



**LUTHERAN
CHURCH**
OF AUSTRALIA

**SOUTH AUSTRALIA
NORTHERN TERRITORY**

**Lutheran Church of Australia SA-NT District Submission to
Legislative Assembly of the Northern Territory
The Legal and Constitutional Affairs Committee
Voluntary Assisted Dying Inquiry**

Thank you for the opportunity to contribute to this very important discussion.

Our remarks mainly relate to legislation to legalise medically assisted suicide and voluntary euthanasia (referred to in the Consultation Paper as “voluntary assisted dying (VAD)”) and to appropriate care for the dying.

We are familiar with the arguments for medically assisted suicide and do not doubt the sincerity of those who make them. We sympathise with all who have witnessed the harrowing suffering and death of loved ones, and with people who are currently living with pain, debility and dependence as they approach the end of their lives.

In our view, allowing medically assisted suicide, even for a small and carefully delimited group, is such a hazardous course of action that we urge you not to take it. There is a truly compassionate alternative that preserves the dignity of, and respect for, all people.

The following is adapted from the Lutheran Church of Australia’s position statement on euthanasia.

Euthanasia legislation

The Lutheran Church of Australia advises strongly against the legalisation of medically assisted suicide and other forms of mercy killing primarily because such killing is contrary to the word of God. Our position is based, above all, on ethical considerations concerning the life and death and inherent dignity of human beings. The ‘right to life’ of every person must be protected by law. The ‘right to die’ concept is completely foreign to sound biblical ethical principles.

Supporters of medically assisted suicide frequently appeal to the principle of autonomy and argue that granting a few individuals legal access to it poses no threat to anyone else.

We point out firstly that neither assisted suicide or voluntary euthanasia are ‘autonomous’ acts. The assistance or cooperation of other parties is required. The legalisation of assisted suicide requires the community to agree to the decriminalisation in certain circumstances of the aiding and abetting of suicide. The legalisation of voluntary euthanasia requires even more radical changes to the criminal law.

We point out secondly that there are indeed very serious consequences for others involved with legalising assisted suicide and/or voluntary euthanasia, e.g. for vulnerable individuals and their families, for healthcare workers and for healthcare policy and funding, as we outline below.

- a. Euthanasia legislation and practice extend the 'life-not-worth-living' concept which already has a foothold in our society in abortion law and in eugenic practices in medically assisted reproduction. This concept promotes the common but socially dangerous idea that human dignity is contingent, not inherent.¹ It could be argued that the abuses reported in the two recent Royal Commissions in aged care and disability care could largely be attributed to the practical outworking of this idea;
- b. If medically assisted suicide is a 'reasonable option' for people facing difficult life situations, and it also relieves others of the burden of caring for those people, it will soon be seen as the 'responsible option'. There will inevitably be moral pressure from relatives, carers, the community more widely—as well as governing authorities—on patients and doctors to avail themselves of 'voluntary assisted dying', even though the actual wish of the patient is against it;
- c. Euthanasia legislation does not eliminate the existing dangers of uncertainty in diagnosis, errors of observation, and the misinterpretation of patients' wishes;
- d. Our society does not tolerate the sentencing of a person for a serious crime if reasonable doubt exists as to the person's guilt, and in many places capital punishment has for that reason and others been abolished. As euthanasia involves the certain death of an 'innocent' person, we must not tolerate any margin of error or uncertainty as to the patient's wishes or as to the diagnosis of incurability. Neither can be absolutely ascertained;
- e. Euthanasia puts at risk people both young and old who have chronic and terminal conditions, and significant congenital or acquired mental or physical disabilities. These people need benevolent, insightful modern medical care, not the administration of 'death on demand';
- f. Legalised euthanasia works against current campaigns to prevent suicide, which encourage us to interpret talk of suicide as 'a cry for help', and against the current healthcare policy of interpreting requests for assistance to die also as a cry for help;
- g. No government can guarantee the effectiveness and permanence of limits and safeguards in any euthanasia legislation. The evidence of abuses is all too clear from other jurisdictions where it is, or was previously, in operation. See for example J Keown 2018, [*Euthanasia, Ethics and Public Policy: An Argument Against Legalisation Second Edition*](#), Cambridge University Press for a recent overview.

