

From Australia

Dr Paul Glare Royal Prince Alfred Hospital, Sydney

Dr Glare is a Specialist Palliative Medicine Physician and Director of the Central Sydney Palliative Care Services at the Royal Prince Alfred Hospital, Sydney, Australia.

The EAPC position statement on euthanasia conforms to similar position statements by the Australian and New Zealand Society of Palliative Medicine (in 1997) and Palliative Care Australia (in 1999) on this subject. It argues the traditional view, held by most palliative care professionals in Australia, that (a) euthanasia is wrong, (b) palliative care is the right way to prevent or relieve suffering in patients with a life threatening illness, (c) palliative care makes euthanasia unnecessary and (d) keeping euthanasia illegal is a deterrent to it being performed.

Position statements like this play a very important role in the political battle over euthanasia, even though they probably do little to 'further' the debate. It is crucial that organizations like EAPC continue to maintain a strong anti-euthanasia stance.

As this paper acknowledges, in July 1996 the parliament of the Northern Territory (NT) of Australia (population approximately 150 000) was the first to legalize euthanasia but that law was quickly overturned (May 1997) on constitutional grounds. As a Territory rather than a State, the Commonwealth Government ruled that the NT parliament did not have the authority to pass such a law without the Commonwealth's approval. If a State passed such a law, it could not be overturned in this way.

During the nine months that the NT's Rights of the Terminally Ill (ROTI) Act was in place, seven patients made formal use of the Act and four died under it. All seven patients had cancer, most at advanced stages. Empirical data documented deficiencies in the availability of palliative care expertise in the NT at the time, with symptoms of depression and social isolation being common. Having met the criteria of the Act, some patients deferred their decision for a time before proceeding with euthanasia. Medical opinions about the terminal nature of illness differed, which created problematic gate-keeping roles for the doctors involved.¹

Findings such as these underpin the EAPC position, and add to other recent empirical data that are more likely to further the debate than a position statement can. Such research results include data on the reasons that patients request euthanasia,^{2,3} the role of physician burnout in generating euthanasia requests,⁴ and the practical difficulties in successfully completing euthanasia acts.⁵

In the five years since ROTI was overturned, euthanasia has remained in the spotlight of the Australian media as some patients continue to ask for euthanasia and some doctors are prepared to carry it out. In the past year or so, four Australians have died after publicly stating the desire to die at the time of their choosing. None had terminal cancer. One person had previously had cancer but there was no evidence of recurrent disease at postmortem examination. The other three had neurological conditions, such as motor neurone disease and Parkinson's disease. All had refused palliative care referral or claimed it did not help. Another patient died in a Perth hospice under suspicious circumstances; the patient's oncologist – not a member of the palliative care team – and two family members were charged with her murder but all were acquitted. Evidence has emerged of an active 'euthanasia underground' in Australia, particularly amongst the HIV/AIDS community, implying euthanasia is readily available in Australia for those who are 'in the know'.⁶

Despite all of this, the minds of the legislators have not been changed because of the many problems that legalizing euthanasia would create.⁷ Euthanasia bills have been tabled in most Australian states since ROTI was overturned but all have been defeated – but one can only ask for how long? Opinion polls show that an increasing majority of the Australian general public support euthanasia for terminally ill patients with intractable pain.

Healthcare professionals' behaviour is as much determined by power relationships and the social context of the work place as their individual beliefs and moral principles. Respected associations of palliative care professionals like the EAPC need to hold a strong line against euthanasia to prevent its wider acceptance in the healthcare system. At the same time, much more research is needed on the realities of euthanasia and the problems it causes.

References

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