

A Brief to the Select Committee on Dying with Dignity, National

Assembly of Québec, from the Kirk Session of Côte des Neiges

Presbyterian Church, Montréal

Summary: Our multi-ethnic Protestant congregation of 145 households in Montreal opposes euthanasia for several reasons: (1) it goes against thousands of years of tradition affirming the sanctity of human life; (2) it alters the role of the physician from being one who seeks to heal to one who administers death; (3) “voluntary” euthanasia easily becomes “involuntary”; (4) there are better ways to deal with the crises faced by the terminally ill.

Euthanasia and “assisted suicide” (whether aided by a physician or someone else) have been much talked about recently, and appear to have gained a significant amount of popular support. However, this support has not always considered adequately many of the serious objections that can be raised in this area. In our view, it would be a colossal mistake to disregard the major implications for society of moving to legalize such practices.

Here are some of the reasons why we oppose liberalizing the law concerning euthanasia and assisted suicide:

1. Such action would be a rejection of thousands of years of wisdom that proclaims the sanctity of human life from conception to natural death. The

Judaeo-Christian ethic that has guided our civilization and served it well is not to be set aside lightly. [As a church, we of course would go further and believe that this is not merely a tradition, but a divine revelation. But it is *at least* a venerable tradition.] There is definite hubris in 21st century people deciding that they can safely treat such a tradition with disdain.

In addition, some of our most respected ethicists have raised practical as well as philosophical questions about euthanasia. For example, Dr Margaret Somerville of McGill University, perhaps the leading scholar in the field of Medical Ethics here in Québec, has expressed these objections repeatedly and she should not be ignored.

2. This would signal a profound redefinition of the role of the physician. If our doctors are to be permitted to administer lethal drugs for the purpose of bringing about the death of the patient, we will have made them killers rather than just healers. This will be truly a mega-shift in our understanding of the calling and task of the physician.¹

¹ Cf Nigel M. de S. Cameron *The New Medicine—Life and Death After Hippocrates* (1991)

Doctors use certain medications in an effort to control pain in terminally ill patients, knowing that at some point these medications may hasten death. But this is not the *intent*. This is significantly different from administering a medication *in order that* the patient may die.

3. The sort of permission for euthanasia under certain narrowly defined conditions that the public will support can easily become broadened. The “slippery slope” is very real. What can be done at first only with the clear consent of the patient eventually becomes something *involuntary*.

The situation in the Netherlands ought to give us pause. The Rummelink Committee, established by the government to study euthanasia, reported that there are 400 cases of physician-assisted suicide each year and 1000 cases of “active involuntary euthanasia”. Robert Nadeau comments that “as a matter of practice, if not strictly as a matter of law, decisions for euthanasia at the patient’s request remain *de facto* within the professional judgment of the physicians, secured by a qualified judicial immunity.” This is extremely disturbing and we pray that Québec will not follow the Dutch example.²

² Ian Gentles (ed) *Euthanasia and Assisted Suicide—The Current Debate* (1995), pp. 18-20.

4. We believe that the desire for euthanasia and physician-assisted suicide stems from an understandable dislike and fear of pain. Nevertheless, we feel that there are better ways to deal with the problem. Developing better pain-killing medications would be one way. Another is greater access to palliative care through hospitals and hospices. These have proven to be very effective in giving emotional and spiritual support to the suffering and dying, as well as in helping to make them more comfortable physically.

These are some of the reasons why we object as a Christian congregation to any change to the law.

Respectfully submitted,

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Moderator

Kenneth D. Bell
Clerk