



care
NOT KILL

Euthanasia

LESSON PLANS FOR HIGHSCHOOL STUDENTS

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Summary

Students are introduced to the biblical perspective on euthanasia and assisted suicide and then asked to think about how they would respond to various arguments in favour of euthanasia. Students critique news articles about people who have chosen euthanasia and rewrite these articles to instead portray euthanasia as something that is wrong.

For more information or to give feedback, contact info@arpacanada.ca





Overview

In 2016, Canada became the fifth country in the world to legalize euthanasia.

For decades, Canada has ignored the sanctity of life at its beginning, first by legalizing abortion in 1969 and then by removing all legal restrictions on abortion in 1988. Now we are also rejecting the sanctity of life at its end by allowing doctors to kill their patients through legal euthanasia.

The Supreme Court struck down Canada's laws around euthanasia when a woman with a terminal illness challenged the law that prohibited doctor-assisted suicide and euthanasia. After the law was declared unconstitutional, the Liberal government under Justin Trudeau passed a new law in 2016 that allowed and regulated euthanasia for those whose natural death was "reasonably foreseeable". The safeguards in that law were relaxed in 2021, making euthanasia available to those with disabilities and those who are not at the end of their life. This makes Canada one of the most permissive countries in the world when it comes to euthanasia, and

another group of Canadians – those suffering solely from a mental illness – will gain access to euthanasia in 2023.

Euthanasia, put bluntly, is the murder of another human being. It doesn't make a moral difference whether someone asks someone else to end their life or whether someone kills someone without consent. Once we cross the sacred line of "you shall not murder," there is no logical and consistent place to re-draw that line.

In recent years, we have seen governments liberalize Canada's allowance of euthanasia, yet a huge segment of the Canadian population doesn't realize the speed at which this evil is growing. The goal of this lesson plan is to reveal to students the tragedy of euthanasia, equip them to talk with people about why euthanasia is wrong, understand how and why political leaders and news organizations paint euthanasia in a positive light, and engage students in activism to help raise awareness of this evil practice.

Essential question

How should Christians respond to euthanasia and assisted suicide?

This question requires students to dig into the biblical principles behind the defense of human life, to respond to various arguments in favour of euthanasia, and to understand how stories can be written in such a way that they work to convince readers to accept something evil as good.

Explain the issue

Distribute Handout 1 – introduction to students and briefly discuss the significance of being made in God's image.

Engage the students

Give the students the opportunity to practice having hard conversations around euthanasia, developing their critical thinking and debate skills. Split the class into groups of 3-4 students and pitch the following statements to the students as if you were someone who was defending euthanasia. Ask the students to discuss in their groups how they would respond to this statement, and then have groups share their responses with the rest of the class. You could give each group a different statement to consider or give each group the full list for a longer group discussion. The italicized sentences below are some suggestions of how they could respond from a biblical worldview.

Euthanasia is the compassionate option to relieve pain and suffering.

- *Care – health care, palliative care, elder care, access to social services, and more – is the compassionate option. It recognizes that life is valuable across the lifespan.*
- *The compassionate option is to love and to care for people better, not to kill them.*
- *Suffering is part of life in a broken world. It is not something to be avoided at all costs, but something we can learn and grow through.*

We should allow people to die before they lose their dignity and need someone to help feed them or change their diapers.

- *You can never lose your dignity; humans have inherent dignity as being made in the image of God.*
- *If dying with dignity is the goal, why wouldn't everyone be eligible for euthanasia; why would we prevent someone from committing "normal" suicide?*

Although euthanasia should not be common, we can make laws that allow those who really need euthanasia to have it. We can have effective safeguards.

- *Euthanasia is discriminatory; it says that the lives of some people – the old, the diseased, the disabled are not worth living or are less valuable than the lives of others.*
- *Safeguards don't work; doctors/nurses ignore them in Canada (and in Belgium and the Netherlands) or interpret them very broadly.*
- *Letting some people murder other people crosses a sacred line that should never be crossed.*

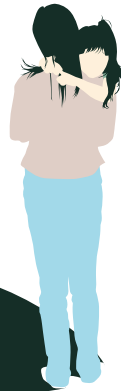
Their body, their choice. People should be able to choose whether they want to live or die, and we shouldn't force people who want to die to keep living.

