Euthanasia in australia: arguments for and against

McKenzie Maviso

“ Research arguments for and against Euthanasia in Australia. Is it likely to be decriminalised in the future or not? By what rationale?”

Innovations and technologies in medical sciences throughout the history have focused primarily on disease preventions to achieve better health outcomes. However, physicians are often confronted with extreme challenges in life-and-death circumstances, particularly with patients who are suffering from prolonged and debilitating illnesses. To alleviate such suffering, euthanasia or physician-assisted death is sometimes considered upon request from patients. While it remains a globally controversial issue in medical practice, it is performed legally in some countries as an optional medical intervention. This essay will examine the main arguments for and against the practice of euthanasia in Australia. It will then argue that euthanasia is not likely be legalised because of strong oppositions relating to medical code of ethics, political objections and legal justice system perspectives.

Therapeutic interventions for patients suffering from chronic and prolonged debilitating illnesses can be challenging in medical practice. With the focus to provide best possible intervention, physicians often consider various interventions for patients to put an end to pain and suffering. In some cases, patients who are diagnosed with incurable illnesses, such as cancer, which often continues to its devastating state can be unbearable for them and their family members (Frost, Sinha, & Gilbert, 2014). Similarly, in such difficult situations, euthanasia is often considered upon the request of the patients to

end life intentionally from their poor health conditions. Euthanasia, a Greek word meaning a “ good” or “ gentle death” whereby a patient has control over death and is often viewed as a medical intervention performed by physicians to end life (Boudreau & Somerville, 2014; Devakirubai & Gnanadurai, 2014; Starr, 2014). Furthermore, Levy, et al., (2013) explain that it can be “ active” in order to actively end a life, while “ passive” is based on the deliberate suspension of medical treatments to hasten death. Euthanasia can also be performed as “ voluntary” upon patients’ request, or “ involuntary” without the permission of the patient (Adan, 2013). It is often considered upon the perception that the debilitating condition is certain to suffer extremely, and that this suffering can only be resolved by euthanasia upon the patient’s consent. For instance, Netherlands, Belgium, Luxembourg, and Oregon in the United States (US) have legitimate control measures for physician-assisted death, especially by considering patients’ conditions and choices of care (Levett, 2011; Pereira, 2011). Thus, euthanasia is often conducted under specific situations when the devastating illness prevails over the health of patients that causes unbearable discomforts and sufferings.

There are two primary reasons that qualify physicians to perform euthanasia in relation to patient’s poor health status. Firstly, autonomy in patients are perceived as important and need to be recognized in any health care practice. Autonomy is described as an individual with full self-control over mind, body and capable of making critical decisions and choices (Frost, et al., 2014). Obviously, patients are primary decision-makers that have the rights to access health care services where appropriate. Respect for

autonomy thus, is considered as a main reason in health care to allow patients to have complete control when making decisions for euthanasia (Sjostrand, Helgesson, Eriksson, & Juth, 2013). Furthermore, Ebrahimi, (2012) claims that arguments supporting euthanasia are based on the concept of autonomy and self-determination enabling patients to make critical decisions without impacting others. Conversely, physicians are to respect the rights of patient should a choice is made regarding medical care. For instance, in devastating medical situations when suffering becomes intolerable, autonomy must be acknowledged for patients requesting euthanasia intervention (Onwuteaka-Philipsen, et al., 2010; Trankle, 2014). As a result, recognizing the autonomy that lead to make critical choices and decisions relating to poor illnesses are often crucial during the course of care for both physicians and the patients.

Secondly, constant pain and suffering experienced by patients with particular debilitating illness is another primary reason supporting the argument for euthanasia or physician-assisted death. Prolonged discomforts and sufferings have always been the basis for advocates in favour for legalization. Any therapeutic measures administered to patients must not be focused only on recovery processes, but also to enhance reliefs and comforts that are revealed in the sufferings (Lavoie, et al., 2014; Kucharska, 2013). In the same way, Frost, et al., (2014) maintain that to avoid terrible pain and suffering is an obvious indication why euthanasia may be justified. Although, suffering is a main reason used to explain euthanasia, Karlsson, Milberg and Strang (2012) further claim that patients with anticipatory fears, sufferings, and uncertainty in relation to the continuity of treatments often contemplate

on this intervention. Providing therapeutic care to patients who are struggling amidst their illnesses can be challenging, but for some patients, physician-assisted death is a merciful and honourable act that relieves intense suffering (Boudreau & Somerville, 2014). Nevertheless, Devakirubai and Gnanadurai (2014) argue that pain is not the only reason for some patients with poor prognosis requesting death, but often symptoms that may facilitate unbearable experiences such as: persistent vomiting, incontinence, fatigue, discomfort and paralysis may also influence request for euthanasia. Therefore, patients who are undergoing extreme sufferings to the extent of desiring for euthanasia deserve consented death, and it is physicians' legal obligation to fulfil a desired intervention within their scope of practice.

Although euthanasia is regarded as an alternative treatment in certain prolonged illnesses, there are several main arguments that oppose this medical intervention. These arguments against euthanasia are established due to the following reasons; medical code of ethics, political objections, and legal justice system. First of all, medical ethics often enable medical professionals to provide care within the scope of their practice without causing harm to patients, instead assist them to achieve optimal health benefits. Myers (2014) claims that medical ethics are often determined by how physicians assist patients to cope with preventive and curative treatments during the practice. In every aspect of health care, physicians' are to protect their patients and provide care that is based on mutual trust and confidence that do not interfere with their code of ethics. In addition, physician-patient relationship is built on common trust, in which physicians' expertise and knowledge are fully exercised to improve patients' wellbeing

without prejudice and negligence (Myers, 2014; Malpas, et al., 2014). However, purposeful termination of life for patients suffering from terminal illnesses, may undermine trust and confidence of physicians, and eventually may limit the protection offered to patients during the care (MacLeod, et al., 2012; Doyal & Doyal, 2001). Despite devastating health conditions, medical ethics should not be neglected during medical interventions, and focused on achieving satisfactory health outcomes for patients. Therefore, medical practices that undermines the value of patients' health rights and wishes can be regarded as unethical within medical context.

