

TONY JONES

I said I'd just go to the politicians on that one. This is Q&A, where you ask the questions. Let's change focus. A Victorian parliamentary inquiry has recommended law-makers allow doctor-assisted dying in this state. Our next question comes from Ben Goodfellow.

EUTHANASIA00:09:36

BEN GOODFELLOW

Thanks, Tony. I'm an atheist and a psychiatrist, but I'm quite ambivalent about the issue of euthanasia. I think there's clearly a very compelling case for a fail-safe system of assisted suicide, particularly in specific instances, but I'm concerned that the existence of euthanasia laws absolves doctors like me from the duty to find ways to alleviate suffering without causing death, and it absolves society, potentially, from finding meaning in death and in life that may not be otherwise worth living.

TONY JONES

Let's start with Peter Singer.

PETER SINGER

Well, I don't think that you want to force people to find meaning in death and dying, do you? I mean, isn't that a choice that people ought to have? You know, yes, I could go through another month of suffering before I die from the cancer that is clearly going to kill me, but I choose not to do that because I don't think it WOULD be meaningful for me to suffer in that way. Surely you would want your patients, or any good doctor would want their patients to have that choice. And that's what the legislation would do, that the Victorian government has said it will bring in in the second half of this year – it will give patients choices about that. And I don't think there's any evidence that in countries where this legislation does exist there is less of an effort to reduce patients' suffering. I think there are simply some patients who do want to go on to the end, and doctors will do what they can to reduce their suffering, and there are other patients, other people who choose not to and they want to have that choice, and I think we should give it to them.

TONY JONES

Now, Peter, a lot of people in opposition to this idea raise the slippery-slope argument. It's sort of almost implicit in that question. One of the essays in your latest book points to what happened in the Memorial Hospital in New Orleans after Hurricane Katrina, where doctors started killing patients against their will with the idea that they would be alleviating their suffering, though not in all cases. What were you trying to tell us there?

PETER SINGER

Right, well, of course, this was nothing to do with legal euthanasia. Euthanasia was illegal in Louisiana, this was New Orleans. But there was an emergency, the hospital was cut off by the floodwaters and they were told to evacuate all the patients 'cause there was no electricity either. It was swelteringly hot, there was no running water. So it really was... it needed to be evacuated. But they had some patients who they thought were too ill to move, who would not survive, and those patients they gave large doses of morphine to.

TONY JONES

Without their consent?

PETER SINGER

Well, some of them were not capable of consenting anymore at that point, but there certainly was at least one person who was capable of consenting, who was worried about being left behind, but whom

it seems they chose to end his life because he was extremely heavy and he would have had to be carried down several flights of stairs, or up, sorry – I think they were using a helicopter to evacuate them – and they felt that they simply couldn't manage this. So they chose to end his life. Now, I think the lesson that I'm trying to draw in the essay in Ethics InThe Real World about this is that, in fact, these people were applying a doctrine known as the doctrine of double effect. They said, "We are not actually killing – we are simply alleviating pain." It's clearly a distortion of that doctrine, but the interesting thing is that that's a doctrine that is supported by conservative bioethicists, including... A lot of Roman Catholics support that doctrine. And I think what it shows is that any view can be distorted and you really need to encourage openness, patient consent, open discussions and so on, even in emergency situations like that.

TONY JONES

I'll just quickly go back to Ben, the questioner. Are you worried that doctors may start to devalue human life as a result of these laws – is that what you're sort of getting at?

BEN GOODFELLOW

I guess I'm suggesting the risk is there and it's very difficult to...it's important, I think, to separate an instance like this outline that the professor gave earlier, the sort of situation particularly in our own families, where in that individual case it can be very much justified. But I'm thinking of the many patients that I see in my psychoanalytic and psychiatric practice who would not be included in this sort of legislation because they're said to have a so-called mental illness – whatever that may be. That a key part of the dilemma that I helped them with is they're often desperate for their lives to end, but in helping them past that point, it is invariably a peak that if someone, from a spiritual and a psychic point of view, can overcome, there can be something more to life found on the other side of that. And I think these laws maybe give us, at a certain level, an easier option than to sit with what is often unbearable suffering.

TONY JONES

I'm going to bring in the rest of the panel. We've got another question on this subject, though. It's from Priscilla Weaver. It might help to focus the discussion. Thank you.

