Assisted suicide and depression

Does legalized assisted suicide turn a blind eye to mental health suffering?

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Member of Parliament Francine Lalonde is currently engaged in her third attempt to legalize euthanasia and assisted suicide. She is pitching her Private Members’ Bill C-384, “An Act to amend the Criminal Code (right to die with dignity),” as compassionate. She no doubt intends that her bill would be seen as granting suffering individuals increased rights—the right to choose the time and place of death.

However, the bill fails to address some truly compassionate elements of medical treatment, in particular, depression treatment. Requests for assisted suicide are frequently accompanied by depression, and depression is treatable. The proposed bill includes no requirement to seek professional counseling in order that a depressed person could gain hope for the future alongside a renewed will to live, despite a Dutch study found that almost 25 per cent of terminal cancer patients were suffering from depression. [1]

This same study found that “the risk of a request for euthanasia by patients with depressed mood was 4.1 times higher than that of patients without depressed mood” when the study began. [2] A 1995 Canadian study found that “[t]he prevalence of diagnosed depressive syndromes was 58.8 per cent among patients with a desire to die and 7.7 per cent among patients without such a desire.” [3]

Understanding that depression is treatable is vital to our understanding of end-of-life issues for the terminally ill. One expert who contributes to dignified death through palliative care is Dr. Harvey Chochinov, a palliative care specialist in Winnipeg. He has designed a therapeutic method to restore dignity to terminally ill patients in whom it has been weakened. “Dignity therapy” has been shown in research trials to restore the dignity of terminally-ill patients while decreasing their suffering and depression, no death involved. [4]
Dr. José Pereira, an Ottawa-based palliative care doctor who worked for three years in Switzerland (where assisted suicide is allowed), told journalist Lorna Dueck recently on Listen Up TV about his experience working in Switzerland. The number one lesson he learned there was about “the importance of ensuring that there’s excellent access to palliative care for anyone who has a progressive incurable illness.” [5] His experience in palliative care also leads Dr. Pereira to call for the term of dignity to be removed from discussions of assisted suicide, since “around the world, thousands of people die receiving palliative care in a very dignified way.” [6]

Bill C-384 must proceed through three rounds of debate and one committee examination in each of the House of Commons and the Senate before it could become law. The bill is scheduled for its second round of debate this fall. The Bill as it stands is not likely to pass, but if it reaches committee after this upcoming debate, MP’s would be free to propose changes to the bill to make it more palatable to their colleagues.

Language matters. And although assisted death advocates insist this is about dignity, Canadians will need to consider a basic reality. Is death more dignified than treatment? Is a more dignified end to depression assisted death or treatment that may provide an increased will to live?

Endnotes

[2] Ibid.
[6] Ibid.

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