

# JCU ePrints

This file is part of the following reference:

**Sceriha, Madge G. (2008) *Death rights: hearing the voices of older women in the voluntary euthanasia debate*. Masters (Research) thesis, James Cook University.**

Access to this file is available from:

<http://eprints.jcu.edu.au/2127>



Death Rights: Hearing the Voices of Older Women  
in the Voluntary Euthanasia Debate

Madge Grace Scerih, BA, BSW, Post Grad Dip Women's Studies  
James Cook University, Townsville, Queensland  
June 2008

In partial fulfilment of the requirements for the  
Master of Women's Studies with Honours, School of Arts and Social Sciences,  
James Cook University, Townsville, Queensland

### **Statement of Access**

I, the undersigned, author of this work, understand that James Cook University will make this thesis available for use within the University Library and, via the Australian Digital Thesis network, for use elsewhere.

I understand that, as an unpublished work, a thesis has significant protection under the Copyright Act and I do not wish to place any further restriction on access to this work.

---

Madge Sceriha

---

Date

## Statement of Sources

### **DECLARATION**

I declare that this thesis is my own work and has not been submitted in any form for another degree or diploma at any university or other institution of tertiary education. Information derived from the published or unpublished work of others has been acknowledged in the text and a list of references is given.

---

Madge Sceriha

---

Date

### **Declaration on Ethics**

The research presented and reported in this thesis was conducted within the guidelines for research ethics outlined in the *National Statement on Ethics Conduct in Research Involving Human* (1999), the *Joint NHMRC/AVCC Statement and Guidelines on Research* (1997), the *James Cook University Policy on Experimentation Ethics, Standard Practices and Guidelines* (2001), and the *James Cook University Statement and Guidelines on Research Practice* (2001). The proposed research methodology received clearance from the James Cook University Experimentation Ethics Review Committee (approval number H1504).

---

Madge Sceriha

---

Date

## **Acknowledgements**

I sincerely wish to thank the women who so generously agreed to participate in this research. They believed the issues needed to be discussed more widely within the community and gave thoughtful consideration to all the questions I raised with them. I appreciated the many ideas they introduced to the discussion from their own observations and experiences too. These have enriched my reflections throughout the research journey.

I offer my grateful thanks to Professor Ros Thorpe, whose encouragement, support and wise counsel have been everything I could have hoped for in a supervisor. She stood with me through the most challenging of times, always believing in me, which made it easier for me to continue to believe in myself.

To my mother, Grace, my son, Michael and specially my daughter, Rhonda and son-in-law, Stuart, please know you have my everlasting gratitude for your patience and understanding throughout and your constant loving support always.

And finally, in loving memory of my partner, Evan and my sister, Jo, whose dying has taught me so much.

## **Abstract**

This thesis explores the opinions of older women about end of life issues with a particular focus on whether voluntary euthanasia and physician assisted suicide should be accessible as options for the terminally ill. It describes, and critically reflects upon, the opinions and experiences of 12 older women from the University of the Third Age (U3A), an organization for older people here in Townsville in North Queensland. These women had responded to a letter from me, published in the local U3A Newsletter, in which I had invited women members interested to participate in this research to contact me to arrange an interview.

My interest to hear the voices of older women in this debate emerged heuristically as I reflected upon my personal experience as an older woman who had felt helpless and ignorant when confronted by my terminally ill partner's suffering. Many questions had arisen for me about why there was no way he could have accessed assistance to die as his condition worsened. This interest grew as I read widely about voluntary euthanasia and was reinforced by the publicity surrounding a radicalised voluntary euthanasia lobby and the suicides of two older women supporters of the voluntary euthanasia movement. I pondered opposing viewpoints also, especially those which predicted older women would be among the most vulnerable to the 'slippery slope' consequences which opponents believed would follow the legalising of voluntary euthanasia. I wondered if other older women were questioning as I was and how to encourage more widespread community conversations about these controversial issues. I decided to inquire further and this thesis is the outcome of that inquiry.

I used a guided interview schedule based on broad areas of interest around end of life challenges which encouraged a conversational approach to the purpose in hand, and allowed other relevant ideas and issues to emerge which may not have arisen otherwise. I applied the principles of theory triangulation to the analytic process as an heuristic tool. This involved embracing feminist standpoint theory from a perspective not unlike post modern feminism, as well as utilising the principles of a broadly based critical tradition to engage with post modern thinking. In this way I was able to acknowledge the importance of subjectivity, but from a perspective in which the individual is perceived as being socially located in complex power relations and structural divisions (Hirschmann, 2004; Thompson, 2000; Young 1990). At the end of each of these chapters I have critically reflected on aspects of the socio-cultural and

political context within which the participants opinions have been formed to highlight the significance of the personal-political nexus in that process. This critically reflective approach allowed me, as the researcher and as participant-partner, to add my voice to the analytic process as a feminist, an older woman, a woman with a disability and an activist in all these three areas of interest.

The findings have been reported as thematic clusters under the chapter headings: Older Women Speak Out: About Death and Dying, About Voluntary Euthanasia and About Quality of Life. It appeared that, while death was not feared, the dying process was a more daunting prospect, especially if it was likely to involve a protracted period of decline and deterioration. Few of the participants had any experience with palliative care and, those who did, were disappointed that it had not lived up to their expectations. Most adamantly rejected the prospect of admission to a nursing home and, though several speculated that suicide may be their only alternative, most hoped they would be able to remain living independently in their own homes, with support if necessary, till they died.

