

## Euthanasia Remains Controversial

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Euthanasia, means “good death” and the term is often used in cases of terminal illness where great suffering and pain occur prior to a patient’s death.

Amyotrophic lateral sclerosis and some forms of cancer are typical examples of painful death.

Individual medical cases, and also court cases about euthanasia, are sometimes given prominence by public media. One such case is that of the late Dr. Donald Low, a well-known microbiologist and Medical Doctor at Mount Sinai Hospital. Dr. Low managed the SARS crisis in Toronto in 2000. Later, when he became ill with a brain tumor he constantly suffered great pain. Prior to his death in September, 2013, he urged colleagues and the media to support euthanasia. In particular, his widely publicized video advocated “the right to die legislation” in Canada, and brought attention of many Canadians to the topic.

Another case that caught the attention of Canadians recently, is the Supreme Court case of Hassan Rasouli who contracted infection while undergoing an operation to remove a benign brain tumor. The infection left him profoundly brain damaged. Doctors have kept him alive on a medical respirator for the past three years and his doctors have decided he was so brain damaged that he ought to be allowed to die. His family, on the other hand, thought there were some signs of consciousness although he could not speak or communicate in any normal sense. In a five-to-two Supreme Court decision, the court held that he should be allowed to “live”. Thus doctors were not legally allowed to “pull the plug” that would end his life. Doctors involved in the case realize, with modern medical devices, patients like Rasouli may be permitted to stay alive much longer than was possible years ago when nature would have taken its course and he would, in all likelihood, have died three years ago.

Another Canadian case presently attracting the attention of ethicists, politicians, news media, and the legal system, is the proposed legislation in Quebec on dying. In this case, the legislation may run counter to Canada's laws preventing assisted suicide. If the newly proposed legislation is upheld there would be controlled situations under which "end of life care", including lethal injections, may be administered ending the terminally ill patient's life. While this legislation may seem to be at odds with federal law, the regulations for its use give some balance or reason behind the Quebec law. Here are some of the conditions: The patient must be of legal age with an incurable serious illness. The patient must have an irreversible illness and a decline in capability accompanied by constant and unbearable pain. The patient must sign a request form called a "medical aid in dying statement" in the presence of an attending physician. The physician must be assured the form is signed freely and without external pressure. After the process has begun a second physician reviews and approves the requirements set out in the original agreement. There are numerous other conditions but these are among the main ones.

It is interesting that an Environics poll indicates approximately 70% of Canadians approve changes in our laws allowing aid in dying under controlled conditions. The percentage in Quebec is nearly 80%. The proposed Quebec legislation generates serious ethical questions among doctors and other thoughtful Canadians. I will not attempt in this short column to respond to these important and difficult questions, but rather I will make a few observations as follows:

- \* Modern medical devices make it possible to keep patients alive for many years even if in a vegetative state.
- \* Society needs to clarify what it means to be human and to be humane, and to comprehend the inviolability of life, both from a secular and religious point of view.
- \* In some cases it may be the process of dying that is more feared than death.
- \* Laws about medical aid in dying ought to include protection for the most vulnerable among us.

\*With over 70% of citizens favouring changes in right to die legislation, it is likely changes will come about sometime in the next twenty-five years. It is hoped that, should changes in legislation occur, they will be made with the serious care and concern that this issue deserves.