

Opinion

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## **RESEARCH AND YE SHALL FIND**

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Last month the *Age* carried the following headline on its front page - "Euthanasia kills one in three: study". The process by which such an astonishing headline came to be produced is of more than a little interest. The study referred to in the headline is one which was published on 17th February in the *Medical Journal of Australia* under the authorship of the pro-euthanasia campaigners, most importantly, Helga Kuhse, Peter Singer and Peter Baume. The purpose of the study is a comparison of the medical practices concerning death in Australia where, except in the Northern Territory, euthanasia is illegal, with the medical practices concerning death in Holland, where euthanasia is effectively legal. Its method is a replication in Australia of the famous Rimmelin study into the medical culture of death in Holland, which was conducted in 1990 and 1991.

Although the *Age* did not alert its readers to this, there are obvious and fundamental questions to be asked about the relationship between this study and the beliefs of its authors. By its nature a research study of this kind is highly politically charged. Those who favour the legalisation of euthanasia - as do Kuhse, Singer and Baume - hope that a study such as this will reveal that the practice of voluntary and non-voluntary euthanasia is as or even more common in Australia than in Holland. They hope to find that since the legalisation of euthanasia in Holland. They hope to find that since the legalisation of euthanasia in Holland there has been no descent down a "slippery slope" towards a medical culture of death. Those who oppose legalised euthanasia hope, of course, to show the opposite.

In the social sciences genuinely unbiased research is exceptionally rare. Almost invariably the political values or the ambitions of the researchers will influence the ways in which findings are interpreted and reported. It was wrong, in my view, that research on a question as politically sensitive as the comparative medical practice of death in Holland and Australia should have been conducted by those who had, and were known to have, a vested ideological interest in the outcome of their study. It was even more wrong that research of this kind was funded not by the pro-euthanasia lobby but via the National Health and Medical Research Council by the Australian taxpayer.

As it turned out, the study did not amount to a genuine replication of the formidable Rimmelin study. Rimmelin was based, in part, on extremely detailed person-to-person interviews with more than four hundred doctors and in part on a questionnaire sent to another 7000 who had attended deaths where the chances of an act of

euthanasia or of what were called "medical decisions concerning the end of life" were high. By comparison with Rummelink, the Kuhse study is disappointingly thin. Much of the most interesting and, to me, disturbing information gathered by the Dutch was obtained in the searching individual interviews. Kuhse and her colleagues conducted no interviews. Their explanation for this decision - that as euthanasia in Australia is illegal they would not have discovered the truth - is only partly convincing. In the Rummelink study doctors interviewed readily admitted to illegal activity. Three-quarters of general practitioners, for example, admitted that after they had performed an act of euthanasia they had made an illegal record of death by natural causes on the certificates they wrote. There is no reason to believe that those engaged in illegal practice in Australia - where the threat of prosecution is negligible - would have been less candid than their Dutch counterparts. Or again, in the Rummelink study 7000 questionnaires were posted out, with a success rate of 76 per cent; in the Kuhse-Singer-Baume study, 3000 with a response rate of 64 per cent, and for older doctors, many of whom may have declined to participate in a study of this political colour, 50 per cent. More significantly, because in Australia there is no death certificate system equivalent to the Dutch, those doctors receiving questionnaires in Australia had to be selected by a rather different statistical method. Australian apples were compared with Dutch oranges.

Even more significantly, it appears to me that in the Kuhse study some major methodological blunder must have occurred. In their study the Rummelink researchers pointed out that in Holland 30 per cent of all deaths are sudden or acute, while 70 per cent are drawn out or non-acute. Deaths is it possible for "medical decisions concerning the end of life" -MDEs - to take place. They found that in 38 per cent of *all deaths* in Holland and in 54 per cent of *non-acute deaths* that MDEs did in fact take place. The Kuhse study arrives at a startlingly different conclusion. In Table 5 of their article they maintain that in 64.8 per cent of all deaths in Australia MDEs did in fact take place. The Kuhse study arrives at a startlingly different conclusion. In Table 5 of their article they maintain that in 64.8 per cent of all deaths in Australia MDEs take place. As about 30 per cent of deaths in Australia must be, as in Holland, sudden or acute where MDEs could not take place, what they are effectively claiming is that while in Holland an MDEL takes place in a little over *one-half* of non-acute deaths, in Australia a medical decision concerning the end of life takes place in *almost every case*. This is simply preposterous. To my mind this finding calls into question the scientific rigour of the whole study, although it does not mean that the raw data they have produced - which may be discomfiting to some opponents of euthanasia - can be simply dismissed as insignificant.

Which leads me to the results of the Kuhse questionnaire and the manner of their presentation. In the Rummelink study euthanasia is defined as "the administration of drugs with the explicit intention of ending the patient's life, at the patient's request". By this definition - which is the one almost every Australian would recognise - what Kuhse and her colleagues discovered among eight hundred MDEL deaths were twenty-six cases of euthanasia or doctor-assisted suicide. They also discovered fifty-one cases where the life of a patient, on the point of death, was taken without a specific request.

In fifty-three of these seventy-seven cases of what might be called voluntary or non-voluntary euthanasia the doctors believed they had shortened their patient's life by fewer than seven days.

Kuhse and her colleagues are, however, somewhat more attracted to a broader definition of euthanasia, that is to say of a "death intentionally accelerated by a doctor". By using this definition and by adding together the small numbers of genuine acts of voluntary and non-voluntary euthanasia, the larger numbers of cases where doctors have administered pain-killing drugs with what is called a "partial intention" of hastening death, and the far larger numbers of cases where they have withheld or withdrawn forms of treatment to a dying patient with what is called the "explicit intention" of hastening death, Kuhse and her colleagues are able to claim that "30% of all Australian deaths (or 37,000 cases) would be cases of euthanasia". We know from a study published last year in the *MJA* (Waddell and others) that 93 per cent of Dutch doctors would accept. And yet we are asked to believe that "euthanasia" is practised far more commonly in Australia than in Holland and that, as the headline put it, in Australia "euthanasia kills one in three".