

Homily given by Fr John Adams

St Joseph's Parish, Papanui

Today I want to raise with you once again the topic of Euthanasia. It's not an easy or straight forward subject, however speak about it we must, as it seems clear that public opinion is against the stance of the Church, and there is a real possibility that some time soon our parliament will be discussing this issue.

Let's just get something in place for a minute. Imagine you are for some reason at the top of a very high building – perhaps you're up there for the view or something like that. And you notice a person sitting on the edge of the building – about to throw themselves off. What do you do? Do you simply say, well it's your choice, good luck, can I give you a hand? No – we don't do that, we say stop, wait, things can't be that bad, have you considered this, what about the people who love you? That's our natural instinct I think. Let's trust in that instinct that life is precious and good when we consider this debate.

To begin with one thing we shouldn't let the pro euthanasia people do is take away our language. Catholics support death with dignity, Catholics do not want people to suffer long and painful deaths, and Catholics support personal autonomy – and we have been doing all these things for centuries. This is our language. Catholics advocate a natural, yet comfortable and peaceful, death for every New Zealander.

Another extremely important principle in this debate is that we should never make legislation on the basis of extreme cases. One could justify theft or even murder based on extreme examples. Bad cases do not make good law. The reality is, when pain is managed well, and when depression is treated, the wish for assisted all but suicide disappears.

And let's be clear, the huge majority of people pass from this life free of severe or prolonged pain. Palliative care is a rapidly growing and improving form of medicine, and doctors tell us that almost no one should suffer prolonged pain at the end of their lives. Any of you who have had someone die in a hospice for instance will know the wonderful work those involved in palliative care do.

As the debate continues we have the chance to observe euthanasia legislation in action in other countries. For instance there were 2500 elderly euthanized in Holland in 2009, approximately 550 of those killings took place without explicit consent. We know anecdotally that many elderly now fear going to hospital in that country. Why, because now in this country if you go to your doctor and say that life is miserable for you, and that you don't really want to go on living in this way, your doctor will say, well how can I help you relieve this misery what treatment can I offer you to help. However if the proposed Euthanasia legislation is passed, your doctor may instead say, well, if you go home and take these pills, you can end your life. Remember doctors themselves don't want Euthanasia, the New Zealand Medical Association has spoken out against changing the law.

The law as it stands in this country is not perfect, but it is clear. New law will allow the state to take the lives of its citizens if they fulfilled certain criteria – the problem is who would interpret those criteria – who decides that a life is, or is not worth living. Does a depressed person, does a very frail and elderly person, does a disabled person, do the hospital accountants who see expensive treatment putting pressure on the budget? Who decides? Currently the law is clear

It is also interesting to note that in the American state of Oregon where Euthanasia is legal, already after just a few years the scene has changed. When the legislation was introduced 26% of patients stated that fear of becoming a burden to their family was their reason for asking a doctor to end their lives, but just three years later this figure had risen to 63%. 63% of people who ask their doctor for assisted suicide do so because they consider they have become a burden on their family. So called incurable pain is in fact a minor statistic.

Despite doctors in Oregon themselves stating that curable depression was a major influence in people asking for assisted suicide, only 19% of patients are now referred to a psychologist, when the legislation was introduced it was 37%. And the amount of time between the initial request for, and the actual administering of, the fatal doses has reduced from 83 days when the legislation was first introduced to an average of only 30 days at the moment. The slippery slope, according to the promoters of this law's own figures, has begun. If legislation of this sort was introduced here it would be the elderly, the vulnerable and the depressed who in increasing numbers would have the state end their lives.

Finally it's good for us to remember that the Church asks that ordinary care to be given to the dying. The Church in no way supports the unnecessary lengthening of a persons life. At the point at which treatment becomes burdensome, to the degree that it outweighs the benefits to us, we have the right to refuse that treatment. I think back to my own father's death, I am sure it was the morphine which finally ended his life rather than the cancer which had ravaged his body. Morally this is acceptable to the church, the doctors and nurses involved with his care sought to treat his pain, his life was shortened as a consequence. Euthanasia legislation will change this, and allow the ending of a person's life to be the first priority. Its then that we believe an unacceptable line has been crossed.

Our faith teaches us not to be afraid of death – it is not the end – indeed Jesus teaches us today, that anyone who eats this bread will live forever. But we should live our lives here on earth to the end, in doing so we honour the one who gifted our lives to us.