

Statement to Standing Committee on Justice and Human Rights regarding Bill C-7

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Madame Chair and honourable members of the committee:

I speak to you as an academic physician-scientist, a critical care specialist who frequently provides end-of-life care, the father of a child with physical disabilities, and as a concerned Canadian citizen. I wish to address you specifically on the ethics of moral objection to euthanasia.

The first patient I was ever asked to examine in medical school was a young man with profound disability from primary progressive multiple sclerosis. I will call him Nathan, though this is not his real name. Nathan was paralyzed from the neck down, bed bound, and blind. As I interviewed him, he began to speak of his experience as a person living with serious disability. He spoke especially of the deep loneliness that he felt, the isolation from the rest of the world, the absence of meaningful friendship. His pain was primarily not that of physical suffering but of deep despair of ever enjoying meaningful human contact or relational intimacy.

All these years later, I wonder if Nathan would have considered seeking a doctor's help to commit suicide. I invite each of you to imagine that you are the one to fulfill that wish for someone like him. You place the intravenous line. You inject the sedation to put him to sleep. You inject the paralytic agent to halt his breathing. Within minutes his heart stops and he is gone. His loneliness and hopelessness are ended, and so is he.

We must all agree that this patient's loneliness and despair are tragic. We all agree that he deserves the very highest level of care and compassion, that we must work to uphold his dignity and his quality of life. Yet with respect to the ethics of causing his death, many like myself find a variety of important reasons to object to participating in such an act.

First, we argue that euthanasia devalues the patient by treating them as a means to an end. In order to make Nathan's suffering go away, we would make him go away. We intentionally target and end his person in order to resolve his loneliness and despair. In doing so, we are treating him—his person—as a means to an end, rather than as an end in himself. True respect for the intrinsic and incalculable worth of persons requires that they always be treated as ends in themselves.¹ We do not destroy that which we regard as profoundly and intrinsically valuable.

Second, since respect for persons is the moral foundation of the duty to respect autonomy, in treating persons as means to ends we undermine the very basis for respecting their autonomy. If persons can intentionally be rendered non-persons, then what makes their autonomy inviolable?

Third, in participating in the patient's act of suicide—in causing his death—we are implicitly declaring that we agree that his life is not worth living. We are affirming his perception that his existence is no longer desirable, that we are supportive of his non-existence. Nathan's loneliness and despair highlights the way that even while we may be autonomous, we are also deeply dependent on others for affirmation and value.

Bill C7 declares that an entire class of people—those with physical disabilities—are potentially appropriate for suicide, that their lives are potentially not worth living. Indeed, were it not for their disability, we would not be willing to end them. I cannot imagine a more degrading and discriminatory message for our society to communicate to our fellow citizens living with disabilities.

Reasonable people may disagree over the ethics of euthanasia. Yet given the concerns raised here, it is understandable and eminently reasonable that many physicians and nurses object to participating in the provision of euthanasia in general and to those with disabilities in particular.^{2,3} Contrary to the claims of some, objection to euthanasia is not motivated by selfish concern for personal moral sensibilities but rather by a profound moral concern to uphold the value of the patient and to maintain high quality medical care.⁴⁻⁷ Moreover, the Canadian experience has shown that protecting conscience presents no obstruction to patient access. Bill C-7 should be modified to clearly ensure that Canadians' fundamental freedoms of conscience are upheld and supported in ways that Bill C-14 failed to accomplish.

Finally, I implore you to ensure that the law requires that the physical, social, psychological, existential, and spiritual needs of patients like Nathan have been thoroughly and systematically addressed before they are considered to be eligible for euthanasia. He and others like him deserve the best opportunity for living before they conclude that their existence is pointless and should be ended.

Thank you for your consideration.

References

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