

# BIOETHICS MATTERS

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## **The Question of Physician-Assisted Suicide in the UK and Implications for Canada**

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The second reading of Francine Lalonde's Private Members' Bill seeking legalization of Physician Assisted Suicide (PAS) will take place at the end of September, 2009. Catholic teaching is clear about the wrongness of PAS and euthanasia, and is very clear that we must respect life at all stages.<sup>1</sup> We must publicly resist and counter this Bill by putting forward arguments that will persuade society that PAS can never be the right way to act. Rather, we should be supported at the end of our human existence by our family and friends, as well as by health care professionals who can ensure that our dying will be as dignified as possible. We know that death is inevitable and, while we may not fully understand it in its more mysterious aspects, we can rise to the challenge of ensuring that the process is as benign as possible, and in accordance with human dignity.

Recent polls had suggested that some British people think the choice of assisted suicide should be a "right." While the term "the right to die" is frequently used, we should stress that there is no such right; rather, what is being sought is the right to be killed, assisted by a physician or someone else. In any event, it is well known that polls can be misleading, depending on the way questions are framed, whether or not alternatives are suggested, how the notion of "compassion" is presented, and so on. At the same time, misunderstandings about end-of-life issues continue. Some think they will have no say or control over decisions, and that decisions about treatment will be made by others.

Some fear that unwanted treatments will be forced upon them, keeping them alive in difficult situations.

They need to know that this is not the case. Under Canadian law, the individual person or his/her decision maker must decide what is to be done. Physicians do not have decision-making power, although their advice can be invaluable. The Catholic Church has a long standing tradition of decision making at the end-of-life which is both pastoral and wise. Most importantly, it is not vitalist, meaning there is no obligation to maintain life at all costs. Serious reflection on the decisions we make is still necessary. The concerns and condition of the individual are all-important, and are key to any decision that must be made. In reality, there are few prescribed rules in this area, which makes sense in light of the mystery and importance of dying and death. Decisions about prolonging life or accepting death remain to be worked out in each situation, by each person.

## RESPONSES TO PAS IN THE UK

Some decisions in the UK indicate that many people, especially in the health care professions, reject PAS, stating that it is never beneficial, either for society or for the individual. Nonetheless, reactions to the polls in the UK provide important information for Canadians. The Royal College of Physicians and the Royal College of General Practitioners consulted their members within the last year and found that physicians rejected moves to legalize PAS.<sup>2</sup> At its recent annual conference, the British Medical Association also rejected a motion calling for the legalization of PAS.<sup>3</sup> Only a few years ago, the BMA caused some concern when it shifted its long standing opposition to PAS to

that of “studied neutrality,” but that was definitively reversed this year. A solid core of these Associations refuses to be moved by current arguments for the legalization of PAS.

The Royal College of Nursing recently shifted its position on PAS to a “neutral” position,<sup>4</sup> but that has been sharply criticized by the Nursing and Midwifery Council (the body responsible for regulation) which reminded their members that PAS is against the law and that nurses and midwives are personally accountable for their actions.<sup>5</sup>

A recent bill in the UK introduced by Lord Falconer sought to remove the possibility of criminal charges against anyone who accompanies a person seeking PAS. This was rejected, although not by a hefty majority (194 – 141). Baroness Campbell, a peer with severe disabilities, made an impassioned appeal on behalf of all disabled people, emphasizing that they reject all moves to legalize PAS. For them, it summons up the spectre of being thought not deserving of having their life maintained. This may be done under a notion of compassion: surely such persons would not want to continue living when their life is so constricted? She tells the story of being taken to a hospital where she was unknown with severe respiratory problems, and heard the doctors talk about her in that way. Her husband was able to speak for her and assure the doctors that she wanted to live, no matter how complicated it seemed to others. She begged the law lords not to pass the Bill, but asked them always to protect the vulnerable and the confused.<sup>6</sup>

#### BENEDICT XVI’S WARNING

Benedict XVI, referring to *Caritas in Veritate*, warns us of “... the actual way in which the human being is conceived, as biotechnology places it increasingly under man's control.”<sup>7</sup> He reminds us that “Acts that do not respect the true dignity of the person,

even when they seem to be motivated by a design of love, are in fact the result of a materialistic and mechanistic understanding of human life that reduces love without truth to an empty shell, to be filled in an arbitrary way and can thus entail negative effects for integral human development.”<sup>8</sup>

It is clear that caring for dying or seriously ill people can strain our time, energy and resources, yet for most people, concern for the other’s interests will outweigh our less generous impulses, ensuring that such feelings do not radically affect our decision-making with and for the person.

