

Euthanasia

By *euthanasia* we mean any act or omission undertaken with the purpose of ending the life of a patient.

Euthanasia Defined

a. Euthanasia versus Assisted Suicide

Euthanasia : Directly involves the doctor administering a lethal injection (active euthanasia) or refusing to give life-preserving treatment (passive euthanasia) for the purpose of hastening death. This is often referred to as “mercy-killing”. ***Euthanasia differs absolutely from treatment aimed at relieving the patient's condition*** where, as an unintended side effect, the patient's life may be shortened.

Assisted Suicide : When a doctor or aide helps someone to kill him/herself by providing the means (e.g. providing the relevant drug). The ProLife Alliance believes that a patient who is physically ill and suicidal should be treated in the same way as we treat those who are suicidal without physical problems. We offer such individuals counselling, medicines to help them, friendship and support. In other words, we try to assist them to see the objective worth and dignity inherent in their lives.

b. Voluntary, Non-Voluntary and Involuntary Euthanasia

Voluntary Euthanasia : Occurs when both the patient and the doctor decide that the life of the patient is not worth living. In such cases the doctor distinguishes between those human lives assumed to have value and those taken to have none.

Non-Voluntary Euthanasia : Occurs when a patient cannot give consent (e.g. if the patient is unable to communicate).

Involuntary Euthanasia : Occurs when the patient is capable of giving consent, but is nonetheless killed without consent.

Our Position

The ProLife Alliance is absolutely opposed to any form of euthanasia or assisted suicide. We respect basic human rights at every stage of life, and oppose any changes in existing law which would facilitate euthanasia in any form whatsoever.

Health professionals are not obliged to give every possible treatment to every patient in every situation just because those treatments exist. It can be perfectly good medical practice to withhold medical treatment if the burden of such treatment outweighs the benefit. There comes a point when the duty to try to save a patient's life is exhausted and aggressive medical treatment is now inappropriate.

The ProLife Alliance does not oppose the withholding of burdensome medical treatment. What we are opposed to is the intentional killing of the patient, by act or by omission. It should also be noted that we do not agree with the re-classification of food and fluids as medical treatment. This is basic care, which should not be withheld except in extreme situations (for example, at the very end of life, if the patient's body can no longer process food and fluids).

The principle of double effect helps doctors to distinguish between aiming to end life, which is never justified, and merely aiming to give or withhold treatment, while foreseeing that this may hasten death. Occasionally, medication prescribed with the intention of providing pain relief may shorten the patient's life as an unintended side-effect. This is not euthanasia, and can be morally justified.

Palliative Care

We support the life-affirming approach to terminal illness known as palliative care.

According to the World Health Organization, palliative care:

- * provides relief from pain and other distressing symptoms;
- * affirms life and regards dying as a normal process;
- * intends neither to hasten nor postpone death;
- * integrates the psychological and spiritual aspects of patient care;
- * offers a support system to help patients live as actively as possible until death;
- * offers a support system to help the family cope during the patient's illness and in their own bereavement;
- * uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;
- * will enhance quality of life, and may also positively influence the course of illness;
- * is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing complications.

Why Euthanasia Is Unacceptable

If we were to accept voluntary euthanasia, and the notion that some lives are worthless and that death is a benefit, then why should the mentally incapacitated or the newborn (i.e. those incapable of asking to be killed) be deprived of this "beneficial" treatment? The rationale which justifies voluntary euthanasia also justifies non-voluntary euthanasia.

As a result of a legal test case (that of Tony Bland, victim of the Hillsborough disaster), ***UK law does allow passive euthanasia in some cases.*** This means that certain people can be purposefully killed even without their consent, as was Tony Bland, whose death was brought about by dehydration and starvation following withdrawal of tube-feeding.

The ProLife Alliance rejects the message that support for euthanasia sends to sick, disabled and depressed people: the message that life in their condition is intolerable, the message that even leads some to ask “Do I have a duty to die?” One cannot care for people by killing them.

The Euthanasia Mentality Is On a Slippery Slope

A real danger of legalising euthanasia, as the Dutch experience has shown, is that it is impossible to prevent the boundaries from being expanded. Initially euthanasia was available for those with terminal illness, then for those with chronic illness, and most recently Groningen University Hospital extended provision to children under 12. Evidence from Holland demonstrates that voluntary euthanasia leads to non-voluntary and even involuntary euthanasia. When the law says that killing is the answer to suffering in some cases it inevitably becomes the answer to suffering (or disability) in other cases. To say that some human lives have no value is dangerous to patients across the board. There is no such thing as a worthless human life: all lives have value, and must be respected.

Assisted Dying for the Terminally Ill Bill

The ProLife Alliance supports the Care Not Killing campaign which promotes more and better palliative care and seeks to ensure that existing laws against euthanasia and assisted suicide are not weakened or repealed during the lifetime of the current Parliament. www.carenotkilling.org.uk

The Law on Euthanasia

Euthanasia is against the law, and classed as a criminal act. The victim's consent does not provide a defence in the UK. Deliberate euthanasia would normally leave anyone assisting liable for murder, though liability can be reduced to manslaughter on the basis of diminished responsibility. Within English law, a distinction is drawn between acting and refraining to act.

The Bland Judgement 1993

Until the House of Lords judgment in the *Bland* case, it was clear according to common law, that murder can be committed not only by a positive act but also by omission in situations where there is a duty to provide what is omitted. This covered doctors who owe their patients a duty of care.

In 1989, Anthony Bland, aged 17, was a victim of the Hillsborough football disaster. The part of his brain necessary for thinking and feeling was extensively and permanently damaged. However, he was neither dead nor dying. His brain stem was still functioning; he was breathing unassisted and digesting food that was supplied through a tube.

His doctors and parents wanted to stop the feeding and medical care on the grounds that it served no useful purpose. The courts were asked to adjudicate and, on the 4th February 1993, the House of Lords upheld a previous declaration that it would be lawful to withdraw feeding and medical care. Tube feeding was withdrawn from Tony Bland and he died of renal failure, as a consequence of dehydration, on 3rd March 1993.

Their Lordships held that to stop feeding Tony Bland was an omission. They took the view that tube feeding was medical treatment which the doctors were under no duty to provide because it was not in the patient's best interests and was futile. This course of conduct has been endorsed by a responsible body of medical opinion.

Prior to *Bland*, such conduct was incompatible with the duty of care owed to a patient. Following *Bland*, conduct aimed at ending a patient's life, providing it counts as an omission, may well be deemed as compatible with the exercise of the duty of care for a patient if doctors judge that patient's life no longer worthwhile.

Implications of the *Bland* judgment

Patients in a state of permanent unconsciousness similar to Tony Bland are not the only individuals to have been adversely affected by that judgement. Gradually it has been extended to cover other patients. In June 1999 the BMA published guidance on *Withholding and Withdrawing Life-prolonging Medical Treatment* in which they considered it appropriate to withdraw tube feeding from patients with other medical conditions.

Tube feeding or sustenance is not medical treatment. It is basic care. Many people with cystic fibrosis are fed by gastric tube and live an otherwise normal life. Others with paralysis of the throat and swallowing mechanism feed via nasal tubes.