

Statement Concerning Bill C-407: An Act to Amend the Criminal Code (Right to Die with Dignity)

CANADIAN BAPTIST MINISTRIES

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November 2005

Canadian Baptist Ministries (CBM) strongly opposes Francine Lalonde's Private Members Bill (C-407), an Act to Amend the Criminal Code, which would serve to legalize both euthanasia and assisted suicide in Canada. As this bill returns to Parliament for debate and second reading, a thorough investigation of the ethical considerations and implications of the proposed legislation is urgently needed.

Advances in medical science and technology will continue to raise pragmatic questions concerning the appropriate management of disease, pain, suffering, and ultimately death. These are complex issues. Cultural responses to these complexities will both reflect and shape fundamental principles concerning life and death.

As Christians, we are committed to an a priori assumption that life is intrinsically valuable and even sacred or of divine origin. We are also committed to the principle of compassion in the face of human suffering. There are occasionally instances when the tension between these two commitments is difficult to balance. However, we believe that the current protections in the Criminal Code (in Sections 14, 222 and 241) should be maintained so that all instances of euthanasia and assisted suicide continue to be seen as criminal offenses. Any watering down of these protections – whether directly through legislative change or indirectly through judicial interpretation - will inevitably lead to a fundamental change in the practice of medicine in our society and the parameters within which family members make decisions in the midst of difficult medical circumstances.

If cultural interpretations concerning “quality of life” are detached from a general respect for life, there is a real danger that physically and socially marginalized members of society will be at increased risk. An over zealous understanding of individual rights may result in the collective loss of rights for those on the fringes of social acceptability. If euthanasia and assisted suicide become legal options, who makes the decision as to who has an adequate quality of life to justify the expense of ongoing medical care? Will the practice of euthanasia and assisted suicide gradually become the subtle means of politely eliminating (or at least reducing the number of) individuals who are unable to make a tangible contribution to society?

While there may be some concern for those who must suffer “unendurable pain”, advances in medical technology have greatly improved pain management protocols. Calls for the legalization of euthanasia and assisted suicide seem to be based primarily on quality of life concerns. We believe that the current legislation achieves an appropriate balance insofar as it does not prohibit the withholding of treatments or the use of levels of pain medication which may indirectly serve to hasten the death of a terminally ill patient. Opening the door to the legalization of interventions which will directly cause death would represent a dramatic and unwise shift.

Furthermore, decisions made in Canada, for Canada, also have an impact on the global community. For many Canadians, the faces we associate with this discussion are people “like us” for whom life has become burdensome or even unbearable due to medical circumstances. The term “death with dignity” has been used to persuade the public that in some cases, shortcutting the process of death is a compassionate response to pain and suffering. However, we must consider how this principle might be applied in other cultural and political contexts.

What might “death with dignity” mean for the anticipated 25 million AIDS orphans who are expected to be living among us by 2010? What of those millions of people worldwide who are afflicted with diseases for which they cannot afford medical treatment? What of the one billion plus people living in extreme poverty around the globe? In general terms, can people who have not been privileged to “live with dignity” be persuaded that “death with dignity” is a viable option? Will they even need to be persuaded, or will a medical practitioner make that decision for them? If we agree, in principle, that there are occasions when life seems not worth living due to circumstances beyond one’s control, what are we saying to the physically, politically, economically and socially marginalized peoples in our own communities and indeed, around the world?

Even if we did not believe that euthanasia and assisted suicide are morally reprehensible, we would argue that Bill C-407 is seriously flawed in that it fails to provide any protection at all for the person whose death is being contemplated. It is possible and even likely that under Bill C-407, people who are momentarily discouraged or depressed or who are experiencing a new level of pain which has not yet been treated, might choose to be euthanized.

CBM joins voice with those who call our elected representatives to give strong leadership in this debate and to support the cause of life. We urge our Parliament to be firmly committed to holistic health care and specifically, better palliative care in order that those who are near the end of life may live to the natural end of their lives, with dignity.