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Living with Dignity

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In a recent letter to *The National Post*, the Executive Director of Dying with Dignity (a pro-euthanasia group) objected to the frequently raised point that in countries where euthanasia and Physician-Assisted Suicide (PAS) are legalized, the numbers of applicants for these procedures increase. Further, other groups had noted that such requests are often made by people suffering from depression whose consent is, therefore, not as informed as it should be. She objected to that suggestion also, saying that, by way of example, 50% of requests for euthanasia in the Netherlands are rejected because the patient is found to be depressed.

Everyone knows the problems of relying on statistics and how they can be used to suit one's purpose, as well as problems of interpretation that arise depending on the questions that are asked, how they are framed, and so on. Dr. Rory Fisher and I had just presented a seminar sponsored by the Sovereign Order of Malta and CCBI, using statistics that are at odds with Dying with Dignity's objections.* After further research, I did not find studies that verified her point, although I did find one study that, on first sight, would seem to agree with part of her objection. It agreed that the rate of physician-assisted suicide has declined in countries where that procedure is legal. In the same research, however, I came across several studies that highlight ethical concerns about procedures in the few countries where euthanasia and/or physician-assisted suicide are not illegal, and the following points reflect these concerns.

In an article published in the *Canadian Medical Association Journal* in June 15, 2010, Belgian researchers looked at a sample of 6972 death certificates obtained from June to November 2007, sorted according to the cause of death and according to likelihood of an end-of-life decision having been made.[1] The study guaranteed total anonymity for physicians and the deceased patients, and was approved by the Belgian Medical Disciplinary Board and the Belgian Federal Privacy Commission.

Physicians were asked about the end-of-life decisions that had been made, specifically "medical decisions at the end of patients' lives with a possible or certain life-shortening effect." They were also asked: "Was the death the consequence of the use of drugs prescribed, supplied or administered by you or another physician with the explicit intention of hastening the end of life or enabling the patient to end his or her own life?" The questions seem to be clear and without ambiguity.

The researchers then classified reports of deaths that had been explicitly requested by

the patient as euthanasia, that is, if someone other than the patient had administered the life-ending drugs.

From the original number, the researchers' statistical analyses then identified 208 physician-assisted deaths, of which 142 were the result of an explicit request from the patient. One hundred and thirty-seven of these were caused by euthanasia and five were classified as physician-assisted suicide. These patients were mostly under the age of 80 (79.6%), mostly had cancer (80.2%), and were dying at home (50.3%).

The remaining 66 physician-assisted deaths occurred *without* an explicit request, and this is clearly an area of grave concern, for obvious reasons. In these cases, the people who were given life-ending drugs were mostly patients over the age of 80 (52.7%), did not have cancer (67.5%), and mostly died in hospital (67.1%).

The research showed that the decision to end life had been discussed in 22.1% of the assisted deaths that occurred in cases *without* the explicit request of the patient. Where the decision was not discussed with family, etc., (i.e. in 77.9% of the cases), the physicians involved gave as their reasons for ending life that the patient was comatose (70.1% of cases) or had dementia (21.1%). In 40.4% of these cases, the physicians said that their patients had previously expressed a wish for ending their life, but it must be noted that this is *not* the same as an explicit request for euthanasia. The physicians said that further discussion did not occur either because they judged it not in the patients' best interests (17%), or because they (the physicians) decided that such discussion would have been harmful (8.2%). Further explanations of what is meant by these statements were not given.

The experience of pain and the patient's wish for ending life were most often given as the reasons euthanasia and physician-assisted suicide were requested by patients. The patient's being perceived as a burden on the family and a general opinion that life should not be needlessly prolonged were more often the reasons physicians gave for administering life-ending drugs without specific patient request.

The study found that use of life-ending drugs without patient request occurred mostly in hospital and among patients aged over 80 who were in a coma or had dementia. To quote the exact wording of the study following these statistics: *"Attention should be paid to protecting these patient groups from such practices."* While recognizing that the tone adopted in research papers does not tend to be dramatic, in layperson's term these practices may be named more strongly. "Criminal abuse" and similar terms come to my mind.

In discussions in parishes and other settings about end-of-life issues, almost invariably people from the Netherlands (one of the few countries where euthanasia and physician-assisted suicide are not illegal) say they worry about older members of their families who may be hospitalized in that country. Their family members worry that their vulnerable relatives may find themselves not so much the subject of "mercy killing," (as it is sometimes inaccurately called to make it sound compassionate) as being at someone

else's mercy, and totally oblivious to that fact because of their condition.

This same study found that the use of life-ending drugs *without* explicit request occurred more often in Flanders than in the Netherlands, at least on the basis of statistical records, but points out that in the Netherlands, as in Belgium, opioids are often administered deliberately to end life, not just to treat pain to the level of unconsciousness, and are administered *without* request.

Returning to Death with Dignity's point that the numbers applying for euthanasia and physician-assisted suicide are reduced when these procedures are legalized: the study I refer to in this article *does* show that the rate of physician-assisted death *without* explicit request has dropped in Belgium from 3.2% of deaths in 1998 to 1.8% in 2007. But it also shows, clearly, that physicians are still taking it upon themselves in some instances to decide who will live and who will die. This should surely remove any complacency we may feel that euthanasia and physician-assisted suicide have a role in a civilized society, and will be so carefully regulated that legalization will actually benefit society. Many studies raise the same concerns as the study cited here, proving that some slopes remain slippery, and should not be embarked upon.

Far better that we concentrate on developing our already advanced knowledge of palliative care, and work on strategies to relieve pain and suffering to the best of our ability. It will be a sad day for humanity, were we ever to accept the defeatist approach of killing to relieve human problems. The inherent dignity and worth of each person demand more of us, and challenge us to help each other to live life to its natural end. We see it happening in our palliative care wards, in our hospices, in our homes. It can be done. The title of the Quebec organization "Vivre Dignité" captures this attitude perfectly, since it emphasizes living life to its natural end, as Blessed Pope John Paul II exhorted us to do in his beautifully written and meaningful "Letter to the Elderly," issued in 1999, in time for the Millennium. We are not so much an anti-euthanasia Church as we are "for life" in all its human manifestations. "Vivre Dignité!" ■

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ASSISTED SUICIDE:
A CLEAR AND PRESENT DANGER?

Dr Rory Fisher and Dr Moira McQueen

This March 28, 2012 presentation was recorded and is available on CCBI's website, www.ccbi-utoronto.ca

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[1] "Physician-assisted deaths under the euthanasia law in Belgium: a population-based survey." Kenneth Chambaere, PhD, Johan Bilsen, RN PhD, Joachim Cohen, PhD, Bregje D. Onwuteaka-Philipsen, PhD, Freddy Mortier, PhD, Luc Deliens, PhD
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