

A Great Leap for Humankind? the Dutch legalization of euthanasia

Arthur Schafer, Winnipeg

Later this month, when the Dutch Senate gives its approval, Holland will become the first country in the world to legalize euthanasia. A humanitarian break-through, according to its defenders. For its detractors, a retreat into barbarism.

Physicians in Holland have been practicing euthanasia and physician-assisted suicide for almost twenty-five years. Dutch courts have viewed the practice with leniency, as long as certain conditions were present: hopeless suffering, the patient's voluntary and persistent requests, and a second medical opinion. Satisfied with the results of this long social experiment, the Dutch people are ready to give formal legal status to the practice.

The Dutch precedent should give renewed life to Canada's euthanasia debate. As recently as 1991 Canadians hotly argued over the fate of Quebec patient Nancy B. She was suffering from a neurological disease that had paralyzed all her limbs and made breathing difficult. Ultimately, the courts decided that since she was a competent adult, the Hotel-Dieu Hospital and her doctor were wrong to refuse her request that life-prolonging treatment be discontinued.

Today, it is well established in Canada that every competent adult patient has the legal right to refuse any treatment whatsoever. What used to be labeled "passive euthanasia" - unplugging a life-support machine, for example - is now universally accepted by Canadian hospitals, those with religious affiliations no less than those without. The withdrawal of life-prolonging treatment, at the request of a patient, is no longer stigmatized as an act of "killing". Instead, it has been re-labeled as "appropriate care".

Our values of autonomy and mercy entail respect for the right of mature adults to decide for themselves when "enough is enough". Individuals vary so much, on the question of when life becomes too burdensome, that each should be allowed to control the circumstances of his or her own dying and death. Those dying patients who wish to fight for every last minute of life, no matter how great their suffering, can opt to die in a hospital intensive care unit, surrounded by rotating teams of anonymous

health care professionals. Others, however, who have decided that “their time has come”, will find that their wish to receive only comfort-care will also be respected. Yet, despite this progress, until Canadian law is reformed following the Dutch model, a physician who goes further and actively assists a patient to die, “physician-assisted suicide or euthanasia”, could face a criminal charge.

Opponents of legalizing euthanasia usually fall into two, sometimes overlapping, camps. Those whose opposition is religiously based typically assert that human life is sacrosanct. They perceive that euthanasia (like abortion) is against God’s will, and argue that humans should not presume to “play God”. The second camp worries that patients who request euthanasia may be clinically depressed or coerced. They fear that voluntary euthanasia will slip into non-voluntary euthanasia, which will have a brutalizing effect on society. Vulnerable patients will be killed because “death is cheaper”. Respect for the value of life could be undermined.

Interestingly, these arguments were all invoked by “pro lifers” against allowing Nancy B. to refuse life-prolonging treatment. Subsequent experience, however, has refuted all their dire predictions. Respect for the weak and vulnerable in Canada has increased rather than decreased now that it is recognized that competent patients have a right to decide such life and death issues for themselves.

The Dutch have gone farther, faster, than we in Canada. They have permitted doctors actively to hasten the death of patients, subject to strict guidelines. Neither Dutch doctors nor Dutch society appears to have been brutalized by this euthanasia policy. Is respect for the value of human life lower in Holland than in Canada? The opposite seems to be true. By almost every measure Holland is at least as humane and civilized a country as Canada.

It is true, as critics point out, that Dutch doctors do not always adhere to the euthanasia guidelines. For example, they have sometimes hastened the death of dying cancer patients who are no longer competent to make a formal request. But such acts of mercy were prevalent in Holland *before* their euthanasia experiment and are widespread in every western nation, including Canada. In Canada, as elsewhere, doctors or family who respond to the helpless suffering of patients by hastening their deaths typically conceal what they’ve done, to avoid legal repercussions. The Dutch system

has the advantage of openness, accountability and transparency, all of which are likely to diminish the instances of abuse, compared to countries such as Canada, where such practices remain common but clandestine.

Of the 130,000 patients who die in the Netherlands each year, only a few thousand die with the assistance of their doctors. Were Canada to emulate the Dutch example, the number of patients who would request assistance in dying would be comparably small. Canadian opinion polls show, however, that the vast majority of elderly patients would take comfort from the knowledge that if they needed help in dying, it could be available to them. It is time for Canadian legislators to follow the Dutch model.

Professor Arthur Schafer is Director of The Centre for Professional and Applied Ethics at the University of Manitoba. (Schafer@cc.umanitoba.ca)