

Dying with Dignity

This topic almost seems like a contradiction in terms. Dignity, like beauty or health, is a characteristic only of the living. The dignified dead are a null set. A body is dead or it isn't. How it came to be that way is irrelevant. Dignity, and any respect that it affords, depends only on how one lives, not how one dies.

Has anyone suggested that the Préfontaine family is less worthy of respect because of the manner of their death, drowning in mud in what they mistakenly believed to be the safety of their home, than someone who has died in a hospital bed under the care of a physician? Has anyone criticized the Fleury brothers because they died violently and suddenly, instead of quietly and gradually?

Has anyone ever suggested that Annie Turcotte and her companions were less worthy of our sympathy and grief because they slowly bled to death while waiting in vain for someone to rescue them? Do people outside the Hemlock Society don white ribbons and hold candlelight vigils on December 6th to honour Marc Lepine because he succeeded in dying at a time and in a manner of his own choosing? Does anyone celebrate the fact that he went out, as the cliché puts it, "doing what he really enjoyed"?

But let's suppose we intend to humour the suicide lovers in our society and legalize assisted suicides. We should put very strict conditions on such a practice. Keep in mind that these are people who have put themselves on record as not wishing to remain members of the human community. We should treat them accordingly.

First of all, any such action should be authorized by the individual who seeks assisted suicide in writing in a notarized document. Oral instructions, or unwitnessed written instructions, are not sufficient.

Secondly, such individuals must have their names struck from all voting lists – federal, provincial, municipal, school boards and all clubs or organizations. Fairness demands this. People who do not want to be part of the human community should have no voice in choosing the representatives or policies that will govern the lives of those who choose to continue to live.

Thirdly, such individuals cannot make any changes to any wills or testaments that they may have written.

Fourthly, such individuals cannot enter into any legally binding contracts. This will put them into the same class as people who have not yet reached the age of majority. They will need someone else to act on their behalf.

Fifthly, such individuals must surrender any passports they might have. Granted, they are probably not planning to go anywhere anyway, so this shouldn't be much of a sacrifice. Finally, all of the previously mentioned conditions will be permanent. So if someone changes his/her mind, or makes a miraculous recovery, there will be no reversal of these conditions. This will insure that we do not have to waste our time on whimsical declarations of willingness to die.

The other important thing we have to do is to ensure that the medical profession is distanced from such arrangements as far as possible. One reason is for efficiency's sake. There is no point in using people who have spent many years training to heal people and prolong their lives on ending people's lives. Another reason is that we need to maintain the integrity of the medical profession and the public's confidence in the doctors who are treating them. If people suspect that their doctors are engaged in accelerating death, they

will have no confidence in the medications or the procedures their doctors recommend, leading the patients to endure earlier and more painful deaths. There can be nothing more demoralizing than realizing that one is engaged in a bidding war with one's heirs using one's own money for the favor of one's doctor's best efforts.

So who would we get to perform such assisted suicides? Our prisons are full of people that we put there precisely because of their willingness to terminate the lives of citizens who did not want to die. There should be no problem, with some small incentives, to find inmates who are willing to end the lives of people who are on record as wanting to die. It should require very little training. Besides, what is the worst thing that could happen? The customer will live. Nor should we fear that some psychopath will kill some innocent person just so he/she could get into a program where one is authorized to kill people. There is an equal chance that the same individual would enroll in medical school if it became the practice for doctors to end patients' lives. And if the prospect that one's last conscious sensation will be to feel Paul Bernardo caressing one's flesh as he seeks an appropriate vein to inject the sodium pentothal is more than one can bear, then that person just doesn't want to die badly enough.