

Physician assisted suicide and euthanasia: dangerous and unnecessary

The judge in the leading current court case on this matter acknowledged that legalization of PAS/E would result in an increased risk of wrongful death. She challenged the statement by the lawyers for the government of Canada that the risk of one wrongful death was too many. She stated that this standard was too high for a “medical procedure.”

This statement summarizes the whole debate on PAS/E in a nutshell. Is giving a patient a lethal injection (euthanasia) or supplying them with the means to end their life (Physician assisted suicide) murder or is it a medical procedure?

The answer to this question has serious implications for the practice of medicine and for patients.

Background

On June 15, 2012 a BC judge handed down a decision in *Carter v. Canada (Attorney General)* striking down the *Criminal Code* provisions against aiding or abetting a suicide. While the appeal court overturned the decision it is now going to the Supreme Court of Canada.

On June 12, 2013 the Quebec National Assembly introduced Bill 52 that tries to legalize “medical aid in dying” or euthanasia in Quebec. It was recently passed by the Quebec National Assembly.

s. 30 of this proposed legislation requires that any physician who refuses a patient’s request for PAS/E for reasons of conscience must forward the request form to the director of professional services of the local health authority who will find a physician to process the request. All hospitals and nursing homes in the province must provide “medical aid in dying.”

Practice of Medicine

Bill 52 makes “medical aid in dying” part of end of life care. The legislation has a provision that states that no one will be required to perform euthanasia against their will. However, physicians, nurses, and pharmacists who object to the practice, could be open to discrimination in hiring if this practice is part of their job requirements and PAS/E is legalized across Canada. Furthermore, many

physicians would object to being required to forward the request for PAS/E to the appropriate official on conscience grounds. Sometimes the appropriate official might have conscience concerns themselves.

Under Quebec legislation, all hospitals and nursing homes would be required to participate in PAS/E even if their organization was morally or ethically opposed to the practice. This deprives patients of the peace of mind of living out their final days in an institution where they have no risk of wrongful death.

Under the *Charter of Rights and Freedoms*, Canadians enjoy freedom of conscience and religion. Conscience protections need to include protection from referral, participating in the procedure and discrimination against those who refuse to participate. If conscience protections are not complete they require health professionals to make an impossible choice – go against your conscience or stop providing care. Many doctors have a predictable reaction – their role is to heal – not kill their patients.

In addition, PAS/E threatens to undermine the physician patient relationship that must be based on trust. If one of the “treatment” options is that the physician has the power to kill the patient, then the patient will be very reluctant to share their inmost feelings about a life threatening diagnosis. The Dutch experience is instructive here. Many people carry documents indicating that they do not want to be euthanized in the event of a serious accident.

Risk of Patient’s Wrongful Death

- It is common for patients to want to end their lives after traumatic life events, sudden serious illness, mental health problems, disability or accident, yet later change their minds. If the patient meets the criteria outlined in Bill 52 (age, competency, lack of ambivalence, etc) they must be administered PAS/E. If it is legalized it will become a legitimate medical procedure, and there will be no obligation, much less a right, for health care professionals to discourage the patient to choose euthanasia.
- It is very common for people who require a lot of care to feel guilty about the inconvenience caused to caregivers. In 2013, 49% of the people who ended their lives through PAS in Oregon did so because they felt they were a burden to caregivers. People in this vulnerable state can be improperly influenced by family or caregivers who have an interest in their premature death or a strong commitment to euthanasia as a solution. This problem will become even more acute as static health care budgets contend with the medical service needs of the baby boom generation.
- Medical prognoses are often inaccurate.
- Legalization essentially removes *Criminal Code* sanctions and law enforcement scrutiny from the PAS/E process. “Oversight” in jurisdictions that allow PAS/E consists of completion of forms after the fact. Proper

audit and investigation would be so costly that jurisdictions find it prohibitive.

