

No second chances

International experience shows legal euthanasia is never just for “exceptional” cases

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EXECUTIVE SUMMARY

“Most people want palliative care, but for the exceptional cases, we need to have an answer.”¹ These were the words of Véronique Hivon, Quebec’s Minister for Social Services and Youth Protection on June 12, 2013 as she introduced a bill to legalize euthanasia in Quebec. Though Minister Hivon took great pains to call it “medical aid in dying,” the practice is not part of medicine as Canada has understood it to date, neither does it “aid patients in dying.” Quebec’s proposed legislation allows doctors to kill patients who request death, purportedly only in “exceptional cases.”

The problem with Minister Hivon’s statement is (at least) twofold. Firstly, the proposed law is not in itself limited to cases of exceptional suffering. Secondly, international evidence shows that once assisted suicide or euthanasia are legalized, the once-selective criteria expand 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.

In Oregon, the number of deaths by assisted suicide has doubled since 2005.² Prescriptions for a poisonous cocktail to kill patients have grown by 76% over the same timeframe.³ The population of Oregon grew by seven percent during this timeframe.⁴

In Washington, between 2009 and 2012, the number of deaths by assisted

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1. CBC News, Montreal. (2013, June 12). Quebec tables bill on medically assisted death. Retrieved from <http://www.cbc.ca/news/canada/montreal/story/2013/06/12/montreal-quebec-palliative-sedation-assisted-suicide-dying-with-dignity-legislation.html>
2. Oregon Public Health Division. (2012). Oregon’s death with dignity act (1999 to 2012). Retrieved from <http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Pages/ar-index.aspx>. With author’s calculations.
3. *Ibid.* With author’s calculations.
4. Portland State University. (2013). 2012 Annual population report tables. Retrieved from [http://www.pdx.edu/prc/sites/www.pdx.edu/prc/files/Annual Pop Report Tables2012_web97Excel.xls](http://www.pdx.edu/prc/sites/www.pdx.edu/prc/files/Annual%20Pop%20Report%20Tables2012_web97Excel.xls). With author’s calculations.

suicide grew 130%.⁵ Over the same period, Washington's population grew only 18%.⁶

In the Netherlands, the number of deaths by euthanasia has increased by 64% between 2005 and 2010.⁷ In comparison, the Dutch population grew by less than two percent over the same interval.⁸

This paper will briefly examine Quebec's proposal and compare it with the situations in Oregon, Washington State, and the Netherlands.

Terminology

ASSISTED SUICIDE is legal in Oregon and Washington State. It consists of a doctor's approval of assisted suicide for an individual, which allows that person to receive a prescription for terminal medication. The individual in question is responsible for taking the medication themselves.

EUTHANASIA is legal in the Netherlands. It is the deliberate killing of one person by another. Here, a doctor administers the noxious chemicals directly into the body of another person through means of a needle or another apparatus. This is what would be legal in Quebec if Bill 52 passes.

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5. 2009 to 2012 reports: Washington State Department of Health. (2012). 2009 to 2012 Death with dignity act reports. Retrieved from www.doh.wa.gov/YouandYourFamily/IllnessandDisease/DeathwithDignityAct.aspx With author's calculations.
 6. 2009 population: Washington State Office of Financial Management. (2002). April 1 intercensal estimates of population and housing: 1990-2000. Table retrieved from http://www.ofm.wa.gov/pop/april1/hseries/ofm_april1_intercensal_estimates_1990-2000.xlsx 2012 population: (2012). April 1 post censal estimates of population: 1960-present. Table retrieved from http://www.ofm.wa.gov/pop/april1/hseries/ofm_april1_postcensal_estimates_pop_1960-present.xlsx. With author's calculations.
 7. Onwuteaka-Philipsen, B.D., Brinkman-Stoppelenburg, A., Penning, C., de Jong-Krul, G.J.F, van Delden, J.J.M., and van der Heide, A. (2012, September). Trends in end-of-life practices before and after the enactment of the euthanasia law in the Netherlands from 1990 to 2010: a repeated cross-sectional survey. *The Lancet*, Vol. 380, Issue 9845, Pages 908-915. See Table 1, p. 912. (With author's calculations.)
 8. 2005 and 2010 population: Statistics Netherlands. (2013). Population and population dynamics; month, quarter and year. Retrieved from <http://statline.cbs.nl/StatWeb/publication/?DM=SLLEN&PA=37943eng&D1=7&D2=186,299-315&LA=EN&HDR=T&STB=G1&VW=T> With author's calculations.

