

From: Douglas Farrow, Prof.
Sent: February 11, 2016 9:32 PM
To: ~Physician-Assisted Dying Committee Comité Aide médicale à mourir
Cc: Scarpaleggia, Francis - M.P.; McKay, John - M.P.
Subject: Special Joint Committee on Physician-Assisted Dying

Dear Members of the Special Joint Committee:

As a citizen of Canada I object to official use of the expression 'physician-assisted dying' to refer to assisted suicide and to active 'euthanasia' or terminal sedation. I urge you to abandon this misleading terminology and in your report to call things what they actually are.

I also urge you to recommend that the process of killing people, or of assisting them to kill themselves, be clearly distinguished from medicine and the practice of medicine. Killing, whether legal or illegal, is not medicinal. Great harm will be done both to the medical profession and to the relations of trust that we citizens have with our physicians and care-givers, if this distinction is not made clear.

Indeed, any new regime for assisted suicide and 'euthanasia' must be set up *independently of the practice of medicine* if citizens are not to lose their trust in the State itself. A regime that tries to offer both medicine and terminations is certain to generate unacceptable conflicts of interest as well as irresolvable conflicts of rights. Moreover, medical personnel have a right not to be involved with killing and patients have a right to medical care that is not compromised by entanglements with killing.

I further urge you to refuse to make hasty recommendations, and to discourage hasty legislation. The Supreme Court, to be sure, has put us all in a difficult situation, rendering the normal process of democratic deliberation almost impossible. It is still my hope that Parliament will stand up to the Court with the constitutional means available to it, rather than proceeding without consensus and without proper attention to the long-term consequences of proposed laws or policies.

Lastly, I urge you to recommend that all possible resources be put into palliative care, around which there is already consensus, rather than into a regime for the deliberate taking of human life. The one is both medically and morally praiseworthy; the other is neither medical nor moral.

Sincerely,

Douglas Farrow

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PS: It is my understanding that my submission to the earlier panel is available to you; in any event, it is available here, together with other resources: <http://www.mcgill.ca/prpp/euthanasia>