

Assisted death aids disadvantaged

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On February 6, 2015, the Canadian Supreme Court voted unanimously to strike down legislation within one year which presently makes it illegal for doctors to assist patients in dying. The Court has given Parliament one year to create new legislation enabling doctors to provide assistance in dying to those patients who are suffering unbearable physical or mental pain and for whom there is no known medical cure.

The Court voted 9 to 0 to strike down the existing legislation. Public opinion is in favour of the Court's decision (approximately 80 %). So at first glance, it appears Parliament's task might be an easy one. Nonetheless, there will be many difficult issues to be dealt with in affecting the Court's ruling.

Will doctors and nurses and health care providers be required to be directly involved with assisting patients to die or can they be excused because of religious or other compelling reasons? Will patients themselves always be required to give their own consent to receive doctors' help in dying? In the case of certain mental conditions where patients' are perceived to have great psychological stress and pain will others such as family members, or other care givers, be allowed to seek doctor assistance or will it be only the patient who gives consent to have doctor assistance? Will there be more than one doctor involved in each case? Will there be a waiting-out time in order to assure the patient's request to die will not change?

While there will be numerous other questions I have probably listed enough that readers recognize Parliament's task will be challenging. In this present article I want to address mainly one question while I recognize there are many more to be considered. Some opponents of assistance in dying are concerned that new legislation will work to the detriment of those already disadvantaged either physically or mentally.

My view is that it will be exactly those severely disadvantaged who stand to gain most by the new legislation. By *disadvantaged* I mean people who are already in a position where they have no foreseeable medical help that could make them whole and healthy. They cannot be medically cured. Add to this unfortunate situation the fact that these patients are continuously in unbearable pain either mentally or physically. Each day and each hour will be a time of suffering without hope, or relief, or improvement, until the time of their natural death.

Of course, there are some disadvantaged patients who are not in severe pain continuously. Many occasionally may have times of pleasure or happiness. So it will be important in crafting new legislation that neither, proponents or opponents of new legislation do not lump all disadvantaged patients into one category. We need legislation that separates those who are moderately disadvantaged from those who are suffering severely and continuously every day and are actually waiting and wanting to die quickly and humanely.

Some will argue that God gives life and it is only He who may end life when it is time to die. I hope that such believers recognize that in these modern times we have come to accept medical intervention daily. When medical help is available most of us would think it unethical not to intervene where there is medical hope. There are many ailments such as diabetes and some cancers which by medical intervention can now give patients happy and prolonged life, but this same group of patients would have died much earlier fifty or more years ago. Disadvantaged patients considered in this new legislation should be those for whom there is no medical relief from continuous unbearable pain other than doctor assistance in dying unless they choose Hospice care instead. They will be terminally ill patients for whom the process of death has already begun. Many will hope for assistance in dying sooner rather than later.

For those who claim the new legislation will endanger disadvantaged patients, let us not group every disability in with those who suffer most severely and continuously. This approach gives little hope and no relief to those who suffer most and are most urgently in need of doctor assistance in dying.