



The law should protect life

Campaigners for so-called 'assisted dying' want to enable terminally ill adults to get help to end their lives.

Gino Kenny TD, whose Bill prompted the Oireachtas to consider changing the law, wants to allow doctors to administer lethal drugs.

Supporters of the move claim that safeguards will be built in. But the truth is no such safeguards exist. The claims are just a tactic to crack the law open. Once the big change is made to legalise euthanasia, the 'safeguards' will be ditched. This is exactly what has happened in other countries.



Ending another's life is wrong. Euthanasia and assisted suicide deny the value of human life made in the image of God.

They pressure vulnerable people into ending their lives prematurely for fear of becoming a burden. The choice to die very quickly becomes a duty to die.

This is the very opposite of the 'compassion' the activists say they want. True compassion for those who are terminally ill means valuing their lives, giving them hope and supporting high quality palliative care for all who need it.



TERMINOLOGY

Assisted suicide and euthanasia are technically different actions but they are equivalent in moral terms. In both cases the intention is to cause the person's death on the basis that their life is not worth living. Supporters of changing the law use euphemisms like 'assisted dying' or 'medical assistance in dying'.

Assisted suicide

Assisting another person to kill themselves, with the dying person taking the decisive act.

Euthanasia

Intentionally killing a person. Lethal drugs are usually administered by a doctor.

Palliative care

Making natural end of life as comfortable as possible, since the person has full worth and value.



From right to die to duty to die



EUTHANASIA AND ASSISTED SUICIDE UNDERMINE THE VALUE OF HUMAN LIFE

Every human life has intrinsic value. This is not based on perceptions of someone's autonomy, contribution or capacity. It is based on the fact that we are all made in the image of God. This is just as true for those who require a lot of medical care because of old age or illness.

But introducing euthanasia and assisted suicide will inevitably affect how, for example, elderly and disabled people view their own worth, and how they are viewed by others. It would plant the idea

in the minds of some of the most vulnerable in our society that they are worth less than others.

Losing the principle that all lives are of equal value will have far-reaching consequences for our society. The law must not affirm the idea that some lives are not worth living. Many people with disabilities or terminal conditions do not want the law to be changed. As the Independent Living Movement Ireland has put it: "who decides what quality of life is?"¹

The Irish High Court ruled in 2013 that *"even with the most rigorous systems of legislative checks and safeguards, it would be impossible to ensure that the aged, the disabled, the poor, the unwanted, the rejected, the lonely, the impulsive, the financially compromised and emotionally vulnerable would not avail of this option to avoid a sense of being a burden to their family and society"*.²



EXISTING LAW PROTECTS VULNERABLE PEOPLE

People who contemplate ending their own lives and ask for help to do it are at their most emotional and vulnerable. That is why they need

a clear, firm law to protect them in their darkest moments.

Campaigners want doctors and others to help people kill themselves. It is the ultimate in

hopelessness. If we see someone contemplating jumping to their death, we do not offer them a push.

Changing the law would put pressure on the vulnerable to end their lives for fear of being a financial, emotional or care burden.

Around half of those in Oregon who died by assisted suicide in 2022 cited the fear of being a burden on

others as a reason for ending their lives.³

Even if individuals do not put this pressure on themselves, there will inevitably be external pressure in some cases. Changing the law changes the narrative. A right to assisted suicide when your life is deemed not to be worth living could quickly become a duty to 'do the right thing'.



Proposed 'safeguards' are worthless

Supporters of changing the law cite various proposed 'safeguards'. For example, that the person must be over 18, have a terminal illness that means they are likely to die within six months, or have a 'voluntary, clear, settled and informed' wish to end their life. But so-called

safeguards can never work. Once society decides that assisted suicide or euthanasia are valid choices for some, where does it stop? Evidence from other countries shows us that once a society starts down this path the 'safeguards' always disappear.

THE SLIPPERY SLOPE IS INEVITABLE

There is stark international evidence on how ineffective and short-lived 'safeguards' are:



In the Netherlands, the key criterion of "unbearable suffering" is now understood much more broadly. There has been a marked increase in euthanasia cases for dementia (from 42 in 2012 to 288 in 2022) and for patients with psychiatric disorders (from 14 in 2012 to 115 in 2022).⁴ Hundreds of euthanasia cases have involved elderly people who were not seriously ill but had conditions associated with normal old age. Euthanasia has become so accepted that there are attempts to open it up to those who are simply 'tired of life'.⁵



In Belgium, the 2002 law on euthanasia was initially confined to adults. But this was extended in 2014 to allow euthanasia for children with no lower age limit. Euthanasia is now used much more broadly than in its early years. It is now applied to people with the first symptoms of chronic diseases like Alzheimer's, patients suffering from depression, and older people suffering a combination of complaints.⁶ Euthanasia has become embedded in end-of-life care in Belgium and is increasingly seen as a viable option.



Canada only legalised euthanasia in 2016, but has already scrapped the requirement for a person to be terminally ill and will extend it to those with mental illness from 2024.⁷ A court determined that the restriction to the terminally ill was 'incompatible' with Canadian human rights and equality laws.⁸ That this happened so quickly after the original legislation shows how soon 'safeguards' can be eroded once the principle is abandoned.





NORMALISING KILLING

Wherever assisted suicide or euthanasia is introduced the volume of cases rises over time. The change to the law changes the culture.



