

## **Country inches closer to euthanasia answer**

By Goldwin Emerson, [gandjemerson@rogers.com](mailto:gandjemerson@rogers.com)

*London Free Press, August 30, 2014*

On June 5<sup>th</sup>, 2014 the National Assembly in Quebec passed Bill 52, an Act respecting end-of-life legislation. Over the past years, Quebec legislators and citizens were aware of ethical debates regarding euthanasia, assisted suicide, and other similar, but not identical terms, and were cognizant of the Canadian government's previous objections to both euthanasia and to assisted suicide. They were also aware of the Canadian Supreme Court's position against new legislation that might be expanded regarding euthanasia and become too easily abused. The Minister of Justice, Peter Mackay as recently as September, 2013 raised objections to making euthanasia more easily attainable stating his view that relaxing the present Canadian laws forbidding physician assisted dying could become a "slippery slope". He expressed his concern that new legislation could lead to abuses and disregard for the value and sanctity of human life. From an ethical point of view, those who were disabled, psychologically unstable, or otherwise disadvantaged, might easily be vulnerable to changes in Canadian laws.

Some of the terms in previous discussions and debates on dying and euthanasia have been used rather loosely and imprecisely. Here are examples of terms which have similar, but not synonymous meanings: assisted suicide, dying with dignity, and the right to choose to die. In the case of Bill 52, legislators have attempted to emphasize that for patients with terminal illness, dying is a process that has already begun and patients will die whether or not medical intervention occurs in the process. The legislation is limited to adult patients who have intolerable suffering, and declining medical health, and to those who have no present hope of helpful medical intervention that can reverse the dying process.

Supporters of Bill 52 believe there are built-in safe guards to protect possible patient abuse. The Bill requires patients having the support and approval of at least two physicians. It requires approval of a plan to provide physician assistance

during the dying process of terminally ill patients and provides for the cancellation of the plan at any time at the request of the patient.

Health care facilities offering such care must also have available facilities for palliative care. Bill 52 is limited to Quebec citizens only. It requires that patients, and not the doctors, are the active participants who administer the final medication with the doctor being present. Some European countries and some American states in USA provide similar, but not identical, physician-assisted dying care plans. Bill 52 follows closer to the European model in that there are no required periods of time at which the terminally ill patient would be deemed to die a natural death. In similar USA plans, the period of time at which the patient would likely die, with or without medical care are usually judged to be within six months of the original assessment of the patient's condition.

Canadian public polling results over the past twenty years indicate that from 70 to 80 per cent of Canadian citizens favour some physician assisted care in dying. But those who favour such plans express the need for carefully controlled conditions. Quebec public poles have tended to be more strongly in support of physician-assistance in dying than other Canadian provinces.

The *London Free Press* (August 20, 2014) described a plan that the Canadian Medical Association (CMA) has endorsed. It is basically an approach of letting individual doctors follow their own conscience should other provinces adopt similar plans to that of Quebec province. With slightly more than 90% support, the CMA supported the resolution which states, "within the bounds of existing legislation, to follow their conscience when deciding whether to provide medical aid in dying."

Whether doctors are permitted by law to intervene and assist terminally ill patients or not permitted to do so, ethical questions arise whenever patients who have intolerable suffering wish to terminate their lives sooner, rather than later. It is now medically possible to keep terminally ill patients alive for long periods of time. Now that Quebec province and also the Canadian Medical Association have inched the rest of Canada a little closer to doctor assistance in dying, it remains to

be seen whether or not the federal government and/or the Supreme Court of Canada will intervene in this serious ethical issue of life and death.