Euthanasia is not an alternative to palliative care

The facts about euthanasia

Most Canadians will be unaware of the facts when they talk about euthanasia as an alternative to palliative care.

In order to battle this misunderstanding and protect the most vulnerable, including children and the elderly, it's important to pay attention to the points raised in the famous Remmelink Report. This government report was prepared in The Netherlands in the 1990's, and updated at various times since.

The door is now open to abuse of the vulnerable

As Canadian laws change, the door will be opened wider to the possibility of abuse of the elderly, and of individuals who have a mental or physical concern or disability, or with illnesses that require caregiving. Not all relatives or families may wish to perform this service. Children and the elderly may be the most vulnerable.

Doctors and decisions—the Dutch experience

In 1994, Holland's Dr. K.F. Gunning visited Canada's Parliament to speak with Parliamentarians about his concern over euthanasia abuse in his country. (Dr. Gunning is President of the World Federation of Doctors Who Respect Human Life.)

He specifically encouraged Canadians to continue palliative care programs and referred to the excellent British program.

Dr. Gunning felt more attention given to palliative care would direct our efforts towards protecting the weak and vulnerable, by making them feel wanted, cared for, and comfortable.

The slippery slope

In 1981, the Dutch courts established medical guidelines for euthanasia or assisted suicide, including:

- The patient must be suffering unbearable pain, the patient must be conscious, the death request must be voluntary, the patient must be given alternatives, and more than one person must take part in the decision.
- This is very similar to what is proposed in Canada.

Interpretation of euthanasia definitions

Since 1981, however, the Royal Dutch Medical Association has begun interpreting "unbearable pain" to include such things as "psychic suffering" and "potential disfigurement of personality."

In THE REMMELINK REPORT, the first official government study of the country's euthanasia practices, statistics from 1990 showed:

- 2300 people, at their request, were killed by their doctors.
- 400 were helped to commit suicide.
- 3159 consented to an overdose of pain medication meant to hasten death.
- In addition to these 5859 voluntary deaths, however, physicians admitted to killing 1040 patients without their knowledge or consent, 14% of whom were fully competent, and 72% of whom had never expressed any desire to be killed.

- Physicians also admitted giving 4941 patients an overdose of medication intended to hasten death without their knowledge or consent.

Dutch doctors admit the majority of their killings are involuntary

Dutch physicians report killing at least 11,840 people per year, 9.1% of all the deaths in Holland. The majority (5981) are involuntary. This number does not include the non-consensual killing of disabled newborns, children with life-threatening conditions, and psychiatric patients.

The reason Dutch doctors most often cite for performing involuntary euthanasia is "low quality of life."

But in 45% of involuntary cases, the patient's families are not consulted. In the overwhelming majority of killings, Dutch doctors falsify the death certificates to avoid scrutiny and paperwork.

When cost-cutting is a concern

Cost-cutting has become a major aim of Dutch health care. There are now only two hospices for a population of 15 million. Palliative care programs are extremely primitive. Some Dutch doctors provide "self-help" programs for suicidal adolescents.

And the less able bodied, and those with diabetes, arthritis, and bronchitis… routinely carry cards stating their wish is not to be killed if they fall into a doctor's care.

Cost savings in later years

What about governments with an overburdened health care system? As most Canadian's health care costs are incurred in their later years, governments may discover that there are significant *cost savings* to be realized from physician-assisted suicide.

If we are lucky enough to know our loved ones will make sure none of these events happen to us because they will be there to watch over us and our decisions in life, we are fortunate.

But what about those in Canada who do not have that extra protection: those without children or close relatives, the homeless, those who may be senile, or suffer from Alzheimer's, or the institutionalized who have no one visiting them?

We have proof of everyday abuse of our most vulnerable populations, our children, and our seniors.

Everyone will be vulnerable

With euthanasia, everyone will be vulnerable, especially those in poverty, without family or friends close by or still living, in addiction of any kind, and those with serious depression.

What type of Canada do we want? Our forebears trusted us to create a country that was welcoming to all. Are we worthy of that trust? Where do you stand?

The ultimate question

How can we expect our doctors to be passionate palliative care providers when they are also called on to kill the old and infirm on request?

Our courts must work with our legislators to support the rule of law and ensure that the supremacy of human life remains inviolable.

Canada has a healthy economy (as of Fall 2015), and our future will be what we make it.

Isn't it time for each of us to help the most vulnerable in society and protect everyone's future?

This may include your own if, as the Dutch experience indicates, making such changes and giving the choice of life or death to doctors and officials is, indeed, the beginning of a slippery slope.

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