
eu•tha•na•sia (u″thah-na´zhah). n.

**EUTHANASIA,** SOMETIMES CALLED MERCY KILLING, IS THE DELIBERATE KILLING OF ANOTHER PERSON WITH THE MOTIVE OF ENDING HIS SUFFERING. THIS CAN BE ACHIEVED BY DOING SOMETHING (E.G. GIVING A LETHAL INJECTION) OR BY FAILING TO DO SOMETHING (E.G. WITHHOLDING LIFE SAVING TREATMENT) IN ORDER TO CAUSE OR HASTEN DEATH.

IT IS MORALLY EQUIVALENT TO ASSISTED SUICIDE, WHICH INVOLVES HELPING SOMEONE TO KILL HIMSELF (E.G. BY PROVIDING LETHAL MEDICATION).

No one wants to suffer. No one wants to see their loved ones suffer. This to support voluntary euthanasia and why there are continual attempts to voluntary euthanasia do not fully understand or appreciate what euthana sorts of emotions, memories, prejudices and misconceptions which can l

## MYTH #1

**Euthanasia allows people to 'die with dignity'.**

REALITY

### People do not 'lose' their dignity as death approaches.

Our dignity – our great value as a human person – does not depend upon the 'quality' of our lives; it is found in our very being. Even if we face death emaciated or delirious or unable to feed, speak or toilet ourselves, we always retain our dignity and continue to reflect God's glory.

'Dying with dignity' means accepting the reality of our human condition and showing reverence and gratitude for the gift of life. It involves living through the dying process in a way which reflects our great value as a human being: accepting the love and care of those around us and waiting for death to come naturally. By contrast, voluntary euthanasia is a tragic rejection of the truth about the value of our lives and the care of others. It is an 'undignified' way to die.

In Oregon, USA, where physician assisted suicide is legal, the most frequently mentioned end-of-life concerns are: 'loss of autonomy' (97%), 'loss of human dignity' (92%), and 'decreasing ability to participate in activities that make life enjoyable' (86%). [i]

## MYTH #2

**Euthanasia is a compassionate response to suffering.**

REALITY

### Genuine compassion moves us to do all that we can to eliminate suffering, but never to eliminate the sufferer.

Compassion literally means 'to suffer alongside'. It is the resolve to genuinely invest yourself in people who are suffering; to offer the best assistance you can to relieve their physical and emotional anguish and to help them maintain hope and self esteem. As Pope John Paul II taught: "True 'compassion' leads to sharing another's pain; it does not kill the person whose suffering we cannot bear." [The Gospel of Life, n. 66]

In Oregon, nearly half of people initially requesting assisted suicide changed their minds after treatment for pain or depression commenced, or referral to a hospice was undertaken. Where no active symptom control was commenced, only 15% changed their minds. [ii]

## MYTH #3

**Euthanasia is a personal choice.**

REALITY

### Euthanasia is a public act with public consequences.

One person facilitating the death of another is a matter of significant public concern since it can lead to tremendous abuse, exploitation and erosion of care for the most vulnerable people among us.

Even when it is freely requested by competent persons, the choice to die by euthanasia gives dangerous public witness to the idea that there is such a thing as a 'life not worth living.' This tempts us to make this judgment about the lives of other sick, disabled or elderly people in similar circumstances.

These vulnerable people also become more susceptible to lowered self esteem and hopelessness, and risk feeling pressured into euthanasia for fear of becoming a burden to others. In this way, the 'choice to die' may be experienced as a 'duty to die'. Even young people who may be suffering psychologically and emotionally may feel affirmed in their belief that they have a 'life not worth living'.

In 37% of deaths occurring under the Oregon assisted suicide law, concern about being a burden on family, friends and caregivers has been expressed as a reason for requesting assisted suicide. [iii]

is an important reason why a significant majority of Australians are said legalise the practice in Australia. But many people who claim to support asia encompasses. Like other life and death issues, euthanasia evokes all ead us to settle in favour of myths over reality, and sadly, death over life.

## MYTH #4

### Euthanasia can be closely regulated to avoid abuse.

REALITY

### Overseas experience confirms the reality of a 'slippery slope' from voluntary euthanasia to involuntary euthanasia.

Medically assisted killing in the Netherlands was originally intended to be tightly regulated and strictly limited to adults who were able to make a free and informed request to die. Unfortunately, the practice of euthanasia has now expanded to include many vulnerable people, including the unconscious, disabled babies, children, and people with psychiatric illnesses and dementia. Logically, if euthanasia is permitted out of 'mercy' for suffering people who request it, in 'fairness' it will eventually be extended to suffering people who are unable to make a free and informed request.

