



NSW.ACT

Euthanasia

Discussion Kit

Introduction

This document is part of the Euthanasia Discussion Kit, which includes:

- Discussion Paper Part One: Euthanasia - Hearing the people in the situation, understanding the dilemmas
- Department of Health Dying with dignity guidelines (available by mail. Please E-mail your name and address to obtain a copy).
- Discussion Paper Part Two: Euthanasia - Evaluating Legislation
- Discussion Paper Part Three: Case Studies
- Discussion Paper Part Four: Euthanasia and the Aged

This paper contains the following:

- Introduction to the kit
- Some issues to consider
- Background to the Synod 1995 statement
- Synod 1995 resolution

Introduction to the Discussion Kit on Euthanasia

The 1995 Synod agreed to a statement in response to the debate about euthanasia that is occurring around Australia. The full Synod statement appears below on page 4, following some background material. **The Synod affirmed three basic principles which should be “considered foundational in any debate about euthanasia”:**

All human beings have the right to life and to freedom from arbitrary interference and society should do all that lies within its resources to sustain, maintain and enhance the life of all its members;

Society has a responsibility to provide accessible and affordable high quality medical care, palliative care, and support services to all who need them, so that euthanasia is never a result of society's failure to provide adequate services;

There is a time to live and a time to die. The Department of Health's Dying with Dignity guidelines should be fully implemented by the medical professions and widely understood in the community, so that people are not in fear of their proper time of death being postponed by futile treatment. (Clause 1 of the Synod statement)

The Synod also stated that there needs to be adequate time, at least twelve months, for the whole community to debate any proposed legislation about euthanasia. The rest of the

resolution suggests action which should be taken in implement the principles related to palliative care and the Dying with dignity guidelines.

To assist in the discussion, the Board offers this kit as a starting point. We hope that over the next twelve months we will provide further discussion papers, which will be sent automatically to those who receive this initial kit.

UnitingCare NSW.ACT invites members of the church, individually and through discussion groups and church councils, to participate in the struggle to understand these issues and to work out a compassionate way forward.

Only as we understand these issues in a practical way can the Church offer appropriate ethical leadership in the community. Some of the matters which need to be considered are set out on page 2. The discussion paper by Ann Wansbrough sets some of these issues in context.

Some Issues to Consider

The Board's Task Group on Euthanasia would welcome responses to the material in this kit, especially the following:

Comments on the matters raised in clauses 4 and 5 of the Synod statement. For example, what do you know about the Dying with dignity guidelines? Do you have recent experience of palliative care which affects the way you think about euthanasia?

Comments on the discussion paper by Ann Wansbrough. Are there groups of stakeholders she has ignored? Do you agree or disagree with her suggestions as to the ethical issues involved in the various situations, and for what reason?

Information, particularly case study material, which would help clarify the personal, medical, legal and ethical issues involved in legislating to allow people to request termination of their own life.

Comments on particular proposals for legislation, such as that from the AIDS Council of New South Wales or the bill introduced by Mr Moore into the ACT parliament. For example, how adequate are their safeguards? Are the circumstances in which they allow euthanasia appropriate? Could the draft legislation be improved? Should these bills simply be opposed, and if so, on what grounds? Or should we suggest better safeguards and administration?

If you think the church should oppose euthanasia: we need ideas about how society should respond to those people who experience intense suffering and for whom palliative care does not offer satisfactory form of relief. That is, if euthanasia should not be legalised, what is the alternative?

If you think the church should support euthanasia: in what circumstances should euthanasia be allowed? How do we ensure that it is entirely voluntary? Why do you think euthanasia should be allowed? How would you respond to the people who think that euthanasia is dangerous because legislation can never adequately ensure that it is totally voluntary?

Comments on these and any other matters related to Euthanasia should be sent to

Task Group on Euthanasia
Board for Social Responsibility
PO Box A 2178
Sydney South NSW 1235

We appreciate your comments so that we can take them into account in further discussion papers.

Background to the 1995 Synod Statement

This Synod statement does NOT take a stand either for, or against euthanasia. Rather, it is the first step in exploring what stand the church might take on euthanasia.

The synod statement sets out what is, generally speaking, the COMMON GROUND between three groups in the church:

- those in the church who are against euthanasia.
- those in the church who are in favour of euthanasia
- those in the church who think that the issue of euthanasia needs to be further explored before the Uniting Church supports or rejects it, because they see moral arguments both for and against it.

People sometimes talk about different forms of "euthanasia" - "passive euthanasia", "voluntary euthanasia", "involuntary euthanasia", "non-voluntary euthanasia". Those terms have been avoided in the statement because they tend to mean different things to different people, and cloud the nature of the question of euthanasia by bringing together several quite different questions about life and death.

However, within the most common meaning of the terms, the statement excludes the possibility of "involuntary euthanasia" (clause 1 (a)), but leaves open for debate "voluntary euthanasia". We have chosen not to use the term "involuntary euthanasia" because such a term clouds the nature of the action - taking someone's life against their will is, and must remain, a criminal offence ("homicide", "murder" or "manslaughter" are the appropriate terms).

The Executive of the NSW of the Ecumenical Council have made a similar statement to the Synod. This means that even those churches which strongly oppose euthanasia support the Dying with dignity guidelines as appropriate, ethical medical practice. It is thus not appropriate to use, as sometimes happens, the term "passive euthanasia" to cover such guidelines.

