

16 JULY 2010

A brief in support of Euthanasia and Assisted Suicide
presented to the Québec Select Committee on Dying with
Dignity

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Under the Quebec *Charter of Human Rights & Freedoms*:

Clause 2: Every human being whose life is in peril has a right to assistance.

Clause 4: Every person has a right to the safeguard of his dignity, honour and reputation.

Clause 5: Every person has a right to respect for his private life.

Object: This brief proposes that every Quebecker should have the right to decide to end their life pre-maturely with appropriate professional assistance. The current option of allowing only passive assistance by withholding treatment is not acceptable and can be barbaric. With confidence, we respectfully request our honourable members of the National Assembly and their counsel enact legislation which would legalize procedures to provide for assisted suicide and euthanasia following appropriate specific protocols, safeguards against misuse, etc.

Rationale:

I believe personal life experience qualifies me to examine my own views and to present this brief in a clear and lucid manner. It is not theory; it is how I feel and the conclusions I arrive at after careful consideration. I view myself as an ethical person and take pride in doing the right thing.

I actively participated in the care of my parents in their final years and days. This was done with sensitivity and much love. They were totally dependent but they were never a burden. My children were not very involved at that time. They were young and this was very serious but they knew what was happening. My involvement affected them profoundly and possibly for the rest of their lives. Recently, one of my sons who has made the conscious decision not to have children, expressed his concerns about who will take care of him in his old age, like I helped with my dad and he will help me. While I share his personal concerns, I smile at seeing his commitment, without asking, to be

there for me in my old age! I have no qualms about being somewhat of a burden on my children. That is part of the cycle of life! Thus, my position on euthanasia and dying with dignity does not result from personal fear rather it is an informed decision based on careful thought, research and life experience.

Bystanders are encouraged to revive persons who would otherwise die probably long before artificial respiration was invented in the 19th century, CPR was encouraged for public use in the 1970s, and the Heimlich Manoeuvre was described in 1974. In not allowing these persons to die on the spot, were these bystanders doing god's work? Similarly, ongoing advances in medical services mean that, for a cost, life can be prolonged long past its "best before" date. Prolonging life often comes at a cost and while some costs are easy to calculate like the cost of medical interventions, pharmaceutical products, and the cost of care, there are non-financial costs which are, in my view, more important. These would include such as the cost of loss of privacy, dignity and/or quality of life for the patient.

Death is part of life, the end of life, the final act of life. We do not view death with wonderment or as a miracle in the way some other things are, like the process of giving birth to a so perfect tiny baby or, wonders found everywhere in nature like a beautiful flower, a hummingbird. For the miracle of childbirth, many (most?) women would prefer to proceed with the experience of natural childbirth to experience giving life to their very own bundle of joy in its entirety. A subset of these brave women will want to know their "Plan B" is on standby. They want the assurance to call for and receive epidural anaesthesia on a moment's notice if/when the pain becomes too much to bear. Of course there is Plan "C" a caesarean section if complications arise.

Some women want the benefits of privacy, warmth and comfort to give birth in a home setting. Similarly, when asked, most people mention they would prefer to die at home. No one says they want to die in a cold hospital with tubes in every orifice and someone else being similarly dispatched in the bed next to them.

Unlike impending childbirth, in the case of death, I have met no one who looks forward to death as an experience in and of itself. My mother was ready to die. She told me that. I believed her. She told me she did not fear death; she *accepted* death but that is different from *wanting* the experience. While I have heard some yogis look forward to death, I have not had first hand experience to explore the topic with them so I will reserve judgement and talk about what I do know and believe. When it comes to death, most people prefer not to broach the subject; none says they want to ride it out to the end, regardless of the possible pain, suffering and indignities. Many have concerns, anxiety and worry about their final minutes. Sure, we are assured we could and should be pain-free but pain is one thing. What about the rest? The writhing? The twisting in the wind? The lingering? What if I hang on too long? What if I'm a vegetable? Who knows what else awaits us as our bodies go through the process of shutting down and dying? How long will it take? Evidently, some fare better than others in the process.

