A PUBLIC ADDRESS ON VOLUNTARY EUTHANASIA BY MARSHALL PERRON - NEW ZEALAND, MAY 1997

Advances in standards of living and medicine have extended average life spans considerably. In 1900 we lived about 51 years. Most deaths at the time were due to communicable diseases like influenza, cholera, scarlet fever, measles, smallpox and tuberculosis. Such ailments are characterized by either recovery or death in hours, days or weeks.

It was not until the development of microbial drugs in the 1930's that doctors could begin to cure the disease, rather than simply try to relieve the symptoms.

The average life expectancy in New Zealand is now 74 years for men and 80 for women.

Today, death in developed societies is mainly due to the effect of degenerative diseases like cancer, strokes and heart disease.

Although heart attacks and strokes sometimes cause rapid death, degenerative diseases like cancer result in gradual and increasing debilitation.

Never in history have we lived so long, or died so slowly, occasionally with horrifying symptoms.

My resolve to promote the decriminalisation of voluntary euthanasia stems from the fact that despite searching for one, I have never found a rational argument for insisting that an individual continue to endure pain, indignity and suffering when they would prefer to die.

There are many reasons quoted for the escalating support for voluntary euthanasia world wide.

An educated, assertive patient population, less in awe of doctors than ever before. An aging community, less religious authority and increasing deaths from cancer and AIDS.

One very compelling factor is that when and how a patient dies is increasingly the outcome of a deliberate human decision.

Decisions to withdraw life support equipment, not to resuscitate or withholding antibiotics from a patient in advanced stages of terminal illness, are all instances of the intentional termination of life that is routine in our hospitals today.

The sad part is - most of those who die by human intervention or deliberate non-intervention, have no say in the decision. By the time a decision needs to be made, they are in no state to participate.

The majority of people don't want decisions about when they will die being made for them by doctors, after they have lost competence or the ability to communicate. They want the option to arrange the timing of their own death if the suffering becomes intolerable.

Not only is this issue firmly on the agenda to stay, demands for individual autonomy over end of life decisions will become stronger with the advances in medicine which give doctors the ability to ward off death longer and longer while the physical and mental degeneration continues.

The advances that will bring welcome cures for diseases will extend the time it takes to die even further. This will mean a corresponding increase in the frequency of decisions to cease treatment to allow death to occur, or to actively induce death.

Concern is expressed today that some patients are kept alive way past any possible useful purpose. What if, in the next decade, we have the ability to keep everyone alive in a coma for years? Are we all expected to simply accept that our death will be allowed to occur when a committee of medical staff in the intensive care unit decide to cease life support?

A point which I find most curious in this debate is the ease with which even opponents to voluntary euthanasia accept

the common law right of a competent individual to refuse medical treatment. This important right gives us a great deal of autonomy over our body.

Not only can you refuse an operation or transfusion which might save your life, you can refuse to take medication, to be injected, or even have someone poke or prod you in an examination.

You have a right to refuse palliative care.

You do not have to explain why you made this decision to reject treatment. You do not even have to discuss it with anyone.

A person who is terminally ill can refuse all forms of nourishment and starve themselves to death if they want to.

So we acknowledge and protect this important common law right.

This means that any competent, terminally ill adult can legally choose to die (slowly).

You cannot, however, opt to die quickly (not in a dignified way anyway. I guess there is always a gun).

And bear in mind that to exercise this common law right you only have to comply with one of the conditions usually contained in proposals for voluntary euthanasia.

That is - you must be competent (of sound mind).

Your decision to refuse life saving treatment does not have to be considered or informed.

You do not have to seek a second medical opinion.

You do not have to see a psychologist or psychiatrist.

You do not have to be in any pain or suffering, psychological or physical.

There is no cooling off period.

There is no need for a witness to your decision and it does not have to be in writing.

You are not required to inform yourself about the diagnosis and prognosis before making your decision to refuse treatment.

Nobody is required to satisfy themselves that you are not acting under pressure or coercion in making your decision.

All of those conditions, and more, have to be fulfilled before a patient can be assisted to die under the Northern Territory legislation which was recently vetoed by the federal parliament.

The real difference between hastening death (slowly) by refusing treatment and hastening death (quickly) with the use of drugs, is that you can't waltz into a chemist and buy the right drugs.

