

Montreal, October 29, 2013

Debate on Dying with dignity: let's first debate with dignity...

(A more detailed text in French has already been published in the *Actualité médicale* at: *ProfessionSanté.ca*)

The parliamentary commission that reviewed Bill 52 for a month has just completed its mandate taking into account the various opinions expressed on the matter.

How can it then be that for the last few weeks those opposed to this altruistic and compassionate bill can use every means at their disposal to discredit it based on questionable arguments, irrespective in particular of the collateral damages thus inflicted upon seniors? It seems to us that this way of doing things is of a bygone era when the powers that be would condemn to eternal damnation those who did not abide by their "golden rule". We have the distinct sinking feeling that the brunt of these attacks comes from doctors who seemingly have neither read the commission's report, nor Bill 52, nor the *Ménard* legal opinion.

Bill 52 first and foremost focuses on the right of access of all Quebec citizens to palliative care, but also to medical assistance in dying because our society has now reached a crossroads created clearly and solely by advanced medical technology.

The individual's awareness that his/her existence is in an inexorable downward spiral without personal purpose is the new reality of our times which must lead both healers and politicians to rethink our traditional mindset on this matter.

To assert that there "aren't any validated scientific criteria to determine if a patient is capable of choosing his/her own death" (translation, *La Presse*, October 16, 2013) shows extreme paternalism. How can one state that sound and competent persons do not have the capability to decide their own death when sickness and/or degradation deprive them of anything and everything?

Bill 52 is crystal clear on the criteria to be met in order to ask for medical help in dying and nowhere is there the slightest possibility, "slippery" or otherwise, of any abuse.

To assert that medically assisted death is a palliative care cost saving measure is intellectually dishonest and shows despicable demagoguery particularly towards seniors or gravely ill persons. The request for medically assisted death would be granted to but a few persons suffering from incurable pathologies. To phrase an eminently human and marginally quantitative matter in economic terms is false and shameful.

To draw a parallel between an individual affected by the side effects of his/her medical treatment (*La Presse*, September 28, 2013) and a person faced with the inexorable conclusion of his/her illness, shows malicious intent as it assumes that the expected but temporary side effects of any person recovering from a serious pathology is akin to that of a person faced with the very meaning of his/her OWN life.

To state that all the “politician-doctors” (sic), nurses, pharmacists, social workers, the *Barreau du Québec*, the *Chambre des Notaires*, etc. are wrong is a manifestation of worrisome high handedness on the part of caregivers whose prime quality should be empathy.

To say and to state that they will be obliged to change their practice or to grudgingly provide medical assistance in dying is an expression of bad faith at best as Bill 52 specifically states that no health professional will be obliged to act against his/her conscience (the *Ménard Report*, page 372).

To further state that, when asked, most citizens don’t really understand the nuances and the difference between palliative care, euthanasia, medically assisted death, terminal sedation, etc., is nothing but naked paternalism that demonstrates little if any care for the Other.

Whether doctors or citizens invoke religious or ideological reasons to put life ahead of the individual is their own choice. To invoke such religious arguments only makes sense to those concerned. But in no way should they be imposed on any person who does not share these same beliefs, nor should it convey on anybody the right to appropriate for themselves the eminently personal and proprietary decision of the person concerned.

Ask the prophets of doom in Belgium who speak only of the “slippery slope” to at least take the time to read the serious, in-depth reports produced by the Belgium commission on euthanasia.

As far as the pseudo economic or financial arguments are concerned, it must be reaffirmed to all vulnerable persons in our society that there never has remotely been any question of causing harm to any person or infringing upon their personal dignity. Let those semantic fear mongers at least have the intellectual honesty to make the difference between euthanasia (gentle death) and eugenism (proactive eradication policies of characteristics deemed disabling or proactive preferential policies of characteristics deemed beneficial).

Moreover, Professor Thomas De Koninck’s assertion on this matter as expressed in his October 29, 2013 diatribe (*Le Devoir, Idées*) is indeed sad on the part of a philosophy professor who knowingly commits a major semantic error by declaring that euthanasia is a violent death even though it’s very definition, it must be recalled, is that of a gentle death: *εὐ* – *θανάτη* (*thanatos*).

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