EUTHANASIA – MY FATHER00:13:48

PRISCILLA WEAVER

Last year my 82-year-old father lost his battle with oesophageal cancer. His death came 19 days after diagnosis, and although this might sound like a swift and merciful outcome, his suffering in his last days is something I will never be able to erase from my mind. Despite my father's pleas to his doctors to end his pain, he was pacified with more drugs and promises to keep him comfortable. The emptiness of these promises was revealed in the excruciating pain he endured, which no amount of morphine could subdue. As a psychologist whose role it is to preserve life, I understand the moral, social and ethical complexities associated with assisted dying. However, in cases of terminal illness, where death is inevitable and the preservation of life only serves to pacify the living, how can we give people the freedom to choose when and how their lives should end?

TONY JONES

I'll start with the politicians, because it's obviously going to be a big political issue. And, Scott Ryan, you first.

SCOTT RYAN

I'm philosophically uncomfortable with euthanasia. But the main reason I oppose it and wouldn't vote for it is... A lot of us have a story like that, and I'm sorry to hear that. I've never experienced someone that close to me having suffered that way. But we have seen, despite all the best endeavours in our health system and incredibly caring professionals, errors, occasional malpractice, as we've seen, and I

fear that our health system is simply not able to guarantee that no innocent person will be put to death early or that there won't be pressure on resources. I don't think our system is geared up for it, I'm uncomfortable putting it on them. And while we do constantly have to push the boundaries of end-of-life care, sadly, I think the risk of innocent people dying too early or pressure being put on elderly relatives or misadventure or error is too great.

TONY JONES

Do you accept, and does the government accept, the federal government accept, that if the Victorian government legislates for this to happen there's not much you can do about it?

SCOTT RYAN

Look, I was going to add, I don't know what the government's position on that is. My personal view is this is a matter for the Victorian Parliament. It is competent to decide this. It is a state law. So, I wouldn't vote to override, but I would not personally support euthanasia.

TONY JONES

Alright, let's hear from Clare O'Neil.

CLARE O'NEIL

I'm really sorry about that story. It's a very sad one. And, actually, my experience, my view on this is informed by, I guess, a somewhat similar experience. When I was four, my father was diagnosed with cancer and then he died when I was 11. So, really, that kind of formative years of my childhood were being very close to someone who was dying. And the thing that I've taken from that experience is a very deep belief that people have the right to have a good death. Of course, as a politician, I don't just use my personal experiences to make decisions – we have to look at the evidence. And what the evidence – especially the Victorian parliamentary inquiry that's compiled a lot of this – the evidence shows us, is that the fact that euthanasia is not legal in Australia is causing incredible pain to a lot of people. It's causing families to commit horrible crimes that are motivated only by love and compassion. It's causing doctors to break the law. And it's causing incredible heartache for people who are watching their family member die in agonising pain and they're unable to do anything about it. The Victorian parliamentary inquiry also found some really important things when they looked at other jurisdictions where euthanasia is legal. So, the slippery-slope argument, as we often call it, isn't really founded in reality. And where euthanasia is legal in different parts of the world, we see very, very small numbers of people using the laws – very, very small numbers of people. But for a lot of the people who do use them, it's knowing that they're there when they need them. And we see, usually, it's people who are in the very last weeks of a very painful death and a death where palliative care is just not going to be able to provide them with relief. So I think, for that reason, it is something we need to look at.

TONY JONES

Ted Lapkin.

TED LAPKIN

Again, my heart goes out to you, but it's not true that this has been flawlessly implemented more or less throughout the world. In the UK, there was a massive scandal some years back. They implemented something called the Liverpool Care Pathway which was supposed to provide a dignified and pain-free death to a lot of elderly and there was the Daily...the Telegraph UK, I think it was in 2011, did an expose and it showed that you had scores, if not hundreds, of elderly people who were basically being doped up and deprived of liquids in order to hasten their death and the loved ones in many cases weren't even being informed. So it's not true that this has been implemented in a way that is completely ethical.

PETER SINGER

Sorry. I mean, there was no legal euthanasia or physician-assisted suicide in the UK. There never has been. So this is not an example of a place that has legislated carefully with proper safeguards and

then there's been flaws. It's a greater counterexample.

TONY JONES

Does it go back to what you were saying before about the sort of chaos that can happen when there are no laws?

TED LAPKIN

It is an example of how a system that was put in place, the declared intent was to provide an end of life in a dignified and pain-free way and it was abused.

PETER SINGER

But without giving the patients the choice to ask a doctor to assist them in dying, because that has always been illegal in the UK.