Even if you are physically capable of administering the substance orally or intravenously, the ordinary citizen cannot obtain the appropriate drugs.

Voluntary euthanasia legislation simply decriminalises the act of supplying the necessary drugs and administering them if the doctor is asked and agrees to do so.

The price of receiving assistance to die peacefully and with dignity at a time of the patient's choosing, is compliance with an extensive list of safeguards designed to ensure that only those individuals who are entitled to receive help, get it.

While illegal euthanasia and assistance to suicide is practiced occasionally, only the most assertive, articulate and resourceful patients are likely to be able to enlist the help of a doctor prepared to risk going to jail.

Most of the politicians who refuse to allow terminally ill patients the right to choose the time of their death can access doctors who will fulfil their request to die if they want to and circumstances warrant.

Sadly, the same access is not available to most of our citizens in their hour of need. If you have to take the next doctor on shift at the public hospital, or you can't get a doctor to treat you in your own home, or you do not have the resources to go shopping among doctors, then your chance of finding one sympathetic enough to break the law is about nil.

Do we assume that doctors and pharmacists who find themselves with one of those awful diseases which invariably result in a painful, undignified death, endure the suffering until death comes naturally?

Or do they arrange with a trusted colleague, a time when death will be comfortably induced in private?

If this occurs, and we can be sure that it does, then it is only just and fair that the same option should be available to every citizen with the same symptoms.

Those doctors who are willing to assist suffering patients to die have to shroud their actions in secrecy, away from potential witnesses and to falsify the death certificate to avoid criminal proceedings.

This clandestine activity, without safeguards or scrutiny, brings with it a potential for undetected error or abuse which should concern us all.

The absurdity of rejecting voluntary euthanasia in preference to the situation which currently prevails is clearly demonstrated by the death of Bob Dent, the first person to use the N.T. Rights of the Terminally Ill Act.

Considering Mr. Dent's medical history - a five year battle with prostate cancer, having had several operations, unsuccessful hormone therapy, a weight loss of 25 kg., impotent, unable to urinate, losing bowel control, under 24 hr. nursing care and still in pain despite a regime of thirty tablets a day - his doctor could have progressively increased medication until death occurred (double effect).

No questions would be asked, no outrage expressed, no coronial inquiry. Such deaths occur daily.

However, because Bob Dent asked a doctor to provide him the means to die, took a second opinion, considered palliative options, submitted himself to psychiatric examination, considered the implications for his family, endured a cooling off period and was then given the means to take his own life, there was wide-spread condemnation expressed by (mostly) religious spokespersons.

Bob Dent's death was described as "murder", "immoral" and "an absurd act of cruelty". His death in fact was none of those things and it is a disgrace that our society condones doctors hastening the death of suffering patients without safeguards, yet we deny those same patients the dignity of a comfortable death at a time of their own choosing.

It is claimed that palliative care exists which can adequately handle all death situations and that there are no 'bad' deaths - only incompetent doctors.

It is not true. The utopian palliative care service exists only in the minds of the very religious.

Even if the perfect palliative care service was available to everyone, it would never satisfy those who find the concept of total dependency so unacceptable that they would rather be dead.

I agree that voluntary euthanasia is not a substitute for best practice palliative care, but the reverse applies as well.

The advent of voluntary euthanasia would bring benefits to many more people in our community than will ever exercise the option.

Elderly Australians advise me that the option of voluntary euthanasia would relieve them of a great burden. Whilst in reasonable health now, many experience anxiety every day,

knowing the ageing process cannot be halted. The possibility of a miserable lingering death is constantly on their mind.

Their submissions at the time the Rights of the Terminally Ill Bill was being debated appealed to all Territory politicians to understand that simply by having an option, hopefully never to be taken, they could face each day with the comfort of knowing that they will not experience the suffering that they have witnessed in others.

As one ninety year old wrote, "I do not fear death. I fear the way death will come".

I have had other letters and phone calls from terminally ill people who have obtained drugs to use committing suicide. In each case they were angry that they must take their lives prematurely for fear of losing control through hospitalisation. They must die secretly and alone to avoid implicating family and friends.

As one such woman said to me, "My prognosis is, I will slowly become a blind vegetable. What would you do?"

We will never know how many suicides could have been avoided or at least delayed if the knowledge that the voluntary euthanasia option was there if things got really bad.

