



Assisted suicide for all

Quebec's Bill 52 lacks solid criteria, casting a very wide net

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“Medical aid in dying.”¹ If that sounds like a euphemism, rest assured that it is. Bill 52 hearings are going on at Quebec’s National Assembly from September 17 to October 10.

What this new bill would do, if passed, is legalize the deliberate killing of a patient by a doctor.

The bill hopes to protect vulnerable people from pressure to die using four criteria.

Patients must be of full age and “capable of giving consent to care.” Secondly, their illness

must be “incurable” and “serious.” Thirdly, they must “suffer from an advanced state of irreversible decline in capability.” And finally, they must be in “constant and unbearable physical or psychological pain, which cannot be relieved in a manner the person deems tolerable.”²

Reading Bill 52 from a surface perspective—well, it almost sounds reassuring. Dig a little deeper, however, and the foundations are more than a little bit squishy.

Who qualifies?

For starters, they say the patient must be “capable of giving consent to care.” Yet without any prodding from the media, Quebec’s Minister for Public Health Véronique Hivon specifically mentioned that the government would consider allowing euthanasia for people with advanced Alzheimer’s disease. (These patients are currently excluded, since they can’t give informed consent.) The government had, in fact, already asked the Quebec Collège des Médecins and other professionals to study this issue, saying, “When we see what they recommend we can put that issue to the hearings.”³

The government appears ready and willing to cut the heart out of the first of its criteria.

The second criterion gets worse. What is an “incurable serious illness?” Diabetes? Kidney disease? MS? Most any illness has the possibility of becoming incurable if a patient refuses treatment. And many others happily live with “incurable serious illnesses” into a ripe old age.

The next criterion is even more difficult to pin down: A patient must “suffer from an advanced state of irreversible decline in capability.” At the risk of sounding flippant, aging is irreversible and brings with it a decline in capability. This is true of most any disease, particularly if treatment is declined.

Finally, the last point is the most subjective of all and renders all the other supposed protections moot. It doesn’t make any attempt at scientific or medical objectivity. It speaks of conditions which “cannot be relieved *in a manner the person deems tolerable.*” (Emphasis mine.)

If access to euthanasia hinges on a patient’s experience of pain or what treatments that patient will or won’t accept to treat it, how can any doctor ever say no?

These criteria, far from being objective rules to protect the vulnerable, instead get bogged down in a quagmire of relativity.

When access to euthanasia hinges on the feelings of the individual requesting it, no limits or protections will stand, short or long term.

It seems very clear these criteria won’t stand for long.

Claude Leblond, president of the provincial order of social workers and family therapists, applauded the bill saying, “the day may come when the wishes of children will also have to be taken into account.”⁴

The fact that we are openly discussing killing children by euthanasia before the bill becomes law—and before any other jurisdiction in the world has considered it—is telling.

Quebec is following Belgium’s lead by using terminology in this bill that is similar to the wording of the existing Belgian law. Yet in Belgium, we see abuses of the very law Quebec seeks to emulate. Between 2002 and 2011, 95 percent of requests for euthanasia were granted.⁵ Those who were refused euthanasia are the exceptions.

Once killing is accepted as a medical procedure, apparently it’s hard to say no.

It’s hard to believe that the limitations in Bill 52 will stand. Yet even if they do, as it stands right now Bill 52 exposes vulnerable people to pressure to die.

After all, if you ask your doctor for treatment options and one of them is death—what message does that send?

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¹ CBC News. (2013, June 12). Quebec tables bill on medically assisted death. <http://www.cbc.ca/news/canada/montreal/story/2013/06/12/montreal-quebec-palliative-sedation-assisted-suicide-dying-with-dignity-legislation.html>

² National Assembly. (2013). Bill 52: An act respecting end-of-life care. pp. 10-11. Retrieved from http://www.assnat.qc.ca/Media/Process.aspx?MediaId=ANQ.Vigie.Bll.DocumentGenerique_72865en&process=Default&token=ZyMoxNwUn8ikQ+TRKYwPCjWrKwg+vIv9rjij7p3xLGTZDmLVSmJLoqe/vG7/YWzz

³ CBC News. (2013, June 12). Quebec tables bill on medically assisted death. See the video, beginning at 19:34. <http://www.cbc.ca/news/canada/montreal/story/2013/06/12/montreal-quebec-palliative-sedation-assisted-suicide-dying-with-dignity-legislation.html>

⁴ Wyatt, M. (2013, June 12). Feds to review Quebec's right-to-die legislation. *The Vancouver Sun*. Retrieved from <http://www.vancouversun.com/health/Feds+review+Quebec+right+legislation/8517517/story.html>

⁵ Van Wesemael, Y., Cohen, J., Bilsen, J., Smets, T., Onwuteaka-Philipsen, B., and Deliens, L. (2011). Process and outcomes of euthanasia requests under the Belgian act on euthanasia: A nationwide survey. *Journal of Pain and Symptom Management*, Vol 42, Is. 5, Pp. 721-733 Retrieved from <http://www.jpmsjournal.com/article/S0885-3924%2811%2900154-0/fulltext>