



# Advocacy Alert

ALLIANCE CATHOLIQUE CANADIENNE DE LA SANTÉ

## Bill C-384 to be Debated in House of Commons A bill to legalize physician-assisted suicide in Canada

### Summary of Bill C-384

The Bill would enable a person to legally request assisted suicide under the following conditions: the person must express “free and informed consent to opt to die”; be 18 years of age or older; be either terminally ill or suffering from severe physical or mental pain with no prospect of relief; make two written requests, at least 10 days apart, while “appearing to be lucid,” to a “medical practitioner”; and designate someone who will act on his or her behalf vis-à-vis the medical practitioner should he or she become mentally incapacitated.

Under the Bill, medical practitioner means “a person duly qualified by provincial law to practice medicine”; he or she must receive confirmation of the diagnosis from another doctor; must act in the manner requested by the person wishing to die; and provide the coroner with a confirmation of diagnosis.

- The Bill would apply not only to persons who are terminally ill, but also to persons who experience “severe physical or mental pain without any prospect of relief.”
- It is unclear whether the individual who aids the person to commit suicide must be a medical practitioner.
- The bill does not define terminal illness, nor indicate when or how alternatives are to be presented to a person.

Members of Parliament are scheduled to vote this Fall on a bill to legalize assisted suicide. Bill C-384, a private member’s bill introduced by Bloc Québécois MP Francine Lalonde, would amend the *Criminal Code* to permit, in certain conditions, assisted suicide and euthanasia. This is the third such bill introduced since 2005.

### CHAC Position on Euthanasia and Assisted Suicide

Catholic health care opposes the legalization of euthanasia and assisted suicide on the ground that they undermine the dignity of the human person by: weakening respect for the fundamental right to life; denigrating the process of dying; and rejecting the communal dimension of the person.

Comprised of more than 90 Catholic hospitals, homes and long-term care organizations, the Catholic Health Alliance of Canada (CHAC) holds the position that euthanasia and assisted suicide are contrary to the practices of holistic health care, cannot be regulated to prevent abuses, and are inconsistent with Canada’s reputation as a protector of personal dignity and human rights.

The CHAC believes that efforts to provide all Canadians with access to comprehensive end-of-life care services and pain management are the way to ensure that people near death receive compassionate care and are able to die with dignity.

### Assessment of Bill C-384

#### Right to die language

In recent debates regarding euthanasia and assisted suicide one hears an appeal to “right to die” language. However, since dying is a natural, universal and inevitable reality, what does it mean to assert this new right? Rights are generally understood to defend the safety and dignity of the individual against threat and tyranny. Natural rights presuppose our interest in our own lives and self-preservation. Claims to a right to die are quite different.

Catholic teaching has made a clear distinction between inherent rights and legally granted rights. In the case of Bill C-384 the inherent right to life is made secondary to the right to require another to assist in death. The claim to a “right to die” is actually about attempting to control the manner, timing and circumstances of one’s death. The right proposed in the bill is a right to require another, usually a physician, to actively end our life.

The Catholic tradition holds that concerted efforts must be taken to alleviate sickness and suffering. However, control and domination over death are not the goal of end-of-life care.

### Dignity

Concerns about the loss of dignity in dying have played a major role in both the development of palliative care and in the movement toward legalizing euthanasia and assisted death. There are two radically different notions of dignity at play here. One notion understands dignity as being *intrinsic* – the value or worth one has simply because one is human, a member of the human family. The other notion of dignity understands the value or worth of a person in terms of subjective attitudes or some *extrinsic* standard of usefulness, productivity or independent achievement. From a Christian perspective this intrinsic sense of human dignity is not lost when a person becomes powerless and dependent.

Several studies have reported a relationship between feelings of loss of dignity toward the end of life and a wish to die. This is often misrepresented as the same as a request for euthanasia or assisted suicide. Such feelings do not translate into a determination to die with active assistance.

