# The Dangers of Euthanasia: A Statement from the New Zealand Catholic Bishops

19 Oct 2011 | BIOETHICS

Life is full of blessings, challenges and opportunities. Even dying brings its own unique blessings, challenges and opportunities. ‘Dying well’ is as important as reaching our potential at school and at work, or finding happiness and fulfilment within our families and with our friends. The work of dying well often involves the healing and/or deepening of relationships.

In 1995 we wrote:

“Euthanasia occurs when a doctor, not an illness, kills a patient.”

At that time we drew attention to a very important distinction: it is one thing to withhold or withdraw extraordinary methods of keeping a person alive when it is no longer sensible to do so; it is another thing to do something, or omit to do something for the purpose of terminating a person’s life. In the former case, we are simply allowing a person to die. In the latter case, we are killing.

Even if it is done for what seems a good reason, (e.g. to prevent suffering), and even if it is done with the patient’s consent, it is still killing.

In a society in which many regard suffering as meaningless and intolerable, euthanasia is presented as a way of avoiding suffering. This can be made to look like an attractive option, or even a right. But to legalise the killing of those who are suffering would be to introduce a whole new, and dangerous, dimension to society.

What kind of society would we have if euthanasia were legalised? People with advanced progressive illnesses, or simply in old age, may well find it difficult to trust their doctors and nurses. We need to ask: What would that do for the regard we have traditionally had for the medical and nursing professions? How would this impact on the ability of doctors and nurses to help those who are not quite sure they can trust them?

The experience of those countries that have already legalised euthanasia shows that the demand for euthanasia cannot be limited to a carefully defined group. In the Netherlands euthanasia was initially only available to dying adults with terminal illness who were able to give informed consent and who repeatedly requested euthanasia. Since 1973 all of these restrictions have fallen away and lethal injections can now be given to newborns and teenagers with disabilities, as well as to persons with dementia and depression. In some of these cases there is no explicit request from the person concerned for euthanasia.

Once we allow access to euthanasia for some, the reasons for confining it to just that group begin to look arbitrary. It is quickly argued that to deprive those incapable of giving consent to euthanasia is an injustice. It is also argued that allowing it for some conditions and not others is discriminatory.

We would have to expect the same erosion of boundaries and safeguards to happen here too, especially because there is already ambivalence about people who are perceived as having little or nothing to contribute to society while ‘swallowing up’ large amounts of health resources. In other words, legalising euthanasia will place at greater risk the lives of those whom others might be tempted to think would be better off dead.

Abuse of the disabled and elderly is already a serious issue in our country and overseas. Legalising euthanasia has the potential to worsen the problem in a society where the numbers of elderly are growing and where pressure on the health budget is increasing.

Further, in a society in which euthanasia becomes legal, the disabled, sick and elderly may more easily come to see themselves as an excessive financial and emotional burden. The ‘right to die’ could very quickly become a ‘duty to die’. This is not free choice. This is not real consent. The most vulnerable members of our society depend upon the protections which the legal and medical institutions currently provide.

The good news is that advances in palliative care mean there is now no need for anyone to die in pain. When treatment is no longer effective for a person in the end stages of an illness, the priority is to provide sufficient pain relief to make the person comfortable, while supporting their physical, emotional, mental, relational and spiritual needs. This can be a very important time in a person’s life, involving growth and the healing of relationships.

Research also shows that persistent requests for euthanasia are not related to physical pain but to depression and feelings of hopelessness and/or a sense of social isolation. There is a deeper malaise: our society has failed to respond in a satisfactory way to the emotional, psychological and spiritual suffering that people often feel at the end of life. As we stated in 1995, “we cannot be free from blame if there are people in our communities unable to find human comfort and assistance as they approach the end of their lives.”

The real moral imperative is on us all to be bearers of hope and to offer selfless care to all those who are sick, disabled and dying while ensuring that there are adequate resources for palliative care.

We have the expertise and the means to care for those who have advanced progressive illness in ways which are in harmony with their human dignity and their status as our fellow New Zealanders. The legalisation of euthanasia will undermine trust in the medical profession and put vulnerable groups in our society at risk. It will send a message that the lives of some people are not worth living. Its introduction would seriously undermine good caring and be detrimental to the growth of a caring community.

We need to ensure that our laws promote a society in which there is room for the most vulnerable – room in our hearts and room in our homes and other places of care – rather than ‘showing people the door’.

True compassion calls for us all to stand alongside, and in solidarity with, all those who are suffering. We commend all those who already do so much to care for those people who are sick, elderly or disabled as well as those who are dying. The mark of a great society is evidenced in its ability to care for those who are most vulnerable.

We do not need euthanasia.

We need to promote equitable access to good palliative care for all New Zealanders.

We need to learn how to live well and die well.

+John Dew
Archbishop of Wellington
President, NZCBC

+Patrick Dunn
Bishop of Auckland
Secretary, NZCBC

+Colin Campbell
Bishop of Dunedin

+Barry Jones
Bishop of Christchurch

+Peter Cullinane
Bishop of Palmerston North

+Denis Browne

Bishop of Hamilton

+Charles Drennan
Coadjutor Bishop of Palmerston North

- Media Releases
- Media Contact
- Bishops' Statements
- Pompallier's People - Blog
- National Calendar