

Episode 13 - Now They're Killing Babies

[SUICIDE WARNING]

[PRAYER BELL CHIMES]

[ETHEREAL FEMALE VOICE]: There is no death. There is only me, me, me who is dying.

Anthony Fisher: Thank you, Mr Chairman and my alma mater, Sydney University and its Catholic society, and Peter Singer.

Andrew Denton: I'm in Sydney Town Hall listening to a debate about voluntary euthanasia. Arguing the case for is the well-known Australian ethicist, Peter Singer. And against is the Archbishop of Sydney, the Most Reverend Anthony Fisher.

Anthony Fisher: There is bracket creep in euthanasia. First we're told it's for competent informed consenting adults only. Then it's extended to the incompetent, the unconscious, babies.

Andrew Denton: As Fisher speaks it soon becomes clear that what I'm listening to is a master class in FUD – fear, uncertainty, and doubt – the seeds sown by opponents of assisted dying to great effect down the years.

But what lies inside those little seeds of FUD? Today – for the first time – we're going to find out.

[OPENING TITLES]

Andrew Denton: My name's Andrew Denton. You're listening to *Better Off Dead*.

There are no more committed opponents to assisted dying than the Catholic Church. They have thrown resources, and the full weight of their political influence, against it wherever it has been proposed. Look closely at many of the websites, blogs, research institutes, and organisations, fighting assisted dying around the world and you will most likely find the fingerprints of the Catholic Church there somewhere.

Which is why the words of Archbishop Fisher, one of Australia's most senior Catholic clerics and a man who commands the ear of many politicians, are worth listening to.

Anthony Fisher: There is bracket creep in euthanasia. First we're told it's for competent informed consenting adults only. Then it's extended to the incompetent, the unconscious, babies. First it's for those who judge their own lives to be too burdensome for them. But how quickly societies that go down that path start making the judgment that those lives are too burdensome for others. Putting granny out of her misery so easily becomes putting granny out of our misery. That's exactly what's happened in Holland and in Belgium. In Holland it was supposed to be for people in extreme suffering, consenting adults, but after ten years of that experience it became legal to do it for. Having classed the frail, the elderly, disabled as expendable the community is likely to do less for them and leave them feeling worthless.

Andrew Denton: It's powerful stuff. A slippery slope that takes in the weak, the non-consenting, the elderly, the disabled, even babies. But, as I listen, I can't help wondering... where have I heard this before?

Nancy Elliott: Elder abuse? Elder abuse is excellent. There is nobody in the world that denies that there is elder abuse,

Andrew Denton: That's Nancy Elliott from New Hampshire speaking at an anti-euthanasia convention I'd attended in Adelaide earlier in the year. Nancy is explaining what lines of argument work best when trying to influence politicians.

Nancy Elliott: Right now the disability argument is really kicking it. It's very powerful. Now will it always be powerful? We don't know. Two, three, four years from now that may have holes kicked in it, just for different reasons, so we have to be flexible.

Andrew Denton: Nancy has lots of suggestions for good arguments to run.

Nancy Elliott: Suicide contagion is another very good thing to point out . . .

...Doctor predictions - they can be wrong...

The other thing that we point out is when suicide is a treatment option, all care goes down fade down...

Andrew Denton: Nancy knows that the quality of the argument is less important than the quantity.

Nancy Elliott: When you have lots of arguments, if one argument gets blown out of the water, you still have more, and each argument will reach somebody else.

Andrew Denton: Experience tells her that even one seed of FUD, properly sown, can be very effective.

Nancy Elliott: You only have to convince legislators that they don't want this bill. I mean you don't have to win their hearts and minds; all you have to do is get them to say, "Not this bill," and then you have got your win.

Andrew Denton: Over the eight months I've been listening to the arguments against assisted dying, it's clear that Nancy's playbook, focussing on the elderly and the disabled, is being put to good use. Here's US litigator, Catherine Foster.

Catherine Foster: Prescribed suicide creates broader opportunities for elder exploitation and the abuse of individuals with disabilities.

Andrew Denton: And here's Australian doctor, Nick Cooling, explaining how his home state of Tasmania narrowly avoided adopting a law for assisted dying.

Nick Cooling: Our messages were that we had very vulnerable people in Tasmania, particularly the elderly and those with disabilities. They were at great risk in this particular legislation.

Andrew Denton: Certain ideas occur regularly too. For instance, that assisted dying laws make people think some lives are "not worth living".

Alex Schadenberg: Once you legalise it, some physicians are going to say "I agree your life is not worth living. That's reasonable to me", but you can't separate the prejudices or the attitudes of the person when they're agreeing that your life is not worth living.

Andrew Denton: That's Canadian Alex Schadenberg. And this is Father John Fleming who played an important backroom role in overturning the Northern Territory's euthanasia law in 1997.