QUEBEC

From the outset, Bill 52, “an act respecting end of life care,” does not actually limit euthanasia to exceptional cases. According to Bill 52, a person is permitted to be killed by their doctor when they meet the following criteria:

- “ 1. be of full age, be capable of giving consent to care and be an insured person within the meaning of the Health Insurance Act (chapter A-29);
2. suffer from an incurable serious illness;
3. suffer from an advanced state of irreversible decline in capability; and
4. suffer from constant and unbearable physical or psychological pain which cannot be relieved in a manner the person deems tolerable.”⁹

In point of fact, these are not terribly limiting criteria.

An “incurable serious illness” might include ailments that are not terminal in nature, like multiple sclerosis or kidney disease.

An “advanced state of irreversible decline in capability” could potentially include such declines as those caused by old age.

And “constant and unbearable physical or psychological pain which cannot be relieved in a manner the person deems tolerable” could be anything from the pain of

untreated diabetes to that of mental illness.

Including mental illness is particularly troubling since those who are mentally ill lack clarity of mind, by definition. They are therefore even more vulnerable to the suggestion that death would be better than their current state.

To state the obvious, choosing death allows for no second chances.

To summarize, Bill 52 would make euthanasia available even to non-terminal patients with chronic ailments and/or mental illness. The intent behind the criteria in Bill 52 is to increase access to euthanasia, not restrict access to all but exceptional cases.

Quebec is not unique in proposing broad criteria for access to euthanasia.

