I am a medical practitioner and am opposed to euthanasia.

One cannot help being struck by the fact that euthanasia parlance appears to be in an ongoing state of flux, presumably in an attempt to find the most acceptable and benign euphemism to describe the act of doctors killing their patients. "Voluntary Euthanasia" becomes "Dying with Dignity" recently rebadged as "Voluntary Assisted Dying" and we are now discussing “End-Of-Life Choices”.

End of life care is a complex issue and the intricacies are often not well appreciated by the general public, some politicians and even a few members of the medical profession.

Essentially there are three persistent and significant misconceptions:

1. There is a huge unmet need with many patients suffering dreadfully at the end of their lives and changes in legislation are necessary to address this. This contention is frequently argued by euthanasia advocates on the basis of uncommon high profile cases which become the focus of uncritical and emotively charged media attention. Death is the inevitable statistic; 100% of people die but the truth is that most of us will pass away peacefully. Hard cases do occur but are certainly not the rule and it is well accepted that hard cases make bad law.

2. Surveys indicate that many Australians are in favour of euthanasia. It is important to know what questions were asked in such surveys and how were these framed. Was it clear that the respondents understood that refusal of medical treatment or not initiating futile treatments at the end of life are quite different to deliberately setting out to end a human life? Were the respondents asked how carefully they had previously considered this issue including the arguments both for and against euthanasia? Were they aware that the issue has been carefully examined many times previously including by a select committee of the British House of Lords? Were they aware that many members of such select committees have started out sympathetic to legislative change but that on careful consideration of all of the relevant facts have come to the conclusion that legislation in favour of voluntary euthanasia is unsafe and unnecessary? It is not difficult to design simplistic poll questions to obtain whichever answer is required, so claiming that poll results can provide a mandate for major legislative change is plainly disingenuous. Clearly it is the duty of parliamentarians to examine issues which will result in a seismic shift in the law with the utmost due diligence and without reference to perceptions of public opinion derived from questionable sources.

3. It happens all the time so it may as well be legal. This is clearly nonsensical. Just because a criminal activity occurs we do not legalise it and additionally in this case the statement is patently false. Furthermore the notion that those who currently flout the law will not do so in future if the law is changed is fanciful.

Indeed what happens all or most of the time is good medical care. Doctors have always assisted and cared for patients in the process of dying. Control of symptoms which may hasten death is not euthanasia. Not initiating or withdrawing treatment which is clearly futile is not euthanasia even if this has the effect of hastening death. These are important distinctions which go to the heart of the issue.

It is also fanciful to suggest that it is possible to craft legislation that is not open to abuse. International experience, especially in Netherlands and Belgium has quite clearly demonstrated this. It will never be possible to prevent abuses of process resulting in patients at their most vulnerable acceding to external pressures to avoid being a burden on their loved ones or carers.

The British Medical Association states in its "End of life decisions" (October 2007):

"Like the arguments for euthanasia, the issue of physician assisted suicide is often portrayed as a question of "patient rights", "free choice" or "liberty of action". The BMA considers that this language of choice may belie the real pressures from family members or society in general which may be exerted if assisted suicide were legalised."

Many others have had similar concerns. To quote the former Premier of New South Wales, Bob Carr:

…to return to the bottom line that we must face as legislators, is it possible to codify this area while providing for the safeguards we would want to see applied to such a monumental question, the legal taking of life....? My bottom line conclusion is that I do not think this is possible…

The "medicalisation" of most proposed euthanasia legislation also provides great cause for concern. This is designed to imbue euthanasia with an veneer of respectability and present it as a perfectly reasonable and ethical extension of end of life care. The intentional taking of human life is however proscribed by the Australia and New Zealand Society for Palliative Medicine (ANZSPM) and most medical associations worldwide.

The possible effects on doctors of being involved in such activities have been considered by numerous professional bodies.

To quote again from the BMA "End of life decisions" (October 2007):

"While it is difficult, if not impossible, to predict the long-term effect of major social changes, the BMA would be concerned if health professionals were expected to participate in euthanasia or assisted suicide as a result of legal changes. Even if robust conscientious objection clauses were enacted, such a change could give rise to demoralisation among health professionals and ambiguity about their role. If it were part of a health professional's role and duty to assist with suicide and provide advice and counselling for people wishing to carry it out, the underpinning of much of medicine's efforts to improve individual quality of life might be undermined."

The impact on medicine was also considered by the General Medical Council (which is analogous to the Medical Board of Australia) in their evidence to the select committee of the House of Lords:

"A change in the law to allow physician-assisted dying would have profound implications for the role and responsibilities of doctors and their relationships with patients. Acting with the primary intention to hasten a patient's death would be difficult to reconcile with the medical ethical principles of beneficence and non-maleficence."

To conclude, I am firmly of the view that euthanasia is unnecessary and unsafe and that doctors should not be involved in putting patients to death. If however euthanasia were to be legalised at some time in the future then medical practitioners should be excluded from the process and this would make it very clear that this practice is not considered a form of medical treatment. Any jurisdiction that were to pass such legislation would then be solely responsible for developing the non-medical administrative and executive infrastructure to enable it.

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