# EUTHANASIA'S SLIPPERY SLOPE

## As state-assisted suicide is normalised, international evidence reveals a disturbing trend

### OVERVIEW

Of a total of 252 jurisdictions worldwide, only 24 allow some combination of euthanasia and assisted dying. These jurisdictions are the Netherlands, Switzerland, Belgium, Luxembourg, Colombia, Canada, Portugal, Germany, New Zealand; the US states of Oregon, Montana, Washington, Vermont, California, Hawaii, New Jersey, Maine, and the District of Columbia; the Australian states of Victoria, Western Australia, Tasmania, New South Wales, Queensland and South Australia.

This means that euthanasia or assisted dying is legal in only about 10% of jurisdictions worldwide.

### CANADA

In June 2016, the Parliament of Canada passed the original federal legislation that allows eligible Canadian adults to request and receive medical assistance in dying, known as MAID – where a patient receives assistance from a medical practitioner in ending their life.

The eligibility criteria for MAID require an individual to be over the age of 18, capable of making health decisions, have a grievous and irremediable medical condition, be eligible for health insurance, and be able to make a voluntary request for MAID without coercion or pressure from others.

Since the legislative establishment of medical assistance in dying (MAID), the original law has evolved with the passing of Bill C-7, 2021. Changes to the legislation came into force immediately and included the following:

1. **2021:** The removal of **the requirement that a person's natural death be reasonably foreseeable to qualify for assisted death.** Therefore, people who are not terminally ill could die by euthanasia. Clinicians can now perform an assisted death on patients who otherwise would not have died due to natural causes but possibly have lived for years or decades.

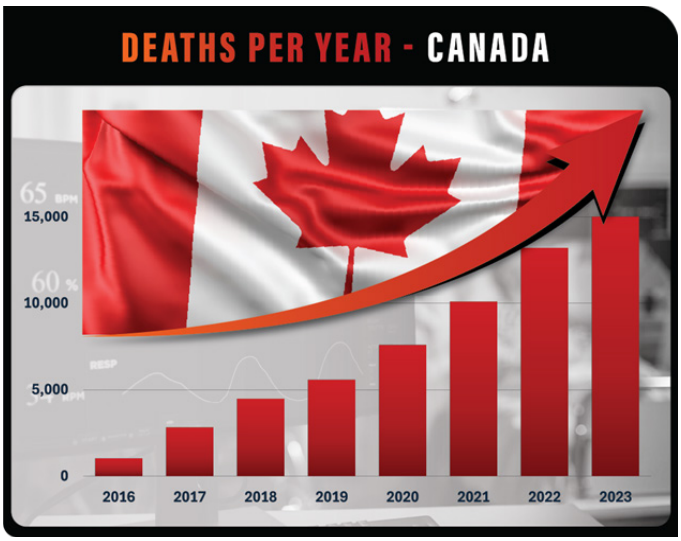
2. **2021:** Doctors or nurses are permitted **to lethally inject a person who is incapable of consenting if that person was previously approved for assisted death.** Therefore, there is no requirement for mental competence at death.

3. **2021:** Waiving **the ten-day waiting period if a person's natural death is deemed to be reasonably foreseeable.** Thus, a person could request euthanasia on a "bad day" and die the same day.

4. **2023:** Bill C-7 approved euthanasia for mental illness alone. This legislation was introduced in March 2023. Whilst this has received Royal Assent (March 2024), its implementation has been pushed to March 2027.

A report from Canadian think-tank Cardus highlighted MAID as effectively tied with cerebrovascular diseases (e.g. strokes, aneurysms, brain bleeds to carotid artery disease) as the fifth leading cause of death in 2022. MAID is now on par with more natural causes of death. As of 2024, assisted dying now accounts for one in twenty deaths.

The report noted that the legislative expansion of MAID via Bill C-7 is also reflected in the expansive way of evaluating MAID eligibility seen in some MAID requests, where a disability such as vision or hearing loss is deemed a qualifying form of intolerable suffering.

