

# Euthanasia and Assisted Suicide:

---

Myths  
and Facts

---

## Compassion – a shared experience

Compassion for the sick and suffering unites us all. It is an experience we all share. Accompanying and caring for those who are sick or dying can be emotionally and physically demanding, heart-breaking and at times isolating. It is also a privilege and a time for deepening relationships.

Euthanasia and assisted suicide are being proposed as the compassionate choice for people who face debilitating or terminal illnesses. Euthanasia is the intentional causing of death in order that suffering may be eliminated. Assisted suicide is helping another to take their own life, whether through the cooperation of a physician or someone else who provides the means.

All New Zealanders want a society in which we can provide compassionate care and support for people facing illness or suffering. How we provide that care and support is being vigorously debated in our society. We ask you to consider the following myths and facts about euthanasia and assisted suicide.

## Myth 1: Euthanasia should be an issue of individual choice

---

**Fact:** Euthanasia and assisted suicide are often described, wrongly, as acts of individual choice. At least two people are needed to make them happen, as well as a complicit society to make them acceptable. Both euthanasia and assisted suicide effectively require the state to condone in advance the death of some citizens. Implicit in this is the idea that some people have a lesser claim to life than others.

Legalising euthanasia and/or assisted suicide will place at greater risk the lives of those whom others might be tempted to think would be better off dead. We can expect that the same erosion of boundaries and safeguards that have occurred overseas will happen here as well, especially as there is already ambivalence in society about people who are perceived as contributing little to society while ‘swallowing up’ of health resources.

Those facing a terminal diagnosis or living with chronic illness are vulnerable to powerful feelings of fear, depression, loneliness, despair and not wanting to be a burden on others. They are also vulnerable to subtle coercion from family members and others. There are no legal safeguards that can adequately protect people from such pressures.

Euthanasia cannot be described as simply an issue of individual choice because of the risks it would pose to the lives of others. Upholding the choice of a determined few will effectively take away the choice to live for much larger numbers of vulnerable people.

## Myth 2: It is about the right to die – access to euthanasia and assisted suicide is a human right

---

**Fact:** Legalising euthanasia and/or assisted suicide would violate New Zealanders' convictions about human rights and justice. The Bill of Rights Act 1990 proclaims our fundamental right to life. If our right to life itself is diminished in value, or put at risk within the law, our other rights will be meaningless. To destroy the boundary between healing and killing would mark a radical departure from the long-standing legal and medical traditions of our country, posing a threat of unforeseeable magnitude to vulnerable members of our society.

Legalising euthanasia and/or assisted suicide will also undermine our efforts to reduce the rates of suicide amongst the young and the elderly. As noted in a recent Select Committee Report to the Scottish Parliament, a law change “has the potential not only to undermine the general suicide prevention message by softening cultural perceptions of suicide at the perimeters, but also to communicate an offensive message to certain members of our community (many of whom may be particularly vulnerable) that society would regard it as ‘reasonable’, rather than tragic, if they wished to end their lives.” [1]

## Myth 3: It's worked well overseas, like the Netherlands, Belgium & Oregon in the USA

---

**Fact:** The overseas models are not working well. The so-called strict guidelines and limitations are failing badly.

When euthanasia was introduced in Belgium in 2002 it was considered to be only for terminally ill adults, deemed to be in their right mind, with full consent given. Doctors were required to report cases of euthanasia to a nominated authority. A little over a decade later, the Belgian parliament has now legalised euthanasia for children of all ages and dementia patients. Studies show only half of euthanasia cases are reported to the authority [2] and in a study in Flanders, 66 of 208 cases of euthanasia occurred without explicit consent [3]. Similarly in the Netherlands, despite the supposed safeguards, the Dutch government's own statistics show that more than 300 people die each year from euthanasia without explicit consent [4]. From its strictly controlled beginnings, euthanasia in the Netherlands has now grown to include the unconscious, disabled babies, children aged 12 and over, and people with dementia and psychiatric illnesses [5]. In Oregon the legislation allows lethal drugs to be administered without oversight, leaving enormous scope for family pressure or elder abuse to be applied. Belgium, the Netherlands and Oregon are showing escalating numbers of cases which point to assisted suicide and euthanasia becoming a normal response to suffering. Euthanasia and assisted suicide cannot be legislated for safely.

