised euthanasia in Holland, regulating the practice has proved to be impossible. The Hon Maryan Street admitted as much herself in an interview on TVNZ on June 30th when she observed that it is impossible to draw up legislation that no-one is going to break at some time.

Every year, hundreds of Dutch people are euthanased without their informed consent.. Not only so, but, as has been found in Belgium and Holland, once introduced, the practice expands rapidly to include infants, people with psychiatric problems and those with dementia.

Myth No. 2. Many doctors are doing it now, so it's sensible to make it legal so that they don't risk prosecution for murder.

Comment: Only a tiny minority of N.Z. doctors admit to breaking the law and euthanasing a person. The N.Z. Medical Association resolutely opposes it.

This argument is like asserting that because a few rich people driving supercars equipped with radar detectors break the speed limit with impunity, then the limit should be raised so that everyone can do it.

Doctors deliberately ending the life of patients should face the same sanctions as anyone else charged with murder..

Myth No. 3. The authorities will be able to keep track of its use because doctors who administer it will be required to complete appropriate reports when they do it.

Comment: This is plainly nonsense.

In Belgium and Holland anyone wanting reasonably accurate information (including the authorities) has to get it anonymously because so many of the doctors are reluctant to officially report what they are doing even though it's legal. They prefer to fudge the death certificates.

Remember how easily the U.K's Dr. Harold Shipman got away with more than 200 murders?
http://en.wikipedia.org/wiki/Harold_Shipman

It is appalling that the proposed N.Z legislation legalises falsification of death certificates by requiring that in cases of euthanasia the cause of death is to be given as the underlying disease, not a lethal injection or other means of direct killing. This is surely recognition that those who practice euthanasia, even if according to the law, prefer to keep it secret..

Myth No. 4. People have the right to exercise their autonomy and decide when and how they will die. It is a private matter.

Comment: There is in fact no internationally recognised 'right to die'. International codes assert the *right to life*. It is true that suicide when self-administered, is legal in N.Z. Assisting a person to commit suicide is not.

But euthanasia is not a private matter in that it involves another person either prescribing lethal drugs or helping (or both) the act of killing. And autonomy is not an absolute right:: personal desire is always subject to the good of the whole community. In order to allow people to exercise their autonomy, a new subject will have to be introduced to medical and nursing curricula: how to kill people.

Myth No. 5. *The legislation assumes that doctors can accurately predict how long it will take for a sick person to succumb to their illness. (Only people with a terminal illness i.e. expected to die in 12 months or less or who have a prolonged debilitating illness will be eligible for euthanasia in the proposed bill).*

Comment. Every diagnosis and every prognosis is based on probability. Nothing is certain in medicine. Nearly everybody knows of someone diagnosed with a terminal illness who has, over time, proved not to have one..

There are cases on record of people being euthanased who turned out at autopsy not to have any sign of the disease for which they were deprived of life.

N.Z. terminated the death penalty in 1961 because it was deemed unacceptable that one person, wrongly convicted, should suffer capital punishment. But the pro-euthanasia lobby is content to accept that there will be some 'co-lateral damage' in the pursuit of its objectives.

Myth No. 6. *People are fully capable of exercising choice in matters of life and death.*

Comment: It is commonplace for older people and sick people to feel that they are a burden to their families and to society. There is subtle and often not-so-subtle pressure on them to opt out of living. They will seldom admit that that is their experience.

The abuse of elders is a silent plague in our society. Under such circumstances, how free is the choice?

Myth No. 7. *Euthanasia guarantees "death with dignity".*

Comment: Research on euthanasia and doctor-assisted suicide in Holland reported in the New England Journal of Medicine vol. 342: pp551- 556 2000, found that approximately 10% of the former and 30% of the latter forms of attempted 'mercy killings' are complicated by untoward problems. They included patients who regained consciousness from an induced coma, prolonged waiting for death, vomiting and fits; and technical problems with administering the lethal substance. Some patients experienced more than one complication.

For these people, one could hardly distinguish the experience as 'death with dignity'.

Myth No. 8. *The majority of those requesting euthanasia are in severe physical distress.*

Comment: Not so. The majority of requests are for psycho-social problems: fear of future pain, fear of dying alone, fear of loss of independence. Psychiatrists admit that they have no way of evaluating the severity of such "symptoms.". (Aust. N.Z. J. Psych. published on-line Jan 16 2012.)

For more information please see the web site at:

www.euthanasiadebate.org.nz