

## The Appropriate Use of Sedation:

Another argument that is given is: sedation is the same or similar to euthanasia.

The argument is stated this way. A physician may be required to sedate a patient by “putting them into a sleep” when the patient is experiencing intractable pain, in order to eliminate the pain. Some say that this is essentially the same as euthanasia. They argue that euthanasia already occurs and state that it should be legalized and regulated. **This argument is also false.**

Sometimes people experience intractable pain which can be effectively relieved through sedation. The proper use of sedation is intended to eliminate the pain and not kill the patient; whereas, euthanasia or assisted suicide intends to kill the patient.

Sometimes sedation techniques are abused by a physician who intentionally causes the death of a person. The abuse of sedation techniques can be euthanasia. Nonetheless, we encourage the proper use of sedation techniques to eliminate suffering.

**The appropriate use of sedation techniques will not hasten death or prevent natural death from occurring and it is not the same or similar to euthanasia.**



## Euthanasia & Assisted Suicide Are Unsafe:

Legalizing euthanasia and assisted suicide would give physicians or others the right to directly and intentionally cause your death. Do you want your physician to be given the power to cause your death? Vulnerable people are highly dependent on others and their dependency creates a need to be protected. Society needs to protect its citizens, especially those who are vulnerable.

For instance, in Belgium, where euthanasia is legal, a study published in March, 2015 found that 1.7% of all deaths in the Flanders region of Belgium were hastened without explicit request;<sup>2</sup> based on this statistic, more than 1000 deaths are hastened without request each year.

The same study, concerning the practice of euthanasia in Belgium, found that 4.6% of all deaths were euthanasia.<sup>2</sup> Since the official Belgian statistics indicate that less than 2.4% of all deaths are reported as euthanasia, therefore almost half of the lethal-injection deaths are not reported.<sup>3</sup> A previous study indicated that under-reporting was often linked to questionable deaths.<sup>4</sup>

**Elder abuse** is a problem. Government statistics indicate that 70% of elder abusers are people who the abused depends upon. Elder abuse is not limited to financial and social abuse but includes physical and sexual abuse and even homicide.<sup>5</sup> Society has not effectively protected its elder citizens from abuse and it will not be able to protect elders who are being abused from euthanasia or assisted suicide.

Is it possible to protect people who are depressed? A pro-euthanasia oncologist in the Netherlands, where euthanasia is legal, published a study on depression and euthanasia in 2005. She found that people who were depressed or had “feelings of extreme hopelessness” were 4.1 times more likely to request euthanasia. The report concluded that depression is a primary risk factor for requests for euthanasia.<sup>6</sup>

### A Better Way:

The Parliamentary Committee on Palliative and Compassionate Care report, entitled *Not to be Forgotten*, examined issues related to palliative care, suicide prevention and elder abuse.<sup>7</sup> The all-party report makes clear recommendations for improving care for all Canadians. Canada needs to implement the recommendations of the Parliamentary Committee report and reject the legalization of euthanasia and assisted suicide.

Legalizing euthanasia or assisted suicide grants physicians the right to cause your death. Pain can be controlled and alleviated without legalizing euthanasia or assisted suicide. Legalizing euthanasia or assisted suicide is not safe.

1. “National Assembly Report reads like a pro-euthanasia manifesto,” Margaret Somerville, *Montreal Gazette*—March 27, 2012.

2. “Recent Trends in Euthanasia and Other End-Of-Life Practices in Belgium,” *New England Journal of Medicine*—March 19, 2015, p 1179 - 1181.

3. Commission Fédérale de Contrôle et D’Évaluation de L’Euthanasie Sixieme Rapport Aux Chambres Législatives (2012 – 2013).

4. “Reporting of euthanasia in medical practice in Flanders, Belgium: cross sectional analysis of reporting and unreported cases,” *British Medical Association Journal*—October, 2010.

5. Government of Canada: <http://www.seniors.gc.ca/h.4m.2@.jsp?lang=eng>.

6. “Euthanasia and Depression: A Prospective Cohort Study Among Terminally Ill Cancer Patients,” *Journal of Clinical Oncology*—September 20, 2005.

7. *Not to be Forgotten*, Parliamentary Committee on Palliative and Compassionate Care—Nov, 2011.



Euthanasia Prevention Coalition

# Protecting People From Euthanasia & Assisted Suicide



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# Canada is having a national debate on euthanasia and assisted suicide.

"Knowing what euthanasia and assisted suicide are helps you understand why people need to be protected from euthanasia and assisted suicide."

Canadians are concerned about how their family and friends will receive care. People fear suffering and they do not want to experience abuse when they are vulnerable. They want to be treated with respect and equality and they want to feel cherished especially when they are not able to speak for themselves.

