CHRISTIAN LEGAL FELLOWSHIP
Alliance des chrétiens en droit

INTEGRATING CHRISTIAN FAITH & LAW SINCE 1978

1673 Richmond St, Suite #140, LONDON, ONTARIO N6G 2N3 • Ph. 519-641-8850 Fax 519-641-8866 • www.ChristianLegalFellowship.org

July 16, 2010

VIA EMAIL: sec.commissions@assnat.qc.ca

Committees Secretarias Directorate
Édifice Pamphile-Le May
1035, rue des Parlementaires
3e étage, Bureau 3.15
Québec (Québec) G1A1A3

To Whom It May Concern,

RE: DEATH WITH DIGNITY SUBMISSION

The Christian Legal Fellowship (CLF) encloses for review a submission in reference to the *Dying With Dignity Consultation*. Please contact the CLF National Office or CLF Member Robert Reynolds with questions or information about presenting to the Province of Québec orally.

Thank you for your attention to these materials. We look forward to hearing from you.

Sincerely,

Stephanie Luck
Legal Researcher

CC: Robert Reynolds
Ruth A.M. Ross

Death with Dignity Consultation

Presented to:
Committees Secretarias Directorate
1035, rue des Parlementaires
3e étage, Bureau 3.15
Québec (Québec) G1A1A3

July 16, 2010

Compiled by:
Christian Legal Fellowship
Attention: Stephanie Luck
stephanie.clf@primus.ca
1673 Richmond Street, Suite 140
London, Ontario N6G 2N3
(519) 641-8850; Fax: (519)641-8866
www.christianlegalfellowship.org

Québec Contact
Robert Reynolds
rreynoldslaw@gmail.com
(514)939-4633

DYING WITH DIGNITY CONSULTATION

Submission to the Government of Québec

By: The Christian Legal Fellowship[1]

I. INTRODUCTION

There once was a man who by every measure attained success. He was a knowledgeable businessman who had accumulated great wealth and property. He was a loving husband and doting father, taking pleasure in actively participating in family life. Well respected as a leader in his community, he often found himself providing wisdom and counsel to others. Never hesitant to offer assistance, he was widely known as a great benefactor and servant of the people. Yet within the course of a week, he lost everything – his wealth and property, his children, his reputation, and his health. He had contracted a contagious, terminal illness that caused great pain and discomfort, while at the same time experiencing mental anguish many have never even considered bearing.

Unfortunately, he is not the only person who has ever had to endure physical or mental torment. Over the course of time, countless individuals have faced dire situations and have struggled to find ways to fight off the pain. Thus, the question currently before the Province of Québec is a valid one: how does a society respond with compassion and dignity to the suffering of its citizens? What is the best way to affirm the autonomy and inherent worth of an individual?

A number of solutions have been proposed to answer these questions, including legally adopting euthanasia, assisted suicide, and/or sedation methods; however, the Christian Legal Fellowship would submit that the best solution is that demonstrated by the friends of the man abovementioned. In the hours after being afflicted, the man was counseled by his wife to seek death, yet his friends rallied around him, supporting and grieving with him in silence for days. After a long period of time, the man was relieved of his physical pain and mental suffering; he rebuilt his wealth, formed a new family, and was restored to a position of leadership within his community.

As this story and stories herein attest, we do not know what lies ahead for those who suffer; it may be that the pain they experience will last only for a season. Thus, our goal as a society should be to preserve and support human life at all stages and in all forms. We should strive to cure the ailments and reduce the resultant pain and suffering as opposed to killing the person experiencing them. By dedicating resources to advance the area of holistic palliative care, the Government of Québec will affirm that the most vulnerable among us are worthy of protection; however, by allowing for measures that would hasten death, Québec may be seen to further alienate and abuse the weak. Moreover it will undermine the role of government to uphold the sanctity of life and preserve the autonomy of individuals.

