

The Gazette

Bill 52's loose wording is a dangerous omen for Quebec

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As Quebec's so-called Medical Aid in Dying bill, which has been approved in principle by the National Assembly, moves on for clause-by-clause study, some members of the National Assembly are concerned that the wording is too loose. They are worried that if the bill is passed as written, it would open up a path of death for too many patients.

Liberal Leader Philippe Couillard, a neurosurgeon, has a deeper concern. He says the bill in its current form is no different than active euthanasia. While palliative care eases a dying person's suffering and fears, euthanasia kills a person at their request - exactly what Bill 52 is proposing.

Couillard has a point. Though we are calling it "medical aid in dying," the practice is not part of medicine as Quebec has understood it to date. It does not medically aid patients in any way beyond the scope of palliative care. The only difference is that it legally allows doctors to kill patients.

As some MNAs have pointed out, this does not increase access to palliative care. It does not reduce wait times or improve Quebec's healthcare system.

Many MNAs have noticed that the current wording is not at all limited to cases of exceptional suffering.

This is troubling when you consider international precedents. Legalization around the world has always been followed by shifting criteria to include more and more people.

This is as true in the Netherlands, where euthanasia has been legal since 2002, as it is in Oregon and Washington state, where assisted suicide was legalized in 1997 and 2009, respectively.

What happens when you legalize killing by incorporating it into medical treatment? In Oregon, the number of deaths by assisted suicide has grown by 381 per cent between 1998 and 2012. Prescriptions for a poisonous cocktail to kill patients have grown by 379 per cent. And those whose deaths were "assisted" weren't all on death's door.

Take the story of Jeannette Hall of Oregon. In 2000, she received a cancer diagnosis and was told she had six months to live. Her case fit the bill for assisted suicide, and she requested it. But Hall eventually decided to seek cancer treatment. She has since recovered from her illness and is happy to be alive today, 13 years later.

Her story illustrates how loose criteria for assisted suicide could rob you of years of good life.

Even so, some in Oregon argue the law hasn't gone far enough. They want assisted suicide for those who are merely old. But aging is hardly exceptional, and definitely not a medical reason to be killed.

In the Netherlands, euthanasia deaths are increasing, but even more striking is the way access to euthanasia has expanded. The Dutch now kill seriously ill infants, with parental consent. They euthanize Alzheimer's patients who are no longer capable of asking for it.

Mobile euthanasia units were initiated in 2012, so doctors could do home visits to kill patients whose own doctors refuse to do so. The Dutch recently killed a woman who was "suffering unbearably" because she was going blind.

If that sounds unfortunate, consider the Belgian doctor who killed a transgender person who couldn't live with the outcome of a botched sexchange operation.

The Belgian parliament is seriously considering making it legal for a child to choose euthanasia if their parents agree and a psychologist has verified that the child knew what he or she was doing.

Killing the vulnerable is now not only legal, but commonplace.

Why? Because it has been accepted as medical treatment. In many cases, death has actually become the preferred medical treatment.

The Coalition of Physicians for Social Justice is warning that in Quebec, the government has already reduced approvals for new cancer drugs covered by the Quebec health insurance plan. Approvals dropped to 31 per cent so far in 2013 from 77 per cent of requests in 2012.

Bill 52 has great potential to harm many more than just the "exceptional few" it means to help.