Father John Fleming: We have to penetrate into the mentality that gives rise to it, and that is that there are some lives that are simply not worthy to be lived...

Andrew Denton: Sometimes, key phrases are regularly trotted out. Father Fleming again.

Father John Fleming: "I begin to suffer with my mother who is seriously ill", and then it is, "Please put Mum out of *my* misery"...

Henk Reitsema: The temptation can be there to try and put somebody else out of *our* misery because it is so hard to see them.

Andrew Denton: Which brings us back to the Most Reverend Anthony Fisher.

Anthony Fisher: Putting Granny out of her misery so easily becomes putting Granny out of *our* misery.

Andrew Denton: It's FUD. Fear. Uncertainty. Doubt. Words and phrases that, taken at face value, sound alarming.

Let's go back to Archbishop Fisher's speech and see if we can spot the seeds of FUD. This little bell (*Ding!*) will help you identify them.

Anthony Fisher: There is bracket creep in euthanasia. First we're told it's for competent informed consenting adults only. Then it's extended to the incompetent — the unconscious (*Ding!*) babies (*Ding!*) First it's for those who judge their own lives to be too burdensome for them. But how quickly societies that go down that path start making the judgment that those lives are too burdensome for others (*Ding!*) Putting granny out of her misery so easily becomes putting granny out of *our* misery (*Ding!*) That's exactly what's happened in Holland and in Belgium. In Holland it was supposed to be for people in extreme suffering, consenting adults, but after ten years of that experience it became legal to do it for babies (*Ding!*) Having classed the frail (*Ding!*) elderly (*Ding!*) disabled (*Ding!*) as expendable (*Ding!*) the community is likely to do less for them (*Ding!*) and leave them feeling worthless (*Ding!*)

Andrew Denton: When you listen to that in one go it sounds deeply sinister. The strong impression Reverend Fisher wants you get is of a law that allows people to kill babies, grannies, the unconscious, the incompetent, the disabled, the vulnerable and the worthless. And, once they are doing that, who knows where they will stop?

But what happens when you look at this string of emotive and unsupported allegations more closely?

Let's unpack those little seeds of FUD and see what's really inside them. First up...

Anthony Fisher: First we're told it's for competent informed consenting adults only. Then it's extended to the incompetent... (*Ding!*)

Not true. The very foundation of all these laws, wherever they exist or wherever they have been proposed, is that you can only be eligible for help to die if you are mentally competent.

Then it's extended to the incompetent, the unconscious ... (*Ding!*)

Andrew Denton: Misdirection: The use of the word "unconscious" suggesting that patients are being killed without their knowledge or consent. Yes, sometimes unconscious patients are given, what appear to be, life-ending medications by doctors in Belgium and the Netherlands - just as they are in Australia. The numbers are small, and what careful, peer-reviewed research has shown is that they refer to patients who are in their dying hours, who are no longer able to communicate because they are in a coma, and whose distressing end-of-life symptoms doctors treat with increased doses of drugs – not to kill them, but to try and relieve their suffering, exactly as palliative care physicians do around the world. Nothing sinister to see here.

But back to the seeds of FUD...

Anthony Fisher: How quickly societies that go down that path start making the judgment that those lives are too burdensome for others (*Ding!*) Putting Granny out of her misery so easily becomes putting granny out of our misery (*Ding!*)....

Andrew Denton: More misdirection. To suggest that we might judge granny's life as so burdensome that we would put her out of *our* misery, is to imply that others are deciding whether or not granny should die. The central point about euthanasia and assisted dying laws — one that opponents will do almost anything to distract you from — is that *they are voluntary*. No-one can decide that you should die but you. You have to ask for help to die. Even then, because the safeguards are stringent and you have to have a compelling medical case, you may not be granted that help. In the Netherlands, for example, two-thirds of all euthanasia requests are declined. And, if you are granted the right, you can still change your mind. More than 30% of people in Oregon who are given life-ending medication, in the end choose not to take it.

Here's another seed of FUD.

Anthony Fisher: In Holland it was supposed to be for people in extreme suffering, consenting adults, but after ten years of that experience it became legal to do it for babies (*Ding!*)

Andrew Denton: Omission of facts. Designed to create the impression that euthanasia laws in the Netherlands have been extended to allow doctors to kill babies. This is a significant piece of FUD-ing and I'll come back to it later.

Finally, this scattering of FUD seeds.

Anthony Fisher: Having classed the frail (*Ding!*) elderly (*Ding!*) disabled (*Ding!*) as expendable (*Ding!*)...

Andrew Denton: More misdirections. That use of the word "expendable" designed to plant the idea that others are deciding who will die and who will not – once again, completely overlooking the voluntary nature of these laws.