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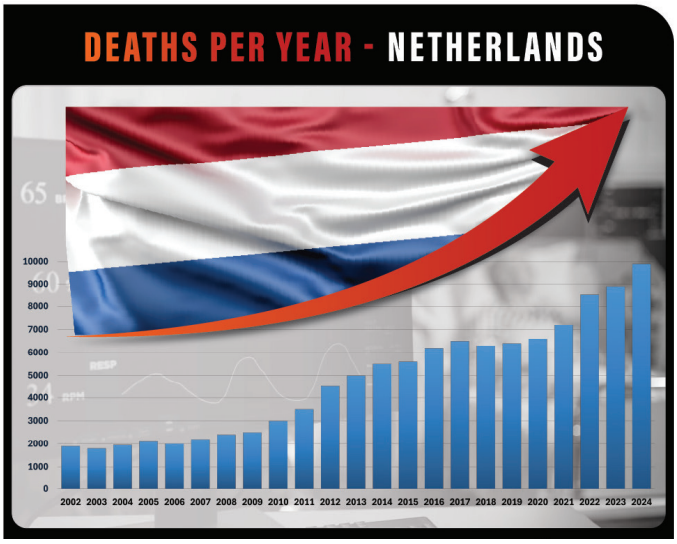
## NETHERLANDS

The Netherlands was the first country in the world to legalise euthanasia and physician-assisted suicide, with the introduction of preliminary legislation in 1994, followed by the fully developed bill, the Termination of Life on Request and Assisted Suicide (Review Procedures) Act, coming into effect in 2002.

Danish law and society make no distinction between euthanasia and assisted suicide. The term euthanasia and the Act applies to both practices. The legalisation of euthanasia has also seen the decriminalisation of both practices, provided the statutory care criteria/eligibility criteria for euthanasia are followed.




Dutch physicians essentially have the final say whether an individual is eligible for euthanasia or assisted suicide so long as they deem a patient's request voluntary, well-considered, there is no reasonable alternative or prospect of improvement of the patient's suffering and have consulted at least one other physician.

Children under 18 can apply for euthanasia should they meet the statutory requirements of having parental consent, a terminal illness and suffering unbearably.

According to the 2023 Regional Euthanasia Review Committees (RTE) annual report, there has been a 20% increase in euthanasia deaths with underlying psychiatric problems, with 115 cases in 2022 and 138 in 2023.

The current increase in euthanasia deaths can be attributed to several legislative changes since the enactment of the Termination of Life on Request and Assisted Suicide (Review Procedures) Act. These changes include:

- The decriminalisation of euthanasia in 1984 by a court, then by parliament in 2001
- The permitting of doctors to administer and prescribe lethal drugs for self-administration in 2001
- The 2018 euthanasia code of practice allowed for assisted suicide to be available for non-terminal elderly patients – i.e. elderly people who were suffering from normal degenerative conditions that come with ageing but can be considered as unbearable suffering with no prospect of improvement
- Making euthanasia available for babies under one and children aged between 12-15 years old (with parental consent and meeting the due care criteria)

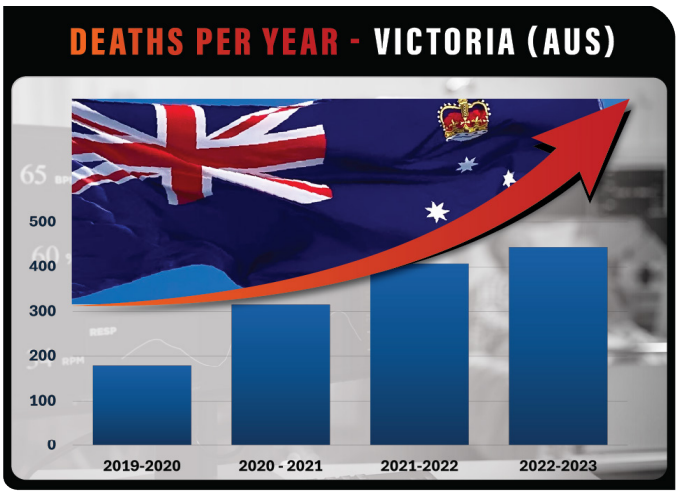
The alarming expansion of euthanasia laws in the Netherlands is becoming increasingly evident in the accompanying data. What is even more worrying is the public acceptance and support of these legislative expansions demonstrating that once euthanasia is permissible in a nation, it does not take long for it to become the societal norm.

## VICTORIA, AUSTRALIA

Victoria became the first Australian state to legislate for euthanasia and assisted dying with the passing of the Voluntary Assisted Dying Act 2017. The legislation was passed on 20 October 2017, and it took 18 months for the law to come into effect on 19 June 2019.

Similar to Oregon's eligibility requirements *(see next page)*, to be eligible for voluntary assisted dying, individuals must be over 18, be capable of making decisions, have a terminal diagnosis with a life expectancy of six months and be a resident of the state.

