



Friday 27 June 2014

Archbishop Costelloe reflects on the issue of Voluntary Euthanasia

Once again the issue of voluntary euthanasia is in the news. The recent tragic story about the deaths of an elderly Albany couple, and the decision by Ms Alannah MacTiernan and Mr Richard Di Natale to launch a federal parliamentary group to promote cross-party support for a private member's Bill to legalise voluntary euthanasia, have placed this question on the front pages of our newspapers here in Western Australia. Significantly the proposal is now centred on the Federal Parliament.

As the Catholic Archbishop of Perth I am often asked to comment when such issues arise. Because the Catholic Church consistently advocates profound respect for every human life, regardless of the person's status or circumstances, the Church stands firmly against voluntary euthanasia. Respect for human life, from conception to natural death, is a fundamental pillar of the Catholic understanding of what it means to be human. Every other human right ultimately becomes groundless if the absolute right to life is compromised. If the inviolability of human life is relativised, if our society's basic prohibition on one person killing another is violated even once, then every other human right is also relativised. In such a scenario nothing is absolute and we become vulnerable to the influence of pressure groups and the tyranny of those with the loudest voices or more immediate access to power.

Human beings are, by their very nature, oriented to others. From the moment of our conception in our mother's womb we are intimately connected to, and dependent on, others. Our prospects for a happy and fulfilling life are already being affected by the decisions our parents make during the mother's pregnancy, and this continues after our birth. As we grow and develop the web of relationships grows more complex. We come to know how much we depend on others and also how much others depend on us. While at times we strive to separate ourselves from others and establish our own independence, the truth is that the really happy person is the one who recognises that ultimately his or her well-being and sense of value and purpose lies in the network of life-giving relationships that develop over time and give depth and meaning to our lives.

The point is, of course, that responsibility works both ways. If I am dependent on others, others are dependent on me. The decisions I make, even deeply personal ones, impact on others. This is obviously true at the level of those closest to me, my family and closest friends. It is also true at the wider level. I have a responsibility both for and to the community, the society, in which I live. Indeed it is not too much to say that I have a responsibility both for and to the human race of which I am a part.



One of the significant issues in the euthanasia debate is precisely this: decisions an individual may make about his or her desire to determine the time and manner of their death have implications beyond their own lives. When voluntary euthanasia is chosen the absolute inviolability of human life is relativised and the door is opened to all manner of abuses. Once the "right" to end one's life is established and legislated for it becomes possible to ask if and under what circumstances others might have the "right" or even the obligation to end someone's life. It also becomes possible to ask if a person has not only the "right" but sometimes the "duty" to end their life.

This is often called the "slippery slope" argument. It is regularly ridiculed as being nothing more than a scare-tactic. To counter the possibility of unwanted developments all we need to do is enshrine suitable safeguards in legislation: require the agreement of two medical professionals; restrict euthanasia to those who are terminally ill; require informed consent; have a "cooling off" period before the person is assisted to end their life; specifically legislate so that no changes can be introduced to the legislation; and so forth.

Such an approach betrays a somewhat idealised and unrealistic view of how governments work. No matter the good intentions of those who introduce such legislation there is simply no way of ensuring that future governments will not alter the legislation should those who want to expand the provisions of the law have the required numbers in the parliament. The experience of other countries should guide us here. To cite one example, Belgium introduced voluntary euthanasia in 2002. In 2014 in Belgium it is now possible for people to request euthanasia not only if they are terminally ill but also if they are experiencing "unbearable suffering". It is also possible for terminally ill children of any age to request euthanasia (the Netherlands sets the age at 12 years) as long as they are "capable of discernment", this capacity is attested to by psychologists, and their parents have given their approval.

In the light of these kinds of developments it is not "scare-mongering" to ask if legislative changes might eventually be sought to include severely physically disabled people, those suffering distressing and degenerative neural conditions such as dementia, and children in the first few years of life whose medical conditions are deemed to be incurable, though not life-threatening. While the proponents in Australia of what are sometimes called "modest" proposals for legalised euthanasia may well be horrified by these extreme examples and would never support them, once the fundamental principle of the inviolability of human life is breached, the best they can do is assure us that they will work against any further breaches. It hardly seems enough.