The concepts which emerged in the findings chapters as the critical reflective process unfolded, appeared to cluster with the concept of 'ethics of care'. Some feminists,, including feminists within the disability movement, advocate working with ethics of care from within a political rather than a psychological framework and, as a consequence, to locate this important ethical issue within the social domain (McLaughlin, 2003; Sevenhuijsen, 1998). This perspective informs the final chapter in which I take the critically reflective process forward to vision a different future in which ethics of care understandings about the interdependencies between people are given full scope. I propose tentative strategies to implement this at grassroots, professional practice and policy development levels.

These strategies for change include exploring opportunities for alliances to be negotiated between groups which have interests in common around social care provision and the protection of the rights of vulnerable people. Such alliances are particularly relevant in the light of what has been identified as a health care crisis. Locating care in the social domain challenges the privileged position of medicine as the current model of practice but not in a way which denies the importance of medicine in end of life care. Both are vital to good quality of care which, ethics of care feminists identify, is central to social functioning. This is as important at the end of life as at any other time to ensure a holistic approach to end of life management

centres on the well being of the person who is dying, is sensitive to that person's right to be heard and respects her/his wishes. This is a process which has been likened to a 'midwifing' through the dying process and, making the hard choices which those who seek an easeful end request.

## Table of Contents

Statement of Access .....	i
Statement of Sources.....	ii
Declaration on Ethics .....	iii
Acknowledgements .....	iv
Abstract .....	v
Table of Contents .....	viii
List of Tables .....	1
<b>Chapter One: Introduction.....</b>	<b>2</b>
The Origins of the Study .....	2
Heuristic Research Beginnings.....	3
Theoretical and Socio-political Context of the Research Process .....	4
Thesis Structure.....	6
<b>Chapter Two: Review of the Literature.....</b>	<b>8</b>
Controversy and Contradiction .....	8
Dying and Death.....	9
Voluntary Euthanasia – No Simplistic Solutions .....	12
The Future, Ready or Not.....	14
<b>Chapter Three: Methodology .....</b>	<b>17</b>
Introduction .....	17
Research Goal.....	17
Research Aims .....	17
Locating Myself as the Researcher .....	18
My feminist view of reality .....	18
In Interaction with the Participants .....	20
In Critically Reflective Discourse.....	21
Theoretical Determinants.....	22
Feminist Framework.....	22
Critical Perspectives.....	25
Qualitative Research Decisions.....	26
Guided Interview Schedule .....	26
Participant Recruitment, Profile and Welfare Considerations .....	27
The Interview Process.....	30
Data Analysis.....	31
Research Limitations .....	32
Summary .....	33
<b>Chapter Four: Older Women Speak Out About Death and Dying.....</b>	<b>34</b>
Introduction .....	34
Setting the Scene .....	34
Death and Dying.....	36
On Speaking Out.....	36
Confronting Their Own Mortality .....	41
On Being a Carer for a Dying Person .....	44
Terminal Illness.....	46
Palliative Care .....	46
Suffering.....	48

The Medicalising of Terminal Care .....	51
The Technological Imperative .....	51
Organ Donation & Stem Cell Research .....	53
Critical Reflections .....	55
Bioethical Dilemmas.....	55
Health System Crises.....	57
Emergent Concepts – Care: Burden or Right .....	58
Summary .....	60
<b>Chapter Five: Older Women Speak Out About Voluntary Euthanasia .....</b>	<b>63</b>
Introduction .....	63
Setting the Scene .....	64
In Support of Voluntary Euthanasia and Physician Assisted Suicide .....	66
Choice and Agency .....	66
Resisting the Status Quo .....	69
Suicide.....	72
Assisting Suicide.....	75
Contradictions.....	78
Media Message.....	78
Sanctity of Life.....	80
Slippery Slope .....	82
Principle of Double Effect.....	84
Critical Reflections .....	85
Parallels with the Abortion Debate – a different end of life experience.....	85
Voluntary Euthanasia and Physician Assisted Suicide – Criminal Acts or Caring, Compassionate Acts.....	88
Emergent Concept: right to quality of life, a quality of dying concern .....	91
Summary .....	94
<b>Chapter Six: Older Women Speak Out About Quality of Life.....</b>	<b>96</b>
Introduction .....	96
Setting the Scene .....	97
Independence Under Threat – Participants Explore Their Uncharted Futures....	98
Fears of Increasing Frailty and Disability .....	98
Fear of Dementia .....	101
Fears About Being Admitted to a Nursing Home .....	104
Power.....	106
Ageism, Sexism, Ableism – discourses which support disempowering practices and attitude .....	106
Autonomy and Decision Making .....	110
Critical Reflections .....	113
Older Women’s Standpoint .....	113
Learning from the disability movement .....	116
Emergent concept – end of life care: social or medical domain? .....	118
Summary .....	121
<b>Chapter Seven: Concluding Critical Reflections.....</b>	<b>123</b>
Introduction .....	123
Voices – whose and how are they heard in the voluntary euthanasia debate?.	124
Knocking on heaven’s door .....	128
Ethics of care .....	130
Visioning a different future .....	132
Actioning the Vision .....	137

<b>Bibliography .....</b>	<b>142</b>
Appendix 1 – Letter to Women of U3A .....	154
Appendix 2 – 2 <sup>nd</sup> Letter to Women of U3A.....	155
Appendix 3 – Letter to Participants.....	156
Appendix 4 – Participant Information Sheet .....	157
Appendix 5 – Ethics Consent Form .....	159
Appendix 6 – Poem .....	161

**List of Tables**

Table 1 - Broad Demographic Profile of Participants .....28