Euthanasia and physician-assisted suicide: focus on the data

To the Editor: Emanuel[1] enjoins readers to focus on the data concerning euthanasia and physician-assisted suicide (PAS), and to aim at improving the care of dying patients, but advances straw arguments on the basis of three claims in the end-of-life debates that are disputed by neither advocates nor opponents of assisted dying.

From the fact that euthanasia and PAS are rarely requested and rarely cause death, Emanuel argues that legalising them will not help solve the problem of inadequate symptom management or improve palliative care. But he adduces no evidence that supporters of legalisation make this claim. Describing legalisation as "really a sideshow in end-of-life care — championed by the few for the few" minimises the plight of those who would avail themselves of euthanasia and PAS, and is belied by the consistent majority support in Western communities for legalisation.[2]

Pain is recognised, by both advocates and opponents of legalisation, to not be the primary reason why people seek euthanasia and PAS. To claim that the real motivators of requests for assistance (eg, depression, loss of control and loss of dignity) "are not relieved by increasing the dose of morphine, but by antidepressants and therapy", perpetuates the myth that medicine can, and should, always provide therapeutic answers to such personal dilemmas.[3] Emanuel describes requests for euthanasia and PAS as amounting to "traditional suicide condoned and assisted by the medical community", on the grounds that they are motivated by psychological factors. This statement begs the question about the ethical and legal propriety of euthanasia and PAS by equating PAS with other categories of suicide, without adequate analysis.

No one would be surprised at the data supporting Emanuel's claim that all medical procedures have problems and complications, and that euthanasia and PAS are no exceptions. But to conclude from this that "the common view of euthanasia and PAS as quick, flawless, and painless ways to die is unrealistic" introduces an alleged "common view" that is also unsupported.

These are all examples that seem to advance evidence-based arguments in support of a particular ethical and policy position, but one that has been decided ahead of the evidence.

Malcolm H Parker
University of Queensland, Brisbane, QLD.

m.parker@uq.edu.au

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1 Emanuel E. Euthanasia and physician-assisted suicide: focus on the data. *Med J Aust* 2017; 206: 339-340. https://www.mja.com.au/journal/2017/206/8/euthanasia-and-physician-assisted-suicide-focus-data

2 Cartwright C. FactCheck Q&A: do 80% of Australians and up to 70% of Catholics and Anglicans support euthanasia laws? *The Conversation* 2017; 1 May. https://theconversation.com/factcheck-qanda-do-80-of-australians-and-up-to-70-of-catholics-and-anglicans-support-euthanasia-laws-76079 (accessed Sept 2017).

3 Rich B. Pathologizing suffering and the pursuit of a peaceful death. *Camb Q Health Ethics* 2014; 23: 403-416. ■