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Quebec's Bill 52 is not about care, it's about death

Written by [Sr. Nuala Kenny](#)

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On June 12, in another of the seemingly inexorable movements in the developed world to normalize euthanasia and assisted suicide, Quebec tabled Bill 52, "An act respecting end-of-life care." Given that only 16-30 per cent of Canadians have access to comprehensive, quality end-of-life care, according to the Canadian Hospice Palliative Care Association, we ought to receive news of efforts to improve care at this crucially important and vulnerable time for dying persons and their loved ones with universal enthusiasm. But what vision of "end-of-life care" is presented here?

Indeed, the devil is in the detail. This Bill demonstrates a seductive corruption of language in moving forward a specific agenda, a strategy to circumvent the law through manipulation of language and a frightening distortion of palliative care. We live in a secular, death-denying, death-defying culture, dominated by the discourse of individual rights and autonomy, the medicalization of life and consumerism. This context provides the elements for a perfect storm that is eroding fundamental commitments and situating death as a medical act and a right to be controlled by individuals. Persons of faith oppose the intentional ending of life and mount powerful arguments based on beliefs that life is a gift of God, killing is wrong, dignity is inherent and social interdependence is fundamental.

Others share this opposition but for reasons other than religious beliefs.

But fear and misunderstanding about care of the dying dominate the public imagination. What response is required?

First, we need to understand this corruption of language. The term "medical aid in dying" is totally misleading. Modern hospice and palliative care provides medical care for the dying. This Bill is about medical assistance with death.

The Bill steps outside accepted, standard definitions in the palliative care literature and professional practice and creates a definition of palliative care to include this "medical aid in dying." The original goals of hospice and palliative care were precisely to return dying and death to the normal and natural; to use medical science to relieve pain and other physical symptoms; and to support the personal, emotional and spiritual work of end of life. In direct contradiction, Bill 52 is the medicalization of death.

The Bill avoids the language of physician-assisted suicide to circumvent the federal criminal code.

"Medical aid in dying" is identified as a medical act, and as such, under provincial jurisdiction. A proposed revision of the Medical Act would add "administering the drug or substance..." to end life.

Therefore killing becomes a medical act. There is no support from formal medical professional bodies for this profound alteration of the goals of medicine.

The Bill states medical assistance in death is justified out of compassion for those with "incurable serious illness"; "an advanced state of irreversible decline in capability"; and "... suffering from constant and unbearable physical or psychological pain." These are profoundly important issues. But this Bill perpetuates erroneous beliefs about palliative care, the effectiveness of pain and symptom control and the reasons for requests for assisted death. Such requests are rarely about pain. They are almost always about issues of emotional and spiritual suffering: loss of control, a sense of loss of identity and dignity, dependence and uncertainty about future care. Assisted death is the medicalization of this suffering. Suffering can occur at any time in life, not just at its end.

Understanding the issue is a first step. Persons of faith must do more. They must:

- o Understand their duties to take "reasonable care of life and health" (Catechism #2289) and their rights to refuse unwanted medical interventions;
- o Join with advocates in the community for promoting palliative care as care compatible with the tradition of a good death;

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- o Promote advance care planning as a spiritual activity;
- o Be responsive, as a community of faith, to the needs of the dying and their loved ones for support and respite care;
- o Be attentive to the burdens of care for persons with long-term decline and dependency, especially when accompanied by cognitive impairment and deteriorations in interaction with caregivers.

Assisted death tests our commitments to care and fidelity. Despite assurances regarding safeguards, the "slippery slope" is real once we justify death as a treatment for suffering. It alters forever notions of care. We need to provide "comprehensive, quality end-of-life care" to all Canadians before we make irrevocable changes to our most basic commitments and relationships.

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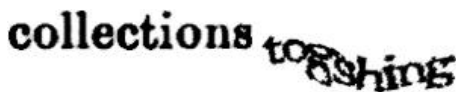
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