# **CMDFA ETHICS**

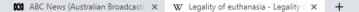
MEDICINE AND END-OF-LIFE CARE

# INTRODUCTION

• Recent media treatment in Australia and assisted dying legislation in Victoria and the UK



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- Euthanasia and physician assisted suicide in Europe and North America



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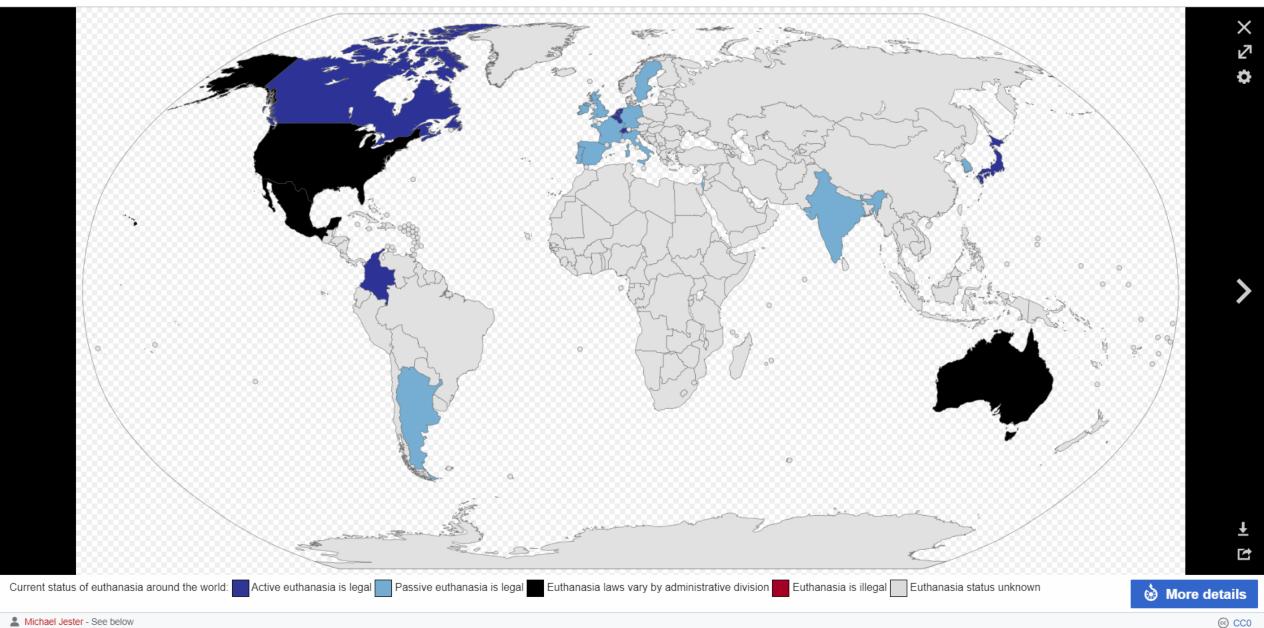
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- Relevant distinctions: physician assisted suicide; euthanasia—voluntary, non-voluntary, involuntary; palliative care; refusal, withholding and withdrawal of life-prolonging therapy



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  - **Euthanasia:** the intentional bringing about or hastening of death (by act or omission) in order to relieve a person's suffering. It may be voluntary, involuntary or non-voluntary.
  - **Physician assisted suicide:** provision by a doctor of drugs (or other means) for self-administration, at that person's voluntary and competent request.
  - Withdrawal of life prolonging therapy: the withdrawal (or withholding) of life prolonging or burdensome therapy from a dying patient in order to avoid needless suffering.

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    - Countering a myth: morphine and sedatives in therapeutic doses do not shorten life

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  - Palliative care: myths and home-truths
    - Countering a myth: morphine and sedatives in therapeutic doses do not shorten life
    - Palliative care: specialised care for the dying that: affirms life; regards dying as a normal process; neither hastens nor postpones death; provides symptom relief; offers support for active living; offers support to help families cope.

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- The personal dimension—we have good, if difficult, stories to tell. We need to tell them.



### **ARGUMENTS FOR EUTHANASIA**

#### THE PRIMARY ARGUMENT: AUTONOMY

- The principle
  - A right to self-determination
  - And not interfering with the rights of others
  - It entails a 'right to die'
- Peter Singer's (preference) utilitarian alternative



#### SECONDARY ARGUMENTS

- Killing is (morally) the same as letting die
- Compassion dictates the alleviation of (pointless) suffering
- Quality vs quantity of life
- Utility or benefit—euthanasia is likely to have beneficial consequences, including for the weak and vulnerable

~ 19 unfortunately Grandpa has lost bowel control so we're allowing him to die with dignity. Leunig

#### **COUNTERING THE ARGUMENTS**

- What do you see as the strengths of these arguments?
  - Why do they get so much purchase?
- What do you see as the weaknesses and errors in these arguments?
  - Give some thought to how we can (gently) help people see them.

# **ARGUMENTS AGAINST EUTHANASIA**

# THE PRIMARY ARGUMENT: THE SANCTITY (OR VALUE) OF HUMAN LIFE

- A theistic version
  - Life is God's gift, euthanasia despises that gift
  - Euthanasia violates the sanctity of human life
- A secular version
  - Humans have irreducible dignity
  - Euthanasia violates that dignity

#### SECONDARY ARGUMENTS

- Euthanasia is (morally) distinct from allowing someone to die
- The principle of autonomy is flawed
- Compassion motivates us to act in another's best interests; it does not tell us what those interests are.
- Utility or benefit—euthanasia is likely to have harmful consequences, especially for the weak and vulnerable

MEANWHILE, IN DARWIN ....

Euthanasia is just a simple operation like circumcision Mr. Jones. In Fact it's very much like circumcision. At the end of your life there's a little bit which serves no real purpose and can cause a bit of irritation so we just nip it off for you. You won't feel a thing.

eunig

... l've had a

I might as well.

# BIBLICAL AND THEOLOGICAL RESOURCES

• Genesis I:26-31 (& 9:5-6)

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- Exodus 20:13

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- Matthew 22:34-40 and Luke 10:29-37

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- Matthew 22:34-40 and Luke 10:29-37
- I Corinthians 15:26, 55-57 (and Revelation 21:4)

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## THEOLOGICAL PRINCIPLES

- Shalom, life, death and health care
- Human life is to be valued as God's gift
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## ANOTHER LINE OF ARGUMENT

#### 'WORLDVIEW' AND EUTHANASIA

• What are human beings?

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- What does a properly formed human community look like? How does it function?

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- What are human beings?
- What does a properly formed human community look like? How does it function?
- What is the role of medicine in a properly formed human community?

#### MEDICINE AS 'CARING FOR THIS FRAIL FLESH'

• Vulnerability and frailty are inescapable.

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- Vulnerability and frailty are inescapable.
- Medicine exists to care for vulnerable human beings, whether they will be 'cured' or not.
- Euthanasia would illegitimately distort the (inherently moral) character of medicine in ways that other responses to suffering and dying would not.

# CONCLUSION

### MAKING THE CASE

• How do we effectively present this understanding of medicine, life and death?



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- How do we effectively present this understanding of medicine, life and death?
- Telling good stories

## SOME RESOURCES

- Lysaught, M. Therese, Joseph J. Kotva, Jr., Stephen E. Lammers, and Allen Verhey, eds. On Moral Medicine: Theological Perspectives in Medical Ethics. 3rd ed. Grand Rapids: Eerdmans, 2012.
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