- *Do we allow other people to commit suicide? Why would we allow some people to commit suicide but try to prevent others from doing so?*
- *Every thought or desire for suicide is a cry for help. No one who is loved and cared for should ever want to be euthanized. We are failing if we kill those who are suffering instead of trying to help them.*

Understand the magnitude of this tragedy

► **Distribute Handout 2 – Euthanasia Statistics in Canada.** Have the students complete these four tasks:

- **TASK 1:** Search online to see if there is any more recent data on euthanasia statistics. Add whatever data that you find to the table.
- **TASK 2:** Draw a chart in the space below depicting the number of euthanasia deaths per year in Canada. The x-axis (horizontal axis) should be labelled with the years and the y-axis should be labelled with the number of euthanasia deaths per year. What is the trend?
- **TASK 3:** Extrapolate the data to next year (make your best guess based on past data on how many people will decide to be euthanized next year) if everything else stayed the same. What's your best estimate?
- **TASK 4:** Canada's euthanasia law was amended in 2021 to allow people whose natural death is far in the future to be euthanized. If Parliament does change the law, people who only suffer from mental illnesses will be allowed to be euthanized as well. How might this impact the number of people who choose to be euthanized?



Evaluate news articles

► **Distribute Handout 3 and Handout 4.** Have the students read through each article. As they read, they should circle each word, phrase, or sentence that tries to make euthanasia look attractive and underline each word, phrase, or sentence that suggests euthanasia is wrong. Discuss whether these articles overall paint euthanasia in a positive or a negative light.

Have the students rewrite one of the articles in their own words to try to flip the portrayal of euthanasia around so that the main message to the reader is that this story was a tragedy. The adjusted stories should not contradict any of the facts in the original article but may include new plausible information. Encourage the students to be creative.

Field trip

► ARPA Canada has a targeted anti-euthanasia campaign called *Care not Kill* designed to raise awareness of the dangers of the legalization and expansion of euthanasia. Part of this campaign involves canvassing neighbourhoods with flyers to bring attention to the issue. To order these flyers for your class to distribute, contact info@arpacanada.ca.



Introduction to Euthanasia and Assisted Suicide



Euthanasia is the intentional ending of someone's life by someone else. It generally involves a doctor or other medical practitioner giving a patient an injection of an overdose amount of medication that kills them within 10 minutes or less. **Assisted suicide** is when a doctor provides a patient with the means to commit suicide, but the patient self-administers the drugs. Assisted suicide is very uncommon – most people who want to die with the help of their doctor want the doctor to fully do the job.

Euthanasia was legalized in Canada in 2016 under the name **medical assistance in dying (MAiD)**. This crossed a sacred line regarding the sanctity of human life. Some people are now legally allowed to kill other people based on criteria such as disability, old age, and terminal or chronic illness.

Since it became legal, there has been a rapid expansion of euthanasia in Canada. At first, euthanasia was only allowed in cases where a patient was very near death and facing intense suffering. This is known as euthanasia in cases of "**reasonably foreseeable death**". In 2021, euthanasia became available to people who were not near death, but who had an incurable disability or

disease. There are continued efforts to expand euthanasia. Some think it should be available to minors. Others advocate for advance directives, which would allow someone to decide ahead of time that they would want euthanasia if they ever lost the capacity to consent (for example, in cases of Alzheimer's disease or dementia, or when in a coma after a serious car accident). **Clearly, once we allow some people to kill other people, it is hard to keep limits in place to protect vulnerable people.**

More and more Canadians are choosing to die through euthanasia. In 2016, 1018 Canadians died by euthanasia. That number grew to 7595 in 2020, and it is continuing to grow.

