

The chronically ill shouldn't feel pressured to relinquish their fragile hold on life.

I am chronically ill with a progressive rheumatoid auto-immune disease that destroyed my kidneys and causes inflammation around the lungs, inner chest walls and heart, ischaemic heart disease and peripheral neuropathy. I have been dependent on dialysis for 20 years and I have undergone 15 angioplasties and the placement of eight stents to recover some blood flow after the failure of coronary bypass surgery.

The last such procedure was unsuccessful as the blocked artery could not be accessed.

I mention these matters only to establish that I am no stranger to suffering and disability and have experienced the limitations of palliative care.

Facing illness and disability takes courage, and we do not need euthanasia advocates to tell us that we are so lacking dignity and have such a poor quality of life that our lives are not worth living.

Professionally, I have been involved with the care of the terminally ill for many years, including palliative care. As a chronically ill person I know well what it is to feel that one is a burden to family and community, how isolating illness and disability can be, and how hard it is to maintain hope in circumstances of illness, disability and severe pain, especially chronic pain.

The fear of being a burden is a major risk to the survival of those who are chronically ill. If euthanasia were lawful, that sense of burden would be greatly increased, for there would be even greater moral pressure to relinquish one's hold on a burdensome life.

Seriously ill people do not need euthanasia. We need better provision of palliative care aimed at managing symptoms and maximising function, especially as we approach death. Rather than help to die, the cause of dignity would be more greatly helped if more was done to help people live more fully with the dying process.

The proposals to make provision for a terminally ill person to request euthanasia, and a doctor to provide assistance to die, make it less likely that adequate efforts would be made to make better provision for palliative care.

Legalised euthanasia would give those responsible for funding and providing palliative care a political "out" in that respect.

Medical research in this area indicates that the desire for euthanasia is not confined to physical or psycho-social concerns relating to advanced disease. As many researchers have found, a request for death often incorporates hidden existential yearnings for connectedness, and care and respect. Euthanasia requests cannot be taken at face value but require in-depth exploration of their covert meaning, in order to ensure that the patients' needs are being addressed adequately.

In the US state of Oregon in 2009, none of the patients lawfully killed at their own request were referred for formal psychiatric or psychological evaluation. Two-thirds of people killed under euthanasia laws in those jurisdictions that permit it are women.

If euthanasia or assisted suicide were to become a legitimate option with a determined structure, then life for the chronically seriously ill would become contingent upon maintaining a desire to continue in the face of being classified as a burden to others.

Essentially, such legislation or guidelines involve setting up a category for people whose lives may be deliberately ended. Their protected status as a member of their community would depend on a contingency, on not succumbing to the effects of pain and suffering, on not losing hope.

Chronically ill people need the unequivocal protection of our lives. We need protection and encouragement from our community; we do not need this form of discrimination. Far from protecting the dignity of those who are seriously ill and suffering, a euthanasia law would undermine dignity by undermining our sense of individual worth, no matter our suffering and disability.

It is likely that my protected status would be affected were Victoria to change the law to permit euthanasia. Even Philip Nitschke has admitted, in *The Medical Journal of Australia*, that of the seven deaths that happened under the terms of the Rights of the Terminally Ill Act in the Northern Territory, four did not actually meet the legal criteria.

The legislation was manifestly unsafe and I would argue that legislation that permits euthanasia could never be made safe for those of us who have serious chronic illnesses, because the essence of such legislation is to make respect for our lives contingent upon the strength of our will to survive.

If euthanasia is lawful then the question about whether our lives are overly burdensome will be in our minds, as well as the minds of those health professionals and those family members on whose support and encouragement we depend.

Our doctors would be obliged to suggest death to us because it would be a legal option. The mere existence of the option would affect attitudes to our care, and hence our own willingness to continue.

The desire to live is often tenuous in the face of suffering and in the face of the burden our illnesses impose on others. Politicians would gain nothing worthwhile for us by supporting legalisation that would allow the deliberate ending of life for those who request it. Such requests warrant a response in solidarity from our community, a response that seeks to give us more support and better care, rather than termination of both life and care.

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