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Making Doctors Kill: The Tyranny of State-enforced Euthanasia

The Greek physician Hippocrates of Kos (c. 460-370 B.C.) is known today as the Father of Western medicine. His own writings and teachings — shrouded in the mists of history — can be synthesized in the subsequent research and practices of the Hippocratic School, which revolutionized and professionalized the study of medicine in ancient Greece, charting a course that doctors have followed for more than 2,000 years. In the *Hippocratic Corpus* — a collection of 70 or so medical works collected or collated in Alexandria in the 3rd century B.C. — can be found the Hippocratic Oath, a vow made to the gods to observe ethical standards in the pursuit and application of medical science. Modernized versions of the oath, stripped of religious sentiment, are still adhered to by medical practitioners across the globe. And though the phrase "first do no harm" does not always appear as such in modern versions of the oath, injunctions for doctors to "reject harm or mischief," or to "not harm the patient" have always been part of the Hippocratic mandate. The first obligation of the physician is to cause no unnecessary damage or suffering. Yet some doctors now cause *lethal* damage to end suffering — viewing their actions as "mercy killing."

"Euthanasia" is also a Greek word, meaning "good death." In its ancient contexts, the word meant simply dying peacefully, as in its earliest recorded use, in Suetonius' biography of Augustus, where the emperor died serenely, achieving the "euthanasia" he desired. In the 17th century, Francis Bacon became the first philosopher to use the term in a medical context, suggesting the responsibility of physicians to relieve physical suffering as much as possible during the process of death. Today "euthanasia" has come to take on many meanings and associations, from the cultural and theological to the philosophical and juridical. Legislatively and politically, especially across the Western world, the word has come to mean the deliberate cessation of a human life by a physician at the request of his or her patient. For the past decade, euthanasia has been among the most researched topics in modern bioethics, with most studies calling for greater freedom for patients to request and doctors to practice

euthanasia. Ominously, the debate over euthanasia is increasingly divorced from moral considerations and coopted by legislatures and governmental committees, paving the way for a new type of tyranny that strips away the rights of individual conscience in the pursuit of death on demand. Doctors, pharmacists, and institutions are now increasingly being forced against their will to help kill people. The results of this legislative overreach carry staggering consequences for liberty, individualism, and self-determination.

Oh, Canada! How the Right to Die Became a Mandate to Kill

In Canada prior to 2015, *active* euthanasia (intentionally killing a person to ease pain and suffering) was illegal, while *passive* euthanasia (removing or withholding life-sustaining support or nourishment) was both legal and common. In March 2014, Winnipeg Tory MP Steven Fletcher introduced two influential pieces of legislation. The first allows doctors to help patients end their lives in restricted circumstances. For instance, the individual must be of "sound mind," and possessing "an illness, disability, or disease that causes physical or psychological suffering that is intolerable to that person and that cannot be alleviated by any medical treatment acceptable to that person." The other bill, predictably, calls for the creation of a "commission" to monitor the system. Most remarkable is the first measure, which includes the possibility of doctor-assisted suicide for *non-life threatening* psychological disorders that are deemed unbearable *by the individual*. Equally eye-popping is the suggestion that doctor-assisted suicide is feasible for patients who reject medical treatments that *they* deem not "acceptable."

In June 2014, the National Assembly of Quebec passed Bill 52 — the "Dying with Dignity" law — which enabled terminally ill patients to have medical assistance in dying. The bill was modeled after loosely defined, long-standing European laws that authorized physician-assisted suicide in a wide range of instances that went beyond the terminally ill. At the time, a 2014 poll found that 84 percent of Canadians supported the idea that a doctor "should be able to help someone end their [sic] life if the person is a competent adult who is terminally ill, suffering unbearably and repeatedly asks for assistance to die." Then, on February 6, 2015, the Canadian Supreme Court unanimously overturned even the minor limits on doctor-assisted suicide that the National Assembly had built into the law — creating out of thin air the Charter right to death in the face of a very broad definition of illness — and ruling that the law should be amended to permit doctors to assist suicides in certain "situations." The rub came — as it always does — in trying to define, let alone legislate, those "situations" that allow physicians to participate in euthanizing their patients. As a safeguard, the government tried to be more specific about when physician-assisted suicide might be allowed to occur, adding the idea that a patient's death must be "foreseeable" to justify recourse to physician assistance. Thin gruel, as far as limitations go — indeed all deaths are "foreseeable" in the sense that they are inevitable. But even such weak efforts at setting boundaries were too much for a Court of Appeals in Alberta, which struck down the provision, voting 3-0 that a woman with a non-terminal disorder has a constitutional right to assistance in dying. Canada's *The Globe and Mail* reported:

