



**Australian Catholic University (ACU) Submission
to the Victorian Parliament’s Legal & Social Issues Committee Inquiry
into End of Life Choices**

As a Catholic university, ACU supports the submission made by the Catholic Archdiocese of Melbourne. ACU agrees with the Archdiocese’s submission that:¹

- a) Euthanasia and physician assisted suicide represent a rupture from traditional medicine that involves a deliberate act with the intention to kill;
- b) Euthanasia is an admission of a society’s inability to provide proper care to those at the end of life;
- c) Assisting people live with an incurable illness is the function of palliative care, which is incompatible with euthanasia;
- d) Refusal of overly burdensome or futile treatment is not incompatible with palliative care as it is not euthanasia;
- e) Palliative care must be available to whoever needs it, irrespective of their socio-economic status or location;
- f) Advanced care planning can be very useful at the end of life but any attempt to make such plans legally binding, by creating an offence for people who do not follow them, is a mistake. Upholding a person’s freedom and autonomy should never be obtained at the expense of another person’s freedom of conscience.

The Catholic Church is opposed to euthanasia. In 1995, Pope (now Saint) John Paul II issued an encyclical, *Evangelium Vitae*, which emphasised that intention is crucial to understanding euthanasia. He also said that:²

euthanasia must be distinguished from the decision to forego so-called ‘aggressive medical treatment’, in other words, medical procedures which no longer correspond to the real situation of the patient, either because they are by now disproportionate to any expected results or because they impose an excessive burden on the patient and his family. ... To forego extraordinary or disproportionate means is not the equivalent of suicide or euthanasia; it rather expresses acceptance of the human condition in the face of death.

¹ Catholic Archdiocese of Melbourne (Monsignor Anthony Ireland & Fr Anthony Kerin). ‘Submission to the Legal & Social Issues Committee Inquiry into End of Life Choices,’ pp. 2, 4, 5, 6, 8, and 10-11.

² John Paul II, Encyclical Letter: *Evangelium Vitae*. (1995), paragraph 65. http://w2.vatican.va/content/john-paul-ii/en/encyclicals/documents/hf_jp-ii_enc_25031995_evangelium-vitae.html

It is wrong to intentionally shorten the life of a person but it is not wrong to relieve someone's pain by administering doses of morphine sufficient to manage severe pain effectively, even if that has the unintended side effect of shortening the person's life.

There is an ethical distinction between physician-assisted death and other end-of-life practices whose outcome is highly likely to be death. A doctor turning off a ventilator that would likely result in death is different from a doctor administering a lethal injection to stop a life; the latter has an intention to cause death which is not present in the former. Turning off the ventilator omits technology that would save life and may not always result in someone's death, but administering the injection causes death. This is not a fine distinction but rather a major difference between caring and the authorisation of intentional killing.

Why ACU supports palliative care rather than euthanasia

ACU's stated mission is to work within the Catholic intellectual tradition for the pursuit of knowledge, the dignity of the human person and the common good. The legalisation of euthanasia raises a number of serious concerns about the care and respect owed to people who are suffering or terminally ill, its impact on the rights of others and the concept of human rights. From the Catholic Church's teachings, euthanasia presents so many challenges to the dignity of the human person and the common good that it cannot be supported.

Society is full of technologies that have restrictions placed on them to protect the common good (e.g., cars, alcohol, firearms, etc.). It is illegal to drive a car without a seatbelt or to serve alcohol to persons under the age of 18. It is instructive to consider euthanasia's potential threats to the common good, which include the following:³

- The added pressure on all dying persons to consider whether to seek death rather than let nature take its course. A key concern with legalising euthanasia is the protection of people from overt or covert, conscious or unconscious, internal or external pressure to kill themselves from a too-easy resort to suicide. Even where express consent is given, the legalisation of euthanasia exposes people who are suffering and frightened to immense pressure, whether from other people or from simply worrying about being a burden on their loved ones.
- The protection of the most vulnerable in society, including the loneliness, depression and fear of being a burden, which the Archdiocese of Melbourne's submission noted was listed higher than 'pain' as reasons for seeking euthanasia.⁴

³ Many of these issues have been adumbrated by Brennan, Frank SJ. *Amplifying That Still, Small Voice: A collection of essays*. ATF Theology: Adelaide, 2015. Brennan outlines the legal developments in this area and also highlights issues not always considered. For example, Brennan observes, in commenting on Oregon's *Death with Dignity Act*, that in 2010 there were 96 prescriptions of lethal drugs issued but only 59 deaths occurred, 'so there may be another thirty-seven Oregon households with lethal drugs sitting in the bathroom, awaiting use – a not irrelevant consideration in social planning' (p. 305).

