

The Quebec government introduces dangerous euthanasia bill (Bill 52)

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The Quebec government introduced Bill 52, to legalize euthanasia in Quebec.

The bill is rife with false claims, euphemisms and ambiguous language.

Bill 52: “*An Act respecting end-of-life care*” defines “end-of-life care” as:

palliative care provided to persons at the end of their lives, including terminal palliative sedation, and medical aid in dying.

Medical aid in dying is a euphemism for euthanasia in the bill. The bill states that doctors would “administer” medical aid in dying. The bill is decriminalizing euthanasia and not assisted suicide. Euthanasia is a form of homicide since it directly and intentionally causes the death of a person, usually by lethal injection.

The definition of palliative care includes: terminal palliative sedation and medical aid in dying. Therefore the definition of palliative care includes euthanasia.

The bill creates a “right to receive palliative care.” A right to receive palliative care would be good, except that the definition of palliative includes euthanasia. Therefore the bill will also create a right to receive euthanasia.

The definition of Palliative Terminal Sedation is clear, but the “rules” concerning Terminal Sedation are vague.

Sedation for the purposes of palliation is good, but due to the vague definition, one should be concerned that euthanasia without consent will occur “under the radar” with doctors reporting it as Terminal Sedation.

The bill states that end-of-life care, (euthanasia) may be done at a palliative care hospice.

The bill allows nurses to do euthanasia, when it is done in a person’s home. In the Netherlands, most euthanasia deaths occur in the home.

Euthanasia is not limited to people who are terminally ill. The Bill defines the criteria for euthanasia as: an incurable serious illness. Many people live with chronic conditions that are incurable and serious.

People with disabilities qualify for euthanasia. The Bill defines the criteria for euthanasia as having: an advanced state of irreversible decline in capability. Many people with disabilities live with an advanced state of irreversible decline.

People with depression and mental illness are not protected from euthanasia. The bill defines the criteria for euthanasia as having: physical or psychological pain which cannot be relieved in a manner the person deems tolerable. People who live with chronic depression or mental illness qualify for euthanasia, even if they reject effective treatment that they deem intolerable.

The criteria that a doctor must follow to approve euthanasia are similar to the provisions in the Belgian law. The criteria does not include:

1. A Waiting period;
2. A medical exam by the doctor who receives the request;
3. A psychological evaluation; and
4. Preventative measures, such as pain control.

Doctors are not required to refer a person for euthanasia, but they are required to notify authorities to find a doctor to do it.

The bill states that euthanasia deaths must be reported after the death has occurred.

Since the person is dead before the report is submitted, will a person be protected from abuse? The report is also submitted by the doctor who did the euthanasia death. Will a doctor acting outside of accepted practice self-report abuse?

The bill establishes a commission to oversee the law. The commission is charged with producing annual and five year reports. The bill does not specify what data must be in those reports.

The commission will assess compliance with the law. There is no indication how a physician who is non-compliant would be sanctioned, and the commission has not been given the power to investigate problems.

Quebec is imposing a medical model for euthanasia with similar definitions as the Belgian law.

Recent studies concerning the Belgian euthanasia law found that: 32% of the assisted deaths are done without request and 47% of the assisted deaths go unreported in the Flanders region of Belgium. Another recent study found that even though nurses are prohibited from doing euthanasia, that in fact nurses are euthanizing their patients in Belgium.

Even though studies prove that abuse of the Belgian euthanasia law occurs, there has never been an attempted prosecution for abuses.

Recent government statistics indicate that the number of reported assisted deaths increased from 1133 in 2011 to 1432 in 2012, representing 2% of all deaths in Belgium. The number of reported assisted deaths in 2010 was 954. It is important to note that these statistics do not include the unreported assisted deaths.

The response by Belgian legislators to the abuses of the euthanasia law is to widen the law to include children with disabilities and people with dementia. By widening the definitions in the law, fewer

doctors will be able to contravene the euthanasia law. It is also feared that the proposed changes to the euthanasia law may effect the freedom of conscience for health care workers in Belgium.

The proposed changes to the Belgium euthanasia law, combined with the lack of attempted prosecutions for abusing the Belgium euthanasia law, in conjunction with the massive increases in the number of euthanasia deaths, indicates that a slippery slope, also known as incremental extensions, has occurred in Belgium.

Conclusion:

In order to avoid the constitutional battle with the federal Criminal Code, the bill defines euthanasia as health care and the bill calls it “medical aid in dying” (euthanasia), which it defines as part of a continuum of care.

In response to the Quebec euthanasia bill, federal Justice Minister, the Hon Rob Nicholson, stated:

“The Government of Canada will review the implications of Quebec’s proposed legislation on physician-assisted suicide and euthanasia.”

“The laws that prohibit euthanasia and assisted suicide exist to protect all Canadians, including those who are potentially the most vulnerable, such as people who are sick or elderly, and people with disabilities.”

“In April 2010, a large majority of Parliamentarians voted not to change these laws, which is an expression of democratic will on this topic.”

Bill 52 is designed to legalize euthanasia through false claims, euphemisms and ambiguous language.

It is a very dangerous bill.

Quebec needs to put Bill 52 aside and re-commit itself to improving true palliative care.

