Assisted Suicide

During the Conversation on Health, assisted suicide was a frequent topic of discussion related to end-of-life care. So too, was the importance of addressing issues related to the costs associated with end-of-life care and assisted suicide. Right to die legislation, the importance of choice and control at end-of life and the role of health professionals in assisted suicide, were also highlighted in many of the discussions and submissions. Here is a selection of what British Columbians had to say on the subject of assisted suicide.

Costs of End-of-Life Care and Assisted Suicide

Many participants are in favour of instituting a process to allow euthanasia or assisted suicide, suggesting this would allow people to die with dignity while also lowering health care costs related to end-of-life care. However, some voice concern that the option of euthanasia introduced the possibility that patients would be pressured into ending their lives. This pressure could result from the inconvenience of continued care to relatives or caregivers, or the cost of maintaining the patient's comfort.

Right to Die Legislation

Participants widely agree that political will to approach the idea of euthanasia must exist. Though some oppose the idea of allowing assisted suicide outright, many suggest initiating some type of public discussion, or province-wide survey on the issue. One specific comment recommends a Royal Commission on right to die legislation. Many believe that the liability issues for institutions and professionals needs to be clarified, with many suggesting that legalizing assisted suicide would require the enforcement of strict guidelines. Participants frequently cite examples from Oregon, the Netherlands and Belgium as supporting a patients’ ability to die with dignity.

The Netherlands implemented a checkout system. It operates primarily for that country, but significantly (and unexpectedly) there is now a steady trickle of patients with one-way tickets traveling from other European countries to use the system, probably for a fee… No one will ever be forced to use the system, but it should be there for those who choose to use it.

- Email, Surrey
Choice at the End-of-Life

Many who participated in the Conversation on Health argue for giving patients the choice of when to die. Most participants believe we should support quality of life over quantity, allowing people to die with dignity while ensuring that they are as comfortable as possible. They suggest some tools to support the choice of when to die including: living wills, laws to enable euthanasia, and/or legislation related to advanced directives. Others see patient advocates as a means of aiding patients in choosing the right instrument to communicate their wishes, and advocating for that choice on their behalf.

Support for the right to choose, however, is not unconditional. Some participants suggest the government must have a role in developing clear direction concerning who makes end-of-life decisions about and what criteria are applied to those decisions. Others emphasize the importance of including family members in end-of-life planning and decisions.

*Euthanasia should only be allowed under some circumstances and should be carefully monitored*

- Public Forum, Kamloops

The Role of Health Professionals

Many British Columbians believe physicians are caught in the middle of the larger argument concerning death and dying. One suggestion indicates that the modern physicians’ oath says a doctor should not over-treat a patient and, therefore, a patient should be allowed to die when there is no hope for a better life. Another recommends that a panel of doctors be consulted in setting the criteria and conditions under which euthanasia would be permitted.

Some participants voice concerns about the costs and quality of life for the severely disabled. They suggest that doctors should have the ability to determine if they should use heroic measures to prolong the lives of extremely premature, mentally and physically challenged children who cannot survive without medical assistance.

*Why is it logical to instruct the doctor not to resuscitate and not logical to ask them to pull the plug?*

- Public Forum, Kelowna
Conclusion

While some are against the idea of assisted suicide in any form, many believe that if someone is terminal or completely incapacitated, doctor-assisted suicide should be an option. Regardless of participants’ opinions on the subject, there is widespread agreement on the need for more discussion on this topic and many submissions suggest the Government carry out further consultations related to legislation on end-of-life and assisted suicide.
Assisted Suicide

This sub-theme includes the following topics:

- **Right to Die Legislation**
- **Euthanasia and Costs**
- **Euthanasia and Choice**
- **Euthanasia and Health Human Resources**

**Related Chapters**

Many of the topics discussed by participants in the Conversation on Health overlap; additional feedback related to this theme may be found in other chapters including: *Death and Dying; Health Care Spending; Palliative Care and Seniors.*

**Right to Die Legislation**

**Comments and Concerns**

- Debates concerning euthanasia create a moral dilemma.
- According to the modern physician’s oath, a doctor is not supposed to over-treat a patient. When there is no hope for a better life, a patient should be allowed to die.
- Why is it logical to instruct the doctor not to resuscitate and not logical to ask them to pull the plug?

**Ideas and Suggestions**

- We need right-to-die legislation.
- There has to be political will to approach the idea of euthanasia.
- Bring in legislation similar to that found in Oregon: provide the option of assisted suicide for people who are terminally ill with no hope of recovery.
- Legalize assisted suicide.
- Clear up the liability issues for institutions, and professionals related to euthanasia.
- Hopefully doctors can be easily encouraged to terminate life if they cannot be held criminally accountable.
• The provincial government should promise not to pursue charges, or arrest medical professionals involved in euthanasia given certain provisions.

• Euthanasia should be decriminalized.

• If someone is terminal or completely incapacitated, doctor assisted suicide should be an option.

• Allow legalized, carefully structured and monitored euthanasia when desired.

• Euthanasia should only be allowed under certain, carefully monitored circumstances with family members and a patient advocate involved in the decision making.

• Hold a Royal Commission on right-to-die legislation.

• Start a public discussion about euthanasia (follow the example set in Europe).

