Pro-Life

Press Statement on the proposed Bill To Regulate End of Life Decisions And to Provide for Matters Incidental Thereto

15 August 1999

Pro- Life rejects in its entirety the proposed Bill, published in the Government Gazette in the second week of August 1999. We do so for the following reasons:

- It proposes, as an option, the legalisation of ***active voluntary euthanasia*** which is the direct killing of a patient by means of a lethal agent. Because the Bill does not require strict reporting procedures in such cases, doctors who perform euthanasia on their own authority are accountable **to no one**. In the case of those who perform euthanasia on the authority of an "ethics" committee, a ***"confidential***" report is to be made to the Director General of Health. The general public will therefore never know the extent of such practices and the number of cases of abuse.
- It normalises the practice of ending a patient's life by withdrawing ***"life-sustaining medical treatment"*** (which, according to the Bill, includes artificial feeding) with or without the patient's consent.
- By codifying the eradication of the terminally ill, and even of those who are suffering from an intractable disease "***which is not terminal"***, it promotes the execrable immorality of intentional killing of the innocent, the prohibition of which has always been the cornerstone of law and social relationships.
- Through its vague, imprecise and equivocal terminology, particularly in the definitions of some key terms, e.g. ***"clinical death"*** as well as by omitting to define both ***active voluntary euthanasia*** and ***passive euthanasia***, it poses great danger to the lives of the profoundly ill and of those in a so-called ***"vegatative state".***
- Not only the terminally ill are exposed to the threat of euthanasia. Those suffering from ***"an intractable illness which is not terminal"*** may, according to the Bill be given a lethal agent to accomplish active voluntary euthanasia. It is significant that the term ***"intractable illness***" includes **any** physical or mental condition that cannot be cured and is the cause of suffering considered ***"not reasonable to be endured"***(by whom?).
- The intention of the Bill is to give some sort of quasi-legal status to ***"advance directives",*** by which the doctor may ascertain the wishes of the patient as to end-of-life decisions. We state firmly that advance directives should enjoy no such legal status on account of the way in which advance directives are drawn up, often long before the patient's present condition and in totally different circumstances, as well as on account of the abuses to which they can give rise. And a doctor's action in performing active or passive euthanasia according to the wishes expressed in the advance directive should not thereby be afforded any legal protection whatever.
- Doctors who perform active or passive euthanasia according to the complicated guidelines in the Bill are free from all liability, criminal, civil or disciplinary. While the Bill does not compel doctors to perform euthanasia against their conscience or ethical code, such doctors are **not** assured freedom from any kind of liability, e.g. paying medical expenses for a patient whose life was not ended but extended.
- The Bill condones the ending of the lives of patients who, because they are in "***an irreversible vegetative state"***, are considered to have ***"no meaningful existence***" without defining this term, or stating according to whose value system ***"meaningful existence"*** is judged.
- The Bill gives a defective definition of "***clinical death"*** as (a) "***the irreversible absence of spontaneous respiratory and circulatory functions OR (b) the persistent clinical absence of brain-stem function".*** The conditions described in (a) and (b) must **BOTH** be present to establish the death of a patient. By using (a) **OR** (b) as a criterion for death, the Bill opens the way to the harvesting of organs from patients in whom death has not been properly established.
- Decisions about the cessation of medical treatment in the case of a patient under the care of a guardian or curator shall, in the absence of a court order, be vested in the said guardian or curator, if the patient cannot communicate his or her own decisions on the matter. This gives inordinate power over the lives of patients to guardians and curators. Significantly, the Bill **does not accord parents the same power.** (However, the Bill does give parents the right to "assist" children between 14 and 18 to refuse medical treatment for ***"any specific illness",*** but it nowhere gives them the right to decide on end-of-life decisions for their sick children, whether for the administering or cessation of treatment.) If the parents do not wish the life of their

child to be ended by euthanasia as the result of a court application or decision they will be given a hearing , but the court is not obliged to abide by the parents' wishes.

