



Assisted suicide post-mortem: no cancer found

1 Introduction

The euthanasia debate in Australia took an unexpected twist in May 2002. In order to challenge Australia's prohibition of euthanasia, and to stimulate public debate, a highly-publicised suicide took place attended by family and friends.

2 What happened

Nancy Crick, 69, took her life on Wednesday 22nd May surrounded by 21 supporters. Mrs Crick's suicide plan had received intense media attention. The euthanasia lobby, including well-known advocate Dr Phillip Nitschke, had embraced Mrs Crick as a champion of their cause. Their publicity stunts included selling copies of her front door key to encourage people to attend her death – an act of civil disobedience.

Throughout the media campaign, Mrs Crick was described as being terminally ill, having bowel cancer. On her website (www.nancycrick.com), she claimed she had been suffering from bowel cancer for three years, and was a "27kg shell". In reality she weighed 39kg, and was in fact *not* suffering from malnutrition.¹

At one stage she certainly did have cancer; she had undergone surgery. But a post-mortem has failed to find any cancer. Instead, it was determined that she had a twisted bowel – not a terminal condition.

It then became clear that both Mrs Crick and Dr Nitschke had been told by medical specialists that she did not have cancer and that she was not terminally ill. This information was not passed on to the family.² Specialists had also told her that surgery and treatment could improve her condition.

Police are investigating a claim that Mrs Crick had expressed confusion about whether she should pursue medical treatment or continue with the euthanasia movement.³

¹ Griffith C, Doneman P, Thomas H. "What specialists told Nancy Crick: You are not terminally ill", *The Advertiser* Wednesday May 29 2002, p1

² *ibid*

³ *ibid*



3 Ethical analysis

3.1 Mrs Crick not terminally ill

Dr Phillip Nitschke has said that whether or not she had cancer was irrelevant,⁴ although he admitted it was a “mistake” for the euthanasia movement not to make the information public.⁵

The Netherlands’ newly established law allows euthanasia for those who are suffering, not only from a terminal illness. Those supporting euthanasia on grounds of heightened autonomy see such restrictions as repressive. So for the euthanasia lobby, the news that Mrs Crick was probably cancer-free will not change their position. Suffering was enough to justify her death.

Neither will it affect the anti-euthanasia position, since they do not support euthanasia for any reason. It merely reiterates the danger inherent in legalising euthanasia.

But for the rest of the public, perhaps undecided or sympathetic to Mrs Crick’s plight, the news matters a lot, for they have been deceived. And for Mrs Crick’s family it is a tragedy, since they believed she had terminal bowel cancer.

The situation raises several questions.

Why did Dr Nitschke fail to accurately determine her health status before the publicity campaign began? Why did he make the “mistake” of concealing the information from her family and the public?

It seems that Dr Nitschke did not strongly encourage Mrs Crick to exhaust treatment and palliative options. How can the Australian public take seriously any proposals purporting to require the patient to be ‘terminally ill’ with ‘no prospect for recovery’? Does Dr Nitschke and the euthanasia lobby propose any limits at all on euthanasia?

3.2 An autonomous act?

Many observers have commented that Mrs Crick’s promise to commit suicide became a juggernaut. Mrs Crick said that when she decided to try palliative care, stalling her plans for suicide, she received abuse from a euthanasia supporter.⁶ Her alleged ambivalence, expressed to a practitioner, is of great concern.

Is this indicative of a movement based on complete respect for one’s autonomy? Would it have even been possible for her to change her mind?

⁴ “Crick’s body released despite inconclusive post-mortem”, *ABC News* Monday May 27 2002.

⁵ Griffith C, Doneman P, Thomas H. “What specialists told Nancy Crick: You are not terminally ill”, *The Advertiser* Wednesday May 29 2002, p1

⁶ www.nancycrick.com, journal entry dated 27th April 2002



One thinks of a little boy surrounded by chanting friends, cheering him to jump off the cliff into the water. It is against his better judgment, but he has very little chance of turning back. Peer pressure is powerful and not always obvious.

There can be no doubt that Mrs Crick was subject to pressure to go through with her promise. In her last few weeks of life she formed many new friendships which were unfortunately conditional on her death.

3.3 Media ethics

Questions are also raised about the behaviour of the media. Mrs Crick and Dr Nitschke were granted an intense media presence, always cast in a favourable light. But it has been known for a long time that it is bad practice to publicise suicide. The copycat effect is predictable and tragic; in this case the 'copycat' emerged even before Mrs Crick's funeral had taken place.

3.4 Respect for the law

The willingness of euthanasia advocates to flout the law should alert the public to wonder whether the 'strict' euthanasia laws proposed will actually be adhered to. The public was led to believe, for example through the Northern Territory's Rights of the Terminally Ill Act, that only the terminally ill would receive euthanasia. It was also taken for granted by many that the euthanasia candidate would be correctly diagnosed.⁷

It is accepted that doctors sympathetic to the cause would be the first to put it into practice if it becomes legal. The public cannot have any confidence in such doctors to do so transparently and according to the law.

3.5 Civil disobedience

Civil disobedience is a new tactic for the pro-euthanasia lobby. Already a 'copycat' volunteer has appeared, a 53-year old woman suffering from motor neurone disease.

But civil disobedience is a strategy that has traditionally been used to fight unjust laws. It cannot be argued that prohibition of euthanasia is unjust. Rather, the prohibition of intentional killing is the only way to protect the right to life. The European Court of Human Rights, the British High Court, and the US Supreme Court have all determined that there is no right to be killed.

Civil disobedience is also characterised by activists breaking the law and being prepared to accept the consequences. Dr Nitschke, however, fled to the Northern Territory before Mrs Crick committed suicide. And euthanasia supporters have urged

⁷ Detailed discussion of the patients who received euthanasia under the Northern Territory's short-lived law showed that detection of depression was problematic since patients seeking euthanasia perceived mandatory assessment as a hurdle to be overcome. It was also found that medical opinions about the terminal nature of illness differed. Kissane D, Street A and Nitschke P. "Seven deaths in Darwin: case studies under the Rights of the Terminally Ill Act, Northern Territory, Australia" *The Lancet* Vol 352 (October 3 1998): 1097-1102



the State of Queensland not to prosecute the 21 people attending Mrs Crick's death. It seems that Mrs Crick's death was the only outcome they were willing to accept – nothing more, and nothing less.