



Euthanasia

Information Pack



Current Law in the UK



Euthanasia is the deliberate ending of a person's life who is often suffering from some incurable illness and is close to death.

Euthanasia is now sought by and granted to some people in Europe who are not suffering from an incurable illness

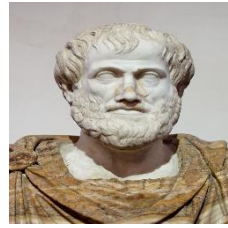
Euthanasia can be voluntary whereby the patient opts to take their own life and seeks help to do so; and it can also be involuntary whereby someone makes that decision for the patient.

Euthanasia can be active, whereby an intervention occurs so as to end the life of the individual e.g. through the administration of a lethal dose of drugs; and it can be passive whereby something essential to the life of the person, e.g. food and water, is withheld.

Assisted suicide is the act of assisting someone to take their own life.

Both euthanasia and assisted suicide are illegal in the UK, and are indefensible on moral grounds.

Ethical Issues



We value human life because every human being is a unique and non-repeatable entity – there is only one and never more than one of any person. There is then something special about every person, and therein resides the focus of human dignity.

To end the life of any individual person by a direct intentional action is to undertake a course of action the goal of which is to remove from the world something that is unique, something that has never been encountered before and will never be encountered again.

Part of the uniqueness of every individual person resides in their intellectual activities. A person is not a being that simply exists like a rock or a tree, a person is something which lives a life. This does not mean that a person is a person because he or she can think, but that in being able to think the person lives out their personal life. The life of thought is secondary to the unique life of the person as it is. Given that a person has an intrinsic value, one cannot

make use of the life of thought to take the life of the person. Hence a choice to end one's life, or the diminishing capacity of one's intellect, or the lack of a life of thought due to illness cannot legitimately be used as a reason to end the life of the person whose life has an intrinsic worth independent of what that person may or may not be able to think.

This value which is applicable to all human life extends to end of life care. One cannot undertake an action the purpose of which is to end the life of a person. We must then be on our guard for any course of medical treatment the purpose of which is to end a patient's life. But in doing so, we must be aware of the principle of double effect.

The principle of double effect is that one can take a course of action the purpose of which is some choiceworthy end, but of which there is another consequence not directly intended.

So for example, a parent sees a child about to pull a pot of boiling water over himself. The parent instinctively pushes the child out of the way and the child falls to the ground. The direct intention of this action is to get the child away from the boiling

water, the unintended consequence of this action is that the child falls to the ground having been pushed. The parent's action was not to push the child to the ground. The parent's action was to protect the child from the boiling water, and one unintended consequence of this was that the child fell. The action is a success so long as the child is not scalded, and so the child's fall is not essential to the action.


So in end of life care, we cannot undertake any course of action the direct purpose of which is to kill the patient. However, we can administer various medicines the intention of which is not to kill the patient, but which may happen to shorten the life of the patient, e.g. the administration of painkillers. This course of action is not the same as administering a lethal dose in order to kill the patient, because in the latter case if the patient does not die, the action is a failure, whereas in the other case, we administer painkillers in order to ease pain and the continuing life of the patient does not mean our action has failed.

When we have a terminally ill patient or loved one reaching the end of their life, we must provide for them everything by which a human life is lived.

Simply because a patient is about to die does not mean that we can withhold from them what they need to live, for in that case we are undertaking a course of action the direct purpose of which is to bring about the death by means of starvation/dehydration of one who has a right to life.

Results from Legalisation in other Countries

Netherlands

 Euthanasia was legalised in the Netherlands in 2001. In 2002 the rate of euthanasia and assisted suicide was **1,882**, and in 2016 it was **6,091**; that's a rise of **324%**. The reasons given for such deaths in 2016 were not always for terminal illnesses: 141 were killed because of dementia, 60 for psychiatric reasons, and 244 for advanced age.

'Being over the age of 70 and tired of living should be an acceptable reason for requesting euthanasia' (Royal Dutch Medical association 2006).