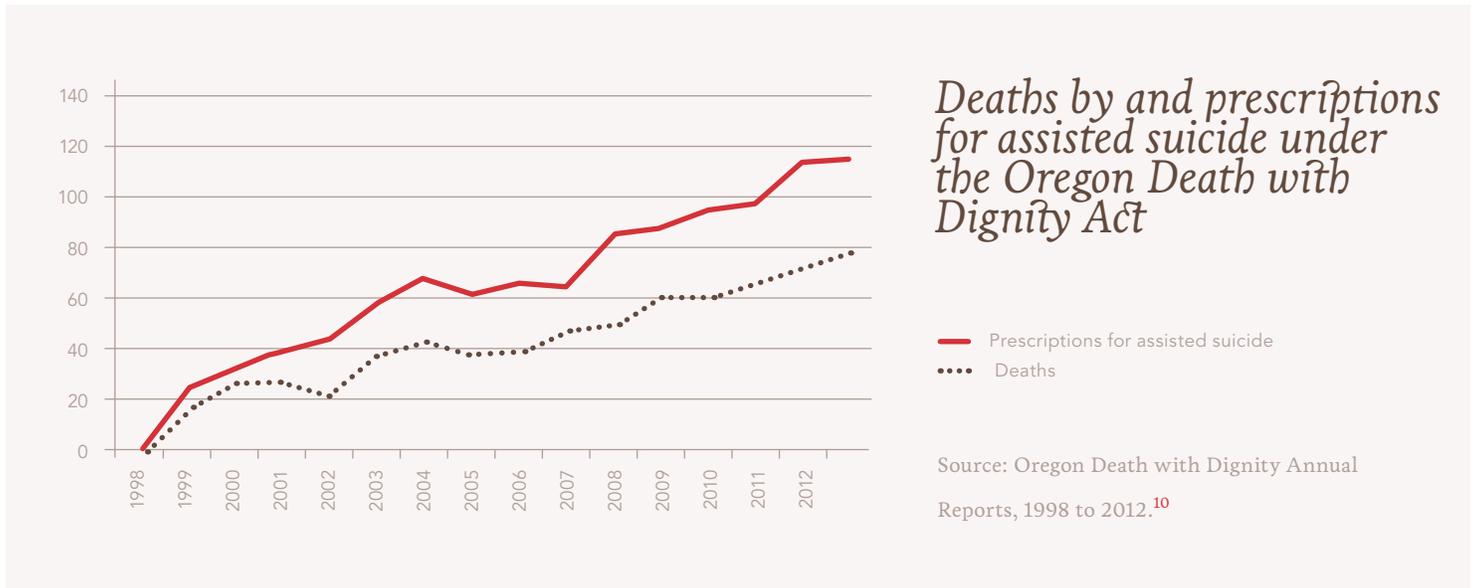
AROUND THE WORLD

A brief exploration of international examples shows that even broad criteria can broaden with time, opening the door to euthanasia to more and more vulnerable populations.

OREGON

Assisted suicide has been legal in Oregon since 1997. If assisted suicide were limited to “exceptional cases” we might expect a stable number of deaths over time. After all, we have no evidence of a sudden rise in the number of

9. National Assembly. (2013). Bill 52: An act respecting end-of-life care. p. 11. Retrieved from <http://www.assnat.qc.ca/en/travaux-parlementaires/projets-loi/projets-loi-40-1.html>. (Scroll down to find Bill 52).



people there suffering from “exceptional” illnesses. What actually happened?

The number of deaths by assisted suicide has doubled since 2005.¹¹ Individuals receiving prescriptions for medication to help them commit suicide have grown by 76%.¹² The population of Oregon grew by seven percent during this timeframe.¹³

While the total numbers are small, there has been a rapid rate of growth in both prescriptions for assisted suicide medication and assisted suicide deaths.

The criteria to qualify for assisted suicide in Oregon promote accessibility by a broad reach of society. The Oregon Death with Dignity Act allows assisted suicide for

anyone who is:

- An adult (18 years of age or older),
- A resident of Oregon,
- Capable (defined as able to make and communicate health care decisions), and
- Diagnosed with a terminal illness that will lead to death within six months.¹⁴

These criteria are broad and are not intended to include only “exceptional cases.” Like Quebec’s proposal, these criteria are so broad as to let most anyone through. Even the terminal illness criterion is subject to the arbitrary decision of the physician, who can certainly be wrong.

10. Oregon Public Health Division. (2012). Oregon’s death with dignity act (1999 to 2012). Retrieved from <http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Pages/ar-index.aspx> With author’s calculations.

11. *Ibid.* With author’s calculations.

12. *Ibid.* With author’s calculations.

13. For assisted suicide deaths, see Oregon Public Health Division. (2012). With author’s calculations. For population numbers: Portland State University. (2013). 2012 Annual Population Report Tables. With author’s calculations.

14. Oregon Health Authority. (2006). Death with dignity act requirements. Retrieved from <http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/requirements.pdf>

Take the story of Jeannette Hall, for example. In 2000, she was diagnosed with cancer and told she had six months to live. Her case complied with Oregon's criteria and she requested assisted suicide. Her cancer specialist refused and Ms. Hall eventually agreed to seek cancer treatment. Ms. Hall has recovered from her illness and is happily alive 13 years later. Her story illustrates how the relaxed criteria for

