

A LEGISLATOR' DILEMMA: POLITICAL ACCEPTABILITY OR REDUCED PATIENT SUFFERING

Proposed bill 52 on end of life care in Quebec is advancing the regular legislative process and is now being examined, article by article, by the legislative committee entrusted with the task of taking a close look at its detailed wording before it is submitted to the Assemblée nationale as a whole, for a final and decisive vote.

Odds are currently that the bill will be accepted with a majority of votes and that, specifically, medical aid in dying, in certain specific and limited cases, will be possible under the new law. Quebec will thus join jurisdictions which have liberalized their end of life legislation, such as Belgium, The Netherlands, and the American states of Washington, Oregon , Montana and, recently, our neighbour the State of Vermont.

The road leading to this eventual conclusion will have been a long and winding one, and several years of expert testimony, presentations, briefs and discussions will soon come to a closure, after the final vote expected for this month or the very beginning of the new year.

But, as the final vote is approaching, strongly organized pressure groups are pushing strongly for a negative vote or, next best in their view, a watering down and weakening of the legislation. Palliative care authorities need not see the coming legislation as a repudiation of their care, but more as a supplement in some exceptional cases of intractable suffering. In the case of religious authorities, it may appear surprising to some, but not to others, that the Church does not side spontaneously with a legislation whose essential aim is reduced suffering for fellow men and women.

Strongly organized pressure groups have always had a disproportionate influence on public policy. The present case is no different. Under their incessant bulldozing, they leave their mark on the legislators. The unspoken narrative is that they will punish at the voting booth individual legislators who will not cave in to their demands. Some of the legislators have said they have been investigating the opinion of their constituents on the more delicate aspects of this bill, namely medical aid in dying. To be clear, they have been lobbied by the two groups mentioned above, which have thrown their electoral power in the equation. In the process, legislators may come to forget that Canadian and Quebec public opinion is solidly behind relaxing end of life procedures in case of intractable suffering, to the tune of a 80 %% support. But this group, the much larger group of diffuse supporters, does not lobby the legislators, they are unorganized and do not knock on their representative's door to be heard. This leads to the legislator's dilemma : caving in to lobbying groups who are "in their face" or

taking the high road of being guided by the thousands of hours of reduced human suffering that the bill could achieve, if the bill passes without being watered down. There is strong pressures on legislators, sometimes invoking the weakest of arguments, the idea that all pain is now completely controlled by medical procedures, which would render the relaxation of the law unnecessary. This argument has been dismissed by the best medical reviews. There is some pain and some suffering for which modern medicine can only do little.

But there is another way to cave in to the minority of bulldozing pressure groups. It is more subtle. It is presently the greatest present danger, and that is to dilute the content of the law in order to gain its widest political acceptance possible. There will be an obvious sign of this case of successful intimidation: the law will only cover relaxed procedures for patients very close to death. Even those supporting the law will be tempted to gain political points at the expense of future suffering patients, who are of course absent from the discussion on the final wording of the law. Weakening of the law, for political expediency, will occur at their expense. It would add up to several thousands hours of unnecessary suffering in the years to come. Cancer patients, facing months of suffering (but not only days), could be excluded, as would people not facing immediate death, but years of hardship such as those suffering from diseases such as Lou Gherig's disease.

Quebec society has been able to put on its political agenda the difficult topic of assisted death. Will this rare opportunity be wasted or undermined by last minute efforts to dilute its original intent? Will political acceptability trump reduce considerations for human suffering ? Or will legislators resist the bulldozing of minority but relentless interest groups , and become statesmen and stateswomen, looking beyond the immediate short term pressures ?

We will soon have some answers on the challenges of the legislator's dilemma.

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