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In 2015 Canada's Supreme Court discovered a right to lethal-injection euthanasia for people afflicted by "irremediable" suffering.

"Irremediable" was to be defined by the petitioner, without regard to whether or not the presenting condition was terminal, and also without regard to whether palliative care could be effective in managing the suffering.

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Parliament accepted the Supreme Court’s opinion and legalized euthanasia across the nation, with delivery of service to be organized by each province.

The public discussion around euthanasia was heated. No need to revisit all the arguments for and against here, but the single most compelling case for euthanasia, known as the “self-determination” principle, was the allegedly inherent right of every individual who had had enough of life for whatever reason to control the time and means of his or her departure from this vale of tears.

This right was cast in the rather duplicitous trope of “Medical aid in dying” (MAID). I call it duplicitous because the description was appropriated from the palliative care movement, which is the true practice of MAID.

Those of us who resisted euthanasia becoming an integral practice of the public medical system – I myself argued for euthanasia as a private service to be administered in separate clinics along the lines of Dignitas in Switzerland, and funded by private insurance – were concerned that with the normalization of euthanasia, interest in and funding for palliative resources would decline. Thus, I find myself appalled, though not surprised, by the Ontario case of 42-year old Roger Foley.

Foley suffers from a progressive neurodegenerative disease, cerebellar ataxia, that limits his movements and ability to speak, and renders him unable to function independently at home.

Foley’s body may be ravaged by his syndrome, but his brain and will are sharp as a tack. He is suing the London Hospital, where he has been unwillingly housed for two years, several health agencies and the attorneys general of Ontario and Canada. His object is to establish comfortable and dignified residency at home with the help of a self-directed health care team – in his statement of claim, “assisted life with self-directed funding.”

In a video, Foley lays out a list of complaints about the government-funded organization that provided his home care: “I have been given the wrong medications, I have been provided food where I got food poisoning, I’ve had workers fall asleep in my living room, burners and appliances constantly left on, a fire, and I have been injured during exercises and transfers.”

Foley said that when he reported these problems to the agency, “I would not get a response.”

The poor quality of his care at one point made him suicidal, Foley claimed, and who amongst us would not be under such horrific circumstances?

One of the more disturbing aspects of this deeply troubling story is that, by Foley’s account and statement of claim, he

was only offered two options: a “forced discharge” from the hospital with a return to work with “contracted agencies that have failed him,” or MAID. He neither wants nor will accept either option. The result, according to Foley, is that he has been threatened with a \$1,800 per day hospital bill (the non-OHIP daily rate).

This may be a landmark lawsuit, as none of the allegations in Foley’s lawsuit has yet been tested in court. Foley alleges that his Charter rights to life, liberty, and security of the person were violated by not having been offered a third option, the opportunity to create a “safe and available self-directed care option that would substantially alleviate his irremediable and intolerable suffering.”

Regarding the case, Michael Bach, managing director of the Institute for Research and Development on Inclusion and Society, an advocacy group for the disabled, stated: “This is the problem: medical assistance in dying is come to be seen as another health care intervention when that was never the vision for this.” Trudo Lemmens, a professor in Health Law and Policy at the University of Toronto’s Faculty of Law, is also troubled by Foley’s allegations: “If true, we would have an instance of a patient receiving MAID while the patient precisely complains about receiving substandard levels of care.” Foley’s case is a clear demonstration of the inevitable decline in respect for human life that results when euthanasia is normalized.

Euthanasia activism always begins with the wish to help suffering people of sound mind achieve control in ending their torment. But it never stops with this “self-determination” constituency.

Most people now believe, as a result of euthanasia activism’s relentless campaigns, that people in Foley’s position feel hopeless, because that is how they believe they would feel. Instead of being awed and inspired by Foley’s courageous spirit, and determination to live within his limitations, they feel he is not following the “rules” that euthanasiasts have unconsciously set out, chief amongst them being that people like Foley view their situations with the same hopelessness as euthanasia activists.

In terms of public opinion, legalized euthanasia is generally a zero-sum game. Once people have met eligibility requirements for euthanasia, an insidious collective supposition forms that they should take advantage of this privilege. When they refuse and demand assisted living, a kind of resentment begins to colour attitudes toward them. They are perceived as a burden to society.

From the evidence, I believe that this is what has happened to Roger Foley. Whether or not one believes in euthanasia for those who want it as a public good, one should consciously support high quality assisted living policies that offer maximum patient control and conform as much as possible to the individual’s needs as an equally worthy and valued right.

Let us hope that Roger Foley wins his case and establishes that principle in law.

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