assisted suicide could have easily resulted in a much different ending.¹⁵

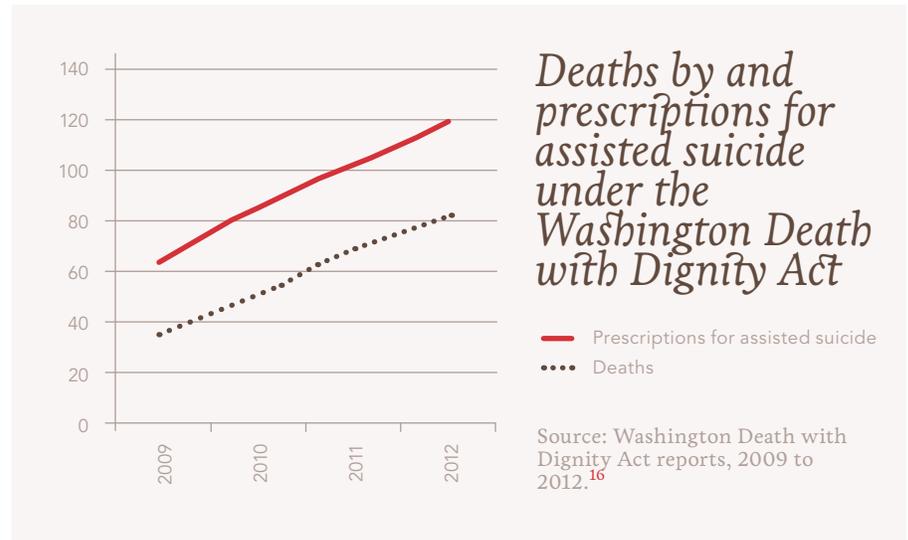


Jeannette Hall, pictured to the left, happily alive after requesting death in Oregon. She now says Washington State and Oregon have made a "terrible mistake."

WASHINGTON

Assisted suicide has been legal in Washington since 2009.

Like Oregon, the state of Washington has also legislated broad criteria around assisted suicide. The 2012 report summarizes the criteria this way: "Washington's Death with Dignity Act allows adult residents in the state with six months or less to live to request lethal doses of



medication from physicians.”¹⁷

This is similar to Oregon, but the criteria are broader because they do not require a person requesting assisted suicide to be capable of making such a decision. It would appear, in other words, that a patient with advanced Alzheimer's disease whose doctor estimated had six months to live could die by assisted suicide in Washington State.

The growth in the number of prescriptions for and deaths by assisted suicide is even more startling than in Oregon. In a much shorter timeframe, between 2009 and 2012, the number of deaths by assisted suicide grew 130%.¹⁸ The number of people receiving prescriptions for medication to help them commit suicide grew by 86%.¹⁹ Over the

15. Hall, J. (2011, October 4). She pushed for legal right to die, and - thankfully - was rebuffed. *The Boston Globe*. Retrieved from http://www.boston.com/bostonglobe/editorial_opinion/letters/articles/2011/10/04/she_pushed_for_legal_right_to_die_and_thankfully_was_rebuffed/

16. Washington State Department of Health. (2012). 2009 to 2012 Death with dignity act reports. Retrieved from www.doh.wa.gov/YouandYourFamily/IllnessandDisease/DeathwithDignityAct.aspx

17. *Ibid.* See 2012 report Executive Summary.

18. Washington State Department of Health. (2012). 2009 to 2012 Death with dignity act reports. With author's calculations.

19. *Ibid.* With author's calculations.

same period, Washington's population grew almost 18%.²⁰

Between 2011 and 2012 alone, the number of deaths rose by almost 18%.²¹ Prescriptions in that time grew by 17%.²²

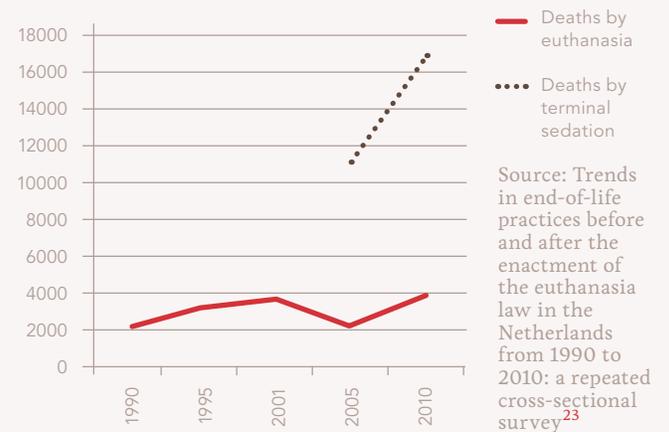
Clearly, Washington and Oregon have not limited assisted suicide to exceptional cases.