Anthony Fisher: ..the community is likely to do less for them (*Ding!*)

Andrew Denton: No evidence there at all, just a completely unsubstantiated claim.

Anthony Fisher: ...and leave them feeling worthless (*Ding!*)

Andrew Denton: Another unsubstantiated claim. What proof is being offered that it is these laws making people “feel worthless”? How are they doing it? Who are the people being made to ‘feel worthless’? One thing that became crystal clear when I spoke to doctors in the Netherlands, Belgium and Oregon is that, when someone requests help to die, very careful steps are taken to rule out the possibility that they may be being coerced, or made to feel a burden, by others. You can hear more about this in earlier episodes.

But pay close attention to the groups named by Reverend Fisher as being made to feel worthless and expendable - the frail, the elderly, and the disabled.

Nancy Elliott: Elder abuse is excellent. The disability argument is really kicking it.

Andrew Denton: As Nancy Elliott has shown us, it’s no accident they’re the ones being singled out.

Let’s start with the disabled.

Kevin Yuill: Dignity or dignified death. That means I would rather die than live like a disabled person. That is what they are really saying.

Andrew Denton: That’s academic Kevin Yuill addressing the anti-euthanasia convention I attended in Adelaide. At the time, I was puzzled to see people there in wheelchairs. To that point, none of my research indicated that people with disability were in any way singled out, or threatened, under these laws. Clearly I was missing something. So a few months later, I sat down with the warm and darkly humorous, Joan Hume. A member of the anti-euthanasia advocacy group Lives Worth Living, Joan has been in a wheelchair since she was 23.

Joan Hume: It was in November 1971...

Andrew Denton: Joan was a teacher running late to get back to her school. Rather than catch the bus like she normally did, she got a lift with a colleague.

Joan Hume: We were about two blocks from the school. He wasn't paying attention. He was too busy yacking, and I said to him, “John, the s- ...” and that was all I managed to get out, because he had gone through the stop sign. The car hit him, kind of T-boned him. Our car

spun around. I was thrown sideways, and my neck was broken instantly, and I was instantly paralysed.

Andrew Denton: And does that moment replay in your head often?

Joan Hume: Not so much now, but it did for many years. I have to say that I have never lost the sense of great loss and grief.

Andrew Denton: Not only had Joan's world changed forever, but the way the world saw her changed too.

Joan Hume: I first of all had to get used to being stared at, and that was something that I had never had to deal with before. I absolutely hated it with a passion. I could not bear the way people looked at me, and I was very defensive and angry: "What? You've never seen anybody with three heads before?!" Or, you know, like silly kind of childish remarks, but it was a way of lashing out. And I still get angry. I mean most of the time I don't.

Andrew Denton: Tell me about Lives Worth Living, what is that group?

Joan Hume: There is a group of us with quite severe disabilities who were very concerned that the whole kind of language and propaganda around the so-called right to die with dignity was completely ignoring the disability voice, and our arguments are based around the fact that there is a lot of blurring of the lines between terminal illness and severe physical disability and definitions of profound suffering, Because all of us in our lives had encountered experiences where people have said – things like, "Well if I were you, I would have committed suicide", based on no knowledge about me, and I have had many people say to my face that my life is of less value than somebody else, and this is the reason I am so opposed to euthanasia.

Andrew Denton: Joan does not believe there can ever be a safe law for assisted dying.

Joan Hume: Look, you can put every safeguard in under the sky, and you will find that there will be somebody who will abuse it – if somebody wants to commit suicide, fine, go ahead, and do it. But it is when you give permission to somebody else to do the dirty work for you and you legislate to have that happen, there are bound to be abuses, and who are the people who are most vulnerable? People who are very aged and who have dementia, and people like us who have disabilities.

Andrew Denton: Describe to me the kind of society you fear will unfold for people with disability should this become a law.

Joan Hume: I believe because it is caught up in the health system it irrevocably corrupts the relationship between the patient and the doctor.

Andrew Denton: In what way?

Joan Hume: Well the Hippocratic oath is about aiding people to live and curing people. This is about helping people to die for whatever – and it is not even, when you say assisted dying it is not necessarily that they are in a state of terminal illness. We have only got to see what happens in Belgium. I mean, they are extending it to children, to people with psychiatric

illnesses. In fact, they are virtually extending it to a kind of euthanasia on demand for whatever reason that you choose to have. So it is not as if it stops at somebody who is terminally ill.

Andrew Denton: It's worth noting that, even though the vast majority of people who use the euthanasia laws in Belgium are terminally ill, they were never written only with terminal illness in mind. The entry point to be eligible for help to die is defined as 'unbearable and untreatable suffering', which could include, for example, anything from multiple sclerosis to a severe stroke. I put this to Joan.

In Belgium and the Netherlands their frame of reference is unbearable and untreatable suffering.

