

Euthanasia and Palliative Care

(A report from the Standing Committee's Social Issues Committee.)

Introduction

1. The introduction of voluntary euthanasia in the Northern Territory has raised the possibility of similar legislation being passed in the New South Wales Parliament.
2. The Archbishop sent a pastoral letter to clergy and people of the Diocese about this matter on 29 May. The Standing Committee endorsed the statements in the Archbishop's letter, and asked the Social Issues Committee -
 - (a) to prepare a motion on the matter for the Synod business paper; and
 - (b) to develop a proposal for participation in the community's debate on euthanasia.

A Few Principles

3. Human life is unique. It is a gift from God and as such is precious and to be cherished. Regardless of age, social status, health or potential each person is of immense worth.
4. Euthanasia - which allows the deliberate killing of one person by another - undermines the sanctity of life and trust essential for an ordered and harmonious society.
5. To legalise voluntary euthanasia is to sweep away an almost universally held principle that prohibits the intentional taking of human life, except in cases of self defence and the defence of others. It is a fundamental a shift in the protection of human life which is the cornerstone of our legal system.
6. To take such a path would irreversibly alter the role of the doctor as healer and lead to a breakdown in confidence so important in the doctor/patient relationship.
7. The legalisation of voluntary euthanasia may lead to a general "desensitising" of the community and may result in practices which were never envisaged in the initial legislation.
8. The uniqueness of human life does not demand that life be sustained at "all costs". It is entirely proper to refuse treatment or to ask for treatment to be withdrawn when such treatment is judged to be futile, overly burdensome or disproportionate to the therapeutic benefit expected. In some instances treatment to relieve pain may result in the shortening of life. This is not euthanasia because while death is foreseen it is not intended.
9. Good palliative care can, in the vast majority of cases, relieve physical distress and at the same time reaffirm the value of the

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terminally ill by helping them live their remaining days with dignity. This requires enormous emotional commitment. However, those who work with the dying, testify that these last days can be a profound and enriching experience for patient and carer.

10. Good palliative care has compassionate regard for the whole person - physical, emotional and spiritual - recognising that in every stage of life, a person is of immense value and worth. Dying, death and even suffering are part of the human condition. Attempts to remove or shelter ourselves from these experiences can be a denial of life itself. Indeed, a society which cannot compassionately respond to suffering is impoverished and dehumanised.

Motion for Synod

11. A motion endorsing the material in items 3 to 10 of this report has been placed on the Synod business paper and the committee urges all Synod members to support that motion.

Proposal for Participation in the Community's Debate

12. A proposal has been prepared and is being considered by the Standing Committee.*

For and on behalf of the Social Issues Committee

BOAK JOBBINS
Chairman

11 October 1995

* The Standing Committee has since approved a grant of \$11,500 from the working capital of the Synod Fund towards a campaign against euthanasia.