Government-sanctioned studies in the Netherlands have found that: 50% of cases of assisted suicide and euthanasia are not reported, more than 50% of Dutch physicians feel free to suggest euthanasia to their patients, and 25% of these physicians admit to ending patients' lives without their consent (more than 1000 people each year). [iv]

## MYTH #5

### Legalised euthanasia would not impact upon the provision of good end of life care.

REALITY

### Palliative care cannot flourish alongside euthanasia.

The medical profession's deep commitment not to abandon those who suffer has been a powerful motivation in the development of modern medicine. But medical killing discourages alternative approaches to suffering, such as the provision of good palliative care and pain management. This is especially likely in a rapidly-aging society with escalating health care costs, where there is increasing pressure to consider the economic impact of patient care.

In some instances in Oregon, patients have been told by their health insurance provider that a costly drug prescribed by a doctor to treat the patient's illness would not be covered but inexpensive lethal drugs for assisted suicide would be covered. [v]

## MYTH #6

### Doctors can be trusted to practise euthanasia 'professionally.'

REALITY

### Legally sanctioned medical killing would corrupt doctors both individually and as a profession.

Doctors see themselves as the bringers of life, hope and healing. But once they intentionally kill their patients, however well-meaningly, they become deliverers of death as well as guardians of life. The goals of medicine become not only life, health, and comfort, but also death. Such doctors can no longer promise to always protect and promote the life and health of their patients.

In the Netherlands, 60% of doctors do not report their cases of assisted suicide and euthanasia. [vi]

## MYTH #7

**Doctors already practise euthanasia by administering large doses of pain-killers to dying patients.**

REALITY

### There is a real difference, both ethically and legally, between intending pain relief and intending death.

Doctors will often foresee that giving increasing doses of pain-killers to comfort a patient may also have the side effect of shortening that patient's life. But where the intention is to relieve suffering and not to hasten death, these doctors are not performing euthanasia; they are providing good palliative care.

## MYTH #8

**Euthanasia needs to be legalised so that people can have some control over their dying.**

REALITY

### The current prohibition of euthanasia does not prevent dying patients from exercising choice at the end of life.

Treatments which have become, or are likely to be, futile or overly-burdensome may be ethically and lawfully withheld or withdrawn at a patient's request, even where it is foreseen that death may come sooner as a result of this choice. To forego such treatments is not the equivalent of euthanasia or suicide, but an acceptance of the human condition in the face of death. This is not a choice for death, but a choice about how to live while dying. It is not a refusal of life, but a refusal of overly burdensome or futile treatment.

## THE ULTIMATE REALITY

### The ultimate REALITY is that human life and death are in God's hands.

We do not have absolute dominion over the gift of life: the time and circumstances of death are not ours to choose, for ourselves or for others. This means that euthanasia is never an acceptable response to human suffering.

As John Paul II explained in *The Gospel of Life*: "Man's life comes from God; it is his gift, his image and imprint, a sharing in his breath of life. God therefore is the sole Lord of this life; man cannot do with it as he wills... If it is true that human life is in the hands of God, it is no less true that these are loving hands, like those of a mother who accepts, nurtures and takes care of her child." [*The Gospel of Life*, n. 39].

Even though we may not fully understand why God permits suffering, we can be certain that He will never abandon us.

"… euthanasia is a **false solution** to the drama of suffering, a solution unworthy of man. Indeed, the **true response** cannot be to put someone to death, however "kindly", but rather to witness to the **love** that helps people to face their pain and agony in a **human way**. We can be certain that no tear, neither of those who are suffering nor of those who are **close to them**, is lost before God."

*Pope Benedict XVI, Angelus Address, 1 February 2009.*


i) 2009 Summary of Oregon's Death with Dignity Act.
ii) Ganzini L et al." Physicians' experiences with the Oregon Death with Dignity Act," New England Journal of Medicine 2000; 342: 557-63.
iii) 2009 Summary of Oregon's Death with Dignity Act.
iv) "The Committee to Study the Medical Practice Concerning Euthanasia," Medical decisions about the end of life, Vols. 1, 2. The Hague; 1991; Sept 1.; Hendin H."Commentary: the case against physician-assisted suicide: for the right to end-of-life care," Psychiatric Times. 2004;21.
v) Rita L. Marker."Oregon's Suicidal Approach to Health Care," American Thinker, September 14, 2008.
vi) G. van der Wal, P. J. van der Maas, J. M. Bosma, et al., "Evaluation of the notification procedure for physician-assisted deaths in the Netherlands," 335 New England Journal of Medicine, November 28, 1996, p. 1706.



Life, Marriage & Family Centre
Catholic Archdiocese of Sydney

Polding Centre
133 Liverpool Street,
Sydney NSW 2000