Joan Hume: Correct, and when it becomes unbearable suffering, this is where terminal illness is conflated with disability.

Andrew Denton: By who?

Joan Hume: Well, not only by legislators but by people who are ignorant about what actual disability means. I mean, there are people who look at me and look at other people with disabilities and think our lives are lives of unbearable suffering.

Andrew Denton: Let me ask you a question then. Let us say the option of euthanasia was available to you, would you take it now?

Joan Hume: No.

Andrew Denton: Can you see yourself taking it at some point in the future?

Joan Hume: No.

Andrew Denton: Isn't this the central point? It is entirely your choice as to whether or not you apply for the right for euthanasia.

Joan Hume: Yes, but you see, I don't know whether if in, you know, another 10 or 15 years' time or however long I've got, you know, that I might not have a form of dementia and other people make decisions about the value of my life, because I know that there are doctors in hospital in emergency rooms and in intensive care who are making value judgements about the lives of people with disabilities.

Andrew Denton: To your knowledge do people with disabilities in Belgium and the Netherlands and Oregon, is their experience the kind of experience that you are afraid will happen here? Is it one where they are devalued and coerced and where they are encouraged to die because they are less productive/worthwhile members of the community?

Joan Hume: Well, from what I have read, I certainly feel that people with disabilities are – if not so much in Oregon, but in America – through Not Dead Yet, which is where I get the literature from and they are very opposed to it for a whole range of reasons. Some of which I have outlined today, and they kind of see it as a kind of creeping cancer, in a way.

Andrew Denton: There was no doubting Joan's fears were genuine. Based on her lived experience of being made to feel devalued in the eyes of others, I could understand why she felt that way. And looking at the Not Dead Yet website where much of her information was coming from, it was easy to see how those fears might be amplified. But there was nothing I could discover, in either the official figures from overseas or from talking to doctors in Belgium, The Netherlands or Oregon, which supported those fears - the opposite in fact.

Knowing that Joan was unlikely to be receptive to the voices of doctors working within a system she fundamentally mistrusted, I told her about the people I'd spoken with, instead, who are facing exactly the same challenges in life she is – representatives of peak disability groups in Belgium, The Netherlands and Oregon.

If anyone could tell her whether or not people with disabilities felt threatened living under these laws, it would be them. This is what they had to say.

Illya Soffer: My name is Illya Soffer. I am the director of the Dutch umbrella organization for people with disability and we are called [Lederin] and it means something like "everyone in". Our organization represents 250 organizations for disabled people.

Andrew Denton: Anti-euthanasia groups argue that a euthanasia law means that the disabled may feel coerced into ending their lives early so as not to be a burden on carers or the wider society. Has that been the experience of The Netherlands?

Illya Soffer: No, I do not have that suggestion. People might feel pressured in our society or might feel that they are not being considered of value in our society, but that is not different from their feeling before or after the euthanasia law. I think this law has got nothing to do with it.

Andrew Denton: Are there adequate safeguards in the law in The Netherlands to ensure protections for disabled people with euthanasia?

Illya Soffer: I think the most important protection in this law is this issue on your own judgment but there's also, another protective element is that it should always be in a dialogue and there's always a second or maybe even a third opinion of an independent doctor so someone else other than your own practitioner must assess the situation and look if all conditions are set.

The other protective issue is, there must be a case of unbearable suffering. And the unbearable suffering must also be, without a perspective on improvement.

Andrew Denton: Cannot be treated.

Illya Soffer: Yes it cannot be treated and it will not improve at all. So there must be really proof for unbearable and not improvable situation, and this must be assessed by two or three doctors and also the family around and the person itself. If you look in the Netherlands I think you see more people complain on how strict the procedure is than on how coercive it might be for people who are vulnerable to these kinds of practices.

Andrew Denton: No complaints from the disabled in The Netherlands. Next up, Belgium.

Pierre Gyselinck: My name is Pierre Gyselinck. I am president in Flanders of the Catholic Association of Persons with Disabilities, and from there on I have been elected as the president of the Belgian Disability Forum.

Andrew Denton: Do you have any sense that since the law was introduced here over a decade ago that people with disabilities have felt more vulnerable?

Pierre Gyselinck: I have not, and we do not have any knowledge about it because otherwise our members in the annual general assembly would have said to us, 'Please act against something because we have heard that rumour'. But I am sure, in my opinion, and in the opinion of BDF, we have no fear that people with disabilities are more vulnerable since that law was installed.

Andrew Denton: Is there any evidence that the availability of euthanasia is seen as a cheaper option than providing quality care for disabled people?

Pierre Gyselinck: No, frankly, no.

Andrew Denton: Is there any evidence that some disabled people see euthanasia as an option rather than feeling that they may be a burden on someone else?

