

The true mark of our humanity is witnessed in the steadfast care we give to those we love as they are dying. The New South Wales Parliament is likely to consider a private members Bill to legalise euthanasia and assisted suicide. If this is accepted it would radically abandon our deep human commitment not to deliberately take someone's life.

Human dignity is honoured in living life, not in taking it. It is right to seek to eliminate pain, but never right to eliminate people. Euthanasia and assisted suicide represent the abandonment of those who are in greatest need of our love, care and support.

Take action

Now is our time to act. Talk to your family and friends about the dangers of euthanasia and the false messages that are around. Write to your Member of Parliament about the need for more funding so everyone can have access to palliative care.

Sign the petition rejecting the legalising of euthanasia and assisted suicide. Get involved!



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REFERENCES

1 Lerner, B and Caplan, A, Euthanasia in Belgium and the Netherlands: On a Slippery Slope? JAMA Intern Med. Published online August 10, 2015. doi:10.1001/jamainternmed.2015.4086.

Do you know
the facts?

noeuthanasia.org.au

What euthanasia is

Voluntary euthanasia is when a doctor injects a patient with a lethal dose of drugs at the patient's request.

Assisted suicide (what some call 'voluntary assisted dying') is when a person takes a lethal dose of drugs that has been given to them by a medical practitioner, or **other nominated person**, sometime earlier.

Both **voluntary euthanasia** and **assisted suicide** are the deliberate ending of someone's life.

What euthanasia is not

Euthanasia is not turning off a life support machine or ending other treatments regarded as futile or burdensome.

Euthanasia is not giving a patient pain relief as they are dying. Effective pain management, provided as part of good palliative care, is simply good medical practice, and should always be encouraged.

True compassion

Those whom we love – our family and friends – long for our accompaniment and care as they are dying, not the deliberate hastening of their death.

They deserve the commitment of our government to provide appropriate medical and community support, wherever it is needed; not state-approved killing or state-supported suicide.

The best way to care compassionately for people at the end of their life is to affirm their value when they are most vulnerable, to encourage people to discuss their end-of-life care before they need it, and to petition governments to invest in palliative care, respite care and support for carers.

Undermining our healthcare system

Our healthcare system exists to provide the best possible medical help. We place enormous trust in the integrity of doctors and nurses to provide healing and care. To legalise euthanasia or assisted suicide would be to undermine that trust.

Good medical care is not about lethal injections or lethal prescriptions. They cannot be made safe, they do not promote the dignity of sick and vulnerable people, and they undermine real patient autonomy, implying that a person's life might be no longer worth living.

Once the fundamental principle to do no harm and never to kill is removed from medical practice, the integrity of our healthcare system is seriously compromised.

No Consensus, little support, failed guarantees

Those who advocate for legalising euthanasia and assisted suicide often make four assertions:

1. That it is an idea whose time has come.

What they fail to say is that there is no consensus among the medical fraternity to support this claim. Both the Australian Medical Association and the Australian and New Zealand Society of Palliative Medicine are opposed to euthanasia and assisted suicide, and the pressure placed on the medical profession to move away from healing.

2. That it is supported in a growing number of countries.

This, too, is not the case. There are many more countries that have rejected legalising euthanasia in recent years (including the UK, New Zealand, and the last 43 attempts in the USA alone, to name a few) than have accepted it. The vast majority of countries in the world do not support legalised euthanasia, and very few are actively considering it.

3. That safeguards can be put in place to protect abuses.

Again, this is simply not the case. In countries where euthanasia has been legalised, there has been pressure to expand the original 'restrictive' legislation, either in law, in practice or both, to accept more and more grounds to euthanise people, sometimes even without their explicit consent.

4. That no one should have to endure a hard death, therefore other options should be provided.

This is perhaps the hardest claim to respond to. However, effective pain management is now an ordinary part of good palliative medicine. Certainly, better training is needed for medical practitioners and greater resources provided for patients wherever they live. There are effective ways of accompanying people as they are dying that do not involve killing them.

