

Éditorial/Editorial

At present, members of the Canadian federal government are debating a euthanasia law which would grant mentally competent individuals, who are at least eighteen years of age and who suffer from a terminal illness, the ability to legally request that their life be terminated. For years, this debate has constituted a dilemma for many political, legal, and health care philosophers. Today, this remains the same.

For example, despite the progressive nature of this law, a number of groups have begun to show their opposition. Palliative care physicians, for one, have publically denounced this law, stating that efforts should not be focused on creating euthanasia laws, but rather, on improving methods for providing care to terminally ill patients. In part, this statement is valid. However, the other half of the argument begs the question, how is the legalization of euthanasia mutually exclusive with improved palliative care efforts? Further exploration reveals that the fundamental fear is that, in Switzerland, palliative care services decreased shortly after euthanasia became legal. Because palliative care is an important aspect of health care, can we not ensure that palliative efforts continue, while also