The Public Issues Commission presents the paper, *A Peaceful and Gracious Death*, in response to the request from Synod last year. We do so in the hope that this Synod will adopt the document as a basis for discussion in a field that is rife with difficulty and dissention.

The debates that rage around the subject of assisted dying and euthanasia are not, as they try to tell us, about the right to die. They are about the right to be killed. There's nothing gentle or tender in this process – it is an act of chemical assault upon the human body that results in death. The right to be killed is not the same as the right to die.

We already have the right to die. And we already have other legal rights in this area.

We have the right to refuse any medical treatment, even if refusing means that we'll die. We can't legally be kept alive by artificial means against our expressed wills. We always retain the right to refuse food and hydration if we wish. When health professionals strive to provide appropriate relief of our pain, they will not be considered to be performing euthanasia or assisted suicide where their intention is to relieve our suffering, even though death may be hastened by the provision of such treatment. When our bodies are ready to die, we can die, without fearing that our lives will be prolonged unnaturally. These are the rights we already have.

As we approach death, we may be unable to speak or communicate effectively. That's where Advanced Care planning comes to the fore. Advanced Care Directives are legal documents, binding under law in NSW and ACT, that

set out our wishes in regard to our deaths. They ensure that each of us has a say in our own death.

But the issue of assisted suicide should not be seen only in terms of personal autonomy, the right of individuals to choose for themselves. That's only half of the matter. We're social beings, and we live in community. What one of us does can affect all of us. This makes the matter of assisted suicide a concern for community, an issue of the common good. We need to hold both of these perspectives – the rights of the individual and the good of the community - in tension. How can I have a fitting death, without putting other people at risk? This question needs to be asked, because the potential for abuse and exploitation in this area is huge.

A report by the New York State Task Force on Life and the Law, explains:

> The Task Force members unanimously concluded that legalizing assisted suicide and euthanasia would pose profound risks to many patients....
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> We believe that the practices would be profoundly dangerous for large segments of the population ... The risks would extend to all individuals who are ill. They would be most severe for those whose autonomy and well-being are already compromised by poverty, lack of access to good medical care, or membership in a stigmatized social group. The risks of legalizing assisted suicide and euthanasia for these individuals ... are likely to be extraordinary. [1]

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[16] New York Department of Health Task Force on Life and the Law, *When Death Is Sought: Assisted Suicide and Euthanasia in the Medical Context*, Preface - Executive Summary and Introduction, May 1994.

That report was compiled back in 1994. In places where assisted suicide has been legalised, the concerns expressed in the report have been justified many times. In the Netherlands, where assisted suicide and euthanasia have been legal since 2001, safeguards were put in place, and regional committees were appointed to assess whether each death met the criteria set by the legislation. For the first five years, the numbers of people accessing assisted suicide and euthanasia remained low. But from 2008 the numbers began to escalate at a rate of 15% per year. In 2002, 1882 people accessed assisted suicide, but by 2012, 4,088 cases were recorded. Over time, the safeguards proved to be inadequate. In the Netherlands, several official, government-sponsored surveys have disclosed both that in thousands of cases doctors have intentionally administered lethal injections to patients who did not request euthanasia and that in thousands of cases they have failed to report to the authorities, instances where lethal injections have been administered.[2]

One doctor from the Netherlands, after administering a lethal drug to a young woman with end-stage cancer who had not requested euthanasia, was challenged by another staff member. The doctor replied that he was justified in ending the woman's life. "She could have taken weeks to die, and I need that bed," he said.

Matters of expediency should never rob people of the right to live out their lives. This is a major concern, since obviously, assisted suicide will impact insurance providers and the financing of health care. Assisting a patient to commit suicide will often be a more cost-effective measure than actually

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[2] Anderson, 'Always Care.'

caring for the patient. The founder of the Hemlock Society, Derek Humphry, states: "It is impossible to predict exactly how much money could be saved.... Conservative estimates, however, place the dollar amount in the tens of billions."[3]

At times when we're sick or unable to care for ourselves, we've traditionally turned to family for support and care. The introduction of assisted suicide has the potential to undermine familial relationships and endorse the view that sick and elderly relatives aren't people to be loved but burdens to be coped with. In 1998, when the Death with Dignity act came into effect in Oregon, USA, 13% of people applying for medication to end their lives did so because they were afraid of being a burden to their families. This figure has increased, until in 2012, 57.1% opted for assisted suicide for that reason. In Washington State, the figure for 2014 was 61%. This suggests that the so-called 'right to die' has become instead a duty to die, undermining rather than supporting the autonomy of the individual.[4]

But if assisted suicide is to be reckoned too perilous to espouse, how do we help those who suffer severe pain in the final stages of life? The answer lies, I believe, in the provision of effective palliative care. Over the years, I have had occasion to see the Palliative Care services at close quarters, and have been immensely encouraged by their commitment and their skill. Palliative care nurses are second to none in their management of pain and in their commitment to helping each patient achieve a good death. In spite of the many problems associated with the shutdown of bodily functions, it

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[3] Humphry, *Freedom to Die,* 353.

is still possible, with the help of skilled practitioners, for us to die a peaceful and gracious death.

We never throw away the things we value. At the heart of this debate lies the issue of the value we place on life. For us as Christians, as for people of many other faiths, human life is sacred. It's the gift of a loving God; it's the life Jesus chose to share; it's the life to which he died and rose again.

Choose life!