• Have a province-wide survey to find out who supports the idea of legalized euthanasia so politicians will have the impetus to act.

• A panel of doctors should be consulted to set the criteria for the conditions under which euthanasia is permitted. The panel could be made up of the family doctor, two independent physicians and psychiatrists as well as a family member of the patient in question.

**Euthanasia and Costs**

**Comments and Concerns**

• Interventions for neo-natal, low birth weight babies can lead to many complications, acting as a long-term drain on resources.

• Euthanasia is actually a gender-based issue. Women comprise the greater percentage of elderly, which needs to be taken into account whenever decisions are made related to euthanasia.

• The issue of euthanasia introduces the possibility of pressuring patients into ending their lives because of inconvenience to relatives or caregivers, or because it is thought the person’s life is not worth the dollars to continue comfort care.

• By not allowing euthanasia for the elderly or terminally ill, we are limiting the health care dollars available to younger people who might otherwise be more productive members of society.

• The Government should study the Dutch model which allows people to choose to die by lethal injection.
• The Netherlands implemented a checkout system. It operates primarily for that country, but significantly (and unexpectedly) there is now a steady trickle of patients with one-way tickets traveling from other European countries to use the system, probably for a fee. Other European countries are now considering implementing this and one has already done so. No one will ever be forced to use the system, but it would be there for those who choose to use it.

**Ideas and Suggestions**

• Instituting a process to allow euthanasia so people can die with dignity will lower the costs related to end-of-life for the health care system.

• There should be no heroic measures taken, like mechanically assisted feeding or breathing, when a patient is past a certain age or is suffering from a terminal disease.

• Euthanasia and living wills should be legal choices and would alleviate some of the burden of end-of-life health care costs.

• Our long-term care facilities are full of people in the end stages of their lives who have no quality of life left, and are often suffering a lot of pain. Legalizing euthanasia would not only provide people with choice but could alleviate some of the burden on long-term care services and might also address the bed shortage issue.

• Legalizing euthanasia provides a mechanism to address the rising burden on the health care system caused by the elderly.

• The medical profession should have the ability to ensure that heroic measures are not taken to prolong the lives of extremely premature, mentally and physically challenged children who have no quality of life and cannot survive without medical assistance.

• There is a need to prioritize what we are prepared to spend our health care dollars on and we should think twice before supporting decisions concerning extensive and expensive operations on newborns.

• How would this choice (euthanasia) affect payout of insurance policies (would life insurance not pay?, would fraud increase in terms of cause-of-death in order to obtain insurance benefits?)

• How would death certificates be filled out (disease? suicide? euthanasia?) and how would statistics be kept?

• Would tax dollars be collected and spent specifically for euthanasia?
Euthanasia and Choice

Comments and Concerns

• As a society we are much kinder to animals than to humans. When pets become too old, are constantly suffering or have an incurable disease, we have no qualms about performing euthanasia, yet we hesitate to provide this option for humans.

• Euthanasia may be OK for animals, but not for humans. We have the skills, compassion and medications available to assist a person to die in peace and love.

• The opinion expressed by a Christian in this Conversation on Health, suggesting that euthanasia is the same as suicide is just not sensible.

• The fact that quite a number of people seem to support suicide, assisted suicide and possibly euthanasia, is distressing.

• Doctors, nurses or administration in hospitals may bully patients into making the decision to die if they are disabled or if a patient is comatose, to free up beds.

• Getting rid of old people because they are no longer useful is a sure sign of moral and ethical decline. Making it look like it’s politically correct by using terms such as "Right-to-Die" is unacceptable.

• IF Do Not Resuscitate (DNR) orders, and organ donation decisions can be made in advance, why not euthanasia?

Ideas and Suggestions

• Give people the choice of when to end their lives.

• Everyone has a right to die.

• We have no right to determine when a person should die.

• Families and patients need to have input with regards to assisted suicide.

• Euthanasia can provide the family and patient with comfort.

• People have a right to have the option of freedom from pain.

• Allow people to make informed decisions and support them in that decision, including euthanasia.

• Respect wishes for active euthanasia, or at least consider the withdrawal of nutrition and hydration when a patient wishes to die.

• Support peoples’ efforts to die with dignity.
• Terminally ill people who are mentally competent should be able to die on request and be assisted to do so by a physician and a support team.

• Consider quality of life. Life without quality is not always the best option. Quality of life rather than extending life should be paramount.

• After age 65 or 70 you should have the right to request euthanasia. Seniors who suffer a deteriorating quality of life speak about wishing there was an acceptable way "out" without having to wait for some catastrophic event, and without becoming a burden on those they love.

• Euthanasia should be an option for seniors who state their choice in their Advanced Directive, providing insurance policies and pension payments to spouse/families are not jeopardized.

Euthanasia and Health Human Resources

Comments and Concerns

• The stress placed on staff exposed to euthanasia in the workplace can have negative impacts which are rarely discussed.

• Caregivers and medical staff should have the right not to have their own beliefs violated, with regards to performing or assisting with euthanasia.

• If euthanasia became common practice, hiring decisions could be made based on the willingness of a person to participate in euthanasia.

Ideas and Suggestions

• More training should be provided for health care providers and facility staff regarding the human aspect of care and end-of-life care including euthanasia.