

# An Open Letter to Canadians on Euthanasia and Assisted Suicide.

**Physicians are being asked to [sign the Open Letter to Canadians on Euthanasia and Assisted Suicide](#)**

Dear fellow Canadians,



On Wednesday October 15th the Supreme Court of Canada will hear the appeal in the Carter case. It will decide whether the Criminal Code's prohibition of assisted suicide is constitutional. If the prohibition is struck down, doctors will be involved in assisted suicide and euthanasia. As physicians, we have followed with a growing sense of dismay the public debate over whether to introduce into medical practice the act of inflicting death. We write to you today to give a medical perspective on this crucial debate.

It is a long standing commitment of the medical profession 'To cure sometimes, to relieve suffering often, and to comfort always.' It is a breach of that commitment to inflict death. The World Medical Association [1] and the near-totality of national medical associations agree that intentionally ending patients' lives is not an ethically acceptable part of the physician's role. This opinion is shared by the World Palliative Care Alliance [2] and the Canadian Society of Palliative Care Physicians [3] in their assertion that Euthanasia and physician assisted suicide are not now, and have never been, part of palliative care practice.

Both the effectiveness of palliative care and the fact that most Canadians who die have limited access to specialised palliative care services [4] are well recognized. Palliative care affirms life, regards dying as a normal process, and intends neither to hasten nor postpone death. In the 40 years since palliative care was introduced into Canada the ability to control pain and other symptoms is improving constantly, although problems of equitable access persist. This is a grave injustice and, many believe, a breach of human rights, but the remedy is not to legalize euthanasia and assisted suicide, it's to provide the support dying people need. Indeed, legalizing euthanasia and assisted suicide would introduce further injustices: those to older, disabled or ill people who may not even be dying but for whom the mere existence of such practices would be a source of subtle but effective pressure to request them, and which would place them in grave danger of abuse.

In the few countries that have attempted this hazardous social experiment, permissive laws, despite safeguards to restrict their application to a small number of extreme cases, are rapidly extended to include individuals bearing little resemblance to the initial target group. In Belgium, euthanasia is permitted by law if a patient requests it voluntarily and suffers from "constant and unbearable physical or mental suffering that cannot be alleviated, resulting from a serious and incurable disorder caused by illness or accident" [5]. Despite this seemingly restrictive rule, in recent years Belgians have been legally euthanized for suffering arising from conditions ranging from glaucoma [6] to depression [7], to imprisonment [8], to multiple chronic conditions in the elderly [9], to a desire to avoid being a burden on one's children [10]. The situation in the Netherlands is much the same [11]. It would be naive to believe that some Canadians would not give in to the same pressures to use euthanasia in an ever expanding range of circumstances – that is, the logical slippery slope is unavoidable.

In the U.S. state of Oregon, legal physician-assisted suicides are not required to be supervised [12] and the doctor is rarely present [13]. Data are based entirely on physician self-reporting [14] and information on individual cases is not available even to the police [15]. This opens the door to abuse of older and vulnerable citizens.

With good reason the judges of the Supreme Court of Canada, in the Rodriguez decision in 1993, concluded that there was no measure short of the current law that would meet the objectives of Parliament to protect the public and, in particular, vulnerable members of the public.

As medical professionals we have an obligation to protect not only the patients under our care, but also the population as a whole. The majority of physicians in Canada oppose legalization of euthanasia and assisted suicide [16, 17]. A few are attempting to take a neutral stance but such a position is untenable. If you are not against these practices you are necessarily for them. A purported neutral stance on the part of physicians would be an abdication of our duty as medical doctors to put the well-being of our patients before political or other considerations.

Legalization of euthanasia or physician-assisted suicide would expose you and your loved ones to grave risks, including that of wrongful death. Legislators and doctors have an urgent duty to ensure this never happens, for clear reasons of public safety. We urge all Canadians to heed the warning signs from those places which have made the mistake of entrenching these practices, and to oppose their introduction into health care in our country.

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