

Response from the deVeber Institute for Bioethics and Social Research to the Québec National Assembly's Select Committee's *Dying with Dignity Consultation Document*

1. Are there situations where the practice of euthanasia is justified? Do you have any experiences to share on this subject?
 - a. **No, euthanasia is not justifiable.**
2. In certain situations, could euthanasia be considered part of appropriate end-of-life care?
 - a. **No. Ending someone's life, even with the intent to relieve that person of pain, is not appropriate end-of-life care.**
3. Are you for or against the legalization of euthanasia, and why?
 - a. **We oppose the legalization of euthanasia because:**
 - i. **Legalizing euthanasia provides protection for those with an intent to kill.**
 - ii. **Legalizing euthanasia diminishes the trust a patient would otherwise have in the physician.**
 - iii. **Legalizing euthanasia opens the door for rampant abuse of the practice.**
 - iv. **Legalizing euthanasia will diminish the quality of palliative care available.**
4. In the States where euthanasia has been legalized, requests for aid in dying must meet certain criteria. If euthanasia were legalized here, what criteria would be essential with regard to the following?
Who could request euthanasia?

Anyone can request euthanasia. Physicians, however, cannot comply with any request. Any attempt to euthanize should be met with prosecution to the fullest extent in accord with the Criminal Code of Canada.

Person's age

• Would only adults be allowed to make a request for themselves? • Could minors also be allowed to do so in certain cases?

• Do you have any comments on this subject?

Person's capacity

• Would only capable persons be allowed to make a request?

• Would an incapable person's family be allowed to do so in certain cases?

• Would the parents of a sick child be allowed to do so in certain cases?

• Would a capable person be allowed to make an advance request in a living will, in anticipation of incapacity, to have his or her life ended in certain situations (for example, in the case of a person suffering from Alzheimer's disease)?

• Do you have any comments on this subject?

Health condition

• In what cases would euthanasia requests be taken into consideration? • For those whose death is imminent and inevitable?

• For those in the final stages of a terminal illness?

• For those suffering from a degenerative and incapacitating disease?

• For those suffering from an incurable disease?

• For those severely disabled after an accident?

• For those with unbearable psychological suffering but whose physical pain is controlled?

• Do you have any comments on this subject?

Do you have any other criteria to propose?

Who would be allowed to practice euthanasia and where?

Who?

- Would only a doctor be allowed to practice euthanasia?

No one should be allowed to practice euthanasia.

- Would other health professionals also be allowed to do so?

No

If so, which ones?

- Do you have any comments on this subject?

Where?

Nowhere.

- Should euthanasia be available only in hospitals?

Available nowhere.

- Could it also be practiced in residential and long term care centers?

No

- In palliative care hospices?

Absolutely not.

- In homes?

No.

- Do you have any comments on this subject?

Do you have any other criteria to propose?

What procedure should be followed?

Request

- Would a verbal request be sufficient? Should a written request be required?
- In your opinion, how many written or verbal requests should be made?
- What should the wait time be between the initial request and euthanasia?
- Do you have any comments on this subject?

Doctors' opinion

- Should the doctor be required to request the opinion of one or more other doctors before practicing euthanasia?
- Do you have any comments on this subject?

Oversight and control of practice

- Who should these responsibilities be entrusted to?
- How should activities be controlled?
- Do you have any comments on this subject?

Do you have any other criteria to propose?

5. Do you think there are risks of misapplication? If so, what are these risks and how could they be avoided?

a. **The risks are unavoidable. The potential for abuse is rampant. The diminishing of quality of palliative care would be imminent.**

The risks are visible in those States where euthanasia has been legalized. There are annually over 1000 instances of involuntary and nonvoluntary euthanasia in the Netherlands.

6. Some believe that legalizing euthanasia could compromise the ties of trust a patient has built with his or her doctor. How do you feel about this?
 - a. **I absolutely believe that legalizing euthanasia will compromise trust between patient and doctor. A patient will fear a physician's intent to kill instead of trusting her promise to care.**

7. Some believe that prohibiting euthanasia encourages the artificial prolongation of life. What do you think?

a. **No, it does not. Palliative care seeks neither to hasten nor prolong the dying process.**

8. Some claim that if euthanasia were legalized, there would be fewer suicides among the elderly. What do you think?

a. **Is it an improvement that the elderly die instead at the hands of a physician? More directly, there are other ways to provide care for people suffering from grief and depression at the end of life that could prevent suicides among the elderly.**

9. In your opinion, is there a significant difference between terminal sedation and euthanasia? If so, what is this difference?

There is absolutely a difference between terminal sedation and euthanasia. Any analgesic employed to sedate a terminal-patient (even when the patient dies while under sedation) is employed with the understanding that the analgesic is less harmful than the patient's illness. Sedation relieves the patient from consciousness while the illness terminates the patient. Proper terminal sedation does not kill the patient. Only in the presence of incompetence or abuse can terminal sedation kill the patient.

10. In your opinion, are there situations where the practice of assisted suicide is justified? **No.**
Do you have any experiences to share on this subject?

10. Are you for or against the legalization of assisted suicide, and why?

- a. **We oppose the legalization of assisted suicide because it violates the role of the physician and family, positioning them to assist in the death of the patient. Furthermore, the legalization of assisted suicide violates the freedoms and convictions of pharmacists who will be requested to provide lethal prescriptions.**

11. Some believe that legalizing assisted suicide and not euthanasia could send a contradictory message with regard to efforts in the area of suicide prevention. What do you think?

We absolutely agree. What credibility does a state have if it opposes the suicide of its citizens, however provides it all the while through universal healthcare? Furthermore, what does it say of family members and friends who assist in the death of the loved one? A family member or friend should suggest counselling for the terminal-patient's depression instead of assisting in the patient's premature termination.