Another related question concerns the involvement of medical professionals in the administering of euthanasia. While in some jurisdictions the presence and active participation of medical personnel is not required in other places it is. Presumably, under any proposals eventually put to the Federal Parliament doctors and other medical professionals will be able to exercise their right to conscientious objection and not be required by law to assist in such procedures. I say "presumably" but I wonder how confident we can be. In the matter of abortion law reform it is now the case in Victoria that doctors who have a conscientious objection to abortions are required by law to refer patients requesting abortions to another doctor whom they know will agree to this procedure. Their legal right not to be complicit in something they believe to be morally objectionable no longer exists.



It is often suggested by the proponents of voluntary euthanasia that the community as a whole is supportive of legislative change in this area. Apart from the at least questionable idea that the majority is always right we need more than opinion polls to help us understand the true state of popular opinion. It is at least possible that many people do not understand the difference between active euthanasia and the complex area of care for the terminally ill and the dying. When it is clear that a person has entered into the dying process, burdensome or therapeutically futile medical treatments are often legitimately withdrawn. When pain is severe it can be legitimate to administer strong medications which, while they aim to relieve the pain, can have the secondary effect of shortening a person's life. This is not active euthanasia but rather good medical care. Its aim is not to kill but to make the person more comfortable and enable them to die, when that time comes, with dignity and, to the extent that it is possible, serenity.

To this end it is clear that we need two things. Firstly we need to support and extend the provision of palliative care services and facilities to help both the dying person, and his or her family and friends, to enter into this final stage of a person's life with as much support as possible. This support needs to be medical, psychological, spiritual and practical, and of course readily available and affordable: it needs to be holistic. All of us - governments, Churches, other institutions in society, families, and each of us as individuals - must accept the responsibility to truly care for and support people all through their lives, and especially as they come close to death.

Secondly, and even more challengingly, we need the courage to ask ourselves if we are creating a society in which people are more or less likely to be lonely, isolated, deprived of adequate medical and social support, abandoned or neglected by family and friends, and unsupported if family and friends are unable or unwilling to care for them. How good are we, really, in caring for people who are struggling to care adequately for themselves? As a society do we have our priorities in order? How can we strengthen and support those many institutions in our society which can help us maintain and develop a deep sense of compassion, generosity, and a ready acceptance of our mutual responsibility for each other? In this sense the question about voluntary euthanasia is part of a much wider issue of our society's capacity to care for all human life.

Whenever a representative of the Church speaks out against proposed legislative changes which have a moral dimension, the Church is accused by some of trying to force its views on others. It is pointed out that no-one is forcing Catholics to exercise or even to support voluntary euthanasia. It is further stated that in a pluralist society the Catholic Church needs to understand that it cannot force its own moral standards on others: it certainly cannot expect everyone else to follow its own teachings.

In commenting on the question of voluntary euthanasia I am not, in the name of the Church, seeking to impose the beliefs or values of the Catholic tradition on anyone else. Much less do I seek, even if it were remotely possible to do so, to issue threats or condemnations. Furthermore I am not trying to disguise the fact that the Church's position, as well as encompassing real concerns about the likely outcomes of the proposed legislative changes, is deeply grounded in our religious conviction that life is a precious gift from God which no-one has the right to terminate. As Catholics we are motivated both by our faith and by our humanity which are intimately related to each other. The Church exists in society. It is the bearer of a wisdom that derives from Jesus Christ and which has developed and deepened



over two thousand years in a wide variety of social, political, religious and historical contexts. Indeed we might say that the Catholic Church, and the Christian faith generally, has profoundly influenced Western Civilization over many centuries. Our involvement with many intellectual and cultural movements has helped the Church to refine its message on respect for human life at every stage. This fundamental tenet of our Western Civilization should not be endangered. Any proposal to legitimise a fundamental breach in the prohibition on one person killing another risks unravelling this basic principle of our social order - with unknown long-term consequences.

Precisely because, as members of society, we are deeply entwined with each other, all of us, including the Church through its leaders, have both the right and the obligation to raise issues, point out dangers, and offer a vision for our society which we believe will lead to a more rather than less human community in which to live and in which to raise our children.

Not everyone, not even all Catholics, will be convinced by the Church's teaching. Nevertheless, that teaching is clear. It is based on the Jewish and Christian scriptures, on the accumulated wisdom of two thousand years, and on the constant tradition of the Catholic Church. Human life is to be respected and defended, and its dignity upheld and promoted, from its beginnings at conception to its conclusion at the time of natural death. No-one has the right to take the life of an innocent person: we do not have the right to take our own lives. In the context of the current debate, and out of a sense of responsibility to contribute to the health and common good of our society, the Church offers this teaching and this wisdom to the wider community in the conviction that it is the best way forward for our society.

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