TED LAPKIN

OK. Yes, you had doctors who were basically killing people.

PETER SINGER

Right. Well, it just shows that that can happen. If you have bad healthcare, that can happen whether you legalise or not.

TED LAPKIN

This was a system, a mechanism, a protocol, I guess is the best word, that was designed to allow people to die painlessly and in a dignified manner and it was abused.

PETER SINGER

Yeah.

TED LAPKIN

So I don't see the validity of your point.

PETER SINGER

Well, I mean, because the point is, we're talking about opening things up so that patients can legally ask their doctors for assistance in dying and the doctors can legally provide it. And I think in that situation, you're more likely to have the conversations which lead to properly informed consent so patients are not being killed by doctors without their consent, which, as you rightly point out, happens in countries where there is no legal euthanasia.

TONY JONES

Let's hear from Leyla, and, Scott, I'll come back to you.

LEYLA ACAROGLU

I mean, hearing your conversations, it makes me think about the one unifying factor in this room is that we're all gonna die. Death is an incredibly human experience. It's one of the only inevitable things that we can guarantee. That and taxes, as they say. And I don't want to trivialise it because it is incredibly important, but I do feel that we don't ever think about ourselves when we impose opinions on how the collective masses should exist. And your stories of being a care provider in this space reminds me of thinking about all of the people I have experienced being with as they're dying. Unfortunately, I've had that happen to many people in my life. And the...the inability to be able to help someone who is suffering so significantly and knowing so well that there is a system in place, one where the doctors take Hippocratic oaths where they are committed to maintaining lives and not destroying them, and of course, every system has elements within it that unfortunately behave inappropriately. But I do feel that we must all reflect ourselves on how we would like to die and think about then how we can be given the fairest and most equal opportunity to have probably one of the most important decisions in

our life, is how we will end our lives, and hopefully if we ever unfortunately ended up in a situation where we couldn't have made that decision beforehand, we could have had something like a will in place, and I know that there are things happening, there are people designing death experiences now. Because it is an incredibly important part of our autonomy as a human living on this planet to be able to make decisions about our lives and potentially as well our deaths. Although I do think that there are very important safeguards that need to come into play if we are going to move forward with this.

TONY JONES
Scott Ryan.

SCOTT RYAN
I just wanted to ask Peter a question, if I could. Peter...

TONY JONES
You could do that within limits. I'll monitor you very closely. That's if you put it as a statement.

SCOTT RYAN
The point is, we have flaws in our health system. I accept the argument.

PETER SINGER
We do.

SCOTT RYAN
But what makes you think that this won't have flaws as well? It won't be the only part of our health system that's perfect. And isn't the risk of people being pressured for early death in resource-constrained hospitals or by relatives or even by mistake – isn't that too great a threat?

PETER SINGER
See, I don't think that risk... I agree that no system is perfect. No large system that involves human beings is ever going to be perfect. But I don't think that the risk of patients being put to death against their will is any greater when you bring in legislation with the safeguards that have been talked about in Victoria than it is if you don't. And I think Ted's point shows that, that this happened there, and my example of the Memorial Hospital in New Orleans also shows that, and in fact a survey that I did some years ago here in Australia with my colleague Helga Kuhse when I was at Monash University suggested that there was actually a higher rate of doctors ending patients' lives without their consent in Australia than there was in the Netherlands where there was lethal euthanasia. And that was because in the Netherlands, patients could talk to their doctors and vice versa, and here, doctors were bringing about death by withdrawing treatment or by giving a lot of morphine, and they couldn't have an open discussion with their patients because if they did, you know, maybe this would be overheard by some other health staff around who would have different views and might report them to the police and so on.

TONY JONES
I'll just quickly go back to our questioner. Priscilla, you've been listening to this. How much of a difference do you think it would have made to your father's death to be able to make that decision for himself?

PRISCILLA WEAVER
I think it would have given him the dignity that he deserved and I think there's a dignity in dying but there's a dignity in choice. He didn't have the choice. So I think for him to be able to exercise some kind of autonomy and freedom... He was still very cognisant and I think his independence was very important to him, so to not have had that I think would've been very difficult for him.

TONY JONES

Well, I'm going to give you the last word there. Thank you for that. Now, you're watching Q&A live across Australia. Join the discussion on Twitter and on Q&A Extra, live on Facebook and ABC NewsRadio straight after the program. Our next question comes from Anand Iyer.