

NATIONAL POST

The tragic reality of euthanasia

By Derek Miedema, published July 12, 2011

Over the past few months, a Quebec government commission has been studying euthanasia and assisted suicide. At the end of June, its members flew to Europe to examine the issue in countries where the practices are legal (such as the Netherlands and Belgium) and in a country that rejected legalized euthanasia (France).

What is the commission likely to hear? Proponents of euthanasia will undoubtedly stress that the practice is conducted only within tight guidelines. As a recent study by a Canadian doctor shows, however, these guidelines keep shifting and are of little value in protecting the rights of patients. In fact, according to an article published in *Current Oncology* by Dr. José Pereira, medical chief of palliative care at Bruyère Continuing Care in Ottawa, safeguards are routinely ignored and abused.

Dr. Pereira addresses the safeguards one by one. In the Netherlands, where assisted suicide and euthanasia became legal in 2002, the law states that individuals must give written consent that they want to die. In spite of this, a 2005 study of deaths by euthanasia in the Netherlands found that almost 500 people are killed annually without their consent.

Belgium has the same safeguard. Nonetheless, a 2010 study found that in the Flemish part of the country, 32% of euthanasia cases were carried out without request or consent. Some were cases where a person couldn't give consent due to their medical condition. Others were cases where a person could have given consent but didn't. In the latter cases, doctors proceeded with euthanasia because they felt it was in the best interest of the patient, or because they thought discussing it would be too harmful to the patient.

Another suggested safeguard is mandatory reporting: All cases of euthanasia must be reported to the proper authorities so that they can ensure the other safeguards are being followed. This safeguard is weak from the start. Why would a doctor abusing patients report his abuse to the authorities? Nonetheless, the Netherlands and Belgium maintain this requirement. In Belgium, nearly half of all estimated cases aren't reported. In the Netherlands, at least 20% of all cases aren't reported.

The third safeguard is the guarantee that assisted suicide or euthanasia be carried out only by doctors. Yet a 2010 study of 120 Belgian nurses found that they administered life-ending drugs in 45% of assisted suicide cases without the patient's consent.

The fourth safeguard is a second opinion: If a doctor approves you for assisted suicide or euthanasia, you must obtain the go-ahead from another physician. This safeguard is easily circumvented. In Oregon, for example, public reports show that a physician tied to a pro-assisted suicide lobby group provided consultations in 58 of 61 cases of assisted suicide in Oregon. It appears that if you can't find a second doctor to approve your request, a lobby group will gladly provide one.

History shows that when it comes to euthanasia, safeguards, however well intentioned, do not work. Once the law defines assisted suicide and/or euthanasia as a personal right, there is always a push for the law to expand its ambit.

In the Netherlands, for ex-ample, the initial reason for legalizing euthanasia was as a last resort for adults with terminal illness facing intolerable suffering. Today, there exist medical circumstances in which newborn infants can be killed. There's even a group in the Netherlands called "Out of Free Will" who ran a successful campaign that had the Dutch parliament debating a measure allowing anyone over 70 who is merely tired of life to die by euthanasia.

The idea of safeguards sounds comforting, but it's important to know that the globe over, they have not worked to protect patients. Let's hope the Quebec delegation travelling in Europe this summer gains a robust understanding of the issue. One thing's certain: They won't hear from those who died when safeguards were abused and ignored.

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