

A Panel Discussion on Voluntary Assisted Dying,

The Council of Christians and Jews (Victoria),

Sunday 29 October 2017

At the Eva Besen Centre
at the National Council of Jewish Women of Australia (Victoria)
131-133 Hawthorn Road,
Caulfield.

Rev. Associate Professor John Dupuche

I

There has been a concerted response from faith leaders in the community. Here are just a few quotes.

Rabbinical Council, 7 June 2017;

“Assisted suicide “ and “voluntary euthanasia” corrode the moral structure of society, undermine a culture of familial and societal care and may lead to turning doctors against their obligation to heal or at least, to do no harm.” ... “A regime of “voluntary euthanasia” creates great pressures upon the vulnerable - the elderly sick – to relinquish their lives so as not be a burden upon others.”

The Board of Imams

“It is the duty of doctors, relatives and the state to take care of the sick and to do their best to reduce their pain and suffering, but they are not allowed under any circumstance to kill the sick person.”

From the Joint Statement, 31 July, by the Bishops of the Anglican, Catholic, Lutheran, Greek Orthodox, Romanian Orthodox, Ukrainian Catholic, Coptic, and Syro-Malabar Churches:

“Endorsing suicide as a solution to pain and suffering sends a confusing message to our society, particularly to the young and vulnerable.” ...

“When euthanasia or assisted suicide is an ever present – even if unspoken – option, how long will it be before the option becomes an expectation?”

The *The ‘Multifaith Statement* delivered on 11 October, 2017, on the steps of the Victorian Parliament is signed by the President of the Board of Imams, by the President of the Buddhist Council of Victoria, by the Victorian Director of Hindu Council of Australia, by the President of the Rabbinical Council of Victoria, by the Chairman of Sikh Interfaith Council of Victoria, and by the President of Victorian Council of Churches. They say, among other things:

“We are concerned that deliberate interventions to end life tear at the fabric of our society. ‘We urge, for the good of the entire community,

that the Government extend access to palliative care to all Victorians who need it.”

Medical associations are also uneasy about provisions in this bill:

“... the Australian Medical Association and the World Medical Association maintain that doctors should not be involved in ... these practices.”
(*Archbishop Hart*, letter of 9 October 2017)

II

Do these voices carry any weight? Do the ancient traditions give us pause? They seem to come smack up against the wall of individualism, comfort, and control. How can they respond to the argument: ‘It is my life; I have the right to do what I want with it,’ an attitude that is appalled at the prospect of vulnerability and dependency. That argument, however, leads to an individualism that degenerates into narcissism, conflict and the breakdown of society.

To this the faith traditions say no, that is not the way to go. It is their role, welcome or unwelcome, to show the consequences of folly.

“The Victorian Premier, Daniel Andrews, has urged his fellow parliamentarians to support assisted dying legislation ... recounting stories of harrowing deaths that he said could have been prevented through voluntary assisted dying laws.” But hard cases make bad laws. In any case, Parliament is empowered only to determine legality; it is unable to ascertain moral value. Laws can be legal but not moral; similarly, actions can be moral but not legal. Parliament does not claim both legal and moral authority.

The title of the bill before Parliament, ‘Voluntary Assisted Dying Bill’, involves a euphemism that is the sign of a bad conscience, for the term ‘assisted’ is intentionally ambiguous and is used to hide the fact that the bill consciously intends to hasten death.

Some argue that any administration of medicine that hastens death justifies the intention to cause death. That argument ignores ‘the principle of the double effect’, which refers to the fact that an action can have two effects, one of which is intended the other is not. When morphine, for example, is administered in order to relieve distress, it may weaken the heart and so hasten death; but the death is not intended. That act is morally different from administering a lethal drug in order to cause death. In the first case relief is intended; in the second case death is intended.

Again, the argument is advanced that euthanasia is already occurring; that it must therefore be brought out into the open, enabled and controlled. That argument is clearly absurd, for the same kind of argument could be made for legalizing dangerously addictive drugs.