- The Bill allows ***"any interested person***" to instigate the ending of the life of a seriously ill patient who is unable to communicate his or her decisions about the cessation of life-sustaining treatment, and who has no advance directive. Such "interested persons" might be the relatives, the State, the medical personnel, beneficiaries of the patient's will, medical insurance societies, members of the euthanasia movement, etc. It is not difficult to imagine the abuses that this could give rise to.
- In ruling that only medical practitioners may perform voluntary active euthanasia, i.e. death by lethal agent such as an injection, an action which requires **no** medical skill whatever, doctors are sanctioned to perform "legal" acts, which, if carried out by someone other than a doctor, would be gravely criminal. This is an affront to the noble profession of medicine, thereby debasing doctors to the status of executioners of the aged, the terminally ill and the handicapped, precisely those to whom society and the medical profession should give the greatest care and compassion.
- Although the term ***passive euthanasia*** is completely omitted in the Bill, this manner of ending a patient's life is extensively dealt with in sections **6.** to **9.** In such cases the patient is killed by dehydration when artificial feeding is withdrawn. The intention behind the omission of a definition of "passive euthanasia" seems to be to consider this practice **not as euthanasia at all, but to incorporate it within the general concept of *"palliative care'. "Palliative care"*** is defined as ***"the treatment and care of a terminally ill patient with the object of relieving physical, emotional and psycho-social suffering, and maintaining personal hygiene"***. However, Section **7.**(1) of the Bill adds significantly that ***"the administering of palliative care…may contribute to the hastening of the patient's death".*** As the patient's suffering can be "relieved" by ending his or her life, the term ***"palliative care"*** **has now, besides its commonly understood meaning, the sinister connotation of killing the patient by withholding or withdrawing artificial feeding.** This is still intentional killing even if proponents of such a course of action maintain that the patient now dies of "natural causes". We reject this deliberate subterfuge, which incorporates passive euthanasia into the concept of palliative care, as this will bring about the deaths of untold numbers of defenceless people, with or without their consent.
- There has been very little effort to secure wide public opinion on the legalising of euthanasia, promoted under the name of "the right to die" and "mercy killing". It seems that pressure has been exerted by the South African Voluntary Euthanasia Society, (SAVES - The Living Will Society) to bring about the liberalisation of euthanasia, which would be totally unrepresentative of the views of the South African public as a whole. This makes a mockery of our Constitution.
- While the Bill does not uphold that Society or the State has the "right" to cut short a person's life against the individual's freedom of choice in making end of life decisions, nevertheless the chances are that individual freedom may increasingly be overridden, especially as regards rising medical costs, e.g. in the care of AIDS patients, the elderly, etc.
- Why is it that although this Bill was handed to the former Minister of Justice in November 1998, it has only now been made public? The publication of the proposed Bill in the Government Gazette coincides very closely with the time of making moves to legalise active euthanasia in the Netherlands, i.e. in the second week of August 1999. Was there a certain collusion here, to make the South African Bill more acceptable, seen to be in keeping with progressive international developments?.
- Finally we insist that the expression of a longing for death, or a wish to have one's sufferings ended, are by no way the same as a request to be killed by euthanasia. Such requests as are often made by people in great suffering are poignant cries for the support of love of family, friends, nurses and doctors, and for help to bear courageously the sufferings of terminal illness. Such cries should be responded to with the greatest solicitude, care and compassion, not the indignity of being "put down" like a sick animal.

This proposed euthanasia bill, if passed into law, will constitute a further and most serious infringement of the right to life in our country, a debasement of the medical profession, and a cause of destroying trust between doctors and patients, and will give rise to most serious abuse. For all the above reasons Pro-Life radically rejects it.

Dr Claude E Newbury - President Pro-Life South Africa
M.B., B.Ch. (Wits), D.T.M&H.(Wits)
D.O.H.(Wits), M.F.G.P.(S.A.), D.P.H. (Wits)
D.C.H.(S.A.), D..A.(S.A.), M. Prax. Med. (Pret)
Tel.: (011)678-5101 / Fax.: (011)678-2792 / E-Mail: prolife1@iafrica.com