
Opinion

Tired of Life?

By Dr Gregory K. Pike

The Dutch solution to end of life 'care' has taken a new, and perhaps not unexpected twist. Upon receiving a petition with over 100,000 signatures, the Dutch parliament has recently been forced to consider further expanding its euthanasia regime to allow healthy over 70 year-olds to receive a lethal injection at the hands of specially trained 'suicide assistants'.¹ Reminiscent of Western Australian retired Professor Lisette Nigot, who was 'tired of life' and wanted to die, eventually committing suicide and thanking euthanasia advocate Philip Nitschke in the process, the new debate is all about 'vrijwillig levenseinde', or 'of free will'. If individuals over the age of 70 consider their lives 'complete', the argument goes, why should they have to stick around any longer if there is nothing left they want to do?

Proponents of euthanasia are keen to argue that there is no slippery slope occurring in The Netherlands because the number of those accessing euthanasia has not steadily increased². However, that is to completely miss the point about a slippery slope. What has happened in The Netherlands over the past 40 years is a *widening circle of eligibility*

for euthanasia. Euthanasia numbers may or may not be on the increase, it is hard to tell, but the eligibility criteria have been steadily expanding. So that the 'ideal' case of a terminally ill patient in intolerable pain who makes a persistent voluntary request for euthanasia is no longer the only recipient of euthanasia. Now euthanasia can and has been provided to the emotionally suffering, disabled, children, babies, and those who do not ask for it.

In many respects the 'tired of life' category is simply a natural extension of the *in principle* position that people have a right to expect the State to end their lives upon request. However, what is different here is that no longer is there any pretense that this is mercy killing, compassionate or aimed at ending suffering. Being 'tired of life' is something else again. It is more acutely about autonomy than any category that has come before. In fact, it could be argued that the very term euthanasia, understood by the general public as mercy killing, does not apply here. At face value, what this new development is all about, is pure unbridled autonomy.

However, perhaps that is only part of the story and something else is also going on.

Let's take a really frank approach for a moment. What would someone currently healthy and over 70 but 'tired of life' do if they really wanted to end it all? There are many others, who for a multiplicity of reasons, take their own lives by a variety of means, either without telling anyone, or perhaps explaining it to a few key individuals, or just leaving behind a letter or note. Without wanting to sound too morbid, or wanting to encourage anyone, it is not really all that hard to find a means, even a relatively peaceful one, by which to depart this mortal coil. The Victorian Institute of Forensic Medicine recently found that

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- ¹ *Holland proposes giving over-70s the right to die if they 'consider their lives complete'*, Mail Online 10 Mar 2010. See <http://www.dailymail.co.uk/news/worldnews/article-1256670/Holland-proposes-giving-70s-consider-lives-complete-right-die.html#ixzz0jEfOvmvw>
 - ² *Statistics on assisted suicide and euthanasia in The Netherlands are complex. About every five years a report, The Rummelink Report, is published in which various statistics are provided. While the Reports have on some occasions shown increases in euthanasia cases from one five year period to the next, on others, the number of cases has decreased. However, that has taken place in the context of a rise in cases of 'terminal sedation', where patients are heavily sedated and refused food and fluids so that they die over a period of time – what may be termed 'slow euthanasia'. Also, the Reports have been criticised for not including under the category of euthanasia, cases where intentional overdosing occurs. See Wesley Smith, Netherlands Euthanasia Statistics: Not Even Telling Half the Story, First Things Online, 29 April 2008. See <http://www.firstthings.com/blogs/secondhandsmoke/2008/04/29/netherlands-euthanasia-statistics-not-even-telling-half-the-story/>*

51 Australians have died from Nembutal overdose in the last 10 years³. Even so, far more do use extreme and violent means to end their lives – presumably because their mental suffering is such that they grasp for just about any means. Perhaps the low self worth that accompanies suicide is expressed in choosing a horrible means to go – perhaps some people sadly despise themselves so much that an unpleasant means to them may seem appropriate.

With regard to the pressure from some quarters for legal assisted suicide or euthanasia, frankly discussing the means of suicide has previously been taboo, because it has always been harsh to say to someone who is suffering that they can go ahead and ‘do it’ themselves. The comeback has always been either that there are some circumstances in which the person involved is just not able to carry through the act, or that desperate people use horrible means to suicide and need access to a peaceful means, perhaps accompanied by friends and loved ones – and presumably with their blessing. This is understandably one of the really hard parts about the euthanasia debate, yet one that must be faced squarely.

But now that the debate has shifted to those ‘tired of lifers’ who are just like any other healthy 70 plus person, but want out, it has become easier to sharpen the debate and seek answers about what end game is being played. Why are there over 100,000 signatures? Why are there so many people keen to set up facilities to kill them? Is it about ensuring an ‘insurance’ policy so that if things do get really tough there will be a peaceful way out? Or could it be that the freedom to choose is really more about seeking endorsement for that choice than simply having the choice? Is it that having the state endorse this choice is to gain legitimacy about a worldview in which the indi-

vidual and his or her wishes is fundamentally central. Even to the exclusion of the needs and wishes of others. Remember, this is about the ‘tired of lifers’.