Currently, we would have to say our laws are *pro-life*. The purpose of this brief is to request our laws be changed to allow for *pro-choice* decisions. This would help ensure we have the best chance to die with dignity and honour rather than being forced to die only when it is time. I hesitate to use *pro-life* and *pro-choice* as these terms were up to now reserved for the abortion debate. But the parallel is there, regardless. You do not have to be in favour of having an abortion yourself to accept that under certain circumstances, abortions may be necessary. Indeed, many people will never have to face such a decision or view abortion as an option for themselves but our society does provide access for those who are in need of these services. Providing access to safe abortions is accepted in our society despite knowing many citizens have dissenting views, usually based on their religious beliefs. Like our topic, this is a polarizing debate and in both cases, it is up to the government to provide laws for the greater good.

I believe society should allow people the right to choose life or death under certain circumstances. Like with abortion, no one would be forced to make a decision one way or the other. As with abortion, the decision should be deeply personal with the counsel and services of professionals, as required and for specific reasons, circumstances and following a prescribed process with appropriate safeguards and controls. The religious beliefs of one group or another may impact the life decisions of those who hold them but they should not be prevent our government from enacting progressive laws such as what this brief proposes. That is, the religious beliefs of one or more groups should not limit the rights of those who do not share their beliefs.

Last but not least, medical services in our society are provided at no cost to the user. Is it fair to society bear the cost of prolonging life at all cost for some and in doing so reduce resources available to others in need whose prognosis is far more positive? In an ideal world, as the proverb goes, money would be no object. But we live in a society which has finite financial and medical resources which are divided amongst competing projects in an effort to allocate scarce resources for the greater good. When it comes to caring for family members whom we love dearly, we certainly do not want to be told about budget constraints which would deny any or every possible intervention to prolong the life of our loved one... *if that is what our loved one wanted* or more probably *if that is what the family wanted!* Current legislation allows us to withdraw or refuse treatment as requested by the patient. This would not directly cause death but only hasten its arrival. This brief proposes that we should not maintain the life of a patient *against his will*. Rather the patient should be able to have his life ended *if he so desires*.

In conclusion: I am grateful for the opportunity to provide this brief to this most important committee. Good luck with your venture. I look forward to your final report which I hope will result in enacting progressive legislation Quebeckers will be proud of!

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Attachment: APPENDIX: Additional Information

APPENDIX

“Assisted suicide voted down by MPs, APR 21, 2010

“The House of Commons has rejected a Bloc Québécois MP’s legislation to permit assisted suicide in Canada under strict conditions. Bill C-384 was defeated Wednesday afternoon on second reading by a 228-59 margin.” Reference: CBC News Wednesday, April 21 / 11:21 PM ET.

Read more: http://www.cbc.ca/canada/montreal/story/2010/04/21/parliament-euthanasia-bill-vote.html?ref=rss&utm_source=twitterfeed&utm_medium=twitter#ixzz0lrvgt8D5

Miscellaneous Additional Statements (Outtakes):

The following sections are included as they provide additional insight and points of discussion were part of the draft, too long, brief.

Pro-life vs. pro-choice: I fully understand how some people will choose life, including all possible interventions and extraordinary means, if needed, until their dying day. I can accept that this is their choice to prolong their life for whatever reason. ***This is pro-life.*** Society, within limits, will pay costly to support this choice which itself will, necessarily be at the expense of denying service to other citizens. On the other hand, I respectfully request may be some of us will want to choose death on *our* dying day rather than choose to prolong our lives at all cost! ***This is pro-choice.*** As soon as you mention ‘cost’ people immediately think that the euthanasia debate is all part of a desperate scheme to cut health care costs by eliminating the sickly, costly patients from the system.

The proposed requirement to seek a second Doctor’s opinion: We are often asked should the attending physician be required to seek the opinion of a second physician. What about a third? Does the second physician simply have to agree with the prognosis or, if so, the plan to end life? If the attending does not like the opinion of the second physician, does he go for a third? A fourth? How many opinions does he need? On the other hand, the patient should probably have access to a second or third opinion.

A simple scenario to consider, a passport: A patient is given the news that he has an irreversible terminal illness which will claim his life; the 50% survival rate is less than 1 year; his case is worse than normal and he might have 6 months; he can expect reasonable quality of life for 4 months max; thereafter it will be a steep decline, wasting, loss of control of bodily functions, pain, pain. Such a person in full possession of his senses could apply for a passport which would pre-approve him with the right to choose physician assisted death at any time. This would allow him to choose; it does not mean he would have to sooner or later go through with assisted death or that someone could coerce him into following through with it. It would give him the assurance that if he did,

at some point, decide he wanted to move on, he could do so at that point all along having access to counsel. That would be *pro-choice*.