Another argument focuses on political objections in relation to euthanasia. Although, in some countries, legislative reforms have been passed by the government to permit euthanasia, its intervention is associated with a strong political agenda opposing its practice within the medical landscape, such as in Australia. For example, the Northern Territory Legislative Assembly approved the Rights of the Terminally Ill Act in 1995, was aimed to assist terminally ill patients the right to request voluntary euthanasia (Nicol, Tiedemann, & Valiquet, 2013). Unfortunately, the bill has triggered intense criticism and was condemned by the federal parliament for several reasons. One of the reason as being " culturally" unacceptable, particularly for elderly indigenous seeking medical assistance (Kerridge & Mitchell, 1996). This means that such law will prevent indigenous elderly population to seek appropriate care, and would eventually deny them from accessing basic health services. Another main reason that opposes the bill to legalise euthanasia was the firm opposition from ' conservative' liberals and key members of Labor's right-faction in federal parliament, and that politicians

need to have adequate information and knowledge in order to make good public policy (Plumb, 2014). A well-informed and collective decisions are of high importance to provide practical legislative policies for euthanasia. Regardless of overwhelming public support to permit euthanasia, Trankle (2014) affirms that it has remained illegal in Australia since the bill was dismissed. Furthermore, Plumb, (2014) argues that medical and legal experts are against its legitimacy, and although, attempts to legalise the practice in South Australia and Tasmania are apparent, the law on voluntary euthanasia is limited for changes in the future. Besides, professional organizations such as the Australian Medical Association (AMA) does not have a strong position regarding bills on euthanasia consequently of different views and opinions shown from medical practitioners. This has also made the federal parliament to provide rationales that rejected the likelihood to legalise euthanasia in Australia (Plumb, 2014; Nicol, et al., 2013). Legalising euthanasia would likely to result in serious effects by changing medical practice, and that would affect physicians' clinical roles. The law against euthanasia still remains and thus, it is unlikely to be decriminalised in the future.

The other argument is that the deliberate termination of life due to prolonged medical condition may be unethical and against criminal laws. Most importantly, life must be valued and assisting death for terminally ill patients would require legal justice systems to be effected. According to Norwood, Kimsma and Battin (2009), physicians who conduct euthanasia would eventually lead to patients being killed against their will. In addition, active intervention which has a primary intention of killing, despite the

patient’s consent is a criminal offence and is a homicide (McLellan, 2013; Ebrahimi, 2012). Similarly, MacLeod, Wilson, and Malpas (2012) claim that assisting in death with or without consent and regardless of the medical situation is a crime. , because of the integral value of human life. Furthermore, Plumb (2014) claims that euthanasia is not likely to be legalised, it is against criminal law and physicians must argue in the court that their conduct was “ reasonable”. Often killing an innocent human life is ethically wrong in itself thereby respect awarded to human lives would be undermined (Kucharska, 2013; Varelius, 2013). Therefore, debilitating illnesses leading to death should be accepted as a natural event, rather than prematurely instigated by any medical interventions.

Furthermore, arguments for and against euthanasia have continued to persist controversially in public, medical and justice sectors. These arguments have led to slippery slope issues, especially in relation to patients who are suffering from devastating health conditions. It has been argued that assisting death to patients with undergoing sufferings would mean setting precedence and increasing the rate for unnecessary death (Shah & Mushtaq, 2014). Despite these arguments, some countries have certain laws that permit euthanasia, particularly for patients with terminal health status. For instance, Netherlands, Belgium and Luxembourg have guidelines and procedures established that specifically allow euthanasia with respect to their legal system (Pereira, 2011). In addition, the State of Oregon in the United States (US) has passed “ Death with Dignity Act” to conduct euthanasia under strict criteria, considering patients’ consent (Blakely & Carson, 2013). This law has enabled Oregon the legal responsibilities for

physician-assisted death. However, legalising euthanasia in Australia will not likely to benefit all patients, but would continue to spark relevant arguments from some medical professionals, the federal parliament, and legal justice systems. According to Plumb (2014) there are controversies challenging the proposed legislation for euthanasia, and sufficient evidence is needed to make reasonable decisions. Therefore, the possibility of legalising physician-assisted death is seemed limited in the future as a result of differing views shown in parliamentary debates.

To conclude, euthanasia still remains as a debatable issue around the world. It has generated serious discussions within the public, medical practice, politics and legal justice system. Although, it was considered an alternative medical intervention, general arguments against its legality seem to focus on undermining the patient-physician trust and confidence, thereby altering the integrity of medical ethics. Moreover, medical practice that have been motivated by empathetic care, reluctance to amend and legislate bills with respect for human dignity, and considering euthanasia as a criminal offense have limited the probability of decriminalisation in Australia. In spite of strong opposition on euthanasia, a collaborative and practical policy frameworks on palliative and end-of-life care are therefore, necessarily required from the health care system, the federal government, and the legal justice system to strengthen and safeguard medical practice.

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1