

Euthanasia and Assisted Suicide Fact Sheet

Updated July 15, 2009

C-384 is MP Francine Lalonde's third attempt to pass "right to die with dignity" legislation which would legalize assisted suicide and euthanasia in Canada.

Assisted suicide is defined by the Criminal Code as "counsel(ing) a person to commit suicide, or aid(ing) or abet(ing) a person to commit suicide". [1] This is specifically outlawed in Section 14 of the Criminal Code. [2]

Euthanasia is defined as "termination of life by a doctor at the request of a patient." [3] Section 229 of the Criminal code classifies euthanasia as murder. [4]

Problems with the bill include:

- **The language is vague:** anyone 18 years old or older who is interminably suffering or terminally ill can request death if they "appear lucid". This suffering can be physical or mental.
- **The bill makes no provision for a referral to a psychiatrist or palliative care specialist, only the requirement of informing the person requesting assisted suicide of their possible alternatives.**
- **Depression and hopelessness are treatable, and accompany all requests for death:** suffering "without any prospect of relief" is a sign of incomplete care, not an intractable situation. Physical suffering is treatable through palliative care.
- **The bill requires an advance directive from the patient identifying someone to speak on the patient's behalf, so that in the event of losing competency a medical practitioner can nonetheless kill the patient. This verges on involuntary euthanasia.**
- **The bill makes no mention of being only applicable to Canadian citizens** and would therefore make Canada a destination for people seeking assisted suicide from around the world.

Numerous studies have shown a strong correlation between the desire for assisted suicide or euthanasia and depression. [5] Depression is treatable through medication and/or counseling and mental anguish caused by depression.

One researcher, Dr. Harvey Chochinov, internationally recognized as a leader in palliative care research, has found that dignity in terminally-ill patients is recoverable through therapy. [6]

Yet a 2008 [study of assisted suicide in Oregon](#) found that a small number of depressed patients were given and died by toxic chemicals without being referred for counseling, as is required by Oregon's Death with Dignity Act. [7]

International context

In 1981 the Netherlands made euthanasia (assisted suicide in Canadian terms) legal through exemptions in Dutch law according to guidelines similar to those found in this bill. In the Netherlands in 1990, nine years after assisted suicide of terminally-ill patients became legal:

- 2,700 people died by euthanasia/assisted suicide [8]
- "Life-terminating acts undertaken without the patient's explicit request [involuntary euthanasia] appeared to occur 1,000 times" [9]

In 2002, Doctors in a Dutch province proposed the [Groningen Protocol](#), guidelines by which physician can decide, within the law, to kill severely disabled infants. [10]

On April 2, 2009, [The Times of London](#) reported that the head of Dignitas, a Swiss Euthanasia Clinic, asked the Swiss government for permission to euthanize the wife of a terminally-ill man at the same time as her husband, because, though physically healthy, she is distraught at the thought of her future without her husband. [11]

Dr. Margaret Cottle, a palliative care physician and a clinical instructor at the University of British Columbia offers this observation which is pertinent to both the Dignitas Decision and Ms. Lalonde's bill alike:

"'Euthanasia kills the patient twice.' The first time is when you look at the patient's life and say, 'Yeah, you're right. Your life really isn't worth living.' And the second time is when you actually do it." [12]

Death is not a healing therapy. Pain and suffering, whether mental, physical or spiritual can be treated.

Introducing legalized assisted suicide might serve a minority who desire control over the time of their own death, but it would likely take control out of the hands of a much wider group of people for whom ongoing life or treatment is too expensive to justify, given the new alternative of death.

Endnotes

[1] The Criminal Code of Canada, Section 241. Retrieved June 15, 2009 from http://laws.justice.gc.ca/en/ShowDoc/cs/C-46/bo-ga:l_VIII:bo-ga:l_IX/20090612/en?page=6&isPrinting=false#codese:241 This is specifically outlawed in Section 14 of the Criminal Code.

[2] *Ibid.*, Section 14. Retrieved June 15, 2009 from

http://laws.justice.gc.ca/en/ShowDoc/cs/C-46/bo-ga:l_VIII:bo-ga:l_IX/20090612/en?page=6&isPrinting=false#codese:14

[3] Netherlands Ministry of Foreign Affairs. (2008). Euthanasia FAQ. Retrieved July 15, 2009 at

<http://www.minbuza.nl/dsresource?objectid=buzabeheer:58796&type=pdf>

[4] Supreme Court of Canada. (2001). R. v. Latimer. SCC 1, [2001] 1 S.C.R. 3. Retrieved July 15, 2009 at

<http://scc.lexum.umontreal.ca/en/2001/2001scc1/2001scc1.html> See this definition of homicide in the Criminal Code of Canada, Section 229.

Retrieved June 15, 2009 from

http://laws.justice.gc.ca/en/ShowDoc/cs/C-46/bo-ga:l_VIII:bo-ga:l_IX/20090612/en?page=6&isPrinting=false#codese:229

[5] Emanuel, E.J. (2005). Depression, euthanasia, and improving end-of-life care. *Journal of Clinical Oncology* 23:6456-8., Wilson, K.G., Chochinov, H.M., McPherson, C.J., Skirko, M.G., Allard, P., Chary, S., et al. (2007). Desire for euthanasia or physician-assisted suicide in palliative cancer care.

Journal of Health Psychology 26:314-23., Rosenfeld, B., Breitbart, W., Gibson, C., Kramer, M., Tomarken, A., Nelson, C., et al. (2006). Desire for hastened death among patients with advanced AIDS. *Psychosomatics*. 47:504-12., Werth, J.L. Jr. (2004). The relationships among clinical depression, suicide, and other actions that may hasten death. *Behavioral Science and the Law* 22:627-49., Chochinov, H.M., Wilson, K.G., Enns, M., Mowchun, N., Lander, S., Levitt, M., et al. (1995). Desire for death in the terminally ill. *American Journal of Psychiatry* 152:1185-91.

[6] Chochinov, H. (2002). Dignity Conserving Care-A New Model for Palliative Care. *Journal of the American Medical Association*. Volume 287, Issue 17, pp. 2253-2260

[7] Ganzini, L., Goy, E.R., Dobscha, S.K. (2008). Prevalence of depression and anxiety in patients requesting physicians' aid in dying: cross sectional survey. *British Medical Journal* 2008;337:a1682. Retrieved June 15, 2009 from http://www.bmj.com/cgi/content/full/337/oct07_2/a1682

[8] van Delden, J., Pijnenborg, L. and van der Maas, P. J. (1993). "The Rummelink Study: Two Years Later," *Hastings Center Report* 23, no. 6 , 24-27. P. 24

[9] *Ibid.*, p. 25.

[10] Verhagen, E., Sauer, P. (2005). The Groningen Protocol — Euthanasia in Severely Ill Newborns. *New England Journal of Medicine*, volume 352:959-962. Table 2. Retrieved online June 15, 2009 from <http://content.nejm.org/cgi/content/full/352/10/959/T2>

[11] Brown, D. (2009, April 3). Dignitas founder plans assisted suicide of healthy woman. *The Times Online*. Retrieved June 15, 2009 from <http://www.timesonline.co.uk/tol/news/world/europe/article6021947.ece>

[12] Stirk, F. (2006). A Natural Death: An Interview with Dr. Margaret Cottle. *IMFC Review*, Spring/Summer 2006. Retrieved online June 15, 2009 from http://www.imfcanada.org/article_files/A_natural_death.pdf