What does “exceptional” actually mean?

The term “exceptional,” as used by Quebec’s Minister for Social Services and Youth Protection Véronique Hivon is not a medical classification. In Quebec, as in international jurisdictions, a case is “exceptional” if the individual says it is. This creates a subjective, unscientific, non-medical category. It therefore can be said that legalization of assisted suicide/euthanasia goes against evidenced-based medicine, relying instead heavily on the subjective nature of the patient experience.

THE NETHERLANDS

Deaths by euthanasia and terminal sedation in the Netherlands



Deaths by euthanasia in the Netherlands, at least those reported, increased from 2319 in 2005 to 3809 five years later.²⁴ In other words, this is a growth of 64% over five years.²⁵ In comparison, the Dutch population grew by less than two percent over the same interval.²⁶

A telling feature of the above graph is the sudden appearance of terminal sedation in 2005. That year saw over 11,000 people die this way and five years later the number grew to almost 17,000.²⁷ It appears that terminal

20. 2009 population: Washington State Office of Financial Management. (2002). April 1 intercensal estimates of population and housing: 1990-2000. Table retrieved from http://www.ofm.wa.gov/pop/april1/hseries/ofm_april1_intercensal_estimates_1990-2000.xlsx 2012 population: (2012). April 1 postcensal estimates of population: 1960-present. Table retrieved from http://www.ofm.wa.gov/pop/april1/hseries/ofm_april1_postcensal_estimates_pop_1960-present.xlsx. With author's calculations.
21. See Washington State Department of Health. (2012). 2009 to 2012 Death with dignity act reports.
22. *Ibid.* With author's calculations.
23. Onwuteaka-Philipsen, B.D., Brinkman-Stoppelenburg, A., Penning, de Jong-Krul, G.J.F, van Delden, J.J.M., and van der Heide, A. (2012, September 8). Trends in end-of-life practices before and after the enactment of the euthanasia law in the Netherlands from 1990 to 2010: a repeated cross-sectional survey. *The Lancet*, Vol. 380, Issue 9845, pp. 908-915. See the table on p. 912.
24. A 2010 study in the *Lancet* found that in 2010, 23 percent of euthanasia deaths were unreported. This represents a total of 723 unreported euthanasia deaths in that year alone. See <http://alexschadenberg.blogspot.ca/2012/09/dutch-statistics-euthanasia-is-out-of.html> for details. Deaths by euthanasia and terminal sedation retrieved from Onwuteaka-Philipsen, B.D., et al (2012).
25. Onwuteaka-Philipsen, B.D, et al. (2012), *with author's calculations*
26. 2005 and 2010 population: Statistics Netherlands. (2013). Population and population dynamics; month, quarter and year.
27. Onwuteaka-Philipsen, B.D, et al. (2012).

sedation is being used to avoid the paper work associated with euthanasia.

The increased number of deaths by euthanasia and terminal sedation are partly due to the loosening of rules around access to assisted suicide and euthanasia.

BROADENING CRITERIA ARE THE RULE, NOT THE EXCEPTION

In the Netherlands, euthanasia began with terminally ill patients and expanded to those with mental illness. Now, babies with spina bifida or other illnesses are killed with parental consent.²⁸ In 2010, a public campaign gathered enough signatures to force Dutch members of parliament to discuss allowing anyone over 70 who is tired of life to be killed if they request it.²⁹ Mobile euthanasia units were initiated in 2012. Specially trained doctors will do home visits to kill patients whose own doctors refuse to do so.³⁰ Patients with Alzheimer's disease, even though they can no longer choose to be killed, are being euthanized.³¹ On October 7, 2013 the Daily Mail reported that, for the first time, Dutch doctors euthanized a 70-year-old widow because she couldn't bear the thought of going blind.

