LETTER FROM MELBOURNE

Euthanasia: a worldwide dilemma

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In her book *To die like a dog* (1), Lesley Martin ad mitted that she tried to kill her mother twice with an overdose of morphine and then smothered her with a pillow. The book's publication reopened a homicide investigation of Ms Martin's murder.

Ms Martin's 69-year-old mother had colon cancer and was terminally ill. Martin was an intensive care nurse who cared for her mother for the last five months of her life. It is said that what Martin did was based on compassion and at her mother's request. A post-mortem stated that Martin's mother had died of respiratory arrest, possibly due to morphine poisoning or pneumonia.

Martin is a leading advocate for legalising euthanasia in New Zealand. She helped find 'Exit New Zealand', a voluntary euthanasia lobby group having links with 'Exit Australia', the group founded by the Australian campaigner Dr Philip Nitschke. In 2003, New Zealand's Parliament narrowly defeated a Death with Dignity Bill, which would have legalised a form of euthanasia.

New Zealand's High Court Justice Wild gave Martin a 15-month sentence for attempted murder. Justice Wild condemned her for not showing any remorse and for her arrogant attitude. He said that she gave the impression that she was above the law. However, Martin was permitted to apply for home detention, which she indicated that she would refuse. She said that it made no sense for the court to convict her of a crime against her mother but then detain her in her home with her loved ones. She refused to have her home as her prison. Her husband Warren Fulljames wants her to consider the option for his sake and their 10-year-old son.

Euthanasia has received a great deal of attention in ethical, legal and medical circles. Ethically, the concern is whether it is morally acceptable to have a right to die and whether it is permissible for a third party, such as a physician, to end the life of a terminally ill patient who is in intense pain.

Euthanasia—or a good death—may take several forms. Some would agree to passive euthanasia in which life-sustaining treatment to the patient is discontinued. Others

would go further, arguing that the healthcare worker can provide terminally ill patients with the means of taking their own life. This is otherwise known as assisted suicide. A still more controversial approach is active euthanasia in which the healthcare worker administers a lethal dose of a drug. Voluntary euthanasia refers to mercy killing with explicit and voluntary consent of the patient. Nonvoluntary euthanasia refers to the mercy killing of patients who are unconscious, comatose or otherwise unable to make their decision known.

Mahatma Gandhi said, 'Death is our friend, the truest of friends. He delivers us from agony. I do not want to die of a creeping paralysis of my faculties—a defeated man.'

Those who are in favour of legalising euthanasia are of the opinion that a person has a right to choose to die and that healthcare providers should assist those who want to die and actively perform euthanasia to relieve the pain and suffering of the terminally ill and enable them to die with dignity. Others are of the opinion that legalisation would lead to its misuse and coerced euthanasia as there is a lot of power in the hands of the medical professional. They feel that life has intrinsic value and so it should not be taken lightly. In addition, healthcare professionals whose responsibility is to restore one's health should not be asked to perform active euthanasia.

Worldwide only two European countries, Netherlands and Belgium, have legalised euthanasia. In the US, the State of Oregon has legalised physician-assisted suicide. In the context of Lesley Martin's case, the people of New Zealand are divided in their opinion about legalising euthanasia and so is the rest of the world.

References

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