On February 6, 2015, the Supreme Court of Canada struck down Canada's assisted death law and ordered parliament to frame a new law. The Supreme Court's decision used subjective language creating more confusion in their decision than answers for Canadians.

This document is designed to help you understand these important concerns by clarifying the issues, offering you concrete information and encouraging and helping you to receive excellent care in your time of need.

**Euthanasia is an act or omission of an act that is done to directly and intentionally cause the death of another person in order to end suffering.**

Euthanasia is a form of homicide because it involves the direct and intentional causing of death of another person, and it is usually done by lethal injection.

**Assisted suicide occurs when one person aids or encourages another person to suicide.** Assisted suicide is usually done by prescribing a lethal dose to a person, knowing that the person intends to ingest the lethal dose for suicide.

Euthanasia and assisted suicide are similar since both acts intentionally cause the death of a person through the direct involvement of another person. However, euthanasia and assisted suicide differ based on who completes the act.

Legalizing euthanasia or assisted suicide would require amendments to the Criminal Code to give one person the right to intentionally cause or be involved with causing the death of another person in certain circumstances.

Knowing what euthanasia and assisted suicide are helps you understand why people need to be protected from euthanasia and assisted suicide.

## Clearing Up The Confusion:

There is a lot of confusion in society about what constitutes euthanasia or assisted suicide. Much of this confusion was evident in the arguments provided in the Supreme Court of Canada's court case.

Some of the confusion relating to euthanasia, assisted suicide and palliative care are due to the following:

- the withholding or withdrawing of medical treatment;
- the use of analgesics (pain killing drugs) to control pain and provide symptom relief; and
- the use of sedation techniques to provide pain and symptom management.

Statements made during the Supreme Court's Carter case suggest that euthanasia and assisted suicide are already happening in Canada. What does this mean?

## Withholding & Withdrawing Medical Treatment:

One argument that is made is: euthanasia is the same as withholding or withdrawing medical treatment.

The argument is stated this way. Every day doctors will withhold or withdraw medical treatment and often the patient dies. They say that this is the same as euthanasia. They then argue that euthanasia occurs already and state that these acts should be legalized and regulated. **This is a false argument.**

People have the right to refuse medical treatment. The right to refuse medical treatment is not the same as an act of assisted suicide and it does not constitute euthanasia. When medical treatment is withheld or withdrawn, sometimes the person dies quickly, sometimes the person dies after a day or a week, and sometimes the person does not die at all. If the person dies, they die from their medical condition.

Lethal injection, which is the most common form of euthanasia, directly and intentionally causes death. **The person dies from a lethal dose and not from their medical condition.**

**There is a clear difference between killing a person and allowing natural death to occur.** In one case, the person is intentionally killed by a lethal dose; in the other case, the person may die, but the intention is to allow death to occur naturally, not to hasten death.

Dr. Margaret Somerville, from McGill University, stated in the *Montreal Gazette*.

*"The (Quebec Dying with Dignity) committee tells us that in accepting, as we do in some cases, the withdrawal of life-support treatment to allow a person to die, we are already practicing euthanasia... But these are false and misleading analogies in support of a false and misleading line of argument. It's legalizing euthanasia through confusion. There is a radical difference between killing a person and allowing them to die of natural causes."*

**To withhold or withdraw medical treatment is not euthanasia or assisted suicide.**



## Providing Pain & Symptom Relief:

Another argument that is given is: euthanasia is the same as prescribing large doses of analgesics (pain killing drugs) to control pain and manage symptoms.

The argument is stated this way. Every day doctors prescribe large doses of analgesics (pain killing drugs) and sometimes the patient dies. They say that this is the same as euthanasia. They then argue that euthanasia occurs already and state that it should be legalized and regulated. **This argument is also false.**

A physician may be required to prescribe large doses of analgesics to control pain or manage symptoms. The patient may not be dying. Prescribing large doses of analgesics to control pain or manage symptoms is not euthanasia, but is good medical care. In this circumstance, the physician intends to kill the pain and not the patient; but in the case of euthanasia or assisted suicide, the physician intends to kill the patient.

A side-effect of prescribing large doses of analgesics is sometimes the patient dies. If the physician did not intend the death, then it is a side-effect of the treatment in a similar way to a person who dies during surgery.

Sometimes the use of large doses of analgesics is abused by a physician who is intentionally causing death. The abuse of analgesics can be euthanasia. Nonetheless, we encourage the proper use of analgesics to eliminate suffering.

The proper use of pain killing drugs is to relieve symptoms and is not assisted suicide or euthanasia.