

EUTHANASIA AND PALLIATIVE CARE: PHILOSOPHICAL AND ETHICAL CONSIDERATIONS
PRESENTED TO PALLIATIVE CARE COUNCIL (INC)

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I am a former military officer who served in a combat arm. After nearly 30 years including service in operational areas, I retired to take up a senior teaching position at a boys' College in Canberra. For a further 20 years I taught Ancient and Modern History and Introduction to Philosophy and Ethics. Recently I joined the ACT Palliative Care Visitors' program. Obviously I am neither an academic ethicist nor a palliative care clinician, however my professional life experience has exposed me to pain, suffering and death and their consequences on others and me. I am a practicing Christian (Catholic) and my own process of ethical awareness has been deeply influenced by my faith. In the course of my studies over many years I have also developed a considerable interest in the extent to which secular humanism and the tenets of the faith of those who profess Judaism, Orthodoxy, Islam, Buddhism, Hinduism and the various branches of the Protestant Churches has contributed to the ethical formation of people.

SUMMARY



The support by some (but not all) pro-euthanasia advocates may emerge from genuine feelings of compassion for those confronted by pain, isolation and loss of dignity. But the means by which a particular form of release from these conditions is being sought is clearly against present laws in most jurisdictions in the world. The matter is made more difficult because there is considerable confusion surrounding this term - euthanasia. Different sources and the context of its use in writing and debates vary quite widely depending on the point of view the author wishes to express. I shall argue, in this paper that the term,

Passive Euthanasia is frequently employed for the purpose of attracting support by pro-euthanasia advocates whose agenda is to legalize the killing of, in some circumstances, defective infants, unconscious and the non-competent elderly and the new born. Voluntary suicide or provision of medically assisted suicide is also a plank in the proposed policy of these advocates

This paper attempts to more accurately define euthanasia and to separate the term from the efforts of various self interest groups to redefine it as an ethical response to so-called "end of life choices."

I consider that for palliative care clinical and non-clinical professionals or volunteers, the case for euthanasia fails utterly. It does so because euthanasia:

- Rests on premises that have no respect for life.
- Rests on premises that philosophically are basically utilitarian.

- Is frequently presented in deliberately or unwittingly misleading terms.
- Has no legal authority anywhere with the exception of the Netherlands, Belgium and Oregon State in the USA, although “End of Life legislation” is pending in a number of other jurisdictions. Pro-euthanasia legislation, where it exists, is manifestly unsafe.
- Has been rejected in the United Kingdom, Canada, France, Israel: in the USA - the State of New Hampshire: the European Court of Human Rights, and, in Australia – South Australia and Western Australia.
- Is contrary to established medical ethical standards and contrary to best medical practices.
- Garnishes support from people who, for whatever reason, are not in possession of all the relevant facts.
- Is inconsistent with the universally accepted aims of palliative care as stated in the World Health Organization and affirmed by Palliative Care Australia.
- Is inconsistent with the Little Company of Mary Health Care (LCMHC) Mission Statement.

I therefore reject the notion, that palliative care has any legitimate part to play in an “end of life choice” that involves the deliberate death of a patient.

On the other hand I do believe that it is essential that we acquaint ourselves with the reality of euthanasia, the examples of failure to regulate the implementation of euthanasia legislation where it has been introduced and not allow ourselves to be seduced by the subjective arguments favoured by pro-euthanasia advocates. Such undertakings can be made in a true spirit of compassion.

THE FULL TEXT OF THIS EXCELLENT ARTICLE WHICH IS LONG AND DETAILED AND HAS MANY REFERENCES IS AVAILABLE ONLINE EXTRA AT WWW.CMQ.ORG.UK/CMQ/2012/MAY/02-EUTHANASIA_PALLIATIVE_CARE_FULL.HTML AND WWW.CMQ.ORG.UK/CMQ/2012/MAY/02-EUTHANASIA_PALLIATIVE_CARE_FULL.PDF