Pierre Gyselinck: Of course that's a personal view. For example, I, Pierre, at a certain moment I feel that I can't go on any further with my disability, and I am in a terrible situation, psychic and painful distress, and I decide now, here, that it is going to stop. Then I can confer with my doctor and see what I, Pierre, can do. That gives me a possibility, but if I do not feel that if I am not up to do that, why should I do it? No, I don't think that's really an issue.

Andrew Denton: Do you believe that there are enough safeguards in the law as it stands for people with disability?

Pierre Gyselinck: I am not a lawyer so I do not know the laws from A to Z, but I know for certain that it is not something that with some click you can get. When there is the demand for help to go to the end, then you have to see a doctor. That doctor he has to agree to do it. No, it's something that is very elaborate. It's very safe, I am sure.

Andrew Denton: No concerns from the disabled in Belgium either. Finally, to Oregon.

Bob Joondeph: I am Bob Joondeph. I am the executive director of Disability Rights Oregon, We are funded to represent the civil rights of people with disabilities in Oregon.

Andrew Denton: Has there been any sense since the law was introduced in 1997 that disabled people have become more vulnerable?

Bob Joondeph: The data would not bear that up. Since the law has been passed we have not received a complaint from anyone, other than a complaint from a person who was paralysed who was concerned that the law discriminated against them, because the law requires a person to self-administer medication and they were physically incapable of doing that. But in terms of a person complaining about being exploited under the law, that has not happened.

Andrew Denton: Is there any sense that people with disabilities feel their lives are in some ways devalued by the existence of this law?

Bob Joondeph: I think some people feel that way - certainly symbolically, and that again is a legitimate concern because people with disabilities have systematically been devalued by society. However, I just have not seen the evidence that this particular law has been applied unequally.

Andrew Denton: Do you see any evidence that people view death with dignity as a cheaper option than providing quality care for people with disabilities?

Bob Joondeph: Not in Oregon. One of the, very convincing arguments for our death with dignity law has been that palliative care has improved tremendously in Oregon since its implementation, so that people have better choices to make. If you are giving people reasonable options in terms of how to deal with the end of their life, then I think there is less opportunity for abuse.

Andrew Denton: Is there also something about the suggestion that disabled people are more vulnerable under these laws - that they somehow have less control over their lives than other people – that is a little patronising?

Bob Joondeph: It is a lot patronising, and one of the ironies within the disability community, which many have pointed out, is that on the one hand choice is a very important premise for disability advocacy: that people should have meaningful choices in their lives; but of course this is a choice that some people think should not be offered to people with disabilities, and their argument is that those people may be more vulnerable.

Andrew Denton: Three peak disability groups, in three places where laws for assisted dying exist, none of them reporting any abuse or coercion of people with disabilities. A very different picture to the seeds of FUD planted by Reverend Fisher.

When I put the responses from these three disability groups to Joan she was a bit taken aback.

Joan Hume: Well, I am sorry you have kind of thrown this at me without – obviously you have done a lot more homework than I have done.

Andrew Denton: And, look, I am not saying this to one-up you, clearly. Your concerns and questions are entirely valid. Your lived experience I would not deny for a second. I think the sorts of things you are raising need to be heard, which is one of the reasons I am very happy to talk to you. But I also think that you need to hear these things.

Joan Hume: I am certainly happy to.

Andrew Denton: Because they are absolutely relevant to you.

Joan Hume: Yes, yes. Well, I would like to get those names and contact details and certainly be in contact with them, because I am open to arguments that would reassure me in other ways, and if the people with disabilities living in Belgium and in the Netherlands feel that way, certainly you have managed to seek them out. I have not as yet, and so that is more of a comment on me, I think.

Andrew Denton: I respected Joan for being prepared to keep an open mind. But I also appreciated how difficult that must be for her and, doubtless others, in the disability community. Even though there is no credible evidence that the disabled are being in any way coerced or made to feel vulnerable in places where laws for assisted dying exist – in fact there's a great deal of evidence to refute it - nonetheless that's what some in the disability community are consistently being told.

Fear. Uncertainty. Doubt. Once they take root, those little seeds of FUD are very hard to dig out.

Having seen that the disabled are not under threat, what of the elderly?

Remember Archbishop Fisher's list of those who would be 'classed as expendable and made to feel worthless - the frail, elderly, disabled? How did he put it?

Anthony Fisher: Putting granny out of her misery so easily becomes putting granny out of our misery.

Andrew Denton: Let's put aside, for the moment, that no evidence proving a link between elder abuse and assisted dying laws is offered by Reverend Fisher. Let's ignore the reality that it is often the elderly - wishing to avoid the worst of their dying - who are most grateful that these laws exist. And let's pretend that these laws aren't voluntary and that we could, indeed, decide that granny should die. Let's just assume that Reverend Fisher is right – that "putting granny out of our misery" is the inevitable consequence of these laws.

