In late 2009, a South Australian euthanasia bill was only narrowly defeated. Less than a year later, a new bill introduced by Stephanie Key MP and Mark Parnell MLC, stands a good chance of becoming law, thanks to the dogged persistence of the euthanasia lobby.

It is time for the rest of us to start thinking about our loved ones, especially those who are elderly, sick, or disabled, and how we may protect them, reassure them, and uphold their dignity in the face of a euthanasia regime.

In support of her bill, Stephanie Key has cited two cases of people suffering from terrible illnesses, with whom we can surely have only the greatest sympathy. But what does it mean to support euthanasia in such cases?

Euphemisms aside, euthanasia is about killing such people out of compassion. It means we agree that killing people is sometimes the best answer to their suffering. We agree that some people's lives are no longer worth living. And we agree that the state government should authorize doctors to end such people's lives.

Recent research from Belgium has shown that despite stringent legal safeguards, doctors killed almost as many patients without their consent as they did with their consent. This might come as a shock to many people, but don’t we agree that some lives are no longer worth living? Why should such people be left to suffer, simply because they are unable – mentally or physically – to make an explicit legal request to be killed?

In Holland, a petition with 100,000 signatories now calls for legal access to euthanasia for people over the age of 70, who are ‘tired of life’ or feel that their lives are ‘complete’. Is this a sign of the changing values in a country that has embraced euthanasia for many years? Can we discriminate against such people, refusing to kill them even though they want to die, and consider their own lives no longer worth living?

The danger to our vulnerable loved ones does not come just from this euthanasia bill, or the next one, but from a growing acceptance that death is the answer to suffering, and we are right to ‘administer’ it when we deem necessary.

The question is, who will the community and the government deem fit for euthanasia? In advocating for her euthanasia bill, Stephanie Key refers to people suffering terminal illness, permanent unconsciousness, or those suffering ‘irreversible impairment’ to their quality of life. Who fits in these categories, and who can be made to fit, if euthanasia becomes normalised in our society?

Our community risks inflaming the perception that sick, elderly, or disabled people are a burden to themselves, their families, or the community, who would perhaps be better off seeking the ‘compassionate’ option. Those of us with loved ones in such a vulnerable state must actively reassure them that this is not the case, and take pains to protect them from the ‘compassion’ of well-meaning euthanasia advocates. We can no longer rely on the law to protect the weak and vulnerable, nor can we depend on any presumption in favour of life within the broader community.

If Stephanie Key’s euthanasia bill is successful, then our vulnerable loved ones will certainly face new options and new pressures – both implicit and explicit. We must be prepared to reaffirm the value of their lives, and our unconditional love for them, amidst a community that will increasingly promote compassionate killing, with the assumption that only fit, healthy, ‘unimpaired’ lives are truly worth living. The demands of those determined to die on their own terms with approval and cooperation of the state will soon force onto the rest of us a new vigilance in the protection and reassurance of the vulnerable.

* “After me, the deluge” - attributed to French King Louis XV. Often interpreted as a statement of indifference toward one’s legacy, or the long-term consequences of one’s actions.