Throughout our lives we struggle with the brokenness that comes from sin. Many people have been given very difficult burdens, including struggles with physical or mental health. Some who struggle with these burdens feel that life is not worth living, or that their lives are too much of a burden on their families or society in general.

The temptation to accept euthanasia is understandable. It seems like a relatively easy, painless way to escape suffering, and no one wants to suf-

fer. Some also argue that we already use euthanasia to end the lives of suffering animals, and it is even worse to let a human being suffer when we have the option to end their suffering painlessly and permanently. They advocate for euthanasia with arguments about 'compassion' and letting people 'die with dignity'.

But, as Christians, we understand that God alone decrees the number of our days, and that life is to be valued from conception to natural death. While we don't always understand God's purpose with bringing suffering into our lives, we do trust that He has a purpose, and that He uses all things to our good and for the furthering of His kingdom.

We also know that human dignity is inherent – that is, it is part of being human. We have dignity because we are created by God, in His image. We are also created to have a relationship with God. This makes us unique from the animals and gives

us a special place in creation. Disability, old age, frailty, and mental illness do not take away our dignity. **Our identity and our dignity are found in Christ, not in our abilities or in the opinions of others.**

Unfortunately, political and cultural support for euthanasia and assisted suicide are growing. Austria, Belgium, the Netherlands, Luxembourg, Spain, Germany, Austria, Switzerland, Columbia, New Zealand, most Australian states, some American states, and Canada have all legalized euthanasia and/or assisted suicide, but Canada has some of the most permissive laws in the world.

In this culture that justifies and even glamourizes euthanasia and assisted suicide, Christians should stand out for how they value life and find equal worth in all human beings, regardless of ability or age.



Euthanasia Statistics in Canada

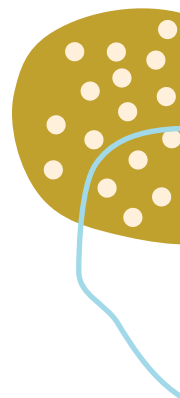
In 2015, the Supreme Court declared our laws against euthanasia and assisted suicide to be unconstitutional and the next year Canada legalized euthanasia. Since then, those opposed to its legalization warned of a “slippery slope” while those in favour of euthanasia responded by saying that there were safeguards in place to prevent a slippery slope. People with disabilities may request assisted suicide and starting in March 2023, the Canadian government will open up assisted suicide to Canadians with mental illness.

The chart below shows the official numbers of euthanasia deaths reported in the **Second Annual Report on Medical Assistance in Dying in Canada** from 2016 (the year euthanasia was legalized) until 2020. Note how many people were euthanized in your province and throughout Canada.

	2016	2017	2018	2019	2022	2021	2022	2023
NEWFOUNDLAND & LABRADOR	-	-	23	17	49			
PRINCE EDWARD ISLAND	-	-	8	20	36			
NOVA SCOTIA	24	62	126	147	188			
NEW BRUNSWICK	9	49	92	141	160			
QUEBEC	494	853	1,236	1,602	2,268			
ONTARIO	191	839	1,500	1,788	2,378			
MANITOBA	24	63	138	177	214			
SASKATCHEWAN	11	57	85	97	157			
ALBERTA	63	205	307	377	555			
BRITISH COLUMBIA	194	677	951	1,280	1,572			
YUKON	-	-	10	13	13			
NORTHWEST TERRITORIES	-	-	-	-	-			
NUNUVAT	-	-	-	-	-			
CANADA	1,018	2,838	4,478	5,660	7,595			

TASK 1: Search online to see if there is any more recent data on euthanasia statistics. Add whatever data you find to the table.

TASK 2: Draw a chart in the space below depicting the number of euthanasia deaths per year in Canada. The x-axis (horizontal axis) should be labelled with the years and the y-axis (vertical axis) should be labelled with the number of euthanasia deaths per year.



What is the trend? _____

TASK 3: Assuming things continue in the same way, extrapolate the data to next year (use past data to determine how many people will likely decide to be euthanized next year). What's your best estimate?