- Data from jurisdictions that have already legalized PAS/E indicates that protocols are not followed and physicians underreport cases of PAS/E. A study of PAS/E deaths in Flanders, Belgium published in the CMAJ in May, 2010 found that 32% of euthanasia deaths occurred without the explicit request or consent of the patient. A 2010 article published in the British Medical Journal also dealing with the Flanders area of Belgium documented that 47.2% of all euthanasia deaths went unreported.
- Recent articles have highlighted the practice of “doctor shopping” in Oregon in which a medical opinion against PAS for a particular patient can be superseded by two other doctor’s opinions in favour of PAS who need not necessarily have had a prior relationship with the patient. The vast majority of assisted suicides in Oregon are delivered by Compassion and Choices, a PAS lobby group.
- Categories of persons permitted to end their lives have been expanded in other jurisdictions after PAS/E has become legal, such as in Belgium where two twin brothers who were deaf and becoming blind were legally killed. Recently, a patient was killed who had experienced a botched sex change operation. The national legislature in Belgium has legalized PAS/E for children under the age of 18. The Netherlands has already legalized the euthanasia of infants. In fact, in the Carter case itself, the judge expanded the category of persons who could end their lives prematurely beyond the facts of the case. The protocol proposed by the judge did not require that the patient suffer from a terminal illness.
- Disabled rights advocates express concern about a kind of reverse discrimination that would come about if these proposals go ahead. In a world in which PAS/E is legalized an able bodied person who had suicidal thoughts would be treated to help them get some relief. If a disabled person had the same suicidal thoughts, however, they would receive the same treatment, but physician assisted death would also be discussed as an option. Suicide is an action of an individual while PAS/E requires the assent at least one other person and of the society that permits it and pays for it. The society is therefore sanctioning a murder based upon the physical or mental characteristics of the person. In this sense PAS/E requires an acknowledgement that certain lives are not worth living. If PAS/E were legal would there be as much of an incentive to press government for increased resources for palliative care?

It Is Not Necessary to Take this Risk

Nine out of ten palliative care physicians in Canada are opposed to legalization. Their association says that end of life pain can be dealt with if the proper tools of modern medicine are available. The fact that only 30% of the Canadian population has access to appropriate palliative care resources raises a significant social justice concern: we should not resolve the problem of our tight health care budgets at the expense of those who have lost hope.

In fact, the Canadian Association of Palliative Care Physicians indicates that pain is rarely the reason patients ask for hastened death – it more often comes out of a desire to control the circumstances surrounding death.

Do Patients Understand the Risk?

Public opinion polls are frequently cited as evidence that Canadians want this change in health care. But polling numbers consistently go down when people understand exactly what has been proposed. Despite over 120 attempts at legalization in various states in the US, only three states have actually approved PAS/E. Most people do not appreciate that there is a clear risk of wrongful death and that they are personally assuming that risk if PAS/E becomes legal. As this becomes apparent in the midst of a public debate on legalization, people's opinions change.

Many people do not realize that PAS/E is different from refusal of medical treatment at end of life that is currently permitted in Canada. The ethical difference is that the person who administers PAS/E always intends to kill the patient, while the person who removes or refuses to administer treatments that represent an excessive burden simply intends to shorten the process of dying.

The legalization of PAS/E is both dangerous and unnecessary. Is it really worth the risk?

Please consider sending a letter to the Attorney General of Canada, the Hon. Peter MacKay expressing your concerns about these developments. Because this is a controversial topic in our society, the Attorney General would benefit from your support and professional opinion. A sample letter along with additional background information can be found on the CMDS Canada website.

CMDS Canada is opposed to PAS/E.

We believe that the whole universe and human life itself is a gift from God who loves us in all three persons: God the Father creates life, Jesus Christ redeems life and the Holy Spirit sanctifies life. God says "Thou shall not kill" and Jesus adopts the Ten Commandments as part of His teaching. Christians follow Christ's teaching so as to manifest His life to the world. An important way to do

that is to care for those who are seriously ill and near death so that they will be reminded how precious they are in the eyes of God. With the proper supports the experience of death need not be frightening. As Christians our desire is to support people at the end of life and relieve their suffering. We see PAS/E as patient abandonment at the time of greatest need. We are concerned that in a “throwaway culture” care for the intrinsic value of all human life has been neglected.

Want to help? Contact us at:

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