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Let us decide for ourselves on euthanasia

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Liberal democracies ought to protect autonomy and choice, writes Leslie Cannold.

THE hypocrisy of the Coalition Government on issues of personal choice is breathtaking. While supporters of restrictions on junk food advertising to children or universal minimum workplace conditions are "nanny state" advocates, blanket prohibitions on the capacity of terminally ill Australians to control the time and manner of their own deaths are claimed to show adequate respect for individual choice.

International and Australian surveys repeatedly show strong public support for euthanasia. A 2002 Morgan survey found 70 per cent in favour of laws allowing hopelessly ill patients to seek assistance from doctors to commit suicide. Seventy-five per cent of sitting members in the last Victorian parliament supported the rights of the terminally ill to die with dignity.

Such figures may explain why opponents of a right to die rarely mention the religious and ideological principles behind their stand and focus instead on pragmatic objections to legal change. These include claims that patient-controlled death will undercut efforts to improve palliative care, that proper pain management always alleviates suffering, and that only what Juliette Hughes (Opinion, 30/1) calls "the desperate, lonely, depressed and in pain" — those lacking autonomy — choose death over palliation.

Oregon, Belgium, the Netherlands and Switzerland allow medicos to respond to patient requests for active assistance to die. Empirical evidence from these jurisdictions does not support claims that the legalisation of assisted suicide for the terminally ill undercuts the quality of palliative care. This makes sense, as only 2 per cent of terminally ill patients use their legal right to assisted suicide. The remainder choose palliative care.

A phenomenal 77 per cent of Australians disbelieve the repeated insistence of right-to-die opponents that modern palliative care sufficiently addresses the suffering of the terminally ill. The decision of John Elliott — a medical doctor — to commit suicide in Zurich last Thursday suggests he didn't believe it either. Or, alternatively, that he understood that suffering is not limited to physical pain but includes the loss of one's wits, privacy with regard to bodily functions and the capacity to present oneself to others — including one's spouse and children — as one would like to be seen. Anticipation of uncontrolled pain as well as the loss of such personal dignity appears a major motivator of Elliott's decision to die: "My disease has dictated that I will die in pain. Worse than this, though, I will have no dignity in death. I don't want my wife Angelika to see me in this way."

At the heart of the right-to-die case are claims about the entitlement of citizens to autonomously choose to live what they define as a good life, and die what they see as a good death. But liberal-democratic societies have no obligation to honour the wishes of the incompetent or the coerced. This is why those opposed to the legal right to die use language — "knocked off" or "put to death" — that assumes what must be proved: that patients don't dictate the time and manner of their death, others do.

For right-to-die opponents, only the depressed choose death over palliation, and depressed patients

can't make autonomous choices. Similarly, it is claimed that patients who are loved and adequately cared for will not choose to die, rendering all who do make this choice necessary victims of coercion by penny-pinching medical administrators or avaricious relatives.

Elliott was wealthy, educated, not depressed, and consistent about his desire to die. But his life was not perfect. His wife was open about the burdensome nature of his care. In his recitation of his reasons for choosing death, Elliott included the fact that he had burdened her for "too long already".

Do decisions to die that reference the needs or influence of important others, or society at large, lack the independence necessary for us to heed them? Those opposed to individual choice in personal moral matters say "yes". Abortion opponents argue that an "abortion culture" pushes women to undertake "unwanted" abortions. Men who fail to offer women the financial or emotional support they want to continue the pregnancy "coerce" women into abortion in the same way as inadequately sacrificing relatives compel the terminally ill to "choose" death.

The truth is that if choices were available only to those with perfect lives few of us would qualify. It is one thing to point out that social conditions may constrain the freedom of individuals to choose by depriving them of the full range of options, or the capacity to choose between them. It's another to say that a less than ideal choice is no choice at all. As well, arguments that the addition of physician-assisted suicide to the range of options available to the terminally ill somehow reduces their freedom to choose make no sense.

We've been here before. Thirty years ago radical feminists insisted that a pro-natalist culture and coercion from "techno-docs" made the choices of infertile women to undertake IVF unworthy of the name. These feminists claimed that the incapacity of "vulnerable" infertile women to choose, plus the damage they claimed the technology posed to women as a group, justified banning it.

Resentful of being patronised, many infertile women returned fire. Choices made in an imperfect world are still worthy of respect, they insisted. By all means, fix the world to expand our options. In the meantime, leave us to decide between the available options, according to our needs and values.

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