⁴ Catholic Archdiocese of Melbourne (Monsignor Anthony Ireland & Fr Anthony Kerin). 'Submission to the Legal & Social Issues Committee Inquiry into End of Life Choices,' p. 5.

- Euthanasia also has a broader and more insidious effect on the vulnerable through its potential to detrimentally change the way sick and disabled people are viewed by society as a whole⁵. Permitting the sick or disabled to be killed inevitably hardens hearts and harden social attitudes towards them. It does not work to make us more compassionate as individuals and it works directly against our other efforts to build a caring society.
- Less financial support to palliative care and aged care services given the cost effective option of euthanasia.
- The impact on the doctor-patient relationship. Removing the ‘do no harm’ principle increases the moral quandaries faced by doctors by making it more difficult to demarcate what is acceptable or unacceptable, legal or illegal, in any given circumstance.⁶
- The fact that no law is ever perfect. The Archdiocese of Melbourne’s submission referred to the inadequate safeguards put in place in Belgium in 2002.⁷ In Australia, the Northern Territory’s 1995 euthanasia law was accepted as defective even by its proponents.⁸ Experience elsewhere shows that voluntary euthanasia can quickly lead to involuntary euthanasia in a worrying number of cases. What starts as an apparently supreme expression of personal freedom and choice can end up as a supreme cancelling out of both of them.

There is also great ignorance about the proper place of palliative care in the treatment of terminally ill patients. The Church’s teaching describes the conditions that need to be in place to help maximise the possibility of every person living a full and rewarding life, even at the end of life. A ‘right to die’ heads in the opposite direction; it is like giving up on human dignity at the end of life, a surrender. ACU believes that we owe those who are terminally ill a greater respect for their rights and dignity than this, which is why greater funding and information about palliative care must be provided.

ACU’s role in educating students about end of life care

ACU educates the largest number of undergraduate nursing students in Australia, with degrees that examine end-of-life care practice and encourage students to reflect critically on high profile moral dilemmas in health practice. Examples of subjects in our degrees include:

<i>HLSC 220 – Health Care Ethics</i>	This subject includes examination of ethical issues in end-of-life care (e.g., withdrawing and withholding treatment and pain)
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⁵ Ibid, p.5.

⁶ Brennan, Frank SJ. *Amplifying That Still, Small Voice: A collection of essays*. ATF Theology: Adelaide, 2015. pp. 310-11

⁷ Catholic Archdiocese of Melbourne, op cit. pp. 5-6.

⁸ Brennan (2015) op cit. p. 302.

management/palliation).

NRSG 259 – Promoting Health in Extended Care This subject covers nursing practices associated with end-of-life care, as well as assisting with spiritual distress, grief and loss.

NRSG 366 – Partnerships in Chronocity This subject includes consideration of ethical and legal issues related to patient choices in chronic illnesses, such as: withholding treatment; refusal of treatment; advanced care directives; and, not-for-resuscitation orders.

ACU's Faculty of Theology and Philosophy also offer subjects dealing with similar issues but at a broader level, such as:

<i>PHIL 508</i>	Healthcare Ethics and the Law
<i>PHIL 509</i>	Catholic Healthcare: Ethos and Challenges
<i>PHIL 511</i>	Philosophy and the Moral Life
<i>PHIL 512</i>	Clinical Ethics
<i>PHIL 513</i>	Ethical Perspectives on Mental Illness
<i>PHIL 514</i>	Healthcare and the Human Person
<i>PHIL 515</i>	Topics in Bioethics
<i>PHIL 516</i>	Public Health Ethics

ACU also runs with St. Vincent's Hospital in Sydney the Plunkett Centre for Ethics, which is devoted to the study and teaching of ethics in clinical practice and biomedical research.