For example, in the five years to 1993 there were 181 suicides by New Zealanders 70 or older, 58 of them by people 80 or older. Do we think some of these lonely suicides by the elderly might have been related to how they thought they would die if they did not take control?

I suspect, every one of them.

Your oldest citizens died by the gun, by hanging themselves, some drowned, others drank poison, cutting and piercing instruments were used, a few jumped from high places.

While we would all hope our senior citizens would never feel a need to end their lives deliberately, those that do should not have to resort to such horrifyingly violent methods.

I know of Australians who have taken the life of a suffering terminally ill relative or friend at their request, following a doctor's refusal to help because it is illegal.

Examples of these tragic circumstances have been presented to me in recent times - medically unqualified people driven by compassion and frustration to kill a loved one. I refer to cases which have never been reported or investigated, where the family keeps the secret bottled up inside.

Decriminalising voluntary euthanasia will lead to reduced anxiety and trauma in our society. It will reduce violent suicides and delay some suicides to a time much closer to when death would have occurred naturally. These benefits are rarely considered in the voluntary euthanasia debate.

Opponents to voluntary euthanasia claim there can be no safeguards which would protect us from the so-called 'slippery slope', that decriminalising voluntary euthanasia must lead to the widespread use of euthanasia without patient consent, or even against the wishes of a patient.

Such action would contradict the very basis on which voluntary euthanasia is proposed - the principle of respect for human freedom and autonomy.

Voluntary euthanasia is patient driven. The law passed in the N.T. dictates that the patient must personally initiate the process, consider the options for treatment and palliative care, be psychologically assessed, sign a request, obtain second opinions, consider the affect on the family, use qualified interpreters if necessary and endure a cooling off period. The patient can of course change their mind at any time and stop the process instantly.

Additionally, detailed records must be kept. Government regulations must be followed. The Coroner must be informed and has a statutory responsibility to report to the

Attorney General and Parliament any concern regarding the operation of the legislation.

To kill another without these conditions being fulfilled is to commit murder under the Northern Territory Criminal Code - penalty mandatory life in prison.

The scare that deformed or retarded babies, patients in mental institutions and homes for the aged will inevitably be unwilling victims is repeated by opponents at every opportunity in the debate.

The claim that it will lead to the practices adopted by the politically corrupt Germany in the 1930's and 40's has long been a major tactic of those opposed to voluntary euthanasia.

It is an insult to doctors and others in the medical profession to pretend that they would be associated with such a wicked scenario.

The same applies to the media, our politicians, police and coroners.

It is surely preferable to have voluntary euthanasia tolerated in particular circumstances with stringent safeguards and a degree of transparency, than to continue to prohibit it officially while knowing it is carried out in secret without any controls.

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Doctors ended patients' lives without their explicit requests in 3.5 percent of deaths.

Australia has a higher rate of intentional ending of life without the patient's request that in The Netherlands.

One can only speculate on whether the figures for New Zealand would be any different.

I suspect that the N.Z. Medical Association attitude towards voluntary euthanasia is similar to that of its counterpart in Australia.

The A.M.A. actively opposes legislation giving the patient autonomy over end of life decisions subject to strict conditions, while condoning covert euthanasia which is practiced without safeguards.

They support the slow euthanasia of palliative sedation and the convenient fiction of 'double effect'.

Whilst under Australian law a doctor's intent is what is important, it is safe to assume many people would have difficulty understanding the moral and legal difference between 10 to 30 semi-lethal injections causing death over a period of days (perfectly legal), and death within minutes after one lethal injection.

Voluntary euthanasia is about the right not to suffer at the end of life when the disease process has won, death is certain and pain cannot be controlled without rendering the patient comatose.

Law reform is needed to formalise and decriminalise a practice which occasionally occurs now, but a practice for which most patients regrettably cannot find sympathetic doctors prepared to risk their careers and liberty.

It is time we stopped pretending V.E. doesn't happen - time we stopped pretending palliative care satisfies every patient's need - stopped pretending elderly citizens are not chosing to die violently in fear of an undignified or painful death.

New Zealand has a law on V.E. - it forbids.

That law is cruel, discriminatory and regularly broken.

It is also contrary to the wishes of the vast majority of New Zealand citizens.

You should demand that your politicians do something about it.