12. In countries where assisted suicide has been legalized, requests for aid in dying must meet certain criteria. If assisted suicide were legalized here, what criteria would be essential with regard to the following?

Who would be allowed to request assisted suicide?

Anyone can request assistance in suicide. However, complying with this request must result in the prosecution of the assistant to the fullest extent according to the Criminal Code of Canada. Those who should be subject to prosecution involve any parties involved, including physicians, family, and friends.

Person's age

- Would only adults be allowed to make a request for themselves?
- Could minors also be allowed to do so in certain cases?
- Do you have any comments on this subject?

Health condition

- In what cases would euthanasia requests be taken into consideration?
- For those whose death is imminent and inevitable?
- For those in the final stages of a terminal illness?
- For those suffering from a degenerative and incapacitating disease?
- For those suffering from an incurable disease?
- For those severely disabled after an accident?
- For those with unbearable psychological suffering but whose physical pain is controlled?
- Do you have any comments on this subject?

Do you have any other criteria to propose?

Who would be able to practice assisted suicide and where?

Who?

- Should the presence of a doctor be required?
- Would the presence of a different health professional be sufficient? If so, which one?

Where?

- Should assisted suicide be possible only in hospitals?

Absolutely not.

- In residential and long term care centers?

Absolutely not.

- In homes?

Absolutely not.

- Do you have any comments on this subject?

Do you have any other criteria to propose?

What procedure should be followed?

Request

- Would a verbal request be sufficient? Should a written request be required?
- In your opinion, how many written or verbal requests should be made?
- What should the wait time be between the initial request and the prescription for lethal medication?

- Do you have any comments on this subject?

Doctors' opinion

- Should the doctor be required to request the opinion of one or more other doctors before prescribing the medication?

- Do you have any comments on this subject?

Oversight and control of practice

- Who should these responsibilities be entrusted to?
- How should activities be controlled?
- Do you have any comments on this subject?

Do you have any other criteria to propose?

13. Do you think there are risks of misapplication? If so, what are these risks and how could they be avoided?

Death is never accomplished easily. In areas where assisted suicide is practiced, there are numerous accounts of lengthy, lonely, painful deaths as a result of complications during the practice of assisted suicide.

WHAT DO YOU THINK ABOUT AID IN DYING?

14. In Canada, aid in dying is a crime. However, the Attorney General of each province decides whether or not to undertake criminal prosecution. In the assisted suicide case of Sue Rodriguez, for example, no prosecution was undertaken. After her death, the Attorney General of British Columbia published guidelines for Crown prosecutors with respect to the charges brought against those who, out of compassion, help another person to commit suicide. Should this approach be considered by the Québec legislature?

There is little parallel between the responsibility of the Attorney General of British Columbia and the Quebec Legislature. Such is the case because the Quebec Legislature has little influence over the drafting and application of the Criminal Code of Canada. In any instance, the Attorney General of Quebec should prosecute all involved to the fullest extent according to the Criminal Code of Canada.

Helping someone to commit suicide, even for compassionate reasons, should remain a criminal offence. There are other compassionate means of assisting the terminally ill which help to give them comfort and better quality of life.

16. For a number of years, the sentences handed down by Canadian courts with regard to aid in dying have often been light. Do you think this reflects a change in society's mindset?

This reflects the mindset of the judiciary more than that of the society. Certainly the society has little influence over the mentality of the judiciary. More directly, popular perception is a poor gauge for determining medical ethics. Medical ethics must respond to the prestige and integrity of the medical profession - even when the status quo *within* medical practice does not. Medical professionalism never inflicts treatment which is more harmful than the illness to which it is applied.

Should this be considered with regard to the issue of legalizing aid in dying?

Assisted suicide should not be legalized. It is criminal.

17. If only euthanasia or only assisted suicide were legalized, which of these practices should be the one?

Neither.

18. If aid in dying were permitted, would the possible concerns you might have about your end of life be dispelled?

No.

19. Are people at the end of life capable of making free and informed decisions?

Sometimes. Certainly the legalization of euthanasia or physician assisted suicide will not improve patient autonomy for the better. Legalization of these practices only affirms the suspicion in the mind of the terminal-patient that he or she is a burden and termination is the appropriate solution. Ideally, an advanced directive should be in place. Such will prevent the exploitation of a vulnerable terminal-patient.

20. Some claim that legalizing aid in dying would help reduce anxiety among sick people. What do you think?

We maintain that legalizing assisted suicide will increase anxiety as it will affirm their suspicion that everybody is hustling the terminally ill along to the exit. "There's the door, hurry along now!"

21. Some believe that if aid in dying were legalized, only a very small minority of sick people at end of life would request it, as is the case in the countries where legislation has been adopted. They therefore ask why legislation should be passed for this minority. What do you think?

One instance of euthanasia or PAS is too many. Don't allow it.

22. Some believe that the current legislative framework does not reflect clinical reality, which leads to confusion among both healthcare workers and the population. For them, the status quo cannot continue; they believe that legislative changes are needed. What is your opinion on this subject?

The reality (clinical or otherwise) is that if a legislature legalizes an illegal practice in order to respond to status quo, then that legislature has surrendered its *raison d'être*. Cocaine is widely consumed, why shouldn't the National Assembly legalize its sale and consumption? It certainly would be a response to the reality. Do not succumb to perceived popular opinion or status quo, certainly not when such practices fly in the face of established medical ethics.

23. Some believe that if palliative care services were better, fewer people would request euthanasia or assisted suicide. What do you think?

When quality palliative care is offered, euthanasia and PAS should never enter into a patient's or physician's consideration.