II. SANCTITY OF LIFE

Human life has an intrinsic and inviolable value; therefore, deliberate actions that hasten death are immoral. The Judeo-Christian tradition holds that man is created by God and in His image. As such, the worth of human life cannot be altered based on its perceived quality; it is, in fact, always sacred because it was given eternal value by the One who created it. As man's Creator, only God has the authority to determine when a life should end. According to the *Declaration on Euthanasia*, composed by the Congregation of the Declaration of Faith within the Catholic Church, human life is a

gift from God over which we have stewardship but not dominion.[2] **To give humans dominion over human life would be to permit them to usurp a divine right and divine prerogative.**[3]

The sanctity of life is not a concept restricted to religion but has been propounded by academics, physicians, philosophers, and lawmakers throughout time. Sociologist Edward Shils argues that the sacredness of life involves the "primordial experience of being alive, of experiencing the elemental sensation of vitality and the elemental fear of its extinction."[4] In her writings, Professor Margaret Somerville has referred to a "secular sacred" that makes sanctity of life as important to non-religious people as it is to the religious.[5] The life of each person has a value to society, and part of the mystery of life is allowing it to end on its own.[6]

The Hippocratic Oath, drafted by the Greek physician Hippocrates in the 5th Century BC, requires doctors to uphold the sanctity of life by, among other things, refusing to prescribe deadly drugs or to provide advice that would cause death.[7] Similarly, the World Medical Association, in its 1948 Declaration of Geneva, encouraged medical professionals to maintain the utmost respect for human life from its beginning.[8] These select secular medical documents reinforce the notion that life is sacred and should be preserved.

From a legal perspective, the sanctity of human life is supported in many international and domestic statutes. For instance, the European Convention on Human Rights provides that "everyone's right to life shall be protected by law. No one shall be deprived of his life intentionally."[9] This concept has also been recognized in the *Canadian Charter of Rights and Freedoms* ("*Charter*")[10] and in the *Quebec Charter of Human Rights and Freedoms*.[11] Even in *Rodriguez v. British Columbia (AG)* [hereinafter *Rodriguez*],[12] the seminal case on the right to die, the Court found that the sanctity of life is a protected *Charter* value that is deeply rooted in Canadian society.[13]

Euthanasia and assisted suicide undermine this essential and long-standing societal value and all that derives from it. By advancing the idea that human life can be discarded when it lacks an assigned quality or fails to provide a material benefit, euthanasia and assisted suicide communicate that those who are feeble, disabled, flawed, or otherwise imperfect are not worthy of life. Thus, these activities perpetuate an atmosphere whereby individuals believe they must meet a certain standard in order to have the right to live.

It should be noted, however, that the sanctity of life's **prohibition against intentional killing does not require the preservation of life at all costs.** In instances where medical treatment would be futile, such as providing aggressive chemotherapy to a patient with metastatic cancer,[14] the inherent value of life would not be devalued by a decision to forgo the treatment. Hastening a person's death by not administering a medical intervention is fundamentally and practically distinguishable from omitting disproportionate or futile treatment. **The act of withholding or withdrawing disproportionate or burdensome treatment is not equivalent to refusing to administer proportionate treatment with the "active" intention of hastening death.** The sanctity of life supports this distinction because it underscores that the patient's life is always worthwhile though the treatment may not be.

The Preamble to the *Charter* recognizes that Canada was founded on the supremacy of God and the rule of law. In making any decision, the government should look to those fundamental principles for guidance. In this instance, by pursuing a course that would legalize euthanasia or assisted suicide, Québec would have to disregard the religious and secular notion that society regards life as sacred and worthy of protection. It would also have to ignore the long-standing moral fabric of Canada.

Positive legal theory may try to suggest that law be kept separate from morality; however, legal systems have always been influenced by moral laws and cannot be separated from them. In *Airedale Trust v. Bland*,[15] speaking of the criminal law, Lord Lowry found that society's notion of what is law and what is right should coincide, while Lord Browne-Wilkinson commented that behind each legal question lies moral, ethical, and practical issues affecting society.[16] A moral foundation is a basic structure of every society; it is not a question of private judgment but a community of ideas that guides the way society acts.[17] Thus, recognizing the link between positive and moral law is imperative. In the issue at hand, the moral law is grounded in the sanctity of life, so any amendments to law or policy should comport with its principles.