Belgium

 Euthanasia was legalised in Belgium 2002. In 2003 there were **235** cases, in 2016 there were **2,024** – an increase

of **861%** Not only that, since 2014 euthanasia has been available to children. **4.6% of the overall deaths** in Belgium are on account of euthanasia, and in Belgium euthanasia can be requested in cases of non-terminal illnesses such as mental health.

'What we see in Belgium is a slippery slope. We see the number of euthanasia deaths rising year in, year out since the legalization in 2002. And what we see is completely inadequate oversight. The committee that monitors them has received just over 8000 notifications of euthanasia deaths since the legalization. In its history of those 8,000 cases the committee has submitted not a single one to the public prosecutor'. Robert Clarke – Alliance Defending Freedom 2017.

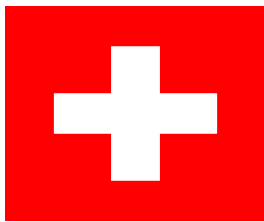
Quebec

 The 'Medical aid in dying' law came into effect on December 10, 2015.

Advocates of the law suggested that euthanasia would be an exceptional measure for exceptional cases, that there would be safeguards to prevent abuse, and that very strict criteria would protect vulnerable people.

After just 2 years comparisons are being made with the Belgian experience. Advocates predicted around 100 requests in the first year. 469 people died by euthanasia in 2015-2016, 638 people died through euthanasia in 2017.

Switzerland



Many who have died at the Dignitas facility are not terminally ill. Ludwig Minelli, the Director, has helped people who are chronically ill, disabled, depressed or frail or elderly to kill themselves and has suggested the relations of the terminally ill could also take a lethal drug cocktail even if they are in perfect health.

The Dignitas facility had to move from the residential apartment block it was located in after residents complained about encountering body bags in the lifts.

The UK

There have been over ten attempts to legalise assisted suicide through the British parliament since 2003, all of which have failed. An attempt in 2015 was defeated by an overwhelming majority of 330 to 118 in the House of Commons amidst real and well-founded concerns about public safety. According to

a 2005 House of Lords Select Committee Report a Dutch-type euthanasia law in Britain would result in 13,000 deaths per year.

‘Discriminating against the terminally ill and disabled people in law, by removing important and universal protections, risks putting pressure on vulnerable people to end their lives, because of real or imagined fears of being a burden upon relatives, carers, or on a state and health care system that is desperately short of resources. The safest law is one like Britain's current law, which gives blanket prohibition on all assisted suicide and euthanasia. This deters exploitation and abuse through the penalties that it holds in reserve, but at the same time gives some discretion to prosecutors and judges to temper justice with mercy in hard cases’.

Dr Peter Saunders (Care not killing Alliance).

In NI a number of pressures on health care, bed space, and ideology over the vocation of health care workers etc affect how we think about and care for the dying. Many believe that if we have removed life

sustaining treatment there is no problem with removing food and water. But as we have seen above when looking at ethical issues, this is never acceptable.

Further, unless we want our society to resemble those outlined above in which euthanasia has been legalised, we must keep it illegal.

Summary

Euthanasia and assisted suicide are illegal in the UK.

This illegality reflects the ethical principle that a human person is a

unique individual whose life has value and whose value is not lost because they are sick or suffering.

In countries where euthanasia has been legalised over the course of the last two decades there was a huge increase in uptake, and its administration was not confined to cases of terminal illness or even, in the case of Belgium, to adults. What this illustrates is that when a society legalises the killing of its members, it very quickly loses any sense of the worth and value of human life.

In a society that is deeply uncomfortable with incapacity and disability, and sees ageing only as a terrible decline, legalising euthanasia would be a sinister victory for the forces of Western individualism, one which will tear at the fabric of our collective humanity and our responsibility to the greater good.

Because, ultimately, the assisted dying legislation creates different categories of human life: some worth living, some not. It's a law not about how people should die, but about whether people should live - and the state should have no say in that.

Assisted Dying Legislation Creates Different Categories of Human Life, Emma Dawson (2017)

The Iona Institute NI

541 Saintfield Road,

Belfast BT8 8EA

Phone: +44 (0)289 264 6861

Email: ionainstituteni@gmail.com

Web: www.ionainstituteni.org