Our current system is pro-life. This is grossly unfair to those of us who may want the right to choose. This does not oblige us in any way to choose death at any given time or even when the time came but we would have the assurance that we could if we wanted. That is important and a source of peace of mind.

Passive euthanasia: No one wants to be told they have the option to withhold treatment. That notion seems, in many cases like it could be barbaric. What does it mean? It is not all that obvious. We can accept “no extra-ordinary means”. Or “I don’t want to be a vegetable”. Do we go out and get a DNR tattoo? If we did would that mean DNR under all circumstances? Like choking?

What brought me to this understanding? This debate has me wondering why I seem to have clarity while most people and legislatures are struggling with the concept of physician assisted death. Maybe it was because I suffered so many near-death experiences during years 13-28 of my life. Maybe it was severe asthma; maybe it was coming ever so close to certain instant death every single day I rode a motorcycle for 7 years. Maybe it was because I lived through being case no 13 of a rare neurological illness/disorder which convinced me I was a ‘goner’ and caused me to have many out of body experiences to the point where being able to prove to myself whether or not I was awake or dreaming was a focus.

Maybe it was when I helped guide my mother into her death at the end of her life. I daren’t use the words facilitate or assist lest they be misinterpreted as somehow hastening her death. No she died on her own. I was there; that’s all. I was there to be with her in her final journey; her final moments. “Jeffrey, I do not fear death. I had a good life. I have wonderful children. It is my time to go.” My brother dismissed her words as putting up a strong face as she often did in other important things. I knew she was being totally honest and expressed exactly how she felt at that moment. I believed her as I always had. She never ever lied to me. Nonetheless, I prayed to have the clarity she had and the willingness to accept death when my turn comes. 10 years later and I am still not ready to die. I believe I still have too much living to do.

At age 60, I can say with 99+% confidence level that I lived more than 50% of my life. I do have clarity to the point that I know with an equally high degree of certainty to state that would I someday be in the same situation as my mother was, I would like to have the option of assisted death if I felt like availing myself of that option to bring about a death minutes, hours or days before a natural death. What is to be gained by waiting additional minutes, hours or day for the inevitable? Having said that, no two cases are the same. Of course, what my mother died from could never possibly afflict me. She died from complications from ovarian cancer, a disease I can’t possible contract.

I have the clarity to know that death is scary for most people and prolonging life, at all cost is what we think most people want. I accept that. I know they have their reasons. While I suspect their reasons lack maturity and reasonableness, I ask that they offer me the same understanding. They could understand that I have my reasons which they might not accept. It is a case of live and let die. I am not suggesting that the state euthanize the unwanted and / or terminally ill or that they cut costs of care when no one is looking. No one on the pro-choice side of the debate believes that but some on the pro-life side do use it to illustrate the slippery slope. I promise not to force them to accept or choose euthanasia but please afford me the right to do so if I so choose. It's a bit like gay marriage; definitely not for me but I can understand why some people really need that. So be it. It does not mean that some day I will be forced to marry a man.

Religion: The home I grew up in was deeply religious. My father a devout Roman Catholic; Mother was United Church. I went to catholic schools and attended church on average 2-3 times every week. I was an altar boy for 5 years. I became an agnostic in late teens and decided not to 'force' my children into the religion I was raised in. Rather I felt, at the time, they should have simply a good Christian home. Presently, I consider myself to be a very spiritual person and a devout atheist. I admit I was quite amazed at the transformation I underwent when I decided on atheism. It was truly as if a huge weight was lifted. Everything became so clear. I was no longer wondering about characterizing that someone 'up there' looking down on me, keeping me out of trouble, punishing me when I did wrong or condemning my soul to the eternal fires of hell if I didn't confess a serious sin before I died. No this is "it" and I was going to live this life to the fullest until my dying moment. It meant being so much more kind than ever before. Yes, I was always a caring person. I told my employees that I had them to thank for making me successful. After all how could any boss or business owner actually believe they were successful despite having turkeys for employees? Unfortunately, many do. Just look at the parking lots of many companies. You can pick out the owners. Why do I bring up my religious beliefs or rather non-beliefs? I admit I was always puzzled by the Christian thesis that we are here on earth for a time before we go for our rewards for all eternity in heaven. Yet, most Christians I met were afraid of death. Why? If the really believed they were going to a 'better place' why were they afraid of death? Rather atheists should go to the ultimate in extraordinary means to extend this their only life. Some things defy basic reason!