¹ The belief that human dignity is inherent comes to us from the Judaeo-Christian teaching that every human is created in God's image. This belief has been fundamental to Western societies' growth in commitment to human rights and protection of their most vulnerable citizens. This belief is not 'natural' however. It must be cultivated continuously. The natural state is to believe that human dignity is contingent. Given full rein, the belief that human dignity is contingent leads to barbarism.

Care for the dying

In a truly compassionate approach to care for the dying, the focus must be on maximising care, not on minimising suffering. A focus on the minimising of suffering too readily leads to the elimination of the sufferer. Killing a person, however 'gently' or 'considerately', is really an act of violence.

- a. The church is aware of advances in medical technology and therefore of the possibilities of sustaining life beyond the scope of 'ordinary' means of medical treatment.
- b. The church is mindful that in the light of advances in medical technology, it can be difficult to make clear distinctions between 'ordinary' and 'extraordinary' treatment.
- c. The church supports the following criteria for the responsible care of terminally ill or dying patients:
 - i. Physicians should at all times treat their patients with dignity and respect, and use all 'ordinary' means available to them to preserve their lives and keep them as comfortable as possible;
 - ii. Physicians should as often as practicable inform patients and their families of the purpose of using 'extraordinary' means and respect patients' wishes to stop treatments that are excessively burdensome, or which have little or no prospect of effecting a cure;
 - iii. Physicians, pharmacists and other healthcare workers should preserve the integrity of, and public trust in, their professions and the healthcare system more broadly by refusing to facilitate suicide or participate in any other form of mercy killing;
 - iv. Physicians should always ensure that their patients' demand for proper spiritual care be met with respect, understanding, and good-will, and do what is in their power to provide opportunities for spiritual care;
 - v. Physicians should never hesitate to alleviate pain and physical distress. However, they should be mindful of the fact that the dimensions of pain and distress often go beyond the merely physical. Good palliative care addresses psychological and spiritual suffering as well as pain and bodily care;
 - vi. Physicians should remember that the church is called to help both physician and patient in the process of decision-making and that the church in its pastoral wisdom will continue to remind the medical profession of its responsibilities, obligations, and privileges.

Our appeal to governments

We urge our governments at all levels to help as many Australians as possible who face a foreseeable death preceded by a process of increasing debility to prepare well for their deaths and to die well without opening the door to legalised euthanasia. We recommend:

- a. promoting discussion in society about how we can help people to live well near the end of their lives when mercy killing is not an option;

- b. mainstreaming into the education of healthcare professionals training on helping people approach and face death well, and bringing them comfort in their dying;
- c. apportioning sufficient funding to enable as many people as possible to conveniently access high quality, comprehensive palliative/hospice care;
- d. training sufficient medical and paramedical personnel to provide high quality, comprehensive palliative/hospice care;
- e. steadfastly refusing to enact any form of euthanasia legislation even in the face of increased pressure by influential euthanasia supporters.

Specific Concerns

The Lutheran Church of Australia established the Finke River Mission in 1877 in Hermannsburg, and today there are around 5000 indigenous members of the church in 40 communities across the Arrarnta, Pitjantjatjara, Luritja, Alyawarr and Anmatyerr language areas. We have a particular concern for how the members of these communities would be impacted by the legalisation of medically assisted suicide, given the chronic health challenges they face, the reticence to seek medical treatment, challenges toward accessing this care and difficulties in communication. Furthermore, we are deeply troubled by the mixed messages that legalising medically assisted suicide would give in the context of high rates of suicide.

Conclusion

We strongly support government investment in palliative care and other means of support for the dying. By utilising these means, we come to understand how each life, including our own, is sacred and precious beyond any contingency we, or society, might impose. Our society is as good, or as indifferent, as its care for the vulnerable and weak show it to be.

We ask the Northern Territory parliament to promote discussion about how we can help people live well when approaching the end of their lives, without the option of euthanasia, whichever term we use to describe it. We ask that you encourage healthcare professionals in their duty to care for such people. We ask government to generously fund palliative care, and resources such care with the trained people it needs.

And finally, we ask that you steadfastly refuse to enact any form of euthanasia legislation even in the face of increased pressure and lobbying.

We continue to pray for you, and your leadership of the Northern Territory, that all of us may live life well as can be, for all of our days on earth.

Pastor Andrew Brook

Bishop-Lutheran Church of Australia SA/NT District

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