UnitingCare NSW.ACT has for some time been seeking comments on euthanasia. In May 1995 set up a task group to explore the matter, consult with people and determine what are the issues and how the church should respond. The task group is drawing on the experience of chaplains and people involved in medical ethics committees, and consulting with doctors and with groups who are seeking euthanasia. The NSW Ecumenical Council also has a task group on euthanasia which is exploring the issues. In both cases, the work is not complete.

Euthanasia is a complex issue which needs to be handled with the same degree of understanding and rigour as other social issues. There are a number of issues and vulnerable groups to be considered.

The euthanasia debate reveals many problems in society which need an active response so that people's needs are met. Making simple pronouncements for or against euthanasia will not accomplish this. There are people in the church who think we should simply oppose euthanasia, and people in the church who think we should simply support it. Both groups tend to oversimplify the issues. The church should exercise its pastoral ministry of listening to people, recognising the underlying needs, reflecting on these in the light of the Gospel and offering people both hope and practical response.

So far the debate has been characterised, on both sides, by unhelpful generalisations and assertions which are opinion masquerading as fact. Both sides of the debate appear to fail to take seriously the truly vulnerable people adversely affected by their position. Those against euthanasia fail to respond realistically to the profound suffering of the people for whom palliative care is not a solution. Ecclesiastes says, there is a time to live and a time to die. How are we to understand that time in a world where medicine intervenes to extend the life of people to a point where it is no longer experienced as a gift? Those in favour of euthanasia tend to avoid some of the serious problems with their proposal, such as how to ensure that it is truly voluntary, and whether there are other ways of meeting people's need for an end to

suffering when palliative care fails. Writing safeguards into a bill does not in itself guarantee that those safeguards will work. What else is necessary?

The statement offers a way of participating in the debate while still exploring the issues ourselves. It suggests that society should "get its act together" to meet the needs of people in ways which are widely agreed to be ethically valid and appropriate, before considering the extreme option of euthanasia. Many of the issues raised in the euthanasia debate suggest that the Dying with Dignity guidelines are not widely understood, and perhaps not well implemented, and that palliative care and support services are not being made available to all who need them. We must "clear the decks" by dealing with these matters, so that people do not think they want euthanasia to be an option when really they want these other provisions. Until this is done the whole debate is confused and misleading, and any attempt to deal with the ethics of euthanasia is distorted.

The public should be fully informed about any proposal for euthanasia, and have full opportunity to explore its full implications, to consider alternative options, and to inform politicians of their opinions, before Parliament votes.

In June 1994 UnitingCare NSW.ACT began circulating a first draft of a discussion paper on euthanasia. In August BSR issued a new paper by Ann Wansbrough which provides the detailed background to the matters raised here.

Synod Statement on Euthanasia, 1995

THAT THE SYNOD make the following public statement related to euthanasia:

The NSW Synod of the Uniting Church in Australia believes that the following principles should be considered foundational in any debate about euthanasia:

All human beings have the right to life and to freedom from arbitrary interference and society should do all that lies within its resources to sustain, maintain and enhance the life of all its members;

Society has a responsibility to provide accessible and affordable high quality medical care, palliative care, and support services to all who need them, so that euthanasia is never a result of society's failure to provide adequate services;

There is a time to live and a time to die. The Department of Health's Dying with Dignity guidelines should be fully implemented by the medical professions and widely understood in the community, so that people are not in fear of their proper time of death being postponed by futile treatment.

The Synod notes that the matter of euthanasia is complex, raising a variety of issues for society, and has wide ranging and long term implications, and therefore urges the NSW and ACT Parliaments to delay for at least twelve months from the time it is drafted any bill to legalise euthanasia, so that the public can be fully informed as to the bill's content and can adequately explore and debate its implications.

The Synod notes that many of the calls for euthanasia appear to arise from a lack of understanding of the Dying with Dignity guidelines of the Department of Health, and the nature of palliative care.

The Synod therefore calls for the NSW and ACT Governments to immediately set up a working party representing both health professionals and consumers, to consult widely with the community to review the Department of Health's Dying with Dignity guidelines, and to determine

- the extent to which the guidelines are understood and implemented in hospitals
- what obstructions have prevented their full implementation by all staff in all hospitals;

- the extent to which the public is aware of these guidelines, how they are intended to operate, and their rights as patient and family under the guidelines;
- any modifications to the guidelines, and any actions, such as placing the guidelines in legislation or providing better training, which are necessary to ensure that the guidelines can be effectively implemented to enable the withdrawal of futile treatment.
- The Synod affirms the importance of palliative care and supplementary support services, and call for the NSW, ACT and Federal Government to take appropriate measures to ensure that palliative care is available to all patients who need it. The measures necessary include
 - better education of doctors and other health professionals, and students preparing for these professions, as to when palliative care and support services should be suggested, where they can be obtained, and what they offer the patient and carer;
 - education of the public so that they understand what can be achieved through palliative care and how to gain access to it; and
 - adequate funding and better integration of palliative care and the other community support services so that the needs of patients who are terminally ill, chronically ill, or disabled, and their carers, are adequately met.

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