The topic is in the news: The topic of assisted suicide, euthanasia or death with dignity comes into the news every now and then. Much more now than then. It may be yet another baby-boomer effect. As boomers age, we discover things or more probably rediscover that which always existed but up to that point we didn't know existed. Once we find ourselves collecting QPP, we have no choice but to admit we have lived longer than we will possibly ever live. We admit to the aging process and can see the sunset. Now is one of those times when the topic is in the news, the subject of this committee, in the House of Commons and minds of many. The recent Bloc Québécois private

member's bill C-384 was defeated. The Quebec College of Physicians and Surgeons has come out in favour of a process which would allow for doctor assisted suicide in special cases with strict controls. Euthanasia is already legal in many countries. In Canada, only 'passive' euthanasia is currently permitted. Passive euthanasia involves hastening death by withholding life-sustaining medical interventions including medical interventions, other procedures and/or drugs. Active euthanasia is proactive, generally involving the use of drugs to hasten death.

Definition: The public knows what euthanasia is. For most people there is little ambiguity in what it means but a good deal of ambiguity in the details. We have seen it presented in the news, on television programmes, in documentaries or movies. I believe it is best that we have some agreement about euthanasia as it could be a desired option for some of us. We are happy to leave the details to legislators, pharmacists and physicians. Notice I did not mention ethicists. Let's leave them out for the moment.

We probably first learned about euthanasia when quite young when we or someone we knew had to put their dog 'to sleep.' Somehow no one had to tell us that this was a sleep with no wake up.

Awareness of death: As a child, as soon as we become aware that death existed, dying became one of our preoccupations, a source of anxiety, the object of nightmares and it became one of our worst fears. "Mommy, I don't want to die". Or "Mommy, when are you going to die?" My own case was typical. The first time I saw a dead body was when our grade 3 teacher marched us over to the presbytery to see the dead pastor. It was scary. She even made us touch his hand. It wasn't that scary. Later, I rode motorcycles starting at age 17. This brought me within milliseconds of certain death many times every day and at least one very serious accident every year. Indeed, I lost more than half of my friends in all sorts of crashes. And I had many friends as my first job was as a motorcycle mechanic. So death was always so close and well within reach, moment to moment. You got used to it and got on with your life. I believe the motorcycle experience did affect me profoundly. The impact has stayed with me for the rest of my life. Life is so fragile and not permanent.

Later on, I would suffer a rare and serious neurological condition and was hospitalized for month, on the edge. I was case #13 in recorded history. It was bizarre. I was convinced I was a 'goner'. One of my challenges was how to know if I was awake or not. I got used to living in that state. After countless tests and no treatment, I recovered and it has been 35 years.

Mortality: Back to facing my own mortality, for years, I felt, like most people, I was young or not as old as most people who died. In fact, there is a social interdiction about mentioning or talking about the "D" word even in death notices. So and so "passed away" or more recently simply he "passed". No obit says someone simply "died" as if that was just as bad as saying they "croaked". Maybe they should rename death notices

to passing notices. When I was much younger, a quick check of the obits on any day showed no one born around my birth year died that day apart from a rare few. It was easy to conclude there were many more pressing things to worry about and definitely no urgency to figure out death any day soon. I just didn't have to face up to it yet, not today or this week. In fact often, I thought there was a strong possibility that maybe I wouldn't be able to ever work that out. So why worry? I took comfort in that conclusion that I would die someday but barring some catastrophe, I probably would not die soon.

We can work it out: I did believe if I really did need to figure out death, I thought I would have plenty of time to work it out some day in the future. Well, as luck would have it, I did live long enough. I did have the time. I did work it out and today, I can announce I am at peace with where I stand. I do accept death. I can do the math. I am 60 which means I am undeniably well past 50% of my life; hopefully not at the 95% level. I have lived far longer than I shall live. No I still don't want to go any day soon but I do not see death as 'the end of the world'. No, I don't look or think like those yogis, mystics or monks who have so obviously abandoned their physical lives and have gone 100% mystic in joyful glee of impending death.