The Court in *Rodriguez*[18] understood the significance of the moral law and upheld the traditional view of the sanctity of human life by finding that human life must be respected:

> The appellant seeks a remedy which would assure her some control over the time and manner of her death. While she supports her claim on the ground that her liberty and security of the person interests are engaged, a **consideration of these interests cannot be divorced from the sanctity of life**, which is one of the three *Charter* values protected by s. 7.
>
> …the decriminalization of attempted suicide cannot be said to represent a consensus by Parliament or by Canadians in general that the autonomy interest of those wishing to kill themselves is paramount to the **state interest in protecting the life of its citizens**.
>
> …To the extent that there is a consensus, it is that **human life must be respected and we must be careful not to undermine the institutions that protect it**.
>
> This consensus finds legal expression in our legal system which prohibits capital punishment. This prohibition is supported, in part, on the basis that allowing the state to kill will cheapen the value of human life and thus **the state will serve in a sense as a role model** for individuals in society. The prohibition against assisted suicide serves a similar purpose. **In upholding the respect for life**, it may discourage those who consider that life is unbearable at a particular moment, or who perceive themselves to be a burden upon others, from committing suicide.[19] (Emphasis added.)

Rodriguez made clear that Parliament's repeal of the *Criminal Code* offence of attempted suicide was not recognition (moral or legal) that suicide was to be accepted within Canadian society. Rather, the decision merely reflected the recognition that the criminal law was an ineffectual and inappropriate tool for dealing with suicide attempts. By upholding the legal provisions prohibiting assisted suicide, the Supreme Court of Canada found that not only was fundamental justice supported by the *Criminal Code* provisions but that allowing exceptions to them could lead to abuse.[20]

III. STATE INTEREST AND RESPONSIBILITY: PROTECTING AGAINST ABUSE

Euthanasia is a word of Greek origin that literally means "good death." Today, it is commonly defined as a "**deliberate killing in order to put an end to a person's suffering, with or without the person's consent**."[21] While supporters purport that euthanasia is an effort to alleviate the patient's pain and suffering, **at its core, euthanasia is the killing of another**. Physician assisted suicide (PAS), which is

closely related to euthanasia, is "**the act of helping someone commit suicide by providing the means or the information on how to proceed**".[22]

Euthanasia and assisted suicide are legal in only a handful of jurisdictions. The vast majority of countries continue to uphold the sanctity of life within their legal systems. Canada is among these countries and has, itself, grappled with the question of euthanasia and assisted suicide on a number of occasions but has always determined that the legalization of these measures would be a grave detriment to society. The empirical evidence released in the jurisdictions where these procedures are legalized supports the conclusions of the moral law, namely that legalizing measures which intentionally hasten death undermine society's appreciation for life and increase the likelihood of abuse against the vulnerable. **Even with regulations designed to protect the ailing**, these nations have largely been unable to control the killing of the ill and disabled. Consider the following examples which offer only a cursory introduction to the prevalence of abuse:

Belgium

- At least one Belgian hospital conducts a "weekend cleanup" whereby it weekly administers lethal drugs to elderly, seriously ill patients without their consent.[23]
- Contrary to law, doctors generally delegate the task of administering the lethal drug to nurses.[24]
- A recent study reveals that out of the patients nurses euthanize **at least half had not given consent**; the nurses proceed to kill on the assumption that the patients would agree to euthanasia if asked.[25]
- Euthanasia and assisted suicide account for 3.8% of all deaths in Flanders; however, 1.8% of these deaths are procured without the explicit request of the patient.[26]
- In Flanders, more than half of all neonatal deaths were due to doctors making 'end of life decisions', usually stopping the treatment of babies; however, 7% of the deaths were caused by lethal injection. Most of the babies had severe congenital malformations and/or were premature. Three-fourths of all neonatal physicians were prepared to engage in 'euthanasia' of newborn babies.[27] To euthanize babies in Belgium is illegal.[28]

