

Proponents of aid in dying have based their assertions of overwhelming support on a survey that misrepresents the End of Life Option Bill in order to gain passage. The survey specified an “incurable, terminal illness,” but nowhere does the bill specify “incurable” and it defines “terminal” as an illness that “more likely than not” has a prognosis of death within six months. More likely? Could that be 51%? As a graduate student in Social Psychology I learned that so much depends upon how you ask a question, and what respondents already know about the topic. The supposed guardrails this bill sets up to protect individuals are flimsy at best. There is plenty to fear from Medical Aid in Dying: contagion, coercion, and corruption.

I have seen too much self-destruction, especially in the last ten years including several young people who killed themselves, or accidentally overdosed. Families are scarred. Others live on in fear, guilt, and anger. If the state legitimizes self-inflicted death who is to say whose suffering qualifies? The suffering of a person who is terminally ill, or one with a chronic illness? Does it depend upon how embarrassing the symptoms are, or upon the extent to which the individual is unable to be independent? What about drug addiction or mental health problems? Could the best solution for all these situations be an early death? Suicide contagion is real, and a growing problem.

What about those who are hesitant to embrace MAiD? A physician unwilling to transfer a patient’s records? A pharmacist reluctant to fill the prescription? A hospital that opposes it? If aid in dying is legal, will it become a moral imperative? We are mobile, busy people, with fewer relatives and weaker ties. There is no one at home to take care of the feeble, the sick, the confused. Assisted living costs an exorbitant amount of money. What does a patient hear when their doctor proposes aid in dying as an alternative? Will care be withdrawn? Is unremitting pain the only option? I am concerned about friends and relatives who have physical and intellectual impairments. Could they unwittingly consent to end their lives? Coercion is a real possibility.

Finally, we all realize that financial incentives drive business, insurance, and governmental policies. How could aid in dying fail to be a temptation? No treatment can be as cheap as death. Regrettably, there are many who might profit from this practice. Services at the end of life will diminish. Corruption is inevitable.

My fear is that legislators may be so swayed by the premise that medically assisted dying is just another “right” based on the principle of autonomy that they will refuse, on principle, to acknowledge its dangers. By affirming that actively seeking death when one is suffering is a rational choice, the state is establishing two classes of people: those whose deaths should be prevented, and those whose deaths may be facilitated. There is no shortage of elderly people with health concerns, or of suffering people with chronic illnesses, disabilities, limited resources, and mental health problems. In 2022 6.6% of deaths in Quebec were “medically assisted!” The potential for expansion is tremendous. Thus, the underlying issue is not one of autonomy, but of justice. Please stop this downward spiral before it starts by voting against this bill!