



Legalizing euthanasia always leads to a path of expansion

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Responding to a case that could easily have affected all of Canada, the B.C. Court of Appeal last week rejected the idea of euthanasia. Yet, Quebec's Bill 52 could also have an impact across the country – if other provinces try to follow suit. What exactly is Quebec proposing, and what does international experience tell us will happen?

Quebec is proposing a solution for “exceptional cases.” While introducing the bill, Véronique Hivon, Quebec's Minister for Social Services and Youth Protection said, “Most people want palliative care, but for the

exceptional cases, we need to have an answer.”

The problem with Minister Hivon's statement is (at least) twofold. Firstly, the proposed law is not in itself limited to cases of exceptional suffering. Secondly, international evidence shows that once assisted suicide or euthanasia are legalized, the criteria morph to include more and more people. This is as true in the Netherlands, where euthanasia has been legal since 2002, as it is in Oregon and Washington State, where assisted suicide was legalized in 1997 and 2009, respectively.

Though Minister Hivon took great pains to call it “medical aid in dying,” the practice is not part of medicine as Canada has understood it to date. It does not “aid patients.” It allows doctors to kill them.

What happens when you legalize killing by making it into a medical treatment?

In Oregon, the number of deaths by assisted suicide has grown by 381% between 1998 and 2012. Prescriptions for a poisonous cocktail to kill patients have grown by 379%. And they weren't all on death's door.

Take the story of Jeannette Hall of Oregon. In 2000, she was diagnosed with cancer and told she had six months to live. Her case fit the bill for assisted suicide and she requested it. But Ms. Hall eventually decided to seek cancer treatment. She has since recovered from her illness and is happy to be alive 13 years later. Her story illustrates how the relaxed criteria for assisted suicide could rob you of years of good life.

Ever-expanding criteria

Even so, some in Oregon argue the law hasn't gone far enough. They want to open eligibility for assisted suicide to those who are merely old. Aging is hardly exceptional and definitely not a medical reason to be killed.

In Washington, the number of deaths by assisted suicide grew 130% between 2009 and 2012. Yet attorney Brian Faller feels their law is too restrictive. He has suggested it be made legal for people who judge their own suffering unbearable but are not terminally ill. He also pushed eligibility for people who are not competent but had previously asked for assisted suicide in an advanced directive. Imagine being unable to escape a decision you made years ago.

In the Netherlands, the number of euthanasia deaths has increased by 74% over 20 years, but even more striking is the way access to euthanasia has expanded. The Dutch now kill seriously ill infants, with parents' consent. They euthanize Alzheimer's patients who are no longer capable of asking for it. Mobile euthanasia units were initiated in 2012, where doctors do home visits to kill patients whose own doctors refuse to do so. The Dutch recently killed a woman who was "suffering unbearably" because she was going blind. If that sounds bad, consider the Belgian doctor who killed a transgendered person who couldn't live with the outcome of a botched sex change operation.

The Belgian Parliament is considering making it legal for a child to choose euthanasia if their parents agree and a psychologist has verified that the child knew what they were doing. One Belgian MP said, "This is very important because one child that suffers is one too many."

Killing the vulnerable is now not only legal, but commonplace, because it has been accepted as medical treatment. In these cases, it appears that death has actually become the preferred medical treatment.

Don't help that person adjust to live without sight; kill them. Don't help them with their physical, mental or emotional burdens. Kill them. If children ask for death and their parents consent, go ahead. But is it death with dignity? I'm not so sure.

Death, you see, is not a treatment for a health problem. It is a method to make the problem go away. The foundational wrong, when it comes to euthanasia, is that we are making people, not just their problems, disappear.

Derek Miedema is a researcher at the Institute of Marriage and Canada. He is the author of [No second chances: International experience shows legal euthanasia is never just for "exceptional" cases](#)

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