

Euthanasia – Talking Points

Some argue that the legalization of euthanasia and assisted suicide is inevitable in Canada.

However, we are not willing to give up the fight to uphold the inviolability of human life and to protect the vulnerable. The Supreme Court, Parliament, and secular society at large, are overriding the work of Christians through the centuries to bring public awareness to the value of human life, as established in God our Creator and sustainer. The court is removing rights established by Christian thought, and forcing the regression of morality back in time to when the lives of the weak and vulnerable were not valued at all. We know that God is in control, regardless of what man may do, and as such we are called to do what we can for the sake of justice.

A number of surveys indicate that when those in favour of assisted suicide and euthanasia are shown the evidence against it, a large percentage will change their view. We must speak up! What follows are three main talking points against euthanasia and assisted suicide. More background and other research information follows.

Three talking points:

1. Euthanasia and assisted suicide is morally wrong
2. The social implications of legalization are dire
3. Palliative care needs to be discussed first

1. It is morally wrong

- It is wrong to intentionally kill an innocent human being. This is a moral and legal principle that western civilization was built upon, from the sixth commandment in Scripture, (formulated well over 4,000 years ago) to the prohibitions of murder found in every nation's criminal laws today. Making it legal does not make it right. It just means that an evil has been enshrined in our legal system. And it will be abused.
- It is the obligation of the civil government to protect life – legalized euthanasia is a total abandonment of this responsibility, which translates into state-sanctioned death.
- It is a double standard for a country to sponsor suicide-prevention strategies on one hand (which Canada does) and then encourage suicide through legalization on the other.

2. Social implications are dire

- Implication for the elderly – Statistics show that elderly people in countries where euthanasia is legal fear going to see health care professionals, until their situation is dire. This places burdens on both the elderly and the medical system. In the Netherlands there is evidence of pressure by families on aging parents and grandparents not to live too long, so as to “waste” money in retirement.
- Implications for terminally ill – Stories abound of people with disabilities or terminal illness being advised to take the ‘easier’ route of an earlier death. Healthy people are placing these vulnerable people into a socially created ‘category’ of people whose lives “lack dignity” because of their perceived suffering or limitations. Legalizing assisted suicide or euthanasia for vulnerable Canadians creates a two-tiered justice system with robust protection for able-bodied Canadians (where the criminal law assumption is that they want to live) and weaker protection for the value of life for terminally ill Canadians and those who have disabilities (where the criminal law assumption is that they do not want to live and possibly consented to their death).
- Safeguards simply don't work
 - Individual autonomy now trumps societal interests in preserving life. Both the trial court and the Supreme Court admit that “the risks *inherent* in permitting physician-assisted death can be identified and *very substantially minimized* through a carefully-designed system imposing stringent limits that are scrupulously monitored and enforced.”¹ In this statement, both the trial judge and the Supreme Court justices admit

¹ Carter (SCC) at para. 105 quoting the trial judge, *Carter v. Canada (Attorney General)*, 2012 BCSC 886, 287 C.C.C. (3d) 1, at para. 883 [emphasis added].

implicitly that innocent people will die. The risks are inherent, they say. And though those risks can be *minimized*, they cannot be *eliminated*.

- A 2010 study in the Canadian Medical Association Journal examined 208 euthanasia deaths in Belgium and found that 66 of these were without an explicit patient request. That means that for 31 per cent of these euthanasia deaths, there really was no choice.
- Dutch and Belgian children have been euthanized for minor physical deformities such as cleft palate and people who feel depressed can be euthanized.
- A British Medical Journal study examined a cross-section of deaths from Flanders, Belgium, and found that only half of the euthanasia deaths were being reported. Further, "unreported cases were generally dealt with less carefully than reported cases." Requests for euthanasia were granted without written consent, palliative care experts were consulted less, and the drugs were administered by a nurse rather than a doctor.
- The Statistics:
 1. lack of compliance with safeguards in Oregon;²
 2. lack of compliance with safeguards in the Netherlands³ and in Belgium;⁴
 3. difficulties with the evidence on the impact of vulnerable people in the Netherlands and Oregon;⁵ and
 4. people suffering depression may slip through the approval process, if only in "highly isolated" cases.⁶
- Precautionary Principle – the government needs to use this principle moving forward: “the principle that the introduction of a new product or process whose ultimate effects are disputed or unknown should be resisted.”