The Voluntary Assisted Dying Act 2017 is in its fifth year of operation and underwent a review between July 2023 and June 2024. Those in favour of euthanasia are already calling for the law to expanded, including the removal of protections such as the restriction on doctors suggesting assisted dying to patients. This protection exists to ensure doctors and other health professionals do not seed the idea of assisted dying with people often afraid and vulnerable.

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## BELGIUM

Belgium was the second country in the world to legalise euthanasia in 2002 and has one of the most liberal euthanasia laws among countries where it is legal.

Four basic conditions must be met to qualify for euthanasia:

1. a patient needs to be legally competent (be an adult, an emancipated minor, or a minor with capacity for discernment)
2. make a well-considered, repeated, and voluntary request
3. experience constant and unbearable physical or psychological suffering that cannot be alleviated
4. have a serious and incurable medical disorder caused by an illness or accident.

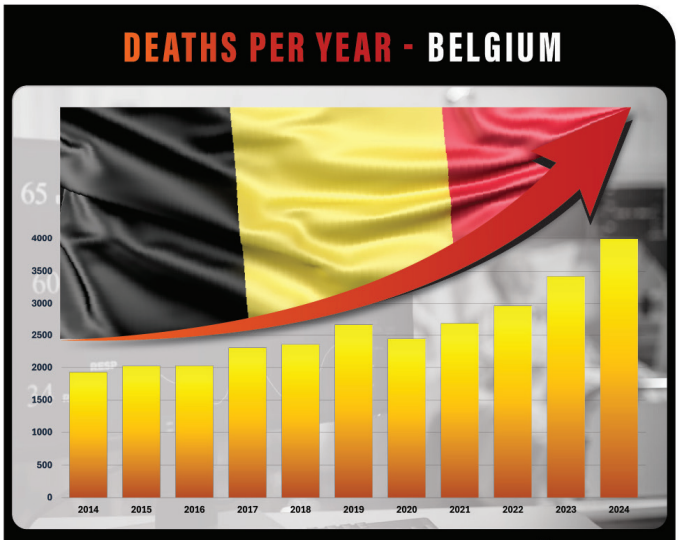
From 2002-2023, there were over 33,000 registered euthanasia deaths.

### Assisted death and minors

The steady rise of euthanasia deaths since its legalisation continues to raise serious concerns around the broadening use of euthanasia – that includes patients with psychiatric disorders, and now children.

In 2014, Belgium became the first country to legalise and expand euthanasia to terminally ill children with parental consent – simply put, euthanasia is now legal for children.

To date, there has been one minor euthanasia case that took place in 2023, but the door to more has been opened.




## OREGON, UNITED STATES OF AMERICA

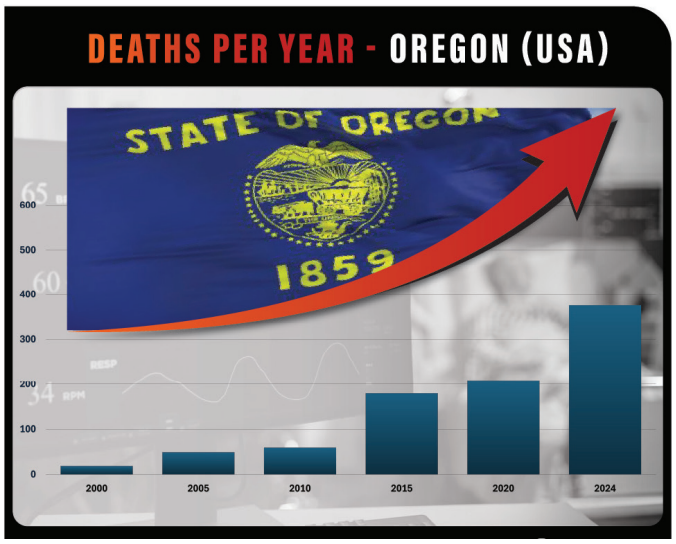
The Oregon Death with Dignity Act (DWDA) was established in October 1997, allowing individuals in Oregon, USA, with a terminal illness to request medical assistance in dying from a physician.

Whilst the Oregon law prohibits euthanasia or medical aid in dying, self-administration of lethal medications is not. To be eligible for a DWDA prescription, patients must meet the following criteria:

- an adult (18 years of age or older)
- a resident of Oregon
- capable (defined as able to make and communicate health care decisions)
- diagnosed with a terminal illness that will lead to death within six months.