The Netherlands

- Three surveys conducted over a 10-year period by Dutch researchers show **at least 1,000 patients are killed every year** through euthanasia without explicit consent or request.[29] Of these cases, approximately 72% of the patients had not given any previous indication that they wished to die;[30] approximately 14% of those killed were competent when euthanized.[31]
- According to a 1995 and 2001 survey, at least 9% of all neonatal deaths occurred following the administration of drugs given with the explicit aim of hastening death despite the laws against euthanizing babies.[32] At least 2.7% of deaths of children between the ages of one and 17 are a result of euthanasia.[33] "Approximately **21% of infant euthanasia deaths occurred without the request or consent of the parents**."[34]
- Although required by law, **doctors currently report only half of all cases of euthanasia** to the authorities and many only do so under anonymity. Asked why they failed to report the cases, doctors responded that the reporting requirement was burdensome and time consuming; however, more worrying would be the possibility that patients had been 'euthanized' by doctors in violation of the regulations and the cases were not reported in order to avoid criminal prosecutions.[35]

Switzerland

- *Dignitas*, the Swiss end-of-life clinic, is under investigation for allegedly dumping hundreds of urns filled with the ashes of its patients into Lake Zurich.[36]
- Zurich authorities have ruled that Dr. Alois Geiger, a gynaecologist by training who works with *Dignitas*, did not have the required competence to assist with the suicide of a schizophrenic patient. Authorities subsequently removed his power to prescribe for the mentally ill. [37]
- Though the law requires that those requesting assisted suicide be seen by a doctor at least twice before a prescription is provided, foreigners have allegedly come to *Dignitas* and been killed within a day.[38]

The United States

- The Oregon Department of Health Services has "repeatedly acknowledged in its earlier reports that it has no way to detect unreported physician assisted suicide deaths and no way of knowing if data submitted by doctors in reported cases are even accurate or complete."[39]
- In Oregon, "none of the 59 patients who opted for assisted suicide in 2009 had been referred for a psychiatric evaluation to rule out depression, other mental illnesses, dementia, coercive pressures, etc."[40]; only one of the patients died in the presence of the doctor who prescribed the lethal dosage and reported the assisted suicide.[41]

As explained in the *Death with Dignity Consultation Document*, these jurisdictions have developed guidelines to protect individuals from abuse;[42] however, as the above demonstrates, there are no fail-safe measures to assure the safety of vulnerable patients. For instance, the law in Belgium requires that a patient experience "constant and unbearable physical or psychological pain", be sufficiently conscious to make the request to die, and issue a written consent before being euthanized; it also prescribes a third doctor's opinion and a one-month waiting period in certain instances.[43] Yet the evidence strongly suggests that medical professionals in Belgium are failing to fulfill their obligations. In fact, one Belgian father refuses to leave his disabled daughter alone in the hospital for fear that she may be euthanized by the nurses who refer to her as "just the euthanasia child".[44]

Government has a duty to protect its citizens, but, in doing so, it must balance the interests of particular individuals with those of the state.[45] Arguments in support of end-of-life treatments are often based on principles of personal autonomy and the 'right to die', yet these rights are not absolute.[46] The government is entitled to prevent practices that are harmful to individuals where such practices are harmful to society generally.[47] For example, jurisdictions require individuals to wear their seat belt while driving even though it interferes with personal autonomy because the alternative negatively impacts society. Similarly, euthanasia and assisted suicide may appear preferable to a particular individual, but because its negative repercussions on society are so dire, it should remain prohibited.