### Autonomy

With autonomy and control increasingly being defined as the justification for legalizing assisted death, the responsibility of physicians (and other health care providers) to make moral judgements is put in jeopardy. This bill does not require that the person seeking assisted suicide be actively dying or suffering by any standard but the patient’s. Paradoxically, while putting unprecedented power in the hands of “medical practitioners”, the bill at the same time compromises their capacity to make moral judgements and their commitment to restore and prolong life.

### Equality

Since suicide is not a crime some argue that it is discriminatory not to assist those who are unable to commit suicide due to some form of disability. In May 1993 the Supreme Court of Canada ruled that security of the person does not include the right to obtain assisted suicide. The 2003 Sue Rodriguez case challenged this decision. In a 5-4 vote the Court concluded that even if she was discriminated against by not being allowed assisted death, it was within the limits that can be imposed in a free and democratic society.

### Slippery Slope Concerns

One of the concerns expressed by many people about such legislation is that it will threaten the lives of people with disabilities and/or people with chronic conditions. This is based on the view that adequate safeguards cannot or will not be put in place to protect such people, or that we will witness incremental extensions to the law (the slippery slope argument).

Perhaps the most powerful cultural/medical slippery slope concern in relation to such a bill is that through it death comes to be seen as a good, and physicians regarded as persons who should assist in causing death. If death is a good for those who determine for themselves what is unbearable suffering, there is no logical limitation on the claim on that good by persons suffering mentally or physically from any conditions.

### The Importance of Language

Aid in dying used to mean providing care at end of life; now it means actively ending that life.

There are deep misunderstandings on all sides of this argument regarding some crucial concepts. There is a strong claim by proponents of physician assisted death that there are no morally relevant distinctions between a range of issues including: euthanasia, assisted suicide, withdrawing and withholding care, and practices such as palliative sedation.

Nuanced analysis of these practices and their moral differences, with a particular focus on intention, needs to be made more clear in the debate.

## Understanding the Request for Assisted Death

In a time of unprecedented medical advances for disabled, sick and dying patients why do people request assisted death? Understanding the reasons has important public policy and clinical implications. Patients expressing a consistent wish to die are most often experiencing unrelieved physical symptoms, especially pain and fatigue; psychological symptoms, especially depression and lack of social support; or existential concerns especially about being a burden to others, losing control and hopelessness. In response to quality palliative care and community support these thoughts can be dramatically reversed.

## Specific Concerns about the Bill

- **Severe physical or mental pain without any prospect of relief** as eligible conditions for the right to die – While much of the public sympathy for assisted suicide arises from a conception of persons in intractable physical pain requiring assistance, the reality is quite different. It has been well documented that competent palliative care provides outstanding relief of pain and other physical symptoms.

When we speak of mental suffering we are dealing with an entirely different matter than physical pain. Suffering is a spiritual reality; no medication can relieve suffering. However, spiritual care and support can be of great assistance in helping resolve “terminal angst” and unresolved life issues.

- **Suffering from a terminal illness** as an eligible condition for the right to die – The diagnosis of a terminal illness as eligible grounds for assisted suicide, with no limitations or conditions as is presented in the bill, opens the possibility of persons requesting death at the earliest stages of what could be a long life before the terminal condition overwhelms.
- The bill states that the person requesting assisted suicide must only **appear to be lucid**, and requires that the medical practitioner have **no reasonable grounds to doubt the free and informed consent** of the person.

These are usually sufficient grounds for competent decision making. However, the considerable literature on depression in terminal illness and at end of life suggests this is a complex and sensitive area.

- The medical practitioner is to have **informed the person of the alternatives available to him or her**. When and how these “alternatives” are presented is not clear in the text.
- The bill states that the medical practitioner is to **“act in the manner indicated by the person.”** This raises issues of unbridled autonomy on the part of the patient and compromises the moral agency of the physician. Also, it is unclear as to what this would entail. The text is different and far less specific than the Oregon legislation, for example, which focuses on the physician writing a lethal prescription for a patient.

## What You Can Do:

Contact your local member of Parliament urging opposition to the Bill and asking that a clear message be given to Canadians that the dignity of persons will be respected at every stage of life.

For a sample letter go to:  
[www.chac.ca](http://www.chac.ca)

## For further information:

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