With regard to euthanasia and assisted suicide

Please allow me, as a citizen of Quebec, to share my opinion on this subject. I have had personal experience with people who suffer from depression-related conditions. If euthanasia or assisted suicide were legalized in Quebec, I know that the lives of people who suffer from depression will be threatened.

Depression is often undiagnosed or poorly-treated. Combined with other life-threatening or chronic conditions, the cry for help is often made by way of a request to die.

The 2007 report from the State of Oregon, where assisted suicide is legal, indicated that **none** of the 49 people who died by legal assisted suicide was referred for a psychological or psychiatric assessment. Please find below a copy of a letter written by a doctor practicing in Oregon, one of the two US states where assisted suicide is legal, addressed to our Canadian doctors. I believe that it is important to take into account the experience of **a doctor familiar with assisted suicide** and the reasons because of which people might want an assisted suicide.

Countries which have legalized euthanasia have, in fact, experienced negative effects. A Swiss doctor committed suicide after finding out that a patient he had euthanized was not terminally ill, but simply depressed and lied about her medical condition. Swiss law permits euthanasia and assisted suicide for "compassionate" reasons - including depression. Who is to determine what does "compassionate" reasons mean? Should than include people suffering from depression? Quebec has a high rate of depression - a 2004 study shows than an average of 6% of women and almost 4% of men suffer from depression - should all of them be eligible for assisted suicide? That would automatically mean 'euthanazing' 10% of Quebec's population, or **a total of more than 778 000 people**! Who, and how, will determine, and by what criteria, who is eligible for assisted suicide? And why would they do that - to remove the problem instead of try to solve it?

Please allow me to share with you a more personal story. We had a close family friend who, about 20 years ago, was diagnosed with terminal cancer. He was told that he has less than 6 months to live. His only son was less than 10 years old at the time. Thanks to the constant advancement of medical technology, our family friend lived for more than 10 years and was able to see his son grow up, and be a good example in his life. Would it have been better for him, or for his son, or for his wife for that matter, if he had committed an assisted suicide and his son had to grow up without a father? We are only human and we can not know what kinds of treatments will be available in one month, six months or a year - treatments that might save the lives of people deemed "terminally ill" only months before that.

There is hope even for people suffering with pain because of a medical condition. There is, for example, a new pain drug from puffer fish, Tectin, which is currently being developed by the Vancouver-based International Wex Technologies Inc. This medication is as much as **3000 times stronger than morphine** and is currently being studied in order to compare its efficacy and safety in cancer-patients. This is just one of the numerous current advancements in medicine and the results are promising. So, instead of providing euthanasia to people who are suffering, we can try to help them live a normal life and contribute to our society.

I would also like to point to the fact that **more than 100 doctors** have signed and submitted a document to the **Quebec College of Physicians** opposing the proposed legalization of

euthanasia. This is an important sign that, even in the medical community, there are fears of the misuse of euthanasia and assisted suicide.

Should we allow the euthanasia or assisted suicide of people with severe medical conditions? Should we allow for people like the great physicist – one of the greatest of our times - Stephen Hawking, to die? He suffers from amyotrophic lateral sclerosis (also called Lou Gehrig's disease), which is a "progressive, fatal, neurodegenerative disease". It is **a terminal disease**. This, however, did not stop Stephen Hawking from making great contributions to fields of cosmology and quantum gravity, especially on the issue of black holes, and to do that for a number of years - significantly longer, in fact, than he was expected to live. What if, when finding out that he has a terminal disease, he had decided to commit an assisted suicide? Our world would have lost one of its greatest scientists! This is true for **each and every person around us**, as each of us is special and great in this very same way for the people around us.

Respectfully yours,

Petia Lichkova

"**A message to my Canadian neighbors**

By: Dr. Willam Toffler, MD

Since assisted suicide has become an option in my state of Oregon, I have had at least a dozen patients discuss this choice with me in my practice. Most of the patients who have broached this issue weren't even terminal.

One of my first encounters with this kind of request came from a patient with a progressive form of multiple sclerosis. He was in a wheelchair yet lived a very active life. In fact, he was a general contractor and quite productive. While I was seeing him, I asked him about how it affected his life. He acknowledged that multiple sclerosis was a major challenge and told me that if he got too much worse, he might want to "just end it." " It sounds like you are telling me this, because you might ultimately want assistance with your own suicide- if things got a worse," I said. He nodded affirmatively, and seemed relieved that I really understood what he was feeling.

I told him that I could readily appreciate his fear and frustration and even his belief that assisted suicide might be a good option for him. At the same time, I told him that should he become sicker or weaker, I would work to give him the best care and support available. At the same time, I told him that no matter how debilitated he might become, that, at least to me, his life was, and would always be, inherently valuable. As such, I would not recommend, nor could I participate in his assisted-suicide. In response, he simply said, "Thank you."

The truth is that we are not islands. How physicians respond to the patient's request has a profound effect, not only on a patient's choices, but also on their view of themselves and their inherent worth.

When a patient says, "I want to die"; it may simply mean, "I feel useless."

When a patient says, "I don't want to be a burden"; it may really be a question, "Am I a burden?"

When a patient says, "I've lived a long life already"; they may really be saying, "I'm tired. I'm afraid I can't keep going."

And, finally, when a patient says, "I might as well be dead"; they may really be saying, "No one cares about me."

Many studies show that assisted suicide requests are **almost always for psychological or social reasons**. In Oregon there has **never been any documented case of assisted suicide used because there was actual untreatable pain**. As such, assisted suicide has been totally unnecessary in Oregon.

Sadly, the legislation passed in Oregon does not require that the patient have unbearable suffering, or any suffering at all for that matter. The actual Oregon experience has been a far cry from the televised images and advertisements that seduced the public to embrace assisted suicide. In statewide television ads in 1994, a woman named Patty Rosen claimed to have killed her daughter with an overdose of barbiturates because of intractable cancer pain. This claim was later challenged and shown to be false. Yet, even if it had been true, it would be an indication of inadequate medical care—not an indication for assisted suicide.

Astonishingly, there is not even inquiry about the potential gain to family members of the so-called "suicide" of a "loved one." This could be in the form of an inheritance, a life insurance policy, or, perhaps even simple freedom from previous care responsibilities.

Most problematic for me has been the change in attitude within the healthcare system itself. People with serious illnesses are sometimes fearful of the motives of doctors or consultants. A few years ago, a patient with bladder cancer contacted me. She was concerned that an oncologist might be one of the "death doctors." She questioned his motives—particularly when she obtained a second opinion from another oncologist that was more sanguine about her prognosis and treatment options. Whether one or the other consultant is correct or not, such fears were never an issue before assisted suicide was legalized.

In Oregon, I regularly receive notices that many important services and drugs for my patients—even some pain medications—won't be paid for by the State health plan. At the same time, assisted suicide is fully covered and sanctioned by the State of Oregon and by our collective tax dollars.

I urge Canadian leaders to reject the seductive siren of assisted suicide embodied in C-384. Oregon has literally tasted the bitter pill (barbiturate overdoses) and many now know that our legislation is hopelessly flawed. I believe Canada with its tradition of excellent palliative and hospice care should continue to strive to be a model for the rest of the world by rejecting this misguided legislation."

(Source: http://canadiansforcare.ca/blogroll/a-message-to-my-canadian-neighbors/)