Daniel Andrews recounts stories of harrowing deaths, which must be appreciated in all their gravity. Yet, pain management is constantly improving,

and we can realistically look forward to complete success in this field, a fact that this bill does not take into account. Palliative care can likewise be improved, which is the subject of the third section of this paper.

The bill aims to solve a problem, but in so doing it creates a raft of new problems. The practice of euthanasia will cast its dreadful pall beyond the sick and elderly to the middle aged and the young. Its dark shadow will grow ever longer. It will have its effect on you and me, on all of us here.

Indeed, the time will come when hard economic decisions determine the level of care to be given to the sick, as is already being mooted in the UK. Budgetary considerations may lessen the support given to palliative care, increase the distress of dying and put a subtle pressure on people to end their lives.

The Deputy Premier, James Merlino, has told the Legislative Assembly that the bill was proposing “state-sanctioned suicide”, saying that the 68 safeguards to be enshrined in the legislation only meant there were “68 things that could go wrong”. Merlino “added that the laws would lead to a slippery slope where others would demand the right to die, and that he was worried victims of family violence and elder abuse might be coerced into asking for voluntary assisted dying. “If you say one group of people can be euthanized or assisted to take their own lives, on what basis do you exclude other people?” he said. “Why not those with a disability, why not children, why not the frail and elderly, why not those suffering from extreme loneliness or despair, why not those who are simply tired of living?”

In the Netherlands, laws are already being considered that allow those who are tired of life, or who feel that their life is complete, to have themselves put to death. Let us not be naïve. We are in danger of creating a monstrous society.

The novel *Brave new world* written by Aldous Huxley in 1931 and published in 1932 is prophetic. It describes a world where the span of life from birth to death is governed by alpha males who create five classes of test-tube babies and put adults to death at a planned use-by-date.

The context of the bill is radically altered if we consider that the human being is not limited to the here and now but has the prospect of a glorious future. That is teaching of all the faith traditions. It cannot be proven scientifically because it relies on a different faculty of knowledge. But the best things in life cannot be proven scientifically, such as love, beauty and peace. These are known in wisdom.

III

The process of dying is profoundly valuable. Youth is the time to prepare for life, the spring that prepares for the summer of middle age. The time of dying is the autumn when the harvest is brought in. It is the time to look back on life and to see its meaning. It is the time to acknowledge faults and failings, to seek

reconciliation and forgiveness. It is the time to put things in order, and to bring closure. It is the time to say, 'This my life', and to give thanks for it.

Dying is also a moment of great dignity, not that dignity which is merely cosmetic or free from pain. The dignity that counts is to be accompanied by those who believe in you, who are glad that you existed, who value you in yourself, who wish to assist you in your dying, not to kill you or have others kill you, but to be with you as nature takes its course.

This is true for all people not matter what their faith. There is an added value for those who do have a broader vision. As a novelist said, 'beauty is found in the promise of happiness'. If so, the time of dying is most beautiful, not with the beauty of youth but with the beauty of expectancy, looking forward, as all religions say, to what no eye has seen nor ear has heard, good things beyond our imagining. Hope transforms the strictures of the present.

We might say to a dying person, 'My friend, let me be with you in these last days, in this time of transition. I honour your life, I acknowledge your achievements, but above all, I honour you in your self, for in you there is depth of mystery, the prospect of unfettered joy. You are sacred to me, the dwelling place of the divine. Let us be silent and still together, as in a sacred place, knowing that something momentous is happening here, in this thin space between time and eternity. The goodness of your life is become the seed of your eternity.'

Palliative care consists not only in the care given by doctors and nurses. Its fullness is found in accompanying a person spiritually. The Government, which does sincerely wish to care for its citizens, can enhance the process of dying by developing the scope of palliative care so that people can experience a happy death. Society will be immensely benefited by this approach, for it will cast its pleasing light on all our days.