Task 4: Imagine the push to expand euthanasia to more groups of Canadians continues. Canada's euthanasia law was amended in 2021 to allow people whose natural death is far in the future to be euthanized. According to this law, as of 2023, people who suffer from mental illnesses will also be allowed to be euthanized. How might this change impact the number of people who choose to be euthanized?

Media Description of Euthanasia #1

B.C. man chooses death with dignified party – music, whiskey and cigars included

Tara Bowie | The Chilliwack Progress | March 6, 2019
<https://www.theprogress.com/news/b-c-man-chooses-death-with-dignified-party-music-whiskey-and-cigars-included/>

After years of serious health struggles related to diabetes, Dan Laramie left this world on his own terms, to the sound of cheers and applause celebrating a wonderful life.

The 68-year-old well-known local musician (K-Town/Corner Turtles/Lulu and The Lazy Boys) passed away Saturday night at home, in Keremeos, at about 9:30 p.m. by medically assisted death. His wife Stef Laramie, his children, grandchildren and other family members and friends were by his side.

The end came after an unforgettable party. Dubbed Dan's Day it was an event worthy of a man who spent his last years pursuing his passions of playing music, embracing teaching and learning.

"I figured I got to go out with something. I can't just fade away in a hospital which is what was going on. I can't just disappear one day in a hospital room. So, I thought, 'screw it,' I'm going to have a bash. I'm going to do something, have some fun and hopefully while I'm having some fun, it's teaching people a little bit. I don't know what it's teaching them, but I'm sure it's going to teach them something. I'm sure people are going to leave there with a whole new set of ideas and thoughts that they didn't have when they came," he said, shortly before his death.

An eclectic crowd gathered while Dan lay in bed talking, laughing and smoking a cigar. Conversations spanned from just catching up, to reflections on the reason for the celebration at hand. Many noted Dan's bravery. Others found hope in the idea death can be on one's own terms. Some said it was the first party of this kind they'd attended, but they expect to see more as assisted death becomes increasingly common.

The journey to Dan's last party gained unstoppable momentum almost a year ago in May 2018. One day, after a shower, Dan found a blister on his toe. As a diabetic he knew it was serious, and he sought treatment from the wound care team the same day.

"Three days later I was down to the doctor and they were going to amputate, and I thought, 'wow, that was pretty quick.' Gangrene had set in. I'm diabetic and blood supply is lousy down there and that's what happens," he said.

First, it was just a couple of toes on his right foot, then the rest of his toes and half the foot. He and his medical team hoped it would heal. Then his leg was amputated halfway up his shin, and then finally above the knee.

Gangrene spread to other parts of his body and other amputations were necessary, leaving open wounds susceptible to infection. His left leg became worse than his right before amputation, but because his organs were starting to fail an operation was not possible.

His kidney was working at between 3 to 5 per cent and his heart was failing just before death. He could no longer play guitar. Several of his fingers had gangrene and would bleed profusely if they hit a string.

He discussed the possibility of Medical Assistance in Dying (MAiD) with Stef. Still the couple clung to hope that Dan's health would improve. Stef said doctors talked to them about getting Dan's affairs in order, but the couple didn't fully grasp what that meant until about three weeks ago.

"They pretty much said these are your choices: 'You can stay. It is going to get really bad. You are basically going to suffer and here are your choices.' He could have either just stopped taking dialysis, and it would have probably taken a week-and-a-half or two weeks or something. Dan said maybe May (for doctor assisted death) and then they checked his blood regularly and another doctor came in and said 'you don't have that much time.' So it went from three months to three weeks," she said.

The couple talked about everything during his sickness. Honesty with themselves and each other was a guiding principle.

They had hard conversations about what the future held, the options on the table, and what life would be like for Stef after Dan was gone. "A lot of people have been telling me I'm brave and courageous and all this stuff. Really to be honest with you, I think I'm taking the easy way out. You know, not that I would change that for anybody because I am taking the easy way out. It's the only way I can live with it for now," he said. "The nice thing is I get to choose. The other way I never know when it will come. I never know what will be the cause. I don't know how sick I will be."

