

**SOUTH AUSTRALIAN
VOLUNTARY EUTHANASIA SOCIETY (SAVES)**



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Patrons: Emeritus Professor Jim Richardson
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Emeritus Professor John Willoughby

September 2010

Dear Member,

In answer to Wesley Smith

You may have heard Wesley Smith, an anti euthanasia advocate, speak at a meeting hosted by Right to Life recently; you may also have received his written material.

Smith believes that there is now a 'primary threat' to the world posed by 'a class of advocates who are pursuing a "professional" approach to assisted suicide promotion'. It is regrettable that Smith did not pursue a professional approach in the construction of his letter by verifying the authenticity of the sources of the statements made in it.

In this letter statements from Smith are marked in bold italics and my responses follow, supported by referenced papers.

"Epitomised by the euphemistically named...well tailored elites promote a 'medical model' ...in meetings with medical and legal association, in articles published in professional journals..."

Presentations at medical and legal meetings are subject to very close scrutiny by all those attending. Is Smith really suggesting that medical practitioners and lawyers attending these meetings are naive, swayed by euphemisms and cannot see the hidden truth? If so, Smith is denigrating the intelligence of learned people of considerable standing, in our society. He cites no evidence for this statement.

To suggest that euphemisms are accepted in professional journal articles displays a complete ignorance about such journals. Articles submitted to professional journals are peer reviewed. That is, they are sent to experts in the facts (not the euphemisms) relevant to the field referred to in the submitted article. The experts may be advocates or opponents of the subject being discussed. Smith does not cite any evidence which indicates that this process is ever circumvented in professional publications.

"Perhaps even more frighteningly, voluntary euthanasia has been coupled with organ procurement" (referring to Belgium)

Smith has carefully and deliberately chosen these emotive words to conjure up thoughts of despairing people choosing euthanasia as a way of helping others. In a recent article published in a professional journal, 'Organ procurement after euthanasia: Belgian experience' (enclosed) the procedure was examined. All donors were legally competent, had debilitating neurological disease and were totally dependent on others for their care.

The primary bases for requests for euthanasia were these facts, not the desire to supply organs to others. After extensive discussion by ethics boards, added requirements were at least one month between the granting of the request for euthanasia and the donation (adequate time for reconsideration of the donation) and the complete separation of the staff carrying out the euthanasia procedure and the transplant team.

Australians who have legal medical assistance to die through withdrawal and with-holding of treatment and through having pain medication increased to the point of causing death are permitted to donate organs.

“Belgian doctors – and nurses – also commit non voluntary euthanasia”

There is no evidence to show that non-voluntary euthanasia occurs as a result of legalising voluntary euthanasia. The enclosed article *'Physician assisted deaths under the euthanasia law in Belgium: a population - based survey'* states about non-voluntary euthanasia “its occurrence has not risen since the legalization of euthanasia in Belgium. On the contrary, the rate dropped from 3.2% in 1998 to 1.8% in 2007. In the Netherlands, the rate dropped slightly after legalization, from 0.7% to 0.4%.”

This article also states that non-voluntary euthanasia is not confined to countries where voluntary euthanasia is legal.

Surveys have compared the incidence of medical end-of-life decisions in Australia with those in the Netherlands and Flanders, Belgium. The surveys were conducted when euthanasia was a legal possibility in the Netherlands but prohibited in Australia and Flanders.

Australia had a rate of ending life without explicit request 5 times higher than that of the Netherlands. The Flanders figure was 4.5 times higher - refer enclosed paper *Voluntary Euthanasia in Australia, the Netherlands and Belgium*.

Other surveys have shown that Australian doctors practice both voluntary and non-voluntary euthanasia – refer enclosed paper *Medical Practise and Opinion*

“Ludwig Minelli – owner of the suicide clinic Dignitas, was reported by UK media to have become a millionaire from his suicide business which caters to foreigners.”

In the absence of voluntary euthanasia legislation people are forced to desperate action such as travelling to Switzerland for legal assistance to die. About four Australians have made this journey; also around 100 Britons. As a consequence the public prosecutor in Britain has formulated sixteen public interest factors in favour of prosecuting an accompanying person, around the coercion & competence of a person intending to go to Dignitas, and six public interest factors against prosecution of the person accompanying.

“the assisted suicide movement is a clear and present danger to the lives of the weak vulnerable and despairing”

There is no evidence to support the claim that the weak and vulnerable are under threat in places that have enacted voluntary euthanasia legislation; to the contrary – refer enclosed *'Legal physician-assisted dying in Oregon and the Netherlands: evidence concerning the impact on patients in vulnerable groups'*

“Oregon’s protective guidelines are being circumvented by doctors”

We are not shown evidence for this statement.

Such occurrences, in any case, would not constitute a valid argument against legalization of voluntary euthanasia. It is the responsibility of lawmakers to craft sound laws that minimize circumvention and hold societal practice accountable to scrutiny. Current laws prohibiting voluntary euthanasia fail on both counts.

Finally I note Mr Smith’s use of emotive language:

“moral outlawry”

“assisted suicide promotion”

“assisted suicide professionals”

“killing”

“medicalized killing”

“frighteningly”

“fell off the same moral cliff”

“suicide tourism”

“horror stories”

“death on demand”

This is inappropriate and unhelpful to rational, intellectual argument.

What is readily apparent from the papers enclosed is that legalised voluntary euthanasia enables more honesty, transparency, control & regulation – prohibition does not work because the need is there & because compassionate doctors will always meet the need.

Please contact me if you want any further information.

Yours sincerely,

Frances Coombe
President