If that's true, then it follows that the elderly in Belgium, The Netherlands and Oregon must be leading very precarious lives.

Once again, when I asked those charged with running the systems in these places about the incidence of elder abuse under their laws they reported no signs of it – and clear measures to prevent it.

But, to be sure, I decided to get a perspective from people who aren't partisan in the assisted dying debate, but who are entirely partisan to the needs of the elderly – representatives of the elderly themselves.

Joeri Veen: My name is Joeri Veen.

Andrew Denton: Joeri Veen is the spokesperson for ANBO, one of the three big organisations representing seniors in the Netherlands.

Joeri Veen: We represent about 180,000 senior citizens. We try to represent them in the political field but also in society as a whole.

Andrew Denton: Speaking specifically to euthanasia laws, opponents of the laws say that there is a danger that once you legalise a way of dying that the vulnerable, the elderly, may feel that this is an option they should take, that they should end their lives early. Do you see any evidence of that amongst the elderly?

Joeri Veen: No I do not see that at all and I think that before taking stances like that you should really look at how the law is arranged. Some conditions have to be met before somebody is allowed legally to end their lives by euthanasia law – a doctor has to investigate and really has to prove that someone is suffering.

It's not like - sometimes we get the feeling that people think that, "Okay, I'm done with this. I'm done with life. Just give me a pill". It doesn't work like that at all. There are strict laws and it's really difficult to do that.

What's very important here is that nobody else is in control of that decision but the person themselves. They decide and they have to convince a doctor that is they that they decide, that it is their will. Also we train doctors to be very wary of for instance family that is pressurising people into making a decision like that. We have a lot of research and this. It's almost unheard of that this happens.

Andrew Denton: Since the law was introduced in 2002, do you get any sense at all that the elderly feel more insecure because these laws exist?

Joeri Veen: No, the opposite is true. Imagine that you feel like you're in a lot of pain and misery or you get ill. People feel stronger now because they can make these big decisions for themselves and they have a lot of control in that. So no, I think it's almost unheard of that the elderly feel more as a burden and the opposite is true. They feel empowered by this, it strengthens them.

Andrew Denton: So, in the Netherlands, the elderly are actually being empowered by these laws. Perhaps it's in Belgium that they're being abused?

Mie Moerenhout: My name is Mie Moerenhout, and I'm the director of the Flemish Council of the Elderly.

Andrew Denton: Mie Moerenhout's organisation represents the elderly from Belgium's most populous region, Flanders.

Mie Moerenhout: And we have many organisations who are members of our organisation.

Andrew Denton: Do you detect any concerns from older people that they feel vulnerable or a burden on their community or on their families because of these laws?

Mie Moerenhout: We have no signals that are problems for the elderly since the beginning of the law of euthanasia. There are no claims of that.

Andrew Denton: Is there any evidence that you have seen of elderly people in Flanders being pressured or forced to consider euthanasia?

Mie Moerenhout: No, we don't have any signal that people are forced to make a choice for euthanasia, and it's only the person himself who can take the decision, not the family, not the professionals.

Andrew Denton: We are often told here in Australia that the elderly in Belgium are being made to feel vulnerable and under threat from these laws but you are saying that is not the case.

Mie Moerenhout: No, we have no signals of that there is no signals that there is a problem, that there are a burden for the - to the elderly people, the sick elderly who (INDISTINCT) end their life, no. They have no, no, no signals.

Andrew Denton: Do you think the euthanasia laws in Belgium have enough safeguards in them to protect the elderly of Flanders?

Mie Moerenhout: We think it sits in order especially for the elderly. It's a choice of the elderly and we know, yes, we know no problems.

Andrew Denton: No problems reported by representatives of the elderly in Belgium, either. But what about Oregon? Their laws have been operating for close to 20 years. Plenty of opportunity for elder abuse there.

Cherrie Broustein: My name is Cherrie Brounstein, and I am vice president currently of the board for Elders in Action. They help advise our mayor, our county and city governments, and the state legislature about laws that impact older adults.

Andrew Denton: Specifically on the question of vulnerability, does Elders in Action detect concerns that the Death with Dignity laws have encouraged older people to feel they are a burden on the community or on their families?

Cherrie Broustein: I don't think so, and it really does not impact either the medically fragile or people with disabilities or older adults, because it really impacts people that are terminally ill.

Andrew Denton: Has the death with dignity law contributed to a cultural change in Oregon in which older people think their lives are not as valued?