## Myth 4: Euthanasia and/or assisted suicide are “dying with dignity”

---

**Fact:** Everyone has the right to be loved, supported and cared for including, and especially, when their life is drawing to an end. Palliative care continues to advance and improve our capacity to support people who are dying, offering a very high level of skill and ability to provide pain relief. When treatment is no longer effective for a person in the end stages of an illness, the priority is to provide sufficient pain relief to make the person comfortable, while supporting their physical, emotional, mental, relational and spiritual needs.

Research shows that persistent requests for euthanasia and/or assisted suicide are not related to physical pain but to other factors, including the fear of being a burden, loss of independence, depression, feelings of hopelessness and/or a sense of social isolation. These factors can be addressed with the right kind of help.

We have the expertise and the means to care for those who have advanced progressive illnesses in ways which are in harmony with their human dignity and their status as our fellow New Zealanders, and which allows them to die a dignified natural death.

## Myth 5: Opinion polls show that the majority are in favour so euthanasia and/or assisted suicide should be legalised

---

**Fact:** Parliaments are elected to consider all the relevant arguments, to legislate in favour of the common good, to endorse responsible action and to protect the vulnerable, whose voices and concerns are often not heard in opinion polls.

Euthanasia and assisted suicide are complex acts which would have far-reaching consequences if they were to be made legal. These are not taken into account in the simple questions that are put to people in public polls.

Overseas research has shown that the questions used in most polls do not adequately address the complexities and risks of euthanasia and assisted suicide. When polls include additional information about the complexities and risks, the numbers of people prepared to support a law change drops significantly.

The New Zealand polls relied on and quoted by proponents of change have failed to provide the level of nuanced questioning and information that would be required to say their results are a reliable indication of people's informed views on euthanasia or assisted suicide.

[1] Committee, Health and Sport. "Stage 1 Report on Assisted Suicide (Scotland) Bill." The Scottish Parliament, [http://www.scottish.parliament.uk/S4\\_HealthandSportCommittee/Reports/her15-06w.pdf](http://www.scottish.parliament.uk/S4_HealthandSportCommittee/Reports/her15-06w.pdf)

[2] British Medical Journal: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2950259/pdf/bmj.c5174.pdf>

[3] Canadian Medical Association Journal: <http://www.cmaj.ca/content/early/2010/05/17/cmaj.091876.full.pdf>

[4] Statistics Netherlands: <http://statline.cbs.nl/StatWeb/publication/?VW=T&DM=SLen&PA=81655ENG&LA=en>

[5] Dutch Government: <http://www.government.nl/issues/euthanasia/euthanasia-assisted-suicide-and-non-resuscitation-on-request>

## WHAT CAN YOU DO?

True compassion calls for us all to stand alongside, and in solidarity with, all those who are suffering. The mark of a compassionate society is the depth of care and support offered to those who are suffering and the degree to which it protects the most vulnerable.

You can help ensure that New Zealanders are always treated with true dignity and compassion, right up to the point of their death. Talk to your friends, family, colleagues and Members of Parliament about the dangers of euthanasia and assisted suicide for our society, and put forward the alternative pathway of good, readily available palliative care, loving support, and life-affirming compassion. Participate in the debate, because this is a debate which affects us all. Ehara taku toa i te toa takitahi, he takitini, takimanō kē – my strength is not mine alone, but that of many.

This resource has been prepared by the New Zealand Catholic Bishops Conference, PO Box 1937, Wellington 6140, email [communications@nzcbc.org.nz](mailto:communications@nzcbc.org.nz)

Source documents: New Zealand Catholic Bishops Conference statements on euthanasia 1993, 1995, 2003, 2011.

Australian Catholic Bishops Conference pamphlet *“Real care, love and compassion – the alternative to euthanasia”* 2015.