5 Reasons to Oppose Assisted Suicide

1 Assisted death should be opposed because it involves causing a person's death (killing).

Laws permitting assisted death give doctors (and nurse practitioners in Canada) the right to cause a person's death. Society should never allow one person to legally kill another. In Canada, the Netherlands, Belgium and Luxembourg, assisted death is done by euthanasia. Euthanasia is intentionally injecting a person with a combination of lethal drugs. In most countries it is prohibited under murder or homicide laws.

In the United States and Switzerland, assisted death is done by assisting a person's suicide. This is when a doctor prescribes a combination of lethal drugs that the person self-ingests.

Euthanasia and assisted suicide involve another person,usually a doctor, who directly kills or is involved with causing the death of another person.

Those who promote assisted death focus on the difficult life conditions that pressure someone to request to die. They argue from a situational ethics' standpoint to justify killing, an act which is normally considered to be universally wrong. Assisted death is sold as healthcare. In an interview, psychiatrist and ethicist Mark Komrad said:

"If you were just to replace the image of the needle or the pill with a gun, I think that would make a much more vivid picture of something that would be transculturally wrong."[1]

People go through difficult physical or psychological conditions, but these human experiences must not beexploited to justify killing. Providing proper care and support is the appropriate response.

2 Assisted death should be opposed because "safeguards" only protect the physician; they do not protect vulnerable people.

Assisted death laws are designed to protect the physician (or another) who is willing to participate. These laws do not provide effective oversight and protection for the person who is being killed. These "safeguards" are designed to sell the legalization of assisted death to politicians who have concerns about killing, but they include exceptions that are wide enough to drive a hearse through.

The State of Oregon was the first jurisdiction to legalize assisted death in 1997.2 The assisted suicide lobby did not challenge the safeguards in the law because they wanted to convince other jurisdictions that there is no "slippery slope". However, in 2019, the assisted suicide lobby announced that the problem with assisted suicide laws is the restrictions. That year the Oregon legislature removed the 15-day waiting period.[3]

The euthanasia lobby alleges that the Netherlands have not changed their euthanasia law since it was passed in 2002. This is inaccurate: the language of the Netherlands' euthanasia law has not changed but the interpretation of the law has. The most recent example is the extension of euthanasia to include incompetent people with dementia.[4]

Canada is a prime example of a country where safeguards lack effective definition or meaning. For instance, Canada's euthanasia law required that a person's "natural death be reasonably foreseeable".

However, the meaning of this phrase was not defined 5 and, consequently, the application of the law varied.

In September 2019, a Québec Superior Court decision struck this phrase from the law.[6]

Canada is also a prime example of how a euthanasia law can incrementally expand. Canada passed its assisted death law in June 2016.

In February 2020, Parliament introduced Bill C-7 to expand the law by eliminating the waiting period, permitting euthanasia of an incompetent person who requested an assisted death in advance, and eliminating the terminal illness requirement.[7]

Safeguards in assisted death laws are designed to politically sell killing. These laws protect physicians who are willing to kill; they do not protect those who die from the lethal drugs.

3 Assisted death should be opposed because it is fundamentally incompatible with the physician's role as healer.

The American Medical Association Code of Ethics Opinion 5.7 (Physician-Assisted Suicide) states that:... permitting physicians to engage in assisted suicide would ultimately cause more harm than good.

Physician-assisted suicide is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks. Instead of engaging in assisted suicide, physicians must aggressively respond to the needs of patients at the end of life.[8]

Assisted death laws are designed to protect physicians who are willing to cause the death of a patient, usually upon request. When the role of a physician changes from healer to killer, it fundamentally changes the physician. In August 2016, 25-year-old Candice Lewis, who had several medical conditions, was pressured by a doctor to "request" an assisted death while she was in the hospital. Candice's mother Sheila Elson stated in a CBC News story:

"His words were 'assisted suicide death was legal in Canada,'" she told CBC. "I was shocked, and said, 'Well, I'm not really interested,' and he told me I was being selfish." According to Elson, Lewis was within earshot when the doctor made the comment – which she said was quite traumatic for her daughter to hear.[9]

Sheila said the following in the film Fatal Flaws: Not once did Candice say to them, "I want to end my life." The doctor came in the next day after he told me about assisted suicide, stuck his face down in Candice's and said, "Do you know how sick you are?" When I got his eye contact, we went out in the hallway and I told him, "Don't you ever pull something like that again."[10]

The fact that Candice was a person with disabilities should not change the value of her life. How many people are pressured by a medical professional and, unlike Candice, die by assisted death?

4 Assisted death should be opposed because doctors are fallible; they can make medical errors and misdiagnose conditions.

In his article, "Why Getting Medically Misdiagnosed Is More Common Than You May Think," Brian Mastroianni states that 12 million Americans are affected by medical diagnostic errors each year and an estimated 40,000 to 80,000 people die annually from complications related to misdiagnoses, with a similar number of people experiencing a permanent disability related to misdiagnosis.[11]

In April 2013, Pietro D'Amico, a 62-year-old magistrate from Calabria, Italy, died by assisted suicide at a Swiss assisted suicide clinic. His autopsy revealed that he had been medically misdiagnosed.[12]

Assisted death is a permanent decision often done when a person fears a painful or difficult death or is experiencing depression or feelings of hopelessness.

Once they are dead, it is too late to learn that they were misdiagnosed or living with a treatable condition.

5 Assisted death laws should be opposed because legalization pressures physicians who then pressure patients.

What begins as a choice to kill or a choice to die becomes a pressure to kill and a pressure to die.

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During the debate to legalize euthanasia in Canada, the euthanasia lobby argued that the issue was about choice. The "freedom of choice": to die by euthanasia, and for a doctor or nurse practitioner to participate.

Sadly, Candice Lewis' story may not be rare.

In February 2018, less than two years after Canada legalized assisted death, the Delta Hospice Society (DHS), an independent charitable organization in British Columbia (BC), was ordered by the Fraser Health Authority (FHA) to provide euthanasia.[13] The DHS resisted and continued its good work. In December 2019, the FHA ordered them to provide euthanasia or lose their government funding.[14] The DHS refused to comply with the government's edict saying that,"MAiD is not compatible with the DHS's purposes stated in the society's constitution, and therefore, will not be performed at the Irene Thomas Hospice."[15]

The Canadian Hospice Palliative Care Association and the Canadian Society of Palliative Physicians sent the BC Minister of Health a joint statement saying, "...MAiD is not part of hospice palliative care; it is not an 'extension' of palliative care nor is it one of the tools 'in the palliative care basket'"[16] The Minister of Health responded by ordering the DHS to comply or be taken over by the province in February 2021.17

Some recent assisted suicide bills in the United States have included a "do or refer" provision.[18] This means that if assisted suicide is legalized, a doctor would not have to prescribe assisted suicide drugs; however, if they received a request for assisted suicide, they would be required to refer the patient to someone who will write the prescription.

In Canada, doctors in Ontario have been ordered by the College of Physicians and Surgeons to do an "effective referral". This means that the College can punish doctors who refuse to kill and refuse to refer their patients to a doctor who will kill.[19]

Advocates of assisted death use the term "freedom of choice" to promote their ideology. This campaign slogan has resulted in medically condoned killing. This ideology has led to a persuasive pressure to die or an edict to kill and is the central part of a cultural campaign to normalize killing.

Society must maintain and build on its commitment to caring, not killing.

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