

A Threatened Solidarity

A reflection submitted to the External Panel on Options for a Legislative Response to *Carter v. Canada*

Michèle Boulva

Executive Director

19 October 2015

2500 Don Reid Drive Ottawa, ON K1H 2J2 Telephone: 613-241-9461 x 141 Fax: 613-241-9048

E-mail: mboulva @ocvf.ca Website: www.ocvf.ca

Introduction

In submitting these thoughts to the External Panel on Options for a Legislative Response to *Carter v. Canada*, the Catholic Organization for Life and Family (COLF) would first like to focus on some of the risks associated with the legalization of "medical aid in dying". The experience of Belgium and the Netherlands has much to teach us in this regard.

By legalizing euthanasia or assisted suicide – which allows one person to kill another or help that person commit suicide – we would diminish the respect due to human life and erode the basic trust essential to the functioning of any society: the assurance that human life will always be protected.

If we allow assisted suicide or euthanasia for those terminally ill or not – when requested on the basis of unmanaged suffering, autonomy or individual self-determination over life itself – how can we refuse it to the depressed, the disabled or the frail? How can we insure the rights of conscience of medical practitioners and health care workers who object in the strongest possible terms to being implicated in any way in killing (even by referring a patient)?

In this context, the elderly and the vulnerable risk being pressured to consider the option of an early death; the so-called "right to die" could soon become a "duty to die." And such pressure is likely to increase as healthcare resources decrease. Thus "aid in dying" will become the most deceptive form of violence, the ultimate abuse of seniors already subject to physical and psychological violence.

At a crossroads

It cannot be said enough: it is the suffer*ing* that must be eliminated not the suffer*er*. If we allow doctors to intentionally cause the death of patients in order to end their suffering, we will irreparably undermine in the minds of Canadians the essential relationship of trust that must exist between doctor and patient. We will further cloud the true role of medicine which is to heal, to ensure pain control and to accompany the suffering.

We are at a crossroads. We have to choose what kind of country we want to bequeath to our children and grandchildren, remembering that the measure of a society's civilization is its attitude towards its most vulnerable members.

Do we allow our plans to be upset by the vulnerability of the sick and dying, in order to remain faithful to our characteristic spirit of solidarity towards the weakest and most helpless? Or do we want to become a society eager to help its most vulnerable citizens end their lives? Do we want to come to the point where we kill depressed people, disabled newborns and children with cerebral palsy – as is done now in the Netherlands? Will we entrench ourselves in an individualism which prefers to eliminate individuals who need only our time, energy and affection?

The priority: palliative care

To avoid such a deplorable societal failure, the new government must at all costs act to undo the harm caused by the decision of the Supreme Court and to defend the inviolability of human life. In this decisive hour of Canada's history, we encourage the new Government to work toward a real humanization of end of life care by developing a national strategy based on three priorities:

- 1. promoting research and education in the field of pain relief;
- 2. devoting more public resources to the creation of palliative care units or health centres with a view to providing access to all citizens who need it;
- 3. adopting more generous tax measures that will allow caregivers to devote themselves more freely in supporting their sick or dying relatives.

In 2011, the Parliamentary Committee on Palliative and Compassionate Care interestingly found that 71% of Canadians want more investment in palliative care. In an important report entitled "With Dignity and Compassion – Care of Vulnerable Canadians", this Committee proposed a comprehensive look at palliative and end of life care – including pain management and support for family caregivers. Its concrete recommendations deserve to finally be implemented: restoration of a Palliative Care Secretariat; development and implementation of national strategies for palliative care and end of life care, and suicide prevention; creation of a Bureau for increased awareness and prevention of elder abuse, and implementation of a national strategy to prevent abuse against seniors.

Fundamental trust

We must at all cost resist the temptation to authorize the deliberate killing of any citizens. By falling into such a trap, a government would be committing its people to a path unworthy of a civilized nation.

The legalization of euthanasia and assisted suicide would spell the end of our shared duty to protect each other. If we want our country to remain a safe place for all its citizens, even the most vulnerable – the disabled, the elderly, the seriously ill, the dying –we cannot give some people the power to kill others, whatever the circumstances.

Our civilization is at a turning point. If we really believe in the equality of all Canadians, we will work to ensure their equal protection by maintaining the legal prohibition of killing. Only in this way can we maintain the fundamental trust required for us to live together.

The Catholic Organization for Life and Family (COLF) was jointly founded by the Canadian Conference of Catholic Bishops and the Supreme Council of the Knights of Columbus, to promote respect for life and human dignity and the essential role of the family.