The state has an interest in protecting the health, safety, welfare, and morals of its citizens. In the case of legalized euthanasia and assisted suicide, these interests are infringed even where regulatory safeguards have been introduced. The prevalence of individual autonomy and the concept that 'I do what I want', without properly defined limitations,[48] profoundly undermines the moral fiber of society. For example, it disregards the impact death has on other people, especially family members,[49] and it limits the desire of society to pursue other options, such as palliative care. Ironically, the pursuit of personal autonomy in this context **results in a loss of autonomy because its unintended consequence is to devalue life by making its worth susceptible to personal interpretation.**

IV. UNINTENDED CONSEQUENCES: VITIATED CONSENT AND DUTY TO DIE

A key regulatory safeguard introduced to ward off abuse is that of consent. These jurisdictions require that requests for 'end-of-life' treatments be made by the patient, without pressure and repeatedly over a substantial period of time.[50] However, consent provisions can be easily disregarded. The 'slippery slope' experienced in Holland provides an example:

> Dutch doctors have gone from killing the terminally ill who asked for it, to killing the chronically ill who ask for it, to killing the depressed who had no physical illness who ask for it, to killing newborn babies because they have birth defects, **even though, by definition they cannot ask for it.**[51]

Even where consent is given, it was difficult to determine whether it was voluntary provided, as **coercion can be subtle and detached**. Moreover as euthanasia becomes more prevalent, there will be an increase in the level of societal pressure to die experienced by the vulnerable. Individuals will begin to believe that they have become a financial or emotional burden on family or society and that their best option is to end their lives. The following examples are instructional:

- A 65-year-old woman, suffering from incurable cancer, was discharged from hospital. Her doctor discussed euthanasia with her, but she objected to its use on religious grounds. As the cancer progressed, however, she became more ill and considered herself a burden to her husband. She requested euthanasia and died.[52]
- In Oregon, the percentage of patients who died through physician assisted suicide and cited being a burden to family, friends or caregivers as one of the main reasons they requested suicide increased from 12% in 1998 to 26% in 1999 and to 63% in 2000. [53]
- In studies of terminally ill patients, those patients with substantial care needs were more likely to feel that they were an economic burden on others and more likely to consider euthanasia or physician assisted suicide.[54]
- According to physicians, the "most common patient concerns" of those requesting physician assisted suicide or euthanasia "are nonphysical".[55]
- A study showed that 65% of British people believed that if euthanasia was legalized "vulnerable people could feel pressure to opt for suicide" and that 75% of "people with treatable illness such as depression might opt prematurely for suicide".[56]

As the costs associated with health-care increase, governments, health providers, and insurers will begin to explore ways of reducing costs. One solution, proposed in an article published in the *American Journal of Economics and Sociology*, suggests that "tremendous savings could be made to health budgets if financial incentives were paid out to the estates of dying patients, if they agreed to physician assisted suicide."[57] If this proposal is adopted, society will soon agree that the value of life is not sacred but instead determined **through a cost-benefit analysis.**

The availability of euthanasia may also encourage patients, even those who are not terminally ill, to seek an early end to their life in order that their organs can be harvested. In Oregon, a leading bioethicist is **encouraging the state to solve its organ shortage through euthanasia.**[58] In Belgium, a paralyzed woman consented to death and had her organs removed ten minutes after a lethal injection was administered.[59] According to scholars, patients in her condition normally adjust to their disability and live productive and satisfying lives.[60] Examples like these raise concerns over the exploitation of the sick and place into question whether patients will be encouraged to seek death even when there is a chance for recovery.