With both parents: I was with both my parents in the moments of their deaths. Both died peacefully without any drama or pain or anxiety we fear. In that way, maybe their death was normal. I'm not sure. Or maybe they were just lucky. Father believed he had lived far longer than he ever expected. Mother was definitely ready to die. She died with us in her home. Days before she told me "Jeffrey, I bet you never thought you would see me in this condition." And "I don't fear death." I held her hand, kissed her and told her "I love you Mother." She died on a Saturday morning. The previous Thursday she asked her wonderful caring, professional palliative care physician, "How much longer do I have to wait?" The answer was that she would not last the weekend. Her response, "That long?" Looking back, several things were clearly obvious in her response: First, she was ready to die. Second, she was at peace with death. Third, two more days seemed a barely bearable but long time to wait. I now wonder what she would have said or felt if the doctor had told her, "Well, no one knows how long." Or "You could go on like this indefinitely. We just don't know" Or maybe the doctor might have wanted to not tell Mother the news and might have said to think positively and not to worry about such things. The fact that Mother didn't ask to be helped to die sooner and avoid waiting or if she could somehow speed up the process, to me, means while the wait was long, perhaps too long, she accepted it like so many other things in life. There is no doubt in my mind that the prospect of waiting two days must have seemed long.

A very dear friend of ours plummeted health-wise from being a robust professional to die 18 months into her retirement. She was such a powerful lady, so strong but was diagnosed with leukemia. She was provided with excellent care, followed normal protocols, extraordinary treatments along with experimental procedures, bone marrow transplant etc. Still, nothing worked; she continued to fail. She was still mobile but in a

sad state in the weeks leading to her death. She too had accepted death and that it was coming soon. She said her good-byes. Many of her close friends were in denial. Somehow they knew and expected she would get better. After all, she had never died before and probably would not at that point either. Not being able to be intimate with some of her best friends must have been hard on her and a barrier to profound sharing she welcomed at the end of her life. She continued her decline. The last straw for her was when she lost all control of critical bodily functions. She could no longer care for herself. She was robbed of the last vestiges of dignity and privacy. That was so much to bear. So sad. So embarrassing. She was disgusted with what her body had become. She stated that she did not want to live like this. She died after a couple of days. Thankfully.

Would she have wanted euthanasia if offered? To ask her or Mother would have been cruel as I was not prepared or able to follow through if they wanted it. Unlike Mother, she believed in no god. Still she fully accepted and was at peace with her impending death. Had she lived days or weeks longer, longevity under these circumstances would have become an unbearable issue. She would probably have wanted to end it sooner than later; hopefully before 'all hell breaks loose.'

It is one thing, as my grandmother so often said to "pop off." No warning, no advance notice, no suffering. Here one minute then gone in a puff. In her latter years, grandmother always packed a black dress because you never knew when you would need it. Mother said cancer was, in a way, better than dying of a heart attack and she had had a severe heart attack 25 years earlier. How can having cancer be better than anything? To her, cancer gave you time to prepare yourself and those around you. It allowed you and to say your good-byes. It allowed Mother to finally take that railway trip from sea to sea across Canada and realize a lifelong dream with an adoring grandson. Two of us got married that year; it was wonderful. Like with our dear friend, many of Mother's life-long friends were uneasy. They called and visited less often and then stopped during her 2 years of treatments and decline. They were uncomfortable. Maybe they didn't know what to say or what to talk about or what they could talk about. Maybe there was nothing to talk about. Not sure what it was but definitely not the case for me.

Cherished family pet: Not to diminish the solemnity of final moments of human life in any way, I would like to use an example around a cherished family pet for illustration. I often think of dogs to illustrate important aspects of life like caring, consideration, comfort in times of need etc. I am quick to admit that humans have feelings too. The illustration makes it easier to understand. Putting the family pet to 'sleep' was not trivial. Yes, we have heard of those who dispatch their pet if they don't match the new sofa. That is sick and disgusting but there are some people like that. For us, no matter what, it was dreaded and done with great sensitivity after much soul searching when the quality of life of the dog and the prognosis were so poor that to let the animal continue to live until they died on their own would have been cruel. It was not a

question of spending huge sums of money which would not change the prognosis or outcome. Some people do that. It is unethical and I would suggest an admission that death for them is to be avoided at all cost. For us it was sad. We all cried. Even my dad, who never cried, cried then. Yes, we were so sorry the life of our dog, our wonderful and devoted companion was over but somehow we knew it was better this way.