Since the passing of the Oregon Death with Dignity Act (DWDA), there have been a few amendments to the original law that have, in varying ways, loosened the safeguards around assisted dying.

- In 2006, the U.S. Supreme Court ruled that Oregon doctors could prescribe life-ending medication under the state's assisted suicide law, but only if they were the patient's primary care doctor. Prior to this, there had been federal attempts to block the prescribing of lethal medications, arguing that it violated federal drug laws.
- In 2019, an amendment to the Act **waived the 15-day waiting period** for patients who are imminently dying, i.e. are expected to live fewer than 15 days after the first oral request for DWDA medication. The law came into effect in January 2020.
- The latest amendment took place in 2023, **removing the residency requirement** from the Death with Dignity Act, which means out-of-state residents can now access Oregon's assisted dying services.

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## NEW ZEALAND

In New Zealand, in just three years, we have already had over one thousand people terminate their life early. This is far more than the 'tens' a year that were suggested by pro-euthanasia advocates when arguing for a law change.

We are also hearing calls – as has happened overseas – to expand the law. This includes:

- widening what medical conditions are included (beyond just terminal diseases)
- how long before you are expected to die (to extend beyond six months)
- removing a protective requirement that limits the ability of medical professionals to publicly discuss euthanasia so that medical professionals can raise the option of euthanasia
- removal of conscientious objection from medical & health professionals as well as facilities like hospices, plus discussions about allowing eligibility for mental illness.

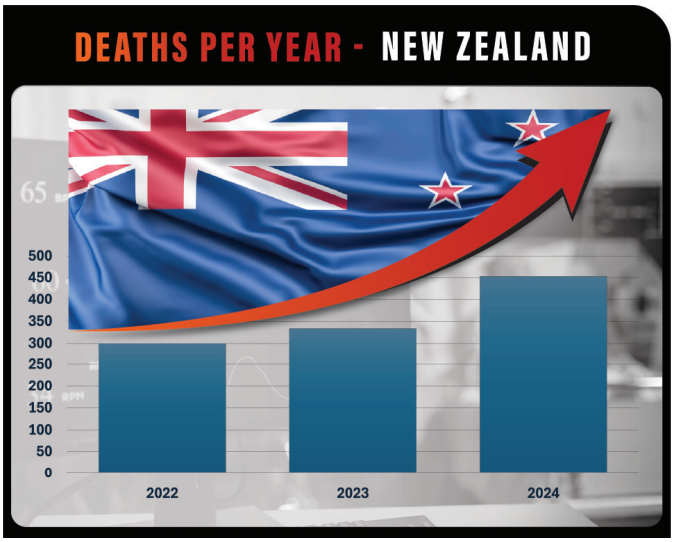
There is concrete evidence from the countries which have introduced euthanasia that the availability and application of euthanasia expands to situations not initially envisaged.

When a newly-permitted activity is characterised as a 'human right', the overseas experience is that there is an inevitable push to extend such a 'right' to a greater number of people, such as those with chronic conditions, disabilities, mental illness, those simply 'tired of life', or even children.

There's also the elephant in the room. The End of Life Choice Act only provides a 'right' to one choice – premature death. There is no corresponding right to palliative care. Good palliative care and hospice services are resource intensive; euthanasia would be cheaper.

There is a new element of 'financial calculation' into decisions about end-of-life care. This is a harsh reality.

At an individual level, the economically disadvantaged who don't have access to better healthcare could feel pressured to end their lives because of the cost factor or because other better choices are not available to them.




## CONCLUSION

One of our concerns expressed during the recent euthanasia debate and referendum was the reality that terminally ill people are vulnerable to direct and indirect pressure from family, caregivers and medical professionals, as well as self-imposed pressure.

They may come to feel euthanasia would be 'the right thing to do'; they've 'had a good innings'; or do not want to be a 'burden' to their nearest and dearest. It is virtually impossible to detect subtle emotional coercion, let alone overt coercion, at the best of times.

**Because we've legalised it, we've normalised it.**

No longer is the option of euthanasia 'off the table' in New Zealand. It's clearly on the table and being served up to look like a fine meal, when in reality, it is just about bringing about premature death and putting the vulnerable at greater risk. Similar to the slippery slope trends we see unfolding overseas, there are more attempts here in New Zealand to expand the End of Life Choice Act. This will allow even more vulnerable people to qualify for the state to help end their lives.

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