

Barbara Kay: The euthanasia slippery slope is here

[National Post](#) - Tuesday February 12th, 2019

Last week marked the four-year anniversary of the Supreme Court ruling that validated Medical Assistance in Dying (MAID). At the time, many euthanasiasts confidently predicted that there would be no “slippery slope” toward abuses. Since the procedure was being justified on the basis of self-determination, “consent,” it was strenuously affirmed, would be de rigeur. As Andrew Coyne put it in a June, 2016 column, “When the subject is as priceless as a human life, it is not enough that consent usually be obtained. It must be in every case. It will not suffice if the safeguards are adequate. They must be perfect.” But since the right to be killed by medical practitioners paid by the state has now been normalized, individuals are stepping forward, as any student of human nature (and observer of the euthanasia histories of Belgium and the Netherlands) might have predicted, to demand custom-tailoring of that right. It sounds reasonable. All safeguard abrogations do when they are attached to sympathetic protagonists with a black-and-white narrative (--image--)

Audrey Parker, a Halifax woman with terminal cancer who was assisted to death Nov. 1, weeks earlier than she wished, left a video, released last week by Dying with Dignity Canada. In it, she said she would have preferred to stay alive until Christmas, but worried that her cancer, creeping to the lining of her brain, would render her unfit by then to invoke MAID. She asked for a “Parker’s amendment” to the law, allowing for a proxy to facilitate a previously sworn request in such circumstances. It sounds reasonable. All safeguard abrogations do when they are attached to sympathetic protagonists with a black-and-white narrative. They are less palatable, though, when attached to muddier stories, like the case of a Dutch woman with dementia who’d signed a living will endorsing euthanasia when of sound mind, but then, when the time came, struggling against the needle, had to be held down by relatives as the doctor killed her. (--image--)

Audrey Parker, diagnosed with stage-four breast cancer which had metastasized to her bones and has a tumour on her brain, talks about life and death at her home in Halifax on Tuesday, Oct. 23, 2018.

THE CANADIAN PRESS/Andrew Vaughan

In fact, the Canadian government already asked the Council of Canadian Academics to study advance consent, as well as euthanasia in cases of mature minors and advanced dementia. On Dec. 13 the Council submitted a report including what they saw as the pros and cons of each proposal, but without recommendations. Federal Justice Minister David Lametti has said the government will continue to review the practice of MAID. He looks forward to “speaking with Canadians about how the (MAID) regime is working for them.” Will he take into serious consideration the opinions of doctors who find the practice repugnant and contrary to conscience? The College of Physicians and Surgeons of Ontario (CPSO), considered by many stakeholders to be the most aggressive association of its kind in the country on this file, took a conscience-hostile stance on physicians who refuse to perform or refer for euthanasia (or abortion) a decade ago, and hasn’t softened up since. According to Dr. Ryan Wilson, president of Canadian Physicians for Life (CPL), “Ontario is the only (physicians’ association) that says you have or either participate in or refer to someone who will participate.” Will he take into serious consideration the opinions of doctors who find the practice repugnant and contrary to conscience? (--image--)

CPL and other advocacy groups had hoped that Doug Ford’s new administration would end the political shunning they were accustomed to under the Liberals, especially since in November, the province of Ontario dropped its intervention on CPSO’s behalf in a court case brought against the association by five doctors of conscience. But at the Nov. 16-18 Ontario PC party Toronto convention, Ford’s promise to legislate conscience rights did not make it through the policy committee. The five physicians’ case was heard at the Court of Appeal Jan. 21-22, with judgment pending. If they lose, as is likely, they are determined to take it to the Supreme Court. I hold rather libertarian views on an informed adult’s right to assisted suicide. But I am deeply opposed to such acts being carried out by the state, and by the same people who are sworn to patient care and healing. Those funding the practice will inevitably weigh the costs of care against the cost of MAID. Barbara Kay: A joke is all in the delivery (do you hear me, son?) Barbara Kay: Svend Robinson’s return set to

boost Israel hate in the NDP Barbara Kay: On World Hijab Day, remember those who refuse to wear it, too In fact the state is already doing that. In January, 2017, the Canadian Medical Association Journal (CMAJ) produced a report, “Cost analysis of medical assistance in dying in Canada.” It concludes: “Providing medical assistance in dying in Canada should not result in any excess financial burden to the health care system, and could result in substantial savings.” Substantial savings, eh? Well, there’s a disincentive to expand funding for desperately needed palliative care research and broadening of mandate if ever I heard one. Palliative care is the real “medical aid in dying.” Euthanasia and assisted suicide should be legal, but private, regulated by government, and covered by private insurance. Let those without conscience concerns study and practice euthanology, graduating with the necessary technical skill sets for responsible practice. The charade of death “given” by the “good doctor” is marketing, not medicine. National  
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