Cherrie Broustein: No. I do not think so at all. And one of the things that I have looked at and that had been a concern in Oregon before the death with dignity is the rate of suicides, and Oregon has a high rate of suicide for men over the age of 85, which has nothing to do with death with dignity. It preceded that and it has not changed

Andrew Denton: Opponents of such laws say that legalising assisted dying would lead to the elderly and the vulnerable feeling pressured into ending their lives early. Does Elders in Action have concerns or any knowledge that this is happening to elderly people in Oregon?

Cherrie Broustein: No, and we have an advocacy service that is free – and that has not been an issue. In fact I would say, as someone that's older, I would say in some ways there is a reassurance – that if you have an illness that is going to cause enormous suffering, that that suffering can be relieved in a way that is humane.

Andrew Denton: Interestingly, when Oregon's citizens voted on the assisted dying laws at a referendum 20 years ago, Cherrie was opposed.

Cherrie Broustein: I voted against it at the time. I think because I had a number of these fears that were not based in fact or understanding of how the law would be administered. As I dealt with ageing people, I have seen how it actually provides a comfort both for the family of the people that are seriously ill, and many people that actually opt for the option of being able to end their lives with some sort of dignity never use it. They just want to have that there if the pain or suffering becomes unbearable.

Andrew Denton: So would say that since the introduction of the law, which you originally opposed, you have completely changed your view about how it works and the fact that there are enough safeguards in it to protect the elderly?

Cherrie Broustein: Yes.

Andrew Denton: Again, three peak groups, in three places where laws for assisted dying exist, saying that they cannot report any sign of abuse or coercion. Instead they report that the elderly are comforted – even empowered – by laws that are there to help them should they be in desperate need.

And yet the Most Reverend Fisher assures us that ...

Anthony Fisher: Having classed the frail, the elderly, disabled as expendable the community is likely to do less for them and leave them feeling worthless.

Andrew Denton: It's FUD. Fear. Uncertainty. Doubt. The deadly seeds of misinformation designed to poison the public debate about assisted dying.

And there is one particular seed of FUD that is more poisonous than the rest.

Tony Jones, Q&A: Thanks, Ana, for setting that out for us. Now, our next question comes from Luke Formosa.

Andrew Denton: Late in 2015 I was a panellist on the nationally broadcast Q+A program, discussing how we die, when a question came from the audience.

Question: Findings from the Netherlands euthanasia report in 2014 indicate 550 newborn babies with diseases or disabilities were killed. My question is how you propose Australian laws which protect the vulnerable when examples in Belgium and the Netherlands showing the exact opposite?

Tony Jones: Andrew.

Andrew Denton: I completely dispute and question your assertion that 550 babies have been killed. I don't know where you got that figure of 550 from...

Five hundred and fifty newborn babies euthanized in one year? Officially documented? If not true, this was a mighty seed of FUD sown in front of a viewing audience of a million people.

After the broadcast, a fact check of this claim was made by the independent academic website, The Conversation. They found that there was “*no credible evidence to support the claim that 550 babies were killed last year under Dutch euthanasia laws.*” They went on to

say: “*While this claim does appear on some websites, it is not backed by reliable official data.*”.

There’s a link to it, and the episode of Q+A, on our website.

Luke Formosa, who made the claim, was forced to concede that he couldn’t provide an accurate figure but ventured that, “it is also impossible to know for sure how many cases have been unreported”.

When I checked to see what websites were carrying this claim, the most lurid of many was an American site called Lifenews.com – operated by right to life activists and promising real stories about real Catholics – with a headline that screamed “Doctors Euthanize 650 Babies Under Assisted Suicide Law in the Netherlands”.

And then, of course, there’s Australia’s most senior Catholic cleric, the Reverend Anthony Fisher.

Anthony Fisher: In Holland it was supposed to be for people in extreme suffering, consenting adults, but after 10 years of that experience it became legal to do it for babies.

Andrew Denton: What Fisher was referring to was the rather sinister-sounding Groningen Protocol, published in The Netherlands in 2005 but not as part of their Euthanasia law, which had been passed three years earlier.

Instead, it was developed, by Dutch paediatricians, to guide doctors in providing end of life treatment to severely ill babies with – quote - a 'hopeless prognosis who experience what parents and medical experts deemed unbearable suffering”.

The Groningen Protocol is often cited by opponents of assisted dying as proof of the slippery slope. After all, what could be worse than killing babies? Determined to understand it better, I sought out one its authors, Dr Eduard Verhagen from the University Medical Centre Groningen.

He told me about the suffering of a tiny number of newborns, born with a rare and excruciatingly painful skin disease, a disease impossible to treat.

Dr Eduard Verhagen: The only two cases that we've had were cases of children that had the disease that was called EB, Epidermolysis Bullosa, it is a skin disease that may be mild but it also may be extremely severe and those two babies had the extremist form of EB.

Andrew Denton: Can you describe to me what the symptoms of that are?

