

Hello, Ladies and Gentlemen. I was surprised to receive your invitation to address the committee. I had thought simply to express some thoughts which I thought might help you in your deliberations. Having received your invitation, I modified my brief slightly, to provide for greater clarity and ease of understanding as the thoughts come to you through hearing, rather than reading, my presentation. (So now it is only very difficult to follow!) If it removes obstacles to your recognizing the merit of my position, I am content. Certainly I am not the best representative of my position.

Euthanasia

1 Meaning of Terms

To begin then, I think it would be helpful to avoid confusion or ambiguity, and I thus recall what is meant, and what is not meant, by euthanasia.

1.1 Euthanasia is not

Euthanasia is not:

- allowing a disease process to come to its natural conclusion in the death of the patient;
- or
- respecting the right of the patient to refuse medical treatment; or
- opting against or discontinuing heroic or extraordinary measures to preserve the life of the patient.

1.2 Euthanasia is

Euthanasia is:

- a deliberate decision to kill the patient. This is accomplished by one or both of:
 - withholding nutrition, hydration or oxygenation even though these basic forms of

care would not at that point themselves hasten death¹; and

- intervening by medical or surgical means to prevent the natural life-sustaining
25 function of the body.

The question can be pursued through several avenues. I hope to contribute to your deliberations in a few.

2 *Secular Perspective*

2.1 **Family Relations**

30 When society is organized to foster family relations, the natural disposition to provide care takes shape in the family unit. Economic questions are subordinate to questions of family relations. That is, how we provide care, and pay for it, is subordinate to the commitment that we have that we do provide care to one another. In this scenario the reality of that subordination is not subjected to inverting influences. With proper support and without disturbing influence,
35 such as pressure or confusion from ideological agendas, subterfuge, or any other, family members seek what is best for one another. Much good, including reconciliation, comes through facing challenges together.

On the other hand, if this natural disposition is disturbed with artificial concerns of quick death, the psychological framework of the individuals concerned, and the structure of their
40 relations and interactions, inverts priorities, with attendant inability to function well or achieve harmony and balance.

2.2 **Human Relations**

Similarly, beyond family relations, significant and meaningful relationships can develop

1 With respect to this point, Mr. Kelly pointed out that “pulling the plug” does sometimes occur within the context of the caring, supportive relational environment I speak of in this brief. I agreed, commenting that end stages of disease processes sometimes make the process of digestion more burdensome on the body than the benefit the nutrition provides, and actually hasten death. [The committee was working from the brief originally submitted, and therefore without the clarifying clause beginning at “even though these” and continuing to “hasten death,” and without the clarifying introductory distinction between ends and means: “kill...by.”]

outside the family circle through attending to people with special needs, such as those with a
45 prolonged disease process. These relationships can include old and new friends, caregivers,
volunteers, and the friends, relatives and support networks of each. This can be as true for the
patient who has no family as for the patient who has an extensive family network.

On the other hand, if the message pervading society is that invoking death is a solution,
people quickly find themselves isolated, wishing death to inconveniently long-lived parents,
50 fussy aunts, and complaining uncles. The next step is fear and suspicion of children and
nephews, who might “encourage” them to choose a QUICK (and supposedly painless) death, or
failing that, encourage the doctor to “put them out of their misery.” The third step is fear of
strangers, who, though without specific personal malicious intentions, want the state to save
money and streamline the system, at the expense of the now quite isolated patient. What would
55 be or verge on paranoia in other contexts becomes a reasonable and accurate assessment.

2.3 Socializing Influence

If
society is organized with a due concern for economic considerations, yet with this concern
informing a more fundamental concern for the purpose of economic activity, including the
60 solutions to how as a society we will provide for ourselves, one another, and society as a whole,
then
we can face difficult questions without losing sight of the context and sense in which these
difficult questions become meaningful in the first place. Thus, as one instance among myriad,
65 school children might share the richness of a veteran grandparent with their classmates. In this
scenario, the grandparent’s ongoing suffering becomes a badge of honour and an incentive to
patriotism. Those proposing {quick and easy solutions, saving money, coming quickly into an
inheritance, etc}, would then become recognizably the persons with a foreign and truncated
perspective, who need help in grasping a larger, fuller, more meaningful understanding, with
70 attendant changes in attitudes and decisions which that fuller understanding brings.

On the other hand, solutions to difficult questions which deny the foundations which gave them meaning are not solutions. This would be illustrated in the matter at hand, as follows:

- We care about our people;
- People need medical care;
- 75 • We through the government redistribute the wealth of society to provide also for medical care for all;
- Insufficient funds are available to provide medical care;
- kill sick people (the slippery slope is inescapable, and inevitably leads directly to unsolicited interventions on state economic grounds, among other reasons).

80 Here the solution, which saves much money, contradicts the premise of caring about our people².

2.4 Civilizing Influence

Larger social and political interactions, and policies governing them, are governed and influenced by individual decision-makers, who themselves are informed both by personal
 85 influences and by recognized systems and patterns of operation for their areas of responsibility. Decision-makers who recognize patterns and structures of institutionalized respect and care for the sacredness and dignity of human life are in a position to foster further such developments in their sphere of influence. By the same token, a recognized disregard for the dignity and sacredness of human life provides the context for rapid degeneration in society, as people
 90 become problems to be solved efficiently. We need look no further than the previous century for instances of such institutionalized callousness, which led in one instance to world war. Indeed, in our own time, such callousness carries significant threats to stability.

2 With respect to this point, Mr. Kelly rightly pointed out that Parliamentarians and members of the medical profession try to provide best solutions in difficult circumstances, without looking to balance the budget by killing sick people. I thanked Mr. Kelly for pointing out the lack of clarity in my brief, and explained that I did not suppose that of them, but rather that once death has been invoked as a solution, it becomes the case that people try to go about the task at hand efficiently and economically.

3 *Theological Perspective*

Our constitution recognizes the supremacy of God. By the strict definition of terms, this
95 implies the duty of the state, the society, and its citizenry to respect the claims which this God
makes on the state, society and citizenry. Inescapably this includes respecting God's
sovereignty in choosing the time and manner of death in the case of citizens suffering from
disease or disability.

4 *Christian Perspective*

100 In the Judeo-Christian tradition, there can be no justification for the intentional killing of the
innocent citizen. Beyond the explicit injunction, (oft-repeated throughout salvation history,
both in the pages of Scripture of Old- and New- Testaments, and throughout the history of the
Church,) this springs in a rich tradition of philosophical and theological reflection and in
theologically and philosophically informed legal and political action. This springs naturally
105 from the nature of God Himself, who is Life, and creates Man as a race, and each individual
human being, in His own image. This life is thus sacred, and is to be cherished and protected.
Man, and each individual, has as destiny the possibility of eternal life. Intentional killing of the
citizen, on whatever pretext, is of course incompatible with this nature.³

Respectfully submitted,

110 Gregory Barrett

3 Mme. Hivon graciously commented that Parliament respects all perspectives, and asked how, in the light of modern medical and technological advances, we can distinguish natural death from artificial death. I proposed a perspective which would project the matter forward to a hypothetical autopsy, and the determination of cause of death. "Did he die [that is, in the projected future anterior tense, "Would he have died..."] from someone putting a pillow over his face, or from starvation, or from an injection, or did he die from his disease process?"