We must always be mindful of our “dark side,” the baser human tendencies that propel us towards looking after our own interests and ignoring or downplaying the interests of others, especially if they seem to be problematic or burdensome. Sometimes it is questionable, for example, whether a family is truly concerned about the best interests of an ill, elderly parent, or whether the concern is more for themselves and maintaining a burden-free lifestyle. Statistics from countries such as the Netherlands indicate that people have been euthanized without their consent, and the rapid move there from voluntary to involuntary euthanasia should be of great concern to other lawmakers. Ending the life of another person without that person’s knowledge or consent is “compassion” gone haywire, and the possibilities of abuse are crystal clear. Although some reject any form of “slippery slope” argument, it is highly significant in this case.

#### PAS, HOSPICE AND PALLIATIVE CARE IN CANADA

Are things so different in Canada? No – the continuing pressure by a small number of activists in both countries to legalize PAS is similar. Popular polls in Canada sometimes favour legalization, as in the UK, but physicians are not demanding this service in

any substantial numbers. Canadian organizations representing those with disabilities are firmly against legalization.<sup>9</sup> They claim that they are the ones most at risk should such a law be passed, and are convinced that any safeguards that may be enshrined in the law would not be upheld.

On the other hand, the movement towards hospice in Canada is heartening, illustrating a completely different aspect of “compassion.” Hospice means care given in an atmosphere that ensures the person’s last days are as enriched as possible. In accepting the dying process, it prepares the person physically, morally and spiritually. It also helps family and friends to prepare, in supportive and fitting surroundings. Good palliative care is available at many hospitals, but its lack in many areas is a major problem. As a social and political issue, it is an area where we need to continually remind government of its necessity and importance.

The number of people volunteering in hospices or palliative care units is also heartening, showing recognition of the importance of companionship and solidarity in accompanying the dying on their journey. Catholic teaching defines “compassion” as sharing in someone’s suffering; one is there as an encouraging and consoling presence, reflecting the deepest meaning of community and communion. Any interpretation of “compassion” that means ending someone’s life can never ring true.

#### IMPORTANCE OF DYING WELL

Dying well is of utmost importance to human beings, and therefore our challenge is to persuade society that we will be acting in the best possible way when we help family members through this last stage of their life. We can make them feel of value, of worth; we will not abandon them or have them think of themselves as burdens; we can ensure their comfort, assuage their anxieties, comfort them and encourage them. Most importantly

we can pray for them and be there with them as we do so.

It may seem easier to hasten death rather than persevere through these sometimes difficult stages. Just bring it to an end. Avoid the struggle. Done. That’s that. Over. While this approach may sound “efficient,” we know that it cannot be sufficient as a response to our dying. For example, nearly everyone is affected at some point by such apparently simple things as the leaves on the trees slowly changing with the seasons. In the fall we may experience a sort of sadness as winter approaches, and we become aware of our own mortality. This has been portrayed evocatively through the centuries in many poems, songs, novels, and movies, making us again think of “ultimate questions”: who are we? why is life like this? why do we have to die? where are we going?

Religious people answer these questions in specific ways. Aquinas explained them as *exitus et reditus* – we come from God and we return to God. Parents often experience awe and wonderment on the birth of their infant, and this poses other ultimate questions. *Gaudium et Spes* tells us that “co-creation with God” defines our dignity, our special seal of being made in God’s image.<sup>10</sup> It is fitting that we come into the world through the union of two persons, born through and into love.