Dr Eduard Verhagen: Yeah, that disease is a disease where the skin is not attached well to the body, so where, wherever you would touch that skin it would come off and leave a kind of a burn wound or scar. It wouldn't heal and not only is the skin involved. Also the mucus membranes. For instance, of the gastro oesophagus, which makes swallowing and eating very difficult. The problem of this disease is twofold. One is that it is very, very painful and it cannot be cured, so we do not have possibilities medically speaking to improve the disease.

Secondly, because of all those wounds and problem of feeding the children well, they die early so most of them somewhere between the first and the second year of life. And it is in those babies that the parents may come up to the physician and say "OK, we know that you cannot cure the child, we know that there is pain that you cannot alleviate well. Could you please stop the suffering?" So those are the cases in the last few years that we've seen where the Groningen Protocol was used.

Andrew Denton: And, just so I'm entirely clear, all of the cases of babies who've been euthanised under the Groningen Protocol, They were terminal conditions. These babies not going to live beyond, what, a couple of years?

Dr Eduard Verhagen: Absolutely. So the criteria of the Groningen Protocol are clear, in the sense that the diagnosis and outcome must be hundred percent sure. There must be a disease that is, not treatable and incompatible with life. So all children are expected to die in the near future. Generally we would say somewhere between a few days, weeks or months rarely years. The second criteria that is extremely important is the unbearable and untreatable, hopeless suffering.

And, in the cases that I have just talked about, the EB cases, I don't think there would be any person in the world that would, say that those babies aren't suffering. So, it is only when we're all convinced, parents as well as healthcare providers and other experts, that there is extreme suffering, that would make a patient a candidate for neonatal euthanasia.

Andrew Denton: I think the key there is when you say the parents, because the last people in the world that wish to see a newborn die are the parents of that newborn.

Dr Eduard Verhagen: Absolutely. Neonatal euthanasia in Holland can never be performed if the parents are not fully consenting, asking for this procedure. So basically what we do is we offer a possibility for parents in the context of unbearable and hopeless suffering. They may want to choose this option but they also may choose not to have neonatal euthanasia. And this is I think very important and totally in line with how end of life care is organised in our country. It is sad, it is terrible, but knowing that your baby will die, we would say, please allow parents a say in how they would die.

Andrew Denton: Eduard, you must be aware of how this is sometimes portrayed in other parts of the world. I've heard it described here in a sinister way, as you're killing babies. As though there are some less compassionate motive. How does that make you feel?

Dr Eduard Verhagen: I think what bothers me most is that the facts that are given about Groningen Protocol hardly ever are correct, so the nuances, the details of it, and the huge weight that is given to the assessment of the parents as well as the assessment of the physicians and the rarity, the fact that it is only used for extreme situations is not always acknowledged. So the fear of the slippery slope, I think, we've demonstrated is totally needless,

Andrew Denton: Due largely to the introduction of prenatal screening, the latest data shows that since 2007 there have been only two reports of babies being helped to die by doctors using the Groningen Protocol.

Not 550 babies; 2. Both of them faced with a life full of pain that might, at best, have lasted a couple of years.

It is these rare and tragic cases that the Protocol was written to address. An honest, cautious, and humane response from doctors to an awful medical problem faced by every society, including ours.

But if you're Archbishop Fisher? Much easier just to say "Look! Now they're killing babies!"

Fear. Uncertainty. Doubt. FUD. It's been said that, "A paranoid is someone who knows a little of what's going on".

So when somebody like Archbishop Fisher says ...

Anthony Fisher: Finally, who dies in a euthanasia culture? The weak, the frail, elderly, the sick, the handicapped, the depressed, babies.

Andrew Denton: ..what he's really doing is hoping to make you feel a little more paranoid about assisted dying.

In deliberately creating the impression that "the elderly, the disabled, babies and the frail" will be "singled out" and "made vulnerable" under these laws – a suggestion, unsupported by facts, and clearly refuted by the disabled and the elderly who live in these countries – Archbishop Fisher, and others who claim to have the welfare of the vulnerable at heart, are only serving to increase their sense of vulnerability instead.

Now you know what those poisonous seeds of FUD look like, next time you encounter one, do your best to weed it out.

[SONG 'FORTY EIGHT ANGELS' BY PAUL KELLY]

Andrew Denton: If you'd like to know more, or hear the full debate between Archbishop Fisher and Peter Singer, head to the episode page at wheelercentre.com/slash_better_off_dead.

Next episode, we're going to look more closely at the vulnerable elderly in Australia and shine a light on our country's dark little secret. Why is it that, in the absence of a law for assisted dying, such a disturbing number of our elderly are choosing to kill themselves in lonely and violent ways? And why have some of Australia's coroners chosen, for the first time, to speak out publicly about it?

[CLOSING CREDITS]