
WHAT IRISH
EUTHANASIA
ADVOCATES
REALLY WANT
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INTRODUCTION

The Oireachtas Committee on Assisted Dying (to use their own euphemism for assisted suicide) has held many hours of hearings. The committee is trying to decide whether to permit assisted suicide/euthanasia (see Note 1 below for the difference between the two) in Ireland or not. A current proposal is to permit those who are within six months of death to access it.

But the hearings have revealed that Irish euthanasia advocates want to go much further than this. In this briefing note, we carry a selection of quotes from a selection of witnesses who appeared before the committee. As you will read, some wish to see euthanasia extended to dementia patients, others are open to the possibility of extending it to those with severe mental illness, while one key witness believes a person should not have to be ill at all to avail of it.

In due course, the Oireachtas and society will debate this in earnest. We will be told that there is no slippery slope, despite the evidence from other countries that there is. But we do not have to look to other countries. The quotes below show that Irish euthanasia advocates are already perfectly clear that they want to extend access to assisted suicide/euthanasia far beyond patients who are within six months of death.

EUTHANASIA FOR DEMENTIA PATIENTS

"In the context of dementia, I see the circumstances of the patient being relevant. The quality of the life of the person will have diminished to a point that is clinically intolerable within the grounds of that person's determination and where there is no prospect of that quality improving by natural means. The point about the programme I was listening to is about the idea of lifespan and health span. These are not the same. You can live with dementia for a very long time. We in this room will all know people who are in that condition and who could sustain a life, or perhaps an existence. However, is it healthy? Is it healthy in the way they would like it to be? In a previous time, when they had capacity and when they were able to determine what they regarded as quality, they should be allowed to maintain it and decide when it should end, if that quality no longer exists."

JUSTIN MCKENNA, END OF LIFE IRELAND

https://www.oireachtas.ie/en/debates/debate/joint_committee_on_assisted_dying/2023-11-07/speech/27/

"We're asking you as legislators, to honour a person who has a terminal or life limiting diagnosis. Because time alone, 'foreseeable death' ought not be the sole basis for calculating eligibility criteria; some neurodegenerative conditions can go on for years as we see with Dementia, with MS."

JANIE LAZAR, END OF LIFE IRELAND

https://tinyurl.com/f5ec9ey3

“I had an intense conversation with a Canadian colleague recently on a reflective case presentation involving a gentleman who had a diagnosis of dementia. He and his partner worked through it themselves. They approached their own practitioner. They approached some of the relevant clinicians and specialists, including a geriatrician. Under the Canadian system, that gentleman qualified and had medical assistance in dying, which was very positively reflected on by his partner and by the GP. At the present time, in considering the Canadian experience, one of the reflections emerging from that case discussion was the categorisation of cases into what the physician called ‘tracks 1 and 2’. The track 1 cases were those where there was an obvious pressing need because of unlimited, unrelieved pain, shortness of breath, distress and so on. Those cases, which were obvious and easily fitted the criteria, formed the majority of cases. However, in cases such as this, involving dementia, it is significantly more complex and there are a significantly smaller number of cases. Right now, we urge members of the committee closely to consider putting through legislation to deal with the majority of cases, involving people who have significant and progressive suffering as a result of progressive, metastatic and complex common cancers or who are at end-stage heart failure or end-stage COPD, where there is significant suffering and the prognosis is extremely difficult. *At the moment* [our italics], however, we are not recommending that dementia be considered a primary qualifying condition on its own.”

DR BRENDAN O’SHEA

IRISH DOCTORS SUPPORTING MEDICAL ASSISTANCE IN DYING

https://www.oireachtas.ie/en/debates/debate/joint_committee_on_assisted_dying/2023-10-17/speech/107/

EUTHANASIA FOR SEVERE MENTAL ILLNESS

"I am not sure I fully support the idea of assisted dying being limited only to terminal illness and time limited in the sense of it only being in proximity to death. I also have lots of questions around mental illness. The idea is that we need lots of safeguards in that regard. I feel we also need to weigh mental suffering in the same way as we weigh physical suffering. The thinking is based on terminal rights. 'Terminal' means that a person is likely to die or that is the trajectory of the illness over whatever period of time, or that the illness is likely to cause death. The argument could potentially be made that when it comes to decades of suffering with a chronic mental health illness that has not responded to treatment, and in spite of various types of treatment interventions, life has not improved. A person could say that he or she intends to end his or her life in the next six months. When do we say that terminal illness is only related to physical illness? Can the idea of a terminal illness also be associated with a mental illness on the basis that it is going to lead to death, but it might be by one's own actions rather than the disease? I know I am reaching there in terms of what is causing what, *but I feel there should be a space where, after treatment, a person with mental illness should not be excluded from the conversation around assisted dying if he or she so wishes.* [Our italics].