Once they decided on Medical Assistance in Dying things got better, Dan said. And the ideas of how Dan wanted to spend his last days, hours and minutes started pouring in.

"Now, it's like talking about dinner coming up in a couple of weeks with a bunch of the folks coming over and it's not much more than that. People go out with fear and worry, and there's none of that with this," he said.

In the weeks leading up to his death, he started to build a remote control plane in the hospital. He gifted to his son and grandkids in hopes someday it would be finished and they could spread his ashes over the valley.

In his last hours Dan smoked cigars, drank beer, and at the end enjoyed a drink of whiskey. "I loved it," were three of the last words the gentle man spoke when asked what he thought of his 'farewell to this' life party.

A friend he worked with at Portage, a youth addiction rehabilitation centre outside of Keremeos, played Stairway to Heaven as the first of the needles entered Dan's body to put him to sleep. As a homage to the years, he spent as a musician he requested those present applaud.

As the last needles were inserted to shut down his organs Dan got his wish.

The crowd of about 50 people clapped and called out, many while crying. But they all knew this death was as their friend had wanted.

Dan left some words of wisdom for everyone left behind.

"My best advice is if you want to do something in life get on with it. Tomorrow you may be in here with a little blister on your toe and there goes all your life – all your plans. All your stuff, everything you thought you were going to do – out the window. And there's nothing you can do about it. So my best advice is do it now. Just get out there and do it. You've got nothing to lose and if you wait to do it later you have everything to lose."



Media Description of Euthanasia #2

'There was no hesitation': Why a couple married 73 years chose doctor-assisted death together

CBC Radio | March 1, 2018

<https://www.cbc.ca/radio/thecurrent/the-current-for-may-1-2018-1.4642084/there-was-no-hesitation-why-a-couple-married-73-years-chose-doctor-assisted-death-together-1.4639681>

Through nearly 73 years of marriage, George and Shirley Brickenden did nearly everything together.

On March 27, they died together at their Toronto retirement home, holding hands, surrounded by family.

George, 95, and Shirley, 94, became one of the very few couples in Canada to have chosen — and to have been allowed — to die together with medical assistance. And they're the first such couple to speak publicly about it.

The Brickendens describe themselves as a mostly private family, but George, Shirley and their family felt it was important to open the conversation about doctor-assisted death, speaking with the Globe and Mail about the process.

Three of the Brickendens' four children — Angela, 54, Saxe, 60 and Pamela, 71 — were in the room as their parents said their final goodbyes.

They sat down with The Current's Anna Maria Tremonti a few weeks later.

'THE QUINTESSENTIAL LOVE STORY'

The three described their parents' marriage as

though it were a decades-long fairy tale. "It was magic. It was the quintessential love story," said Saxe.

They met in Halifax in 1944, around the Christmas season. George, then a sub-lieutenant in the navy, was visiting a few days.

George's mother intended to introduce his son and Shirley for some time. Shirley, who was in the air force, protested, saying she was engaged to another man.

"But then Grandma pulled his picture out" and showed it to her, recalled Saxe. "She went, 'Well, maybe. OK.'"

The two finally met. Six days later, George proposed. Shirley said yes.

"That was in itself astonishing. I can't believe every one of those days translated into over a decade of happy marriage," said Saxe. "They were awesome."

Their love for each other shone through as their health declined in their advanced age. Shirley suffered from rheumatoid and osteoarthritis for about 50 years.

"Her hands were, when it flared up, like purple claws," said Angela. She would be unable to do up buttons or zippers, or eat properly with a knife and fork.

George would help her button up her shirts or complete other tasks when she was unable to help herself.

They both had significant heart problems that became worse in their later years. George had a bout of severe influenza that they thought was a

heart attack. Shirley once spent weeks in rehab after a broken hip.

