



Canadian Physicians
for *Life*

Canadian Physicians for Life's members on

Euthanasia & Assisted Suicide

The bleak world of suicide

By Will Johnston, MD

Last summer a provincial court judge in BC legalized assisted suicide and euthanasia in the "Carter" case.

The linchpin of the Carter decision is the judge's strange discovery of a right to assisted suicide from the right to life proclaimed in Section 7 of our Charter of Rights, because someone who commits suicide sooner, out of fear that necessary assistance to commit suicide will not be available later, has forfeited some living time.

In other words, a suicide committed in anticipation of a feared future life condition is claimed to prove that laws which would contribute to the feared condition must have violated the life interest of the suicide victim. It is not evident why the feared future life condition must be restricted to the condition of loss of power over the timing of one's death.

Why should only a predicted future incapacity to control the time of one's suicide be the trigger to endow a tragically early suicide with the power to claim that one's Section 7 right to life has been violated? Would a suicide prompted by a predicted future incapacity to access a certain illicit drug indicate an infringement of Section 7 by the laws against dealing in certain drugs? Would the state not become hostage to the claims of any suicidal person who could blame existing legislation for their motivation to destroy themselves earlier than they would die of natural causes? Should the Charter be used to force the state to bow to those who utter threats of self-destruction? The concept of a "life interest" should be distinct from whether the life is wanted

by the citizen in the moment. It is the state's duty to avoid killing its citizens, not to inquire about how their day is going. Beware the assumption that suicide is okay and that all we're dickering about is the timing of it.

Pull out the perverse use of the "right to life" and the Carter case collapses like a house of cards.

Suicide is being promoted by talk about "autonomy."

We should question whether your autonomy is necessarily enhanced by assisted suicide. Suicide is not illegal, but assisting suicide has been illegal until this case. If the law is changed, all the legal effort would go into protecting suicide providers from prosecution. You are giving power to people in contact with you or your vulnerable family member to kill them or steer them towards assisted suicide - and get away with it. The choices opened up by assisted suicide may belong to others, not you.

The claim that only rational competent adults will be eligible for assisted suicide is just question-begging. The concept of rational suicide has not been accepted by any major psychological or psychiatric organization. In fact, the use of "rational" in this context means a suicide that the activist approves of, generally because of a horror of the disability of the suicide victim. In the suicide activist world, rational is just code for acceptable. The debate is not over whether the suicidal person is capable of cognition. The debate is over whether what the suicidal person proposes - to kill themselves - is a goal which should be shared and facilitated and promoted by the state. I



Canadian Physicians
for *Life*

Canadian Physicians for Life's members on

Euthanasia & Assisted Suicide

suggest there are alternate goals, like the treatment of depression and other symptoms, to which the state should limit itself.

The Death penalty analogy

Picture 10 prison cells on death row. In some places there is a system which allows the state to approve and facilitate the killing one of those death row cell occupants after a lengthy and, one hopes, exhaustive review of the evidence. Now consider 10 hospital rooms inside an assisted suicide or euthanasia system. How likely is it that a deliberation process equivalent to a murder trial will be focused on every patient who is purported to want to die? If we rejected capital punishment for the mere possibility that the law would, even once, be misused, why are we considering legal assisted suicide? If we rejected capital punishment out of the conviction that the state should never use killing as the solution to a problem, why are we proposing a system where some would be steered not away from suicide but toward it?

The bleak world of suicide

Let's step back to observe the strangely shrunken world of the assisted suicide seeker and the assisted suicide activists who surround her or him. The suicidal person and his or her advocates have adopted a constricted and contracted problem-solving process which has come to see only death as a solution. This over-whelming monomania has induced a sort of Stockholm syndrome in the suicide advocates, who have become captive to, and admiring of, the zero sum reasoning and death fixation of the suicidal person. "Death with dignity" societies seem the most obviously entrapped by a tunnel vision which buys into the hopeless outlook of the distressed person and becomes indignant on their behalf. It would be best to turn on the lights and banish this

nightmare and get on with the difficult but worthwhile treatment of all distressing symptoms, including suicidal depressions in the context of severe illness. The claim that guidelines can make a Canadian assisted suicide system safe suggests the analogy of a sniper trying to assassinate someone in a crowd. The aim is not always perfect. As interdependent as we all are, we would always be, with our loved ones, in that crowd.

Tellingly, despite testimony warning of problems in foreign jurisdictions, the assisted suicide guidelines set down at the end of the Carter judgment contain subjective criteria sure to encourage an expansion of the indications for assisted suicide, and which direct the victim's doctor to falsify the death certificate by specifying the underlying illness, not the suicide or direct killing, as the cause of death. Canada's inaugural assisted suicide system appears to have been an immediate failure of stringency and transparency. Its only rigor would be rigor mortis.

My challenge to the assisted suicide and euthanasia movement is this: can you imagine end of life care so good that you would set aside your demand for assisted suicide? If you can, let's continue to create such care. If you can't or won't, your focus would seem to be on suicide rather than the relief of suffering and you are likely to do more harm than good.

Will Johnston, MD, practices the full spectrum of family medicine in Vancouver. He is President of Canadian Physicians for Life.

This article was originally published in the Summer 2013 issue of Vital Signs.