In the Netherlands there has been a **more-than four-fold increase** in reported cases of euthanasia and assisted suicide (1,882 in 2002 to 8,720 in 2022).⁹



In Canada, both euthanasia and assisted suicide were legalised in 2016. Since 2017, the first full year of the Medical Assistance in Dying (MAiD) law, the number of annual deaths using it has **rised by 250%**. There were over 10,000 reported in 2021, an increase of almost a third compared to 2020.¹⁰



In Oregon in 2022, 278 people died under the so-called Death with Dignity Act, over **three-and-a-half times higher** than a decade earlier.¹¹



In Belgium, reported euthanasia cases have **more than doubled** in ten years, from 1,432 in 2012 to 2,966 in 2022.¹²

WHAT DO CAMPAIGNERS WANT?

Pro-euthanasia campaigners are calling for a radical 'assisted dying' law in Ireland.

In its submission to the Oireachtas Justice Committee, the Irish Doctors Supporting Medical Assistance in Dying group stated that its motivation is "a strong belief in individual patient autonomy".¹³ It believes that "only the patient can define their pain and what constitutes their suffering as intolerable".¹⁴ It wants to see 'assisted dying' included alongside palliative care as a legitimate option.

Worryingly, the group also endorses the Canadian MAiD regime, which has seen



disabled people approved for euthanasia rather than being provided with the support they need to help them (see over).

End of Life Ireland recommends that an Irish law be modelled on the system in the Netherlands. It says that the Dutch model emphasises the "trustworthiness and professionalism" of doctors.¹⁵

In fact, the Dutch law contains no minimum standard of relationship between doctor and patient. The Euthanasia Expertise Centre (EEC), a network of 'mobile health teams' which travels to patients who are not able to find another doctor to approve their euthanasia, kills hundreds of people every year.¹⁶

The Dutch law is a terrible template for a law here.

The stark warning from Canada



More than 10,000 people were killed in Canada in 2021 under its Medical Assistance in Dying (MAiD) law – 3.3% of the total number of deaths. The vast majority of these were from euthanasia, with only a handful of people choosing to self-administer the lethal drugs.¹⁷

The same year, Canada scrapped the requirement for a person's death to be 'reasonably foreseeable'. This made it possible for people to access MAiD even if not deemed terminally ill. A court had determined that such a restriction was 'incompatible' with Canadian human rights and equality laws.

EUTHANISING THE POOR

Horrifying cases have emerged:

- The only health condition listed on 61-year-old Alan Nichols' application for MAiD was hearing loss. His family argued that the hospital improperly helped him make the request as he was not suffering and lacked the capacity to understand the process.¹⁸
- Michael Fraser was approved for MAiD despite not being diagnosed as terminally ill or close to death. One of the doctors who



approved him admitted that "the fact that [Michael] had trouble paying his rent" was one of the reasons he had asked to die.¹⁹

- Amir Farsoud suffers with debilitating back pain, depression and anxiety. When the house he rented was put up for sale and he could not afford anywhere else, a doctor approved him for MAiD.²⁰

EXPANDING CRITERIA

Things could get even worse. The eligibility criteria is set to expand from 2024 to include people whose sole underlying condition is mental illness. This expansion of the law was delayed by a year only after clinicians raised concerns about vulnerable people being coerced.

The Canadian Mental Health Association warned it is "not possible" to determine whether any particular case of mental illness is incurable and strongly opposes changing the law.²¹

Even the widened law is not enough for some. Dying With Dignity



Canada wants to extend the law to include children.²² Other campaigners have said assisted suicide "should be available" for people "in unjust social circumstances".²³

EMBEDDED IN SOCIETY

Worryingly, a recent poll found that:



Around **THREE** in **TEN** Canadians think euthanasia due to homelessness or poverty is acceptable.



ONE in **FIVE** think euthanasia should be available on request to anyone, regardless of the reason.²⁴

Medical professionals now have to deal with MAiD requests as a matter of course. Madeline Li, a psychiatrist and developer of the MAiD programme at Toronto's University Health Network, says instead of asking, 'Should a patient have MAiD?', many are now simply asking, 'Does a patient qualify?'.²⁵



Palliative care experts oppose killing patients

The strongest medical opposition to assisted suicide and euthanasia comes from those who are on the front line of caring for the elderly or terminally ill.



The Irish Association for Palliative Care (IAPC) has recently reaffirmed its opposition. In a paper sent to the Oireachtas Joint Committee on Assisted Dying, the IAPC said its members were committed to “caring for a person with a life-limiting illness, not about ending life”.²⁶



EUTHANASIA INCOMPATIBLE WITH GENUINE CARE

The IAPC paper said palliative care “should not involve any action or treatment which is designed to cause a patient’s death”, and is therefore entirely incompatible with assisted suicide.

“Our focus is on supporting people experiencing physical and existential distress”, the paper stated, adding: “The IAPC does not support any change in the law to legalise euthanasia or physician assisted suicide.”

The law preventing healthcare professionals from assisting vulnerable patients

to kill themselves, it argued, protects those “who may be basing their decision to die” on “a sense of being burdensome” or due to “mental health conditions”.²⁷

Dr Feargal Twomey, chair of the Irish Palliative Medicine Consultants’ Association (IPMCA) and spokesperson for the Royal College of Physicians of Ireland, has said legislating for assisted suicide would “irrevocably change” the doctor-patient relationship, and that there should be no role for doctors in assisted suicide or euthanasia.²⁸

FOCUS ON PALLIATIVE MEDICINE

In their responses to Gino Kenny’s Dying with Dignity Bill, several organisations referred to the need to strengthen access to high quality palliative care, including the Irish Hospice Foundation²⁹, Age Action³⁰ and Hope Ireland.³¹

The Irish Hospice Foundation said, “Investment in palliative care and home care will require resources”. It went on to express concern that ‘assisted dying’ must not “in any way be seen as a more ‘cost-effective’ approach to addressing the needs of those facing end-of-life”.



References available at christian.org.uk/euthanasiaroi-ref

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