‘THEY WERE HANGING ON FOR EACH OTHER’

George and Shirley had talked about assisted death as an option for nearly 40 years. They became more resolute after witnessing another elderly relative suffer in the last years of her life.

Saxe said he never believed that doctor-assisted death would become a legal option when they first brought it up.

In 2016, however, medically assisted death became legal. Since then, roughly 2,500 people have chosen it. As their health declined in the last 18 months, the Brickendens began to look into it more seriously.

After consultations with several doctors, Shirley was approved. But George was in relatively better condition, and was initially turned down. A patient’s death has to be reasonably foreseeable to qualify for a doctor-assisted death. At the time his wife was approved, George wasn’t eligible.

It left the two in an administrative limbo. Shirley wouldn’t go through with the procedure if George wasn’t able to go with her.

“She said: ‘I cannot die, I cannot leave George,’” said Angela. “I swear that they were hanging on for each other.”

They were so worried that they contemplated ways to end their lives themselves, the pair’s children said.

“We’re going. We’re going,” Pamela recalled them saying. “So, do we do carbon monoxide? Do we ... do we slit our wrists? How do you do it the right way?”

Soon after, however, George’s health also declined. With a weakening heart, compounded by other mounting issues, he was approved for a medically assisted death.

The Brickendens would get to “fly away,” as they called it, together.

AFTER APPROVAL, RELIEF

In the weeks ahead of the agreed date George and Shirley “were relieved,” Saxe said. “There was a lightness that hasn’t been there in a year and a half.”

George, lovingly described as a joker, had fun with the morbid subject matter.

“He said, ‘All this funeral planning is killing me,’” said Angela.

During one meeting with their doctors, George got up from his seat and lay down flat on the floor.

“My mum said, ‘What are you doing?’ And he said, ‘Practicing!’” recalled Saxe.

Even after it was over, the family were confronted with some unusual conversations.

When they called the funeral home to pick up the bodies, said Saxe, they had to explain why there were two of them.

“That sounds like a homicide or something” in other situations, he said.

The funeral home caretakers were in tears when they arrived at the scene in the retirement home, he said. They had never seen anything quite like this before.

“You know, they could barely get their hands apart,” he said of the bodies.

BREAKING TABOOS ABOUT DEATH

The law in Canada has changed, but the fight around the issue is far from over.

Several people have launched legal challenges around the requirement that death must be “reasonably foreseeable” to be eligible, including a B.C. woman suffering from Parkinson’s disease. They want the law to be broadened to allow more people to choose an assisted death.

But there are doctors and health-care facilities, particularly faith-based institutions, that have struggled with how to serve patients pursuing an option they object to on religious or moral grounds. There’s also a divide among people living with disabilities, with some arguing that the medically assisted death law devalues their lives.

Still, the reception to the Brickenden’s story has been “unbelievably positive,” said Saxe.

Some friends and acquaintances asked them about their experience with the process. Others confided that they wished they knew more about it, having seen their own parents succumb to illnesses.

They understand that the path their parents chose may not be the right one for others in similar situations. But they’re grateful that the choice to take it is more accessible than it has been in years past.

“What Mum and Dad have done by going public with this is they’ve pulled the subject out of the shadows and made it topical — a dinner-table conversation,” said Angela. “Hopefully that’ll help others.”

A final toast

On the last week of March, extended family members flew in from other parts of Canada, Norway, Switzerland, Scotland and Vietnam. They had dinner together, and shared fond memories of the past.

The evening of March 27, Angela, Pamela and Saxe were in the room with their parents and the doctors.

George and Shirley had champagne and lobster, and toasted to their life.

Dean Andrew Asbill, from St. James Cathedral in Toronto, administered their final rites.

Angela rubbed their mother’s feet, and Pamela did the same with their father’s.

“We were standing at the foot of the bed, and there was no fear, there was no hesitation. They embraced this process, and they looked at each other.

“The last thing Dad said was, ‘I love you all.’”

