



MEDIA RELEASE

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Before South Africa Decides to Permit Euthanasia, Consider the Evidence that often Get Glanced Over.

- Human Rights Organisation expressed concern over impact euthanasia law will have.
- Canadian Medical Health Association concerned about Euthanasia
- New England Journal of Medicine (NEJM) published a study which uncovers abuse of the Euthanasia law.
- Canadian pressure stories reveal how doctors often pressure patients into choosing euthanasia even after they showed no interest.

Since South African courts will again hear attempts to legalize euthanasia or Assisted Suicide, Doctors For Life (DFL) felt it necessary to highlight some key points from countries that have gone ahead and have valuable lessons for us to learn from, and to avoid exposing South African families to the same thing.

In January this year, the United Nations Human Rights Organisation (Office of the High Commissioner) published a statement on their website titled: *Disability is not a reason to sanction medically assisted dying*. In it, the UN Experts expressed concern about the growing trend to legalize euthanasia for people with disabilities and said that “when life-ending interventions are normalised for people who are not terminally ill or suffering at the end of their lives, such legislative provisions tend to rest on - or draw strength from - ableist assumptions about the inherent ‘quality of life’ or ‘worth’ of the life of a person with a disability.” They also said that “Disability should never be a ground or justification to end someone’s life directly or indirectly.”

In February this year, the Canadian Medical Health Association (CMHA) responded to the Canadian government’s recent decision to permit Medical Aid in Dying (MAiD) for people with mental illnesses expressing deep disappointment. According to CMHA, until the health care system adequately responds to the mental health needs of Canadians, assisted dying should not be an option. This they also testified before the Senate in November of 2020. CMHA points out that it is “not possible to determine whether any particular case of mental illness represents “an advanced state of decline in capabilities that cannot be reversed.” And the CMHA “know that cases of severe and persistent mental illness that are initially resistant to treatment can, in fact, show significant recovery over time. Mental illness is very often episodic. Death, on the

other hand, is not reversible. In Dutch and Belgian studies, a high proportion of people who were seeking MAID for psychiatric reasons, but did not get it, later changed their minds.”

In August 2017, the New England Journal of Medicine (NEJM) published a Netherlands study titled: End-of-Life Decisions in the Netherlands over 25 years which uncovered abuse of the law. In 2015 there were 150 assisted suicide deaths, 431 terminations of life without request in the Netherlands. The Netherlands euthanasia law did not prevent 431 terminations of life without request. The euthanasia lobby will argue that legalizing euthanasia and assisted suicide will regulate and prevent these types of deaths, but in fact it normalizes it as an acceptable medical practice and makes it impossible to prevent or even censure someone who carries out similar acts.

One of the things that are hidden in the Euthanasia debate is the stories of pressure and coercion, DFL will only mention one of the many examples. In 2015-2016 euthanasia was sold to Canadians as legislation with safeguards that would only be for terminally ill people who were suffering and nearing death. In 2016, it was implied that requests for euthanasia would be made by the patient and not suggested by medical professionals. In August 2016, Candice Lewis (25) who was born with multiple disabilities was pressured by a doctor to ask for euthanasia. Candice was very sick and receiving treatment. The doctor asked her mother if she knew that assisted death was legalized – her mother said no. The doctor said that he was in support of euthanasia and wanted to help her. The doctor was told that they were not interested in euthanasia and then the doctor told Candice’s mother that she was being selfish and he challenged Candice by saying: “do you know how sick you are?” Candice eventually recovered but just imagine, if the doctors advise was trusted and they made a decision based on that. More such examples can be referred to but this gives us just a glimpse of what South Africa can expect if Dr Suzanne Walters and her patient get their way and manage to persuade the court to legalize euthanasia in South Africa. Even though the UN Human Rights experts concern pertained to the disabled and euthanasia for them would amount to normalising and ableism, DFL reckons that the same is true for any other form of euthanasia.

References:

Canadian Medical Health Association: <https://cmha.ca/news/statement-on-medical-assistance-in-dying-maid>

Human Rights Statement: <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=26687&LangID=E>

New England Journal of Medicine: https://www.nejm.org/doi/full/10.1056/NEJMc1705630?query=featured_home

Article on SA attempt to legalize Euthanasia: <https://www.groundup.org.za/article/atheists-go-court-over-right-die/>

Stories of pressure & Coercion: <https://www.youtube.com/watch?v=tN4IglzDdE>

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