Opinion

“The Euthanasia Debate” at the Sydney Town Hall: Reflections of a palliative care nurse

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On August 13, 2015, I attended “The Euthanasia Debate” between two renowned bioethicists, Prof. Peter Singer and Sydney’s Catholic Archbishop Anthony Fisher, O.P., on the question: “Should voluntary euthanasia be legalized?” Conceived by a student member of the Catholic Society of St. Peter, the event was held in the Sydney Town Hall after being transferred from the original University of Sydney venue when demand for tickets greatly exceeded the organizers’ expectations.

This was my first time in the Sydney Town Hall, and it is beautiful. Upon entering I found the grand Victorian lobby chandelier lit and filled with people talking animatedly. Perhaps because my primary focus is palliative care for older people, I was initially surprised to see many attendees aged in their early twenties. A woman, who moved through the crowd as though on a mission, looked familiar to me and later I remembered meeting her at the bedside of her mother who had advanced cancer and refractory pain. There also was a well-known television producer and interviewer, observant and thoughtful looking as he wandered among the people. Best of all in my eyes

was the vision of the Dominican Sisters of St. Cecilia, who are active in Catholic youth education and formation in Sydney, entering the lobby under a high archway as though floating in their long, white habits.

My motivation to attend the debate was to learn how to better express the truth about euthanasia, in writing and conversations with patients, families, and the health carers I work with and teach. I have always known euthanasia to be morally wrong and a flawed argument for the relief of suffering, but since returning to the Church and striving to look always upon the life, passion, and resurrection of Christ, I have come to understand this even more profoundly. With legislation supporting euthanasia in different parts of the world, those threatening elsewhere, and a shift towards construal of euthanasia as a compassionate act in societal and professional dialogue in Australia, there is urgency to my learning. It is no longer enough to simply know in my heart why euthanasia is wrong and ineffective for the relief of suffering, there is the need to become capable of helping others think about, talk through, and develop an informed understanding of these issues,

and uphold end-of-life care that sings of the dignity of each person and the sacredness of his or her life.

I have heard both Professor Singer's previous debate with Associate Professor Charles Camosy at the 2014 International Conference on End of Life at Brisbane¹ and a recording of the 2003 debate between the then Bishop-elect Fisher and Dr. Philip Nitschke, a medical doctor who has advocated for and practiced euthanasia for many years in Australia.² During this current debate, neither Prof. Singer nor Archbishop Fisher raised any new points of argument. Peter Singer highlighted that the focus was upon voluntary euthanasia and distinguished between legislation that allows a doctor to prescribe lethal medication (as exists in the US state of Oregon) and that that allows a doctor to give a lethal injection to a patient (as in Belgium and the Netherlands). Peter Singer first argued that to not accept legalization of voluntary euthanasia violates a person's autonomy, and secondly, that a worthwhile life is one where there are foreseeable good experiences yet to enjoy. Despite his second point, he rejected the slippery slope argument, arguing euthanasia can be "safely" practiced without violating the rights of people who cannot make their own decisions. Archbishop Fisher introduced his position by describing the contrasting stories of brothers: the fictional story "The Water Diviner," where a soldier shoots dead his mortally wounded brother who has begged him to do so, and who afterwards cannot return to his family because of his guilt; and the real life story of Stan Bissett, who sang to, comforted, and held his brother Butch for five hours as he lay dying during battle on the Kokoda Trail in World War II. Archbishop Fisher then spoke of the role of family and society in caring for those who are suffering and vulnerable, and of the intrinsic value of all human life.

What became evident throughout the debate were the differences in these two bioethicists' communication styles and their willingness to respond to the varying questions and statements from the audience. Several times Peter Singer stated his desire to confine discussion strictly to the legalization of voluntary euthanasia. He became irritable whenever audience members raised questions and concerns about involuntary euthanasia for people who cannot speak for themselves, such as those with dementia and intellectually disabled children, and he refused to answer some questions. Archbishop Fisher answered all questions put to him and held fast to the argument that acceptance of voluntary euthanasia within a society logically leads to growing acceptance of involuntary euthanasia.

There was much discussion about the role and actions of doctors and nurses in care of people at the end of life. Peter Singer discounted medical actions such as withdrawal of life support are anything different to euthanasia. It was clear from the words of some audience members, including a query from a young doctor about the distinction between palliative sedation and euthanasia, that the concept of intent is easily misunderstood, forgotten, or discounted. Archbishop Fisher described how two acts—one made with the intent to relieve a person's suffering and one made with the intent to end the person's life—may "look the same from the outside... but are deeply different." Palliative sedation for refractory suffering is one example where misunderstandings of intent commonly occur; withdrawal of futile life support in the intensive care unit is another. Archbishop Fisher counseled that doctors and nurses caring for people at the end of life should not be considered complicit in the killing of patients when the intent of their action is to relieve suffering.

At first it puzzled me that Peter Singer, with his intellectual capacity, professed to be unable to distinguish between an act with the intent to kill a person and an act with the intent to relieve suffering as a person draws near the end of their life. Reflection on this point has since led me to the conclusion that misconstrued intent can arise in people’s minds in three ways: (1) ignorance of the central place of intent in the definition of both palliative care³ and euthanasia; (2) misunderstanding of a medical intervention undertaken to relieve suffering, that might arise from poor communication by healthcare professionals and/or the fear and distress commonly experienced by people in the face of death and dying; or (3) deliberate obfuscation of well-intentioned palliative care by proponents of euthanasia.

The most disturbing statement of the night was Peter Singer’s suggestion that euthanasia be legalised as a “social experiment,” because the law can be changed back if (or rather, when) we realize we have made a mistake. This highlighted to me how easily we humans can slide towards preferring an idea, a philosophy to a person, to the extent that we expend the lives of others in our attempts to prove a point or improve our lot, when instead we desperately need to seek, find, and communicate “the mind of Christ” (1 Cor 2:16).

At the end of the night, Peter Singer and Archbishop Fisher smiled at each other, shook hands and exchanged their most recently published books. Conversation buzzed as the Town Hall emptied of people although strangely I could not

distinguish the words. Shortly after, while walking to catch my train home, I saw, in contrast to the well-dressed people of the Town Hall, many homeless people sleeping in Central Station on that cold night, including a blanket-wrapped father and his baby-faced teenage son leaning tiredly against the wall. And I thought again about the truth of the intrinsic value of every person, and of how Christ calls us to whole-heartedly face the present suffering of this world if we are to truly meet the needs of others, and abide with him.

NOTES

- 1 <https://www.youtube.com/watch?v=qV0TdNwKa1U>.
- 2 <http://www.xt3.com/library/view.php?id=17257>.
- 3 World Health Organisation. 2002. Definition of palliative care (vol. 2011). World Health Organisation. <http://www.who.int/cancer/palliative/definition/en/>.

BIOGRAPHICAL NOTE

Annmarie Hosie is a registered nurse with expertise in palliative and aged care. She is a Ph.D. candidate at the University of Notre Dame Australia and research coordinator based at the University of Technology Sydney. Annmarie is passionate about equity of access to compassionate and skilled end-of-life care for people across settings and communicating the principles, practice, and essence of palliative care.