Because euthanasia and assisted suicide do not support the sanctity of life, they will ultimately result in a society that lacks appreciation for the value of life. In this society, **the right to die will shift to a duty to die**. Already, academics who support euthanasia are suggesting that a duty to die is more likely to occur when life becomes a burden because of extensive care giving, financial hardship or emotional burdens.[61] One professor has even argued that a 'duty to die' should be inculcated at an early age as a **moral imperative and example of self-sacrifice in the face of financial hardship resulting from illness or disability.**[62] In practice, doctors are already beginning to question the value of their patients' lives or are actively petitioning to end them,[63] reinforcing the observation that "it is not up to [the doctor] whether life is happy or unhappy, worthwhile or not, and should he incorporate these perspectives into his trade the doctor could well become the most dangerous person in the state."[64]

V. Conclusion

Margaret Somerville stated that "legalizing euthanasia is like throwing a stone in a pond; it is not enough to merely examine the stone itself, one must also examine and identify every ripple caused by the stone's impact."[65] The questions posed in the *Death with Dignity Consultation Document* help to begin the process of examining these ripples. Although unable to discuss every aspect within its submission, the Christian Legal Fellowship (CLF) has conducted extensive research into the topics of euthanasia and assisted suicide. Based on its institutional knowledge, CLF submits that positive and moral law, as well as empirical evidence, requires the Government of Québec to refuse measures designed to intentionally hasten death. Instead, the Government should devote its energy and resources to measures, such as palliative care, that reinforce the inherent value of life and that protect the vulnerable.

The ***availability*** of euthanasia and assisted suicide reduces the likelihood that people will care for the elderly, disabled, or infirm, while increasing the chance that people will seek death when faced with loneliness, fear, or pain.[66] The ideals and values of Québec society should demonstrate support, compassion, and service; **Québec should be a society that embraces life and fearlessly defends those most at risk.** In making its decision, the Province should pay special attention to the countless number of individuals who wanted to die during the height of their suffering but are now grateful for life. For instance, consider the girl who no longer wants to die because she is now "feeling brilliant" or the 14-year-old who changed her mind about suicide because "she was 'enjoying her life' and wanted more of it".[67] What about the grandfather who attempted suicide because of extreme pain that once treated allowed him to live for 17 more years and share in the lives of his grandchildren.[68]

Then, of course, there is the story of the man who was introduced at the beginning of this submission; the most famous of all "pain and suffering cases" – the story of Job.[69] Let us as a society be as his friends, supporting those who are ailing and in grief. For if we are willing to come alongside these vulnerable ones, valuing their every breath, we will help them to ***live and die*** with dignity.

---

[1] The Christian Legal Fellowship is a national not-for-profit association of legal professionals in Canada. The association, among other functions, explores the complex interrelationships between the practice and theory of law and Christian faith. The Fellowship has over 550 active members from several dozen Christian denominations working together to integrate Christian faith with law.

[2] Coleman, Gerald, "Assisted Suicide, An Ethical perspective," *Issues in Law and Medicine* Volume 3(3) 1987, p.279.

[3] *Id.* at 279.

