

NATIONAL POST

National Post: Be wary of assisted death

Published August 20, 2014

By Derek Miedema

Dr. Brett Belchetz seems to think that legalizing assisted suicide is a no-brainer (['Zero progress on assisted dying,'](#) Aug. 12). He says the federal government is alone in its opposition to legalized doctor-assisted suicide. He believes the slippery slope is a myth and that helping patients kill themselves is consistent with the concept of doing no harm. But the case for legalizing the practice is not as open-and-shut as Dr. Belchetz would have you believe.

On July 25, a groundbreaking piece of legislation known as the Assisted Dying Bill passed second reading in Britain's House of Lords. This bill, supported in a recent poll by 73% of respondents, proposes to legalize a process whereby terminally ill patients, with less than six months to live, may self-administer life-ending medications. Should the House of Commons eventually vote the bill into law, England and Wales will join the company of Belgium, The Netherlands, Luxembourg, Switzerland, and the U.S. states of Oregon, Montana, Vermont, and Washington as the newest jurisdiction in the Western world to allow this practice. This development is especially relevant to us in Canada, as an accelerating whirlwind of recent events has pitted public opinion, lower court decisions and the decrees of individual provinces directly against the stated policy of our federal government on this issue.

Public support for legalizing assisted suicide hovers around 70%, but a 2013 Environics poll found that only 29% "strongly" support the practice. In comparison, only 26% of doctors agree with doctor-assisted suicide. Is it possible that doctors are more familiar with the vagaries of death than the general population? Or possibly that most doctors entered the profession, in order to help, not kill, people?

Seeing the slippery slope isn't terribly hard either. The situation on the ground in Belgium (which legalized euthanasia in 2002) and the Netherlands (which has a long history of access to euthanasia, even before legalization in 2001) points to a different reality than the one Dr. Belchetz describes.

In Belgium, like the Netherlands, euthanasia started with terminally ill people, then it was allowed for the mentally ill. Now, even though the law itself hasn't changed, anyone with unbearable physical or psychological suffering can be killed this way.

Twin deaf brothers who were going blind found a doctor who would kill them. A depressed mother was killed (her son found out when asked to collect her things from the morgue).

Earlier this year, the Belgian Parliament voted to make euthanasia legal for children, with parental consent.

A public campaign in the Netherlands argued that anyone over 70 and tired of life should be able to get euthanasia. It garnered enough support to force the Dutch Parliament to consider the proposal. In 2013, Dutch doctors killed a 70-year-old widow who was going blind. She wasn't dying, but she was a stickler for cleanliness and couldn't bear not being able to see the dirt on her clothes.

The movement in both countries is aimed exclusively at making more people eligible to be killed.

If society agrees that all suffering (physical and psychological) is bad and death is a potential solution, it will be next to impossible to limit euthanasia or assisted suicide to terminally ill patients. If euthanasia is good for them, why not for those who are mentally ill? If mental illness, why not dementia? If adults, why not children?

Quebec legalized assisted suicide and euthanasia earlier this year by passing Bill 52, which was modelled after the system in Belgium. Claude Leblond, president of the Quebec order of social workers and family therapists, applauded Bill 52, saying that, "the day may come when the wishes of children will also have to be taken into account."

Unbearable suffering exists in this world. I, for one, will not deny this, having watched my own father die of ALS. But unbearable suffering ought to be met with treatment and care to relieve that suffering, not a needle to kill the patient. The offer of death as treatment would put pressure on vulnerable, sick and elderly people to end their lives.

This is why many seniors and people with disabilities feel that legalized assisted suicide would put them at risk. If doctors decide that such people are better off dead, doctors may interpret their cries for help as a request for death. Legalizing assisted suicide or euthanasia would give them the go-ahead.

The question of legalizing euthanasia is not an open-and-shut case. We need all the evidence on the table before we take the big step of allowing doctors to kill their patients. After all, there's no chance of a do-over when it comes to death.

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