Or perhaps there is something here about power; power over life and death, or perhaps power over existing authorities, so that the majority is forced to comply with the wishes of the few. Perhaps those most strongly pushing for this are just not happy with exercising the free choice they already have, but instead want others to *agree* with their choice. If the focus is having the choice to exit life as a healthy ‘tired of lifer’, it is already there. No legal change is needed. But if the focus is upon changing society to one in which human life is not particularly protected because of any unique status, then the ‘tired of lifers’ campaign is more understandable.

But surely the over 70’s have much to give. Is there not something selfish about refusing to contribute in one’s latter years? Who can ever really know that a life is ‘complete’? What of the ‘wisdom of the elders’, decades of accumulated insights about how to handle life’s complexities, to offer to children, grandchildren, friends and the community? When western democracies already undervalue their elders, it is time to revalue, not further devalue.

An additional difficulty is that the already thin line between State-sanctioned suicide for certain people and supporting the many suicide prevention programmes in the community has just narrowed to vanishing point. How hard will it now be to encourage people that life is worth living when the state endorses the choice of those, who perhaps with a shrug of the shoulders say, “done all I want to do ... where’s the needle?” Someone who really struggles might justifiably say, “Well if the State (and hence community) thinks suicide or euthanasia is okay for someone ‘tired of life’, then of course it must be for me, for I have far better reasons”.

Are some, or even most, of those 100,000 signatures from the strong who have lived

³ *Deaths from toxicity to Pentobarbitone reported to an Australian Coroner, Victorian Institute of Forensic Medicine, 18 Dec 2009. See also: Julia Medew, Young people gain access to euthanasia drug, Sydney Morning Herald, 15 Feb 2010. See <http://www.smh.com.au/lifestyle/wellbeing/young-people-gain-access-to-euthanasia-drug-20100215-nzon.html>*

full lives where all has gone fairly well? Are they those who know their own minds, don't get depressed or anxious, don't feel like failures, don't carry shame for past wrongs, are not oppressed, and don't struggle with damaged and alienating relationships? Besides all the key reasons, perhaps euthanasia and/or assisted suicide for the strong is really perilous because it endangers the not-so-strong and is in fact deadly for the weak. A society which endorses someone's choice that it is legitimate, rational and acceptable to intentionally end life, even when there is no more compelling reason than being 'tired of life', is a society which will see the early exit of the weak and frail first.

If this is true, there could be something decidedly eugenic about this latest development. Perhaps, despite the 100,000 signa-

tures, few of the 'completed life' citizens will avail themselves of a suicide assistant – after all, looking at the causes of the estimated 2500 suicides in Australia each year shows no category for 'completed life' or 'tired of life'. The people who are actually committing suicide are doing so because they experience extreme psychological distress. Perhaps instead of helping the 'tired of lifers', those suicide assistants will be far more busy 'caring' for the 'my-life-is-messed-up' citizens.

And then the eugenic specter, so ever present and skulking nearby, will find new expression and success in ridding the community of the weak who demand so much of its resources.

That will be a sad day.

Opinion

What Is Mercy? Reflections on the True Nature of Mercy in the Context of Euthanasia

By Chelsea Pietsch

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Mercy is a concept difficult to define, especially in the face of life-ending decisions. Inextricably linked are ideas about relief, respect and relationships.

Jones is suffering from a terminal illness. His pain is severe, he is estranged from his family and he wants to die. He calls out, "Have mercy on me!" No doubt you are moved by his story. You want to help him. Indeed, you want to have mercy on him. But what is mercy? What does it look like? What does it mean to have mercy on someone who is suffering?

A similarity between advocates both for and against euthanasia (herein meaning the intentional killing of a person with a terminal illness) is that they seek to show mercy on those who are suffering. But despite mercy being at the forefront of people's minds, there is a fundamental disagreement about what mercy actually looks like. Here I argue

that despite the good intentions of euthanasia advocates, their understanding of mercy is flawed. I propose a concept of mercy that is not about the outcome but the process and does not bring about endings but beginnings.

Mercy: Relief of Suffering?

Euthanasia advocates believe that intentionally taking the life of someone who is terminally ill or suffering severe pain constitutes an act of mercy. Their definition of mercy is clear enough: to act mercifully is to bring about a reduction in human suffering. Mercy, in this view, is ending the life of Jones where continuing to live would produce more pain than pleasure. This is based upon a version of the philosophy known as utilitarianism. Proponents of this view will accept almost any means of pain elimination, even if this means the elimination of the sufferer. This is