[4] *Id.* at 278.
[5] Somerville, Margaret. *Death Talk: The Case Against Euthanasia and Physician Assisted Suicide.* Montreal: McGill University Press, 2002.
[6] *Id.*
[7] "Greek medicine", *History of Medicine*, National Library of Medicine, National Institutes of Health http://www.nlm.nih.gov/hmd/greek/greek_oath.html
[8] "WMA International Code of Medical Ethics," http://www.wma.net/en/30publications/10policies/c8/index.html.
[9] *European Convention on Human Rights*,section 1, article 2. http://www.hri.org/docs/ECHR50.html
[10] *Canadian Charter of Rights and* Freedoms, Preamble and section 7.
[11] *Quebec Charter of Human Rights and Freedoms*, Sections 1 and 4.
[12] *Rodriguez v. British Columbia* (AG), [1993] 3 S.C.R. 519.
[13] *Id.* at 48
[14] Keown, John. *Euthanasia, Ethics and Public Policy.* Cambridge: Cambridge University Press, 2002. 45-51.
[15] *Airedale Trust v. Bland*, 1993 AC 789, 877.
[16] *Id.*
[17] *See* Hart, H.L.A. *Law, Liberty and Morality*, (USA: Stanford University Press, 1963). 50.
[18] Rodriguez v. British Columbia (AG), [1993] 3 S.C.R. 519.
[19] *Id.* at 48.
[20] *Id.*
[21] Catholic Health Association of Canada. *Euthanasia*, 2004.
[22] Death with Dignity Report, p. 12.
[23] Gilbert, Kathleen, "The Weekend Cleanup: The Gruesome Aftermath of Legalized Euthanasia in Belgium" *Lifesitenews.com* 1 June 2009.
[24] Caldwell, Simon, "Belgian Euthanasia Nurses 'Fail To Get Consent" *Vancouver Sun.* 9 June 2010.
[25] *Id.*
[26] International Task Force on Euthanasia, "Physician Assisted Suicide, Update", Volume 24(2), **http://www.internationaltaskforce.org/iua53.htm**
[27] Provoost, V. et al, "Medical end-of-life decisions in neonates and infants in Flanders", *Lancet* 2005; 365: 1315–20.
[28] *Daily Telegraph*; 9 April 2005.
[29] Van der Maas, PJ et al., "Euthanasia and other medical decisions concerning the end of life", *Lancet* 1991, 338: 669-74. *See also* Van der Maas, PJ et al., "Euthanasia, physician-assisted suicide, and other medical practices involving the end of life in the Netherlands, 1990-1995", *NEJM* 1996, 335: 1699-705. *See* also Onwuteaka-Philipsen, BJ et al., "Euthanasia and other end-of-life decisions in the Netherlands in 1990, 1995, and 2001". *Lancet* online 17 June 2003. http:// image.thelancet.com/extras/03art3297web.pdf; Keown, p.104.
[30] Smith, Wesley. *Forced Exit. Euthanasia, Assisted Suicide and the Duty to die* New York. Encounter Books, 1997. 109
[31] *Id.*
[32] Schadenberg, Alex. "How Will You Say Good-bye to Someone You Love?", Euthanasia Prevention Coalition, http://www.euthanasiaprevention.on.ca/euthanasia-web.pdf
[33] Vrakking, A et al. "Medical end-of-life decisions made for neonates and infants in the Netherlands. 1995–2001", *Lancet*, 2005, 365: 1329-1331. *See also* Vrakking, A et al., "Medical end-of-life decisions for children in the Netherlands". *Archives of Pediatrics &Adolescent Medicine* 2005, 159: 802-9.)
[34] , Wesley, "Now They Want to Euthanize Children", *Weekly Standard*, 13 September 2004.
[35] Onwuteaka-Philipsen, BD et al., "Dutch Experience of Monitoring Euthanasia", *British Medical Journal* 2005, 331: 691-3.
[36] *Daily Mail*, 10 May 2010.
[37] Folkes, Imogen, "Switzerland Plans New Controls On Assisted Suicide", *BBC News Europe*, 2 July 2010.
[38] Boyes, Roger, "Murky Truth Behind Swiss Suicide 'Clinic'", *The Times Online*, 25 October 2008.
[39] International Task Force on Euthanasia, *supra* note 25.
[40] Oregon Department of Human Services, *Twelfth Annual Report on Oregon's Death with Dignity Act*, 3 April 2010.
[41] International Task Force on Euthanasia, *supra* note 25.
[42] Dying with Dignity Consultation Document, Assemblée Nationale Québec, May 2010.
[43] Gilbert, Kathleen, "The Weekend Cleanup: The Gruesome Aftermath of Legalized Euthanasia in Belgium" *Lifesitenews.com*, 1 June 2009.
[44] *Id.*
[45] 50 BMLR.1 at 43-44.

[46] As Thomas Aquinas pointed out, man has free choice and therefore has dominion over himself to dispose of things which he can freely dispose of, however, disposing of life is not one of the things over which man has freedom, but is subject to the will and power of God. Keown, *supra* note 13, at p. 53.
[47] *R. v. Brown*, 1993 2 All E.R
[48] The fundamental goal of individual autonomy is the flourishing of human life. The exercise of individual autonomy, particularly in the context of euthanasia, would undermine this principal goal. Instead of being permitted to develop void of restrictions and boundaries, the exercise of autonomy should only occur within a framework of "sound moral values" - Keown.p53. Smith, Mcall, 'Beyond Autonomy' in *Journal of Contemporary Health Policy.* Vol.14. p.31
[49] There are several case reports of where the physician-assisted suicide – based on the principle of unlimited personal autonomy - that show that personal autonomy cannot be always the highest good. For example, in April 2003, a 59 year old epileptic man from Britain and his 53 year old wife who suffered from diabetes and back problem went to the Swiss suicide organisation Dignitas and were given a lethal cocktail of drugs and died. Neither of them had a terminal disease, but both thought that their suffering had become intolerable. Their relatives were not aware of their plans and were obviously very shocked to learn that the two had died. (reported for example at: http://news.bbc.co.uk/2/hi/uk_news/2951387.stm). An even more dramatic case occurred recently, where a German woman convinced her family physician to falsify a certificate stating that she suffered from liver cirrhosis (she claimed that she needed such a certificate in order to get sick leave). She went to the Swiss suicide clinic Dignitas and died there on the basis of this certificate. A postmortem showed no evidence of liver disease. (The Times, 11 November 2005)
[50] Smith, Wesley. *Forced Exit. Euthanasia, Assisted Suicide and the Duty to die* New York. Encounter Books, 1997. 119
[51] *Id*. at p. 111.
[52] Dr Peter Hildering, President, Dutch Physicians League in a presentation given at the House of Lords, London, UK, 7 May 2003.
[53] Sullivan, AD et al., "Legalized physician-assisted suicide in Oregon," 1998-2000. New England Journal of Medicine 2001; 344: 605-607.
[54] Emanuel, EJ, "Understanding economic and other burdens of terminal illness: the experience of patients and their caregivers". *Annals of Internal Medicine*. 2000;132: 451-9.); *see also* Somerville, Margaret, *Death Talk.*, p. 145
[55] Back, Al et al., "Physician-assisted suicide and euthanasia in Washington State. Patient requests and physician responses.", *Abstract*, JAMA, 1996 Jul 17: 276(3): 196-7.
[56] "Dutch Euthanasia Stats" 27 September 2007. http://www.carenotkilling.org.uk/?show=435.
[57] Dienesch, George Paul. "Is It Your Duty to Die?" *How Will You Say Goodbye to Someone You Love?* January 2006, p. S10. http://www.euthanasiaprevention.on.ca/euthanasia-web.pdf.
[58] Cook, Michael, "Solve the Organ Shortage With Euthanasia, Says Leading Bioethicist", *BioEdge*, 7 May 2010 http://www.bioedge.org/index.php/bioethics/bioethics_article/8980/.
[59] The Christian Institute."Belgian patients are being killed without their consent" 10 June 2010.
[60] Smith, Wesley. Forced Exit. New York: Encounter Books, 1997.190-191
[61] *Id*.
[62] *Id*.
[63] Pickup, Mark, "It's A Frightening Time" *How Will You Say Goodbye to Someone You Love?* January 2006, p. S6. http://www.euthanasiaprevention.on.ca/euthanasia-web.pdf.
[64] Quoted in Wesley Smith, *Forced Exit*. p. 84
[65] Somerville, Margaret, *Death Talk. The case against euthanasia and physician assisted suicide* Mc Gill-Queens University Press: Montreal. P.86
[66] Radio Netherlands Worldwide, 9th February 2010. A Citizens initiative called 'out of free will' was launched to push this legislation
[67] Dayani, Alison, "Right-to-die teenager Hannah says 'I want to live', *Birmingham Post*, 18 Aug 2009, http://www.birminghampost.net/news/west-midlands-health-news/2009/08/18/right-to-die-teenager-hannah-says-i-want-to-live-65233-24462681/
[68] Luck, Stephanie. Personal testimony of CLF member.
[69] "Book of Job", *The Holy Bible.*