

Doctor Warns of Impact of Euthanasia legalisation; “It’s choice for very few, for most, it is a pressure”

By Sarah McCormick

When I heard about euthanasia, it seemed simple - an obvious matter of bodily autonomy. I now realise how complex it is.

Euthanasia is intentionally killing someone who is suffering, at their request - an important question in legislation and ethics.

In Ireland, Euthanasia is illegal, but there’s on-going debate surrounding it. Most recently the Joint Oireachtas Committee in 2024 reported on the matter. It’s opposed by various groups, with studies suggesting 67% of Irish medical consultants are against Euthanasia, and only 14% in favour. However, a poll by lobbyists suggests Irish citizens, e.g 59% of Dubliners, support euthanasia.

I spoke with Palliative Care Consultant, Dr. Faith Cranfield about her stance against Euthanasia. She has advocated against legislation on TV and before the Oireachtas.

I couldn’t understand why she’d argue against Euthanasia legalisation. As a palliative care doctor, surely she’d be empathetic to those facing death and respect their autonomy?

She started with referencing Canada, where euthanasia is legal. Despite initially only allowing euthanasia for those with “reasonably foreseeable” deaths, the criteria were quickly expanded to include simply having “enduring and intolerable suffering”, by Bill C7. The Canadian government costed it: expanding eligibility saves \$60million/year euthanising patients, rather than caring for them. When paralympian Christine Gauthier, expressed distress at not obtaining a ramp to get outside her home, social services offered euthanasia. “It’s sort of dystopian once a state decides killing citizens rather than helping them is progressive”.

Dr. Cranfield explained people facing terminal illness can feel overwhelmed, not ‘themselves’ and express a wish for everything to be over. If we respond with humanity, respect and dignity, this feeling often passes. This’s the compassionate response; offering a death isn’t. She thinks the option of state-provided death would make it harder for that feeling to pass. It reinforces the idea that those facing death are of less value, because anyone else in society who seeks death to relieve

suffering - those who are suicidal - are offered support. Society then divides into those we support wholeheartedly when suffering, and those we offer to euthanize.

We discussed why people request euthanasia.

The first reason is fear of loss of control. Euthanasia offers a sense of control, which she could appreciate.

The second is loss of independence. "Someone with terminal illness may need help with daily life. The disabled community lives like that every day. Do we consider disabled people's lives of less value because of this dependence? Most people would argue we shouldn't. But perhaps society does... perhaps ableism bias underlies people's acceptance of euthanasia as a reasonable option to deal with needing assistance in illness. We must value each human as being of innate value, whether or not they're incapacitated, which happens when people near death."

Thirdly, patients struggle with feeling like a burden; "Nobody wants to be a burden. I could imagine my mother, if she got sick and needed help, would consider herself a burden. If legislation existed, she'd feel pressure to consider euthanasia. I don't want that for her, I want her to understand she's valued. While a welcome choice for the very few, for most, that choice is an added pressure. For those few, their wish means a risk to everybody, as anyone can find themselves 'eligible'. The autonomy of the few must be restricted. The same way if you've a fast car, you can't drive as fast as you want because you might hurt someone. It's similar."

Finally, I wondered how best to implement euthanasia.

She was clear. People must know: all initial, narrow eligibility criteria, that make the option of euthanasia -a state facilitated death -feel acceptable, will disappear in time. The slippery slope argument is simply fact in all countries where euthanasia is introduced.

She was adamant it shouldn't involve doctors; "Ending lives is the opposite of what doctors do. You must imagine a doctor's situation where you suspend everything you normally do and instead give injections to deliberately end a life. There must be an element of the doctor, thinking that it's okay and agrees this person's life is no longer worthwhile. Or they couldn't follow through. This risks translating into caring for other patients."

She explained it can affect trust in the profession. She described her friend, a German doctor, who had vulnerable Dutch patients visit him over the border, because they couldn't trust their doctors, since "They were involved in ending the lives of some of their community".

Euthanasia cannot easily be classified as morally right or wrong, yet after speaking with Dr. Cranfield, I was shocked, and moved. Euthanasia reveals biases in society; it has the power to provide choice, but its true impact is the risk of burdening everyone with this choice.