

NATIONAL POST

My right to live trumps your right to die

By Derek Miedema, Published November 28, 2011

Letter-writer Anneke Jansen thinks her two severely disabled sons would be better off dead (Bring An End To My Children's 'So-Called' Life, Nov. 23). I give thanks every day that my disabled twin brother is alive.

Due to complications at birth, he is still in diapers and fed via a feeding tube even though he's 39. He gets around in a wheelchair only when pushed by someone else. He can't talk, and yet, he has taught me more about what it means to be human than anyone else I know.

Though the euthanasia question is framed in the language of choice and personal autonomy, the legalization of assisted suicide endangers those with no voice.

In Belgium, one-third of euthanasia deaths done by doctors occur without the explicit request of the person killed, according to a 2010 study of euthanasia in Belgium. Why? Some doctors decided for the patient that euthanasia was the best option. Though hard to believe, others thought the conversation about dying would be too stressful for the patient, so they killed them instead.

In Switzerland, a 23-year-old rugby player, paralyzed as a result of a training accident, was depressed. Who wouldn't be? He was euthanized despite research that shows people with a spinal cord injury can and do create a satisfying quality of life with time and proper societal and family support.

Reports from the Netherlands indicate that 500 people died without their consent in 2005 alone. A woman in the advanced stages of dementia was recently euthanized there. A long-time supporter of euthanasia, doctors killed her even though she was incapable of deciding for or against the euthanasia decision at the time of her death.

In Oregon, the law requires that patients get opinions from two doctors before they are approved to die. The problem here is that 58 of 61 patients who died under the law in one year got their second opinion from an activist doctor tied to the group pushing for legal assisted suicide all over the U.S.

When euthanasia is on the table, patients feel an added pressure to consider prescribed death. Oregon cancer patient Barbara Wagner received a letter from the Oregon Health Plan stating that they wouldn't pay for an expensive new drug that doctors felt might help her, but they would pay for assisted suicide.

Some would say, "If you don't want assisted suicide for your brother, don't choose it." The problem is, it's not that simple. Gloria Taylor currently aims to strike down Canada's euthanasia law in the British Columbia Supreme Court. I understand that desire well since I watched my own father die of ALS - the same disease she and right-to advocate Sue Rodriguez before her had. The experience was heartbreaking in every sense of the word and I too have a 50/50 chance of getting the disease.

But I also understand that what would be granted as a choice for Ms. Taylor could well be prescribed as an imperative for my twin brother. As an increasing amount of tax dollars go to an ever-more strained healthcare system, the pressure to find cheaper health solutions could place pressure on patients and their families to choose death. Every Canadian with a disability or chronic condition should be wary. These people would have to push against a societal trend that views death as the best, quickest and cheapest treatment. Add to that the societal ideal that they'd be better off dead, as expressed by Ms. Jansen, and that makes for an even tougher slog through life.

If Gloria Taylor gets the choice to die when, how and where she wants with help, then I and many others get pressure to die before we want to. Her choice takes away ours.

Annette Jansen thinks her sons would rather die than live like they do. I, on the other hand, am thankful my brother is still alive. The current law protects him and many like him from anyone who would choose otherwise.

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