The Netherlands is not the only place where access to death by euthanasia or assisted suicide is continually

expanded. In Oregon, where the law has been in place since 1997, arguments are being made to open eligibility for assisted suicide to those who are merely old. No one likes getting older, but this is clearly not a medical condition, to state the obvious.³²

In Washington, in a November 2011 newspaper article, Attorney Brian Faller suggested the idea of making assisted suicide legal for people who judge their own suffering unbearable but are not terminally ill. He also raised the question of eligibility for people who "are not competent at the time of their death but who previously made a competent choice of euthanasia as evidenced through a special type of advance directive."³³ This was only two years after assisted suicide became legal there.

In Belgium, Tom Mortier, PhD who lectures in Chemistry at Leuven University College writes about how his clinically depressed mother was euthanized. "My mother suffered from chronic depression. Two years ago she broke off all contact with me. In April 2012 she was euthanized at the hospital of Vrije Universiteit Brussel (the Free University of Brussels). I was not involved in the decision-making process and the doctor who gave her the injection never contacted me."³⁴

In short, the international record shows that once legalized, criteria on access to euthanasia and assisted

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28. Verhagen, E. and Sauer, P.J.J. (2005). The Groningen protocol — Euthanasia in severely ill newborns. *N Engl J Med* No. 352 pp. 959-962. Retrieved from <http://www.nejm.org/doi/full/10.1056/NEJMp058026>
29. Waterfield, B. (2010). Dutch plan to let healthy elderly people commit suicide. *The Telegraph*. <http://www.telegraph.co.uk/news/worldnews/europe/france/7414590/Dutch-plan-to-let-healthy-elderly-people-commit-suicide.html>
30. Conolly, K. (2012). Dutch mobile euthanasia units to make house calls. *The Guardian*. Retrieved from <http://www.guardian.co.uk/world/2012/mar/01/dutch-mobile-euthanasia-units>
31. Dutchnews.nl. (2011). Doctors back euthanasia in severe dementia case. http://www.dutchnews.nl/news/archives/2011/11/doctors_back_euthanasia_in_sev.php
32. Ireland, L.E. (2012, May 17). Elders deserve death with dignity on their own terms. *Rogue Valley Community Press*. Retrieved from <http://rvcommunitypress.com/2013/05/elders-deserve-death-with-dignity-on-their-own-terms/>
33. Faller, B. (2011). Perhaps it's time to expand Washington's Death with Dignity Act. *The Olympian*. Retrieved from <http://theolympian.com/2011/11/16/1878667/perhaps-its-time-to-expand-washingtons.html>
34. Mortier, T. (2013). How my mother died: A mentally-ill Belgian woman sought euthanasia to escape her problems. The doctors told her, sure, why not? Retrieved from http://www.mercatornet.com/articles/view/how_my_mother_died

suicide are relaxed over time, leading to use far beyond anything that might be called “exceptional.” In effect, criteria for euthanasia are designed to enable access, not safeguard patients.

CONCLUSION

International evidence is damning. Where euthanasia or assisted suicide are legal, it is quite clear that rules around who can participate and why are moot. This is because “exceptional circumstances” are subjective—based on an individual’s perception.

The end effect of laws legalizing euthanasia/assisted suicide are to entirely ignore the risks to those who are vulnerable and/or susceptible to coercion, as long as they self-define their suffering as unbearable. This is not compassionate. There are no second chances once euthanasia is perceived as the “best treatment.”

The data from Oregon, Washington and the Netherlands show two things: First, legalized assisted suicide and euthanasia are never reserved for the few “exceptional” cases. Second, initial criteria always broaden to include more and more “exceptional” cases.

At a bare minimum, those who advocate for Bill 52 should cease the false claim that it is intended only for exceptional cases. Bill 52 is unprecedented for Canadian medicine and does not in fact constitute medicine at all. It will irrevocably change the landscape of Canadian care for vulnerable populations and Quebec can expect, based on international evidence, to see ever increasing numbers of people subjected to this “treatment.” It must not pass into law. 🍁