

ABOUT DYING WITH DIGNITY

It may happen to any of us or to those we care for. An accident or illness may bring people to an extreme of pain, disability, distress or dependency, so that their lives become intolerable and there is no reasonable prospect of substantial improvement. Some people in such circumstances may wish for death and consider it cruel to be denied their release.

Even if you yourself are spared such tragedies,

as a humane person you would wish to help those who suffer in this way and whose torments are beyond endurance. You would want to do what you could to ensure that their wishes are respected.

Dying with Dignity NSW

PO Box 25 BROADWAY NSW 2007

Ph: (02) 9212 4782 Fax: (02) 9211 1498

email: dwd@dwdnsw.org.au

website: www.dwdnsw.org.au

Patron: Professor Peter Baume AC FRACP FRACGP



Responses to some common arguments:

Sanctity of Life Argument:

Life is sacred, a gift from God

Deliberately shortening life is against God's will

Only God should determine the time of death

'Suffering in the last stages of life is part of God's saving plan' (*The Pope*, 1980)

This argument fails because:

Our opponents make many exceptions (self-defence, war, capital punishment, abortion)

Compassion for a suffering person's dying wish justifies exception

Allowing suffering against a person's wishes is cruel

Career churchmen are not the only interpreters of God's will

Many people do not believe in God

Believers should not dictate to others how to live and die



The Doctor-Patient Relationship:

Doctors role is to cure, not kill

Doctors should not play God

Doctors would lose respect and trust

Doctors are incompetent in the management of pain and depression

Doctors will too readily opt for euthanasia

Most medical organisations are against euthanasia

This argument fails because:

Doctors role is to help patients and families with life/death decisions

Doctors naturally tend to preserve life

Doctors undermine trust if they turn away from calls for help

Some doctors continue to perform euthanasia

Respect is as great as the responsibility doctors take on and as good as the quality with which they discharge it

Medical professionals should develop guidelines for responding to requests

Most doctors want changes made to the law

Palliative care argument:

Palliative care can make terminally ill patients comfortable

Patients receiving good palliative care don't want euthanasia

Kill the pain, not the patient

Sanctioning euthanasia will undermine palliative care

This argument fails because:

Palliative care cannot relieve all suffering

Some patients receiving optimum palliative care still request euthanasia

Euthanasia debates stimulate palliative development

Growth of hospice movement has not silenced calls for VE

People want availability of both palliative care and VE

Emphasis on autonomy and quality of life is common to both palliative care and euthanasia

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Twelve principles for law reform:

1. All people have the fundamental right to die with dignity.
2. Voluntary euthanasia, which is a request for an assisted death, should be one of the choices available to competent adults who want to die with dignity.
3. People should be able to ask for voluntary euthanasia on the basis of having a terminal illness or of having a serious physical illness or condition which causes them unacceptable suffering or distress (that is, on the basis of having a quality of life which is unacceptable to them).
4. Any decision about how to die must be made on the basis of informed consent. People should be informed of their diagnosis, their prognosis, their options in responding to their condition and all other relevant information.
5. Informed consent without the means to act on one's choice is not sufficient. People should have access to the appropriate means, whether the choice is to continue therapeutic care, to withdraw from therapeutic care, for palliative care or voluntary euthanasia.
6. A request for euthanasia must be made freely, voluntarily and without duress and must be clearly expressed.
7. Only a doctor may prescribe the means to effect a death.
8. If a person needs physical assistance to end their lives i.e. they are unable to move their limbs, they should have the right to nominate whoever they choose to administer that assistance.
9. Any person requested to give assistance in a death by voluntary euthanasia has the right to refuse that assistance.
10. People who assist others to die, in good faith and in keeping with the expressed wish of those others, should be immune from criminal and civil liability.
11. There should be sufficient safeguards on voluntary euthanasia to ensure that the vulnerable are protected from abuse and that all requests to die are informed, voluntary and considered.
12. The right to voluntary euthanasia and the placing of appropriate safeguards should be achieved through legislation that specifically legalizes the act of euthanasia.

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Why should we support voluntary euthanasia?

The case for decriminalising voluntary euthanasia is based on three moral principles:

1. Respect for self-determination. It is axiomatic that in a free, democratic society individuals have a right to make their own decisions on matters that are primarily their own concern. The way one dies is such a matter. It is accepted that the right of personal decision-making should not be so exercised as to infringe, or deny, the same right to others, or to harm society. The question is not why voluntary euthanasia should be permitted but why it should be prohibited.
2. Concern for the quality of life. There is far more to the concept of life than a beating pulse, the drawing of breath, or the reaction of nerves to a stimulus. Life embraces self-awareness, the ability to communicate with others; to be alive is to have conscious identity, to be a person. When such attributes have gone, never to return, life is devoid of quality and of meaning. No one should be forced to endure, against his/her will, such an end to life by prolonging the dying. Similarly, a patient subject to severe and unremitting physical or mental suffering, should have the option of quick and painless relief, whether or not the condition is terminal.
3. Compassion for those who suffer. This principle is embodied in medical and nursing practice and in the Christian ethic; it is recognized as being among the primary virtues. Our concern is that compassion should not be denied to those who seek merciful release from a life which has become a meaningless burden and for whom there is no prospect of remission or cure.

How can I let others know about my wishes?

An advance health care directive is a formal way of giving instructions for your future health care. Whilst some people will die a sudden death, others will die as a result of a terminal or chronic illness. An advance health care directive allows you to record your wishes for future treatment in case you lose the capacity to make these decisions. It comes into effect if and when you are unable to make your own decisions. DWDNSW provides all new members with a form that can be used to write their own advance health care directive.

It is also important that you appoint someone you trust to act as your enduring guardian. An enduring guardian is one or more people you appoint to have the legal power to make decisions on your behalf. DWDNSW provides all new NSW members with a form that can be used to appoint an enduring guardian. (Ask for our booklet Advance Health Care Directives & appointment of Enduring Guardian).