- 3. Palliative Care needs to be discussed first** – It is just plain wrong for society to help suffering individuals kill themselves, without having first committed to a national strategy to help patients end their pain through end-of-life support, including healthcare, pain relief, psychological, emotional and spiritual help. Statistics show that in countries where palliative care is strong, euthanasia and assisted suicide are not as desirable as in countries that do not have strong palliative care strategies.

What can Parliamentarians do?

- **MPs need to speak out on the morality of this issue** in the hope of creating a national discussion. We know that members of the government have reservations about legalizing euthanasia and assisted suicide. If we can leverage this reservation against the party line, we can spark a healthy debate within parties.
- **MPs must publicly address the implication on society** both for the purposes of creating a national discussion and challenging the government’s intention on this file.
- **MPs should consider tabling, or supporting an MP who does table, ARPA’s legislative proposal (prohibition without using the not-withstanding clause)** as a counter-balance to whatever the government proposes. Essentially this is a call to Parliament to re-write the section in the Criminal Code that the Supreme Court called ‘overbroad’ to more specifically exclude assisted suicide and euthanasia. You can read it here: arpacanada.ca/drafteuthanasialaw. (The lawyer who prepared this document summarized it in an op-ed for the National Post: news.nationalpost.com/full-comment/john-sikkema-no-need-to-override-the-charter-to-pass-a-new-assisted-suicide-law).

² *Carter (SCC)* at para. 105 quoting the trial judge, *Carter v. Canada (Attorney General)*, 2012 BCSC 886, 287 C.C.C. (3d) 1, at paras. 649, 653.

³ *Carter v. Canada (Attorney General)*, 2012 BCSC 886, 287 C.C.C. (3d) 1, at para. 656.

⁴ *Ibid.* at paras. 657-659.

⁵ *Ibid.* at paras. 662-663.

⁶ *Ibid.* at paras 670-671.

More Information:

Restrictions – A much longer policy document we created outlines very strict safeguards to mitigate the harm of legalized euthanasia and/or assisted suicide and can be read here: arpacanada.ca/stemming-the-tide. Note the appendix outlining numerous safeguards required to mitigate the harm of a possible assisted suicide law. Our intention is to use this only as our last step, once other options are exhausted. At some point in the future a permissive government bill may be tabled. At that point we will look at recommendations for restrictions to mitigate the harm, but our objective at this time remains a total prohibition.

Background:

- The Criminal Code (which the Federal government regulates) currently prohibits assisted suicide and euthanasia.
- In 1993, the Supreme Court of Canada upheld these provisions.
- In 2015 the Supreme Court overturned their 1993 decision in the *Carter* decision, striking down the Criminal Code prohibitions against assisted suicide.
- The Supreme Court has given Parliament one year to produce legislation to satisfy the requirements of the decision.
- Quebec has pushed forward with its euthanasia and assisted suicide laws, modelled after Belgium's very liberal laws.
- The federal Liberal government has requested Quebec hold off on implementing this legislation until they can amend the Criminal Code.
- The Liberal government has started the process to create a committee to make recommendations on what the new law should look like.

More information:

- Defining Human Dignity: <http://arpacanada.ca/NatPo-human-dignity>
- Euthanasia Prevention Coalition: <http://www.epcc.ca/>
- Latest developments and a lot of solid research: <http://www.alexschadenberg.blogspot.ca/>
- The New Yorker: <http://www.newyorker.com/magazine/2015/06/22/the-death-treatment>
- German Newspaper: <http://www.spiegel.de/international/zeitgeist/belgian-euthanasia-doctors-seek-answers-at-auschwitz-a-1003441.html>
- From the IMFC:
 - <http://www.imfcanada.org/issues/how-euthanasia-changed-holland>
 - <http://www.imfcanada.org/issues/debunking-three-myths-about-assisted-dying>
 - <http://www.imfcanada.org/issues/euthanasia-hurts-families>
- From the External Panel on Options for a Legislative Response to *Carter vs. Canada* statistics from around the world: <http://www.ep-ce.ca/reading-room/fact-sheets/>