Catholics (and others) can say the same about death. We leave the world still marked with the sign of faith, that seal of being made in God’s image. We are hopeful that we will be accompanied on the way by those who love us, perhaps even the ones we brought into the world. That happens more often than not in families, and is as it should be: a human and humane cycle, both natural and mysterious.

#### RIGHTS AND RESPONSIBILITIES

This approach to birth and death highlights the limitations of “my right to choose” and

the supposed “right to die.” Rights are extremely important, including our basic right to life and freedom of conscience. At the same time we must look to “the common good.” As members of society, we have responsibilities to other people, including shaping and nurturing their attitudes towards life rejecting actions that destroy life. Recent accounts of couples seeking PAS where one is terminally ill and the other does not want to remain alive when the other spouse dies are sad and confusing.

Choosing death rather than survival without the other may sound somewhat “romantic,” but only by literary standards – extreme examples from plays and opera, all of which we call “tragedies,” and rightly so. “Romeo and Juliet,” “Hamlet” and so many other stories serve to remind us of human failings and flaws, and underscore what we should avoid in our human relationships.

Further, choosing to die when the other dies seems to entail undue dependency. Can one other human person ever be the sum of our existence? Deliberately ending one’s own life for this sort of reason seems to be inherently self-centred. If I have grandchildren, for example, how will such actions affect them, leaving them without my love, concern, and modeling of good relationships, including reasonable self-love? How will they react? Would it not be natural for them to wish that I had remained to be there for them? I can add children, friends and others to the list of those who will be affected by my choice, with repercussions for society as a whole.

While all of us who oppose PAS and euthanasia must persuade society of their inherent dangers, such as the move from voluntary to involuntary euthanasia and the possibilities of abuse, we must also ensure that questions of personal dignity, burdensomeness, pain control and so on are systematically addressed and answered.

In terms of helping others live life until its natural end, we will be motivated by our spiritual values, those that inspire us throughout life, such as “My kingdom is not of this world....” After all, we place our hope and belief in these Gospel values, which give us the true measure of human worth. ■

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<sup>1</sup> CDF, *Declaration on Euthanasia*, 1980.

<sup>2</sup> Reported in *Palliative Medicine*, vol.23, No.3, 205-212 (2009)

<sup>3</sup> British Medical Association. *Assisted Dying – a Summary of the BMA’s Position*, February 20 2009. BMA website [http://www.bma.org.uk/ethics/end\\_life\\_issues/Assisdyingsum.jsp](http://www.bma.org.uk/ethics/end_life_issues/Assisdyingsum.jsp)

<sup>4</sup> Royal College of Nursng. “RCN moved to neutral position on assisted suicide.” RCN website [http://www.rcn.org.uk/newsevents/news/article/uk/royal\\_college\\_of\\_nursing\\_moves\\_to\\_neutral\\_position\\_on\\_assisted\\_suicide](http://www.rcn.org.uk/newsevents/news/article/uk/royal_college_of_nursing_moves_to_neutral_position_on_assisted_suicide)

<sup>5</sup> Nursing and Midwifery Council. “NMC responds to RCN decision on assisted suicide.” NMC website <http://www.nmc-uk.org/aArticle.aspx?ArticleID=3814>

<sup>6</sup> Baroness Campbell. “Imagine hearing doctors discuss whether to kill you. It happened to me...” *Daily Mail Online*: [dailymail.co.uk/debate/article-1198731](http://dailymail.co.uk/debate/article-1198731)

<sup>7</sup> Pope Benedict XVI. *Angelus*, July 12, 2009. [http://www.vatican.va/holy\\_father/benedict\\_xvi/angelus/2009/index\\_en.htm](http://www.vatican.va/holy_father/benedict_xvi/angelus/2009/index_en.htm)

<sup>8</sup> *Ibid.*

<sup>9</sup> Council of Canadians with Disabilities. Open Letter to Members of Parliament Re C-384, June 19 2009 <http://www.ccdonline.ca/http%3A/%252Fwww.ccdonline.ca/en/humanrights/deathmaking/euthanasia/openletterc384>

<sup>10</sup> Second Vatican Council, *Gaudium et Spes*, n. 50, 1964.