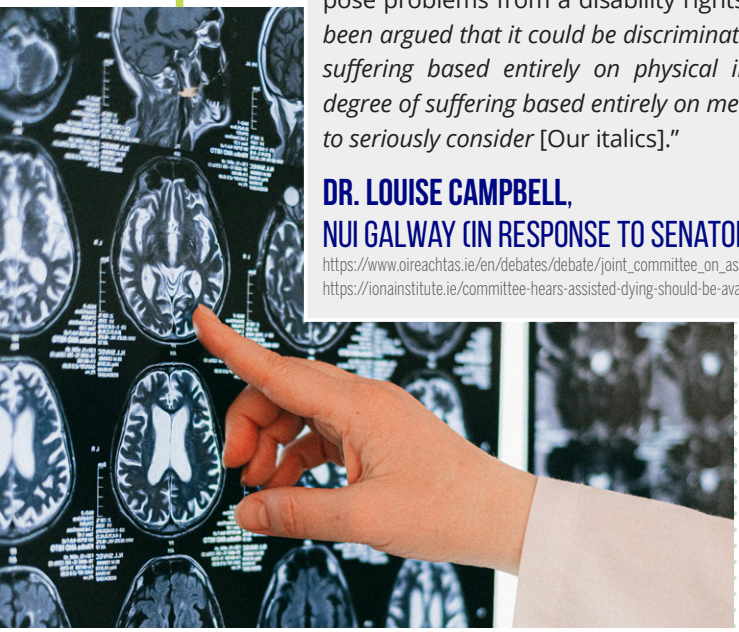
When we spoke about disabilities, Dr. Campbell stated that it goes without saying that people with disabilities will also want to engage in this conversation and others will not because they feel they are being pushed in that direction as a result of the lack of services. *Would some mental illnesses also fall under the term 'disability'? I wonder how much we are separating mental illness out from all other illnesses in regard to this decision*." [Our italics].

SENATOR LYNN RUANE

"Again, Belgium and the Netherlands do not have a requirement that the illness is terminal or physical. What they do require is that it is irremediable; that perhaps multiple attempts have been made to remedy it or cure it and they have all failed, and that the suffering the person endures is unbearable on their own terms. ... where a third party arbitrates or adjudicates the quality of the person's life or the degree of their suffering, *it is very difficult to make a determination as legislators which distinguishes between unbearable suffering experienced by somebody on the basis of a mental illness that he or she has had all their life - where a person still has capacity - and on the other hand an unbearable suffering experienced by a person who has a physical illness. Both of them are experiencing suffering that is intolerable on their own terms.* [Our italics]. If we have a duty to one category of person in that situation, do we not have an equivalent duty to another category of person, provided that he or she meets the capacity and voluntariness requirements and provided that there are additional safeguards in place to ensure that those capacity and voluntariness requirements are met in the case of mental illness? I agree that it could be seen as discriminatory not to allow it. I could see that it would pose problems from a disability rights point of view, *but it has been argued that it could be discriminatory to distinguish between suffering based entirely on physical illness and an equivalent degree of suffering based entirely on mental illness. It is something to seriously consider* [Our italics]."

DR. LOUISE CAMPBELL,
NUI GALWAY (IN RESPONSE TO SENATOR RUANE)

https://www.oireachtas.ie/en/debates/debate/joint_committee_on_assisted_dying/2023-06-27/2/#spk_116
https://ionainstitute.ie/committee-hears-assisted-dying-should-be-available-to-the-mentally-ill/



EUTHANASIA FOR ANY REASON

> “I would like the committee to look at the Swiss option (See Note 2). We have heard criticism of many different regimes which have brought this option in, including Canada, the Netherlands and Belgium. We seldom hear anybody criticise Switzerland because Switzerland works for the people for whom it is intended to work. I urge members to look at the Swiss law. I would like this committee to recommend that the Oireachtas enact Marie’s law to allow this option to be made available to people like Marie. As the High Court stated, it would have made it available for people like Marie if it had been able to do so but its only option was to strike out the law.”

TOM CURRAN, EXIT INTERNATIONAL

https://www.oireachtas.ie/en/debates/debate/joint_committee_on_assisted_dying/2023-10-10/speech/4/

ENDNOTES

Note 1. Assisted suicide (also called ‘assisted dying’) involves a person self-administering a lethal drug or gas which is provided by another person. Euthanasia is where someone, usually a doctor, administers the lethal substance for them.

Note 2. In Switzerland, a person does not have to be physically or mental ill to die by assisted suicide. There are examples of couples dying together by assisted suicide where one is terminally ill and the other suffers from no illness at all. In Switzerland you must ingest the lethal substance yourself. Exit International, the organisation to which Tom Curran belongs, believes that assisted suicide and euthanasia should be made available to anyone who is of ‘sound mind’. In his testimony, he is referring to his late partner, Marie Fleming’

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