The proposed new law … was not directly at issue before the Alberta Court of Appeal. But its substance was very much before the court in the case of E.F., a 58-year-old with a diagnosis of "severe conversion disorder" — formerly known as "hysteria" — which means she has severely disabling neurological problems with no physical explanation for them.

In a similar case challenging the government's position, Grace Pastine, a lawyer with the British Columbia Civil Liberties Association, denounced the law as "unconstitutional," arguing that it "deliberately excludes a class of people: those who are suffering with no immediate end in sight.… How can we now turn away and ignore their pleas?"

According to the Alberta court's ruling, the government's position was out of step with the Supreme Court's actual intent in establishing a constitutional right to an assisted death for mentally competent adults suffering from a "grievous and irremediable" condition. The decision — made possible by the Supreme Court's own ill-conceived and hastily rendered verdict — now puts the government and its commissions at odds with judges, the courts granting greater and greater latitude for doctors to euthanize their patients, even for non-terminal complaints. The Alberta decision asserts:

As Canada fairly conceded, the language of the declaration itself is broad and rights based. Nowhere in the descriptive language is the right to physician-assisted death expressly limited only to those who are terminally ill or near the end of life. Canada accepts that a dictionary definition of "grievous and irremediable" medical condition could include conditions that are not life-threatening or terminal.

Wesley Smith, a senior fellow at the Discovery Institute's Center on Human Exceptionalism and a contributor to *National Review*, sums up the consequences: "So, there you have it. Judges have decided that there is a 'right' to death on demand if one has a diagnosed condition the patient believes warrants her or his killing. Even weak political attempts to make the radical euthanasia license seem a bit limited are more than the culture of death, once unleashed, can handle. Democratic processes be damned."

In very short order, the Pandora's box that was the Supreme Court ruling unleashed a rash of consequences, not all of them unintended. To call such arguments a slippery slope is surely an understatement, as evidenced by the avalanche of challenges, accommodations, and mandates that are undercutting restrictions on when and how Canadian doctors may assist patients in dying. As Smith puts it, "Assisted suicide advocates pretend it is about terminal illness as a political expedience.… The need for euthanasia advocates' deploying this tactic was obliterated in Canada when the Supreme Court conjured a right to be lethally injected if one has a medically diagnosed illness causing irremediable suffering — as defined by the patient. That goes way beyond a terminal illness, perhaps to the mentally ill (as allowed in Belgium and the Netherlands). Now, euthanasia advocates, freed from having to persuade the public, have revealed their true goals, pushing for the most radical and broad license to be killed in the world."

In Quebec — where the progressive push to broaden right-to-die legislation in Canada is strongest — the province's health minister is now compelling dissenting physicians and medical personnel to participate in euthanasia, whether such procedures violate individual conscience or not. McGill University Health Centre has been forced to repeal its long-standing refusal to allow euthanasia within the confines of the palliative care clinic — even though euthanasia is permitted elsewhere in the Health Centre. Physicians and nurses devoted to alleviating suffering for the dying must now participate in euthanizing those patients, if called upon to do so. *The Montreal Gazette* reported the change in policy, as overseen by Health Minister Gaétan Barrette:

"This morning, I met with Mr. (Normand) Rinfret and he told me that as of this very moment, the policy has been repealed," Barrette said, referring to the MUHC's executive director. "As we speak today, no patient can be transferred out of the palliative care unit at the MUHC, and medical aid in dying will be

made available in the unit itself."