In the case of the dog, the only choice is active euthanasia. In Canada, passive euthanasia is the only form tolerated for humans would be illegal for a dog. It is illegal to withhold treatment for a dog like stopping feeding or hydration to hasten the death of the animal. That would be cruel and illegal. Yet somehow, we believe this is the best option for humans? I don't understand.

Back to us humans: Treat me like a dog, please: Active euthanasia is illegal in Quebec and Canada. For me, not having that option even if I didn't need it, is scary. Under current law, I have no right to a peaceful death hastened with drugs if I wished. The law forces me whether I like it or not to die naturally. The allowed choices involve withdrawing treatment like oxygen so I gasp for air or nutrition until I die of starvation or I could stop hydration etc. I dread the thought of 'twisting in the wind' until death. I would not treat my dog that way. Yet, when the time comes, the law expects someone I trust could do that to me. Or I could be advised by attending physicians this would be the best option for treating someone I cherish. That is cruel and unethical. Forcing someone to wait for what would seem like an eternity is terrible. The law is an ass!

On the other hand, if I am somehow physically able and wish to hasten my death, I could lie down in the snow, fall off my balcony, drive my car into some building maybe make a statement in doing so etc. Being physically able seems to provide me with numerous choices. Yet the too weak cannot choose something they can't do. It is discriminatory. This amounts to deny of access for the disabled.

On the other hand, Bill C-384 which died with prorogation was supported by the Quebec College of Physicians is a giant step in the right direction. C-384 is essentially similar laws in Washington and Oregon as well as those of the half dozen EU countries which allow it. These laws usually refer the practice as allowing 'death with dignity.' That is what we need.

Interfering with god's plan: Some foes forbid euthanasia as it interferes with the will of god who alone should determine the time of death. Yet the same persons accept we do routinely interfere in the process leading to death through Good Samaritan interventions like CPR, Heimlich manoeuvre or through a medical intervention which either eliminates that particular cause of death or delays death from that cause. This is seen as good, in a positive light and would be referred to as a positive interference based on lengthening life. Lengthening life is seen as better in some way than letting the person die at that time from that cause. So we accept that we do not always let nature take its course or god to claim a life at that moment. Often we are humbled when

nature prevails and someone dies regardless of appropriate or even heroic interventions. That is seen as a failure. We easily excuse that failure by stating the person's time had come or it was god's will. Few would refuse what we now see as life saving medical interventions like caesarean section. Indeed if they did refuse treatment, a physician would move swiftly to have the person declared incompetent and then execute the procedure anyway. Would they believe that should be forbidden? Allowing the procedure does prolong the life but at the same time interferes with what would be certain death if not for the intervention. We are quite used to medical and pharmaceutical interventions which we could not even have dreamt of a few years ago. Few dispute 'pulling the plug' although they themselves might shiver at the thought of carrying it out themselves. There are a few who for religious reason must prolong life at all cost. The only scripture they can cite is "Thou shalt not kill." To these I would say that at the time their scripture was inspired, god had no idea that humankind would make such unbelievable leaps during the 20th century. Had he known, I respectfully suggest scripture would be different.

Please treat me like I would treat a dog. I could live with that.



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de mourir dans
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Agenda

- **Quebec Charter Rights**
- **Objective**
- **Recommendation**
- **Playing God**
- **Death, Birth & Dying**
- **An Emotional Polarizing Subject**
- **Conclusion & Takeaway**

Quebec Charter of Rights and Freedoms

- **Clause 2: *Every human being whose life is in peril has a right to assistance***
- **Clause 4: *Every person has a right to the safeguard of his dignity, honour and reputation***
- **Clause 5: *Every person has a right to respect for his private life***

Recommendation

- **Every Quebecker should have the right to decide to end their life prematurely with professional assistance, under specific circumstances and conditions**
- **The Government of Quebec should enact legislation to this effect with appropriate protocols, safeguards and services**

Who am I?

- Profoundly ethical person: Strive to do what is right for myself, for those around me and society. Huge impact on my life, actions, relations, the way I do business
- The subject at hand is a very serious matter; a very private matter
- This committee needs to hear from ordinary people; most would be terrified to talk about the subject especially in a public forum
- No terminal illness
- Want to live healthy for a long time
- Personal and family life experiences, illnesses
- End of life experiences with parents, friends

We must not “Play God”

Universally acceptable to “play god” in positive sense i.e. to stop impending death, extend life

- Emergency interventions by bystanders
 - Good Samaritan
 - Artificial respiration since 19th century
 - CPR
 - Heimlich manoeuvre
 - Defibrillator
- Medical Interventions

“Playing god” cont’d

So we agree it’s OK to ‘play god’ to prolong life

- What are the limits?
- Just *because* we can?
- At all cost?
- Is this *right*?

YET many would say it is *not* OK to play god to shorten a life. Is this consistent? Does it make sense?

Death is ... part of life

- Death is part of life. The final act
- We **will** all die; just a question of when
- We all **know** we will die
- We wonder **how**
- Unlike other life experiences, no one who has died can tell us what the experience was like. (They can't come back)

Childbirth is ... part of life

Many women wish to experience the miracle of natural childbirth

- Pre-natal courses
- Medical interventions
 - Plan B: Epidural
 - Plan C: C-section
 - Plan D....

But it is ***her*** prerogative

To act in her best interests, in consultation with her husband, doctor, midwife, mother, father...

Dying is different but similar

- Does anyone want to 'experience' death to its fullest?
- Most hope to die in a natural way, quickly and fear a drawn out process
 - Most would prefer to die in a home setting, peacefully with family
 - No one would choose to die in a cold hospital with tubes in every orifice and 80% of your life time health-care costs being spent on interventions in your dying months
- Process leading to death from some terminal illnesses can be cruel in some ways:
 - Deterioration of body over days, weeks, months, years
 - Some good days but unrelenting, definite slide to worsening health
 - Worsening life condition
 - Pain and suffering

Dying is different but similar

- Where is my Plan B? Plan C?
- Only option today: Withdraw/withhold treatment
 - What happens then?
 - How long will I have to wait?
 - Die of thirst? Hunger?
 - Is that cruel?

I wouldn't starve my dog; somehow it's OK for granny?

Dying is different but similar

- What about pain and suffering?
 - Pain can be managed
- How is suffering managed?
 - Loss of dignity
 - Cruel for some

Many unanswered questions

An emotional, polarizing subject

This discussion could be simple if we all show understanding

- Many misconceptions. Slippery slope
- **Pro-life** = Choosing to live
- **Pro-choice** = Live *if* and as long as *you* so choose, a personal choice. Please allow me a personal choice even if you would never agree with this choice for yourself
- ***Dying with dignity*** in no way means you are against ***Living with dignity***. All wish to live with dignity as long as we can!

The way ahead

Pro-life/pro-choice, living/dying with dignity are fully compatible concepts.

- Definitely not either/or situations
- Dying a natural death *could* be dying with dignity
- Dying a natural death in some cases could be cruel and painful and not with dignity. Must we take that chance?
- Dying in a cruel and painful manner is not dying with dignity, for some

The way ahead

This whole discussion highlights the urgent need for quality support services:

- Medical care
- Elder care
- Home care
- Palliative care
- End of life care

• We have agreement here! We need to improve all areas of elder and end of life care

Conclusion

- Everyone has a right to die with dignity
- The Dying with Dignity option using euthanasia or 'good death' should be a strictly a personal choice
- Euthanasia or assisted suicide is not for everyone but should be available to those who choose or need this option
- It is a question of respect for differing approaches to the dying process
- We must not impose prolonging life on those who wish to die just as we must not impose euthanasia someone who wants to live

Conclusion

- Every Quebecker should have the right to decide to end their life prematurely with professional assistance, under specific circumstances and conditions
- The Government of Quebec should enact legislation to this effect with appropriate protocols, safeguards and services

Let's do it!

Takeaway

- It is my sincere wish to die with dignity and to be there for loved ones and friends in their quest to die with dignity
- Ideally, we will all die natural deaths in a peaceful setting
- Please accept that I need Plan B to be safe. I would like the option to be allowed to end my life, if I so choose, if/when living becomes so unbearable and/or I can no longer live with dignity
- That is all I ask

Thank you!