Dr. Manuel Borod, director of the Division of Supportive and Palliative Care Programs at the MUHC, argued that according to the World Health Organization, palliative care "does not hasten death" and that MUHC's policy of prohibiting euthanasia within the confines of the palliative care clinic "did not seem unreasonable when we were creating our policy that a patient on a palliative care unit within an institution could be transferred to another room." Barrette, who claims it is within his power to force the hospital to change policy, called the ban on euthanasia in the palliative care clinic "totally illegal" because hospital personnel cannot decide which departments may offer medical aid to die.

So eager is Minister Barrette to implement physician-assisted suicide on demand that he waived the prescribed waiting period between requests to die and the administering of the lethal injection. CBC News explained:

The federal assisted-dying law requires a 10-day delay between a patient's request for doctor-assisted death and the administration of the procedure. Quebec's law doesn't stipulate a waiting period before a doctor-assisted death is administered, though patients have typically received the procedure within 48 to 72 hours. "They changed the law by simply sending out a letter," said [Véronique] Hivon, who is among five candidates campaigning to become the new [Parti Québécois] leader.

The imposition of waiting periods, offering time for reflection and consultation, is designed to protect patients against abuse and inefficiency in seeking assisted suicide. Waiting periods also provide time to evaluate alternatives and make sure the process is transparent and necessary. In Barrette's Quebec, the "right to die" supersedes such oversight concerns, and the administration of lethal drugs becomes no different than any other routine procedure.

In many ways, radical Quebec is the California of Canada — and what transpires there soon casts a shadow across the country (and perhaps the continent). Following Quebec's lead, Ontario's College of Physicians and Surgeons has required all Ontario doctors to participate in euthanizing their patients, by extension, if not by direct action. According to their policy statement, "Medical Assistance in Dying," the college — which is Ontario's official provincial medical organization — stipulates, "Where a physician declines to provide medical assistance in dying for reasons of conscience or religion, the physician must do so in a manner that respects patient dignity. Physicians must not impede access to medical assistance in dying, *even if it conflicts with their conscience or religious beliefs.*" (Emphasis added.) Further, when "a physician declines to provide medical assistance in dying for reasons of conscience or religion, the physician must not abandon the patient. An effective referral must be provided. An effective referral means a referral made in good faith, to a non-objecting, available, and accessible physician, nurse practitioner or agency. The referral must be made in a timely manner to allow the patient to access medical assistance in dying." An "effective" referral, of course, is one that results in the patient's speedy termination, even if — as we have seen — it is a non-terminal patient who must be referred. The irony that the referral must be made "in good faith" is clearly lost on technocrats who systematically seek to prohibit faith-based objections to euthanasia in any and all circumstances.

To the surprise of no one, now that Canada has ceded the Charter right to die — no questions asked, no conscientious dissent allowed, and with virtually no discretionary period — other non-governmental and non-medical organizations are pushing the envelope even further. According a Canadian Press report, the Canadian Bar Association is urging the federal government to "expand its restrictive new law on

assisted dying, allowing mature minors, people suffering strictly from psychological illness and those diagnosed with competence-eroding conditions like dementia to get medical help to end their suffering." And who exactly will get to decide what constitutes a "mature" minor? How can we be sure that people with dementia and diminished competence possess the ability to actually choose euthanasia? The answer, of course, is that government panels will end up making those decisions, regardless of the wishes of spouses, parents, or even physicians.

EU-thanasia: Europe and the Culture of Death

As suggested above, the swift move toward death on demand in Canada — and increasingly the United States — has its origins in Europe, especially Belgium, the Netherlands, and the Scandinavian nations. Belgium and the Netherlands in particular are expanding the reach of physician-assisted suicide under the broad ideological banner of social justice, allowing, in some instances, psychiatric patients to end their lives with the assistance of a physician or even a mental health "expert." In a recent study, researchers examined online case summaries posted before 2015 from Dutch euthanasia review committees, including 66 summaries of psychiatric euthanasia occurring between 2011-2014. Reuters reports on the findings: "Overall, about a third of the people helped to end their lives were age 70 years or older, 44 percent were between ages 50 and 70 and about a quarter were 30 to 50 years old. Seventy percent were women." Fifty-five percent of these physician-assisted suicides were diagnosed with depression, with others experiencing such treatable conditions as post-traumatic stress disorder, anxiety, eating disorders, and even prolonged grief: "About a quarter of patients' suicides were assisted by psychiatrists, and about one in five patients were treated by unfamiliar doctors — the majority from a mobile assisted suicide clinic funded by a Dutch right to die organization."

Alarmingly, about 10 percent of these patients received no outside treatment or diagnoses from psychiatrists, and about 25 percent of cases involved disagreement among various doctors treating the patients. According to an accompanying editorial from Dr. Paul Applebaum, this research raises "serious concerns about the implementation of physician-assisted dying for psychiatric patients." Applebaum noted that more than half of these cases also possessed personality disorders, questioning the "stability of the expressed desires to die." And as Wesley Smith points out, the Netherlands "is following Belgium by conjoining euthanasia with organ harvesting, raising the prospect that the mentally ill will come to see their deaths as having greater value than their lives."

Further, the Dutch Medical Association (KNMG) is now urging members to assist "anyone" in committing suicide by starvation. Their document "Caring for People Who Choose Not to Eat or Drink so as to Hasten the End of Life" argues: "Consciously choosing not to eat and drink to hasten the end of life is a choice each and everyone can and may make for themselves. Consciously choosing not to eat and drink is comparable to refusing a treatment which will result in death. This is not regarded as suicide but rather as the patient exercising their right of self-determination, particularly the right to refuse care." There is no mandate or even guidance requiring patients to meet with physicians or mental health experts before making the fatal choice. Doctors no longer have an obligation to prevent suicide — let alone the option to intervene — but must assist or quickly refer the patient to physicians who will help carry out the patient's wishes.

The extent to which the Dutch have normalized physician-assisted suicide is foregrounded in the recent lethal injection of a woman in her 20s. The woman, who was sexually abused as a child, was euthanized

after doctors and psychiatrists decided her post-traumatic stress disorder and other ailments were incurable. According to the *Daily Mail*, the termination of life proceeded "despite improvements in the woman's psychological condition after intensive therapy two years ago, and even though doctors in the Netherlands accept that a demand for death from a psychiatric patient may be no more than a cry for help." Not surprisingly, the relative ease in acquiring consent to euthanasia and the speedy dispatch of lethal drugs have made Belgium and the Netherlands tourist spots for euthanasia enthusiasts. *The International Business Times* reported, "Tourists are flocking to Brussels to get a lethal dose. Doctors at hospitals and clinics at Belgium's capital are seeing an increase in number of euthanasia tourists who are travelling from across the world to their accident and emergency rooms.... In 2015, a whopping 2,023 people were medically killed in Belgium. The number has more than doubled in five years."

America Alone: Can States Protect Rights of Conscience and Religious Liberty?

As the popularity of death on demand makes its way across America — California recently joined four other states in legalizing physician-assisted suicide for terminally ill, mentally competent patients — a host of moral and ethical questions remains. The relatively new experiments with right-to-die legislation in Canada and Europe confirm that helping the terminally ill die during the last stages of their diseases is just the tip of the iceberg. Doctors are rapidly losing the right of conscience, as the Hippocratic Oath is turned upside down.

Still, there is hope that America can temper the ghoulish zeal of activists, legislatures, and misguided civil-liberties groups. Recently, the New Mexico Supreme Court ruled that there is no state constitutional right to physician-assisted suicide. Reacting to California's new legislation, hospitals in Santa Barbara and Palm Springs have "declined to participate in all activities" pertaining to the new law. And the *Los Angeles Times* reported, "Medical leaders at Huntington Hospital in Pasadena voted ... for the facility's hundreds of doctors and affiliated personnel to opt out of California's assisted suicide law.... If the proposed amendment to the hospital's medical rules is approved by the board of directors ... Huntington will become one of the largest non-religious medical institutions statewide to turn its back on a law that Gov. Jerry Brown called 'a comfort' to anyone 'dying in prolonged and excruciating pain.'"

It goes without saying that the threat to religious liberty facing our Christian hospitals and clinics is daunting. If there is no freedom of dissent, no ability for doctors, caregivers, and hospice workers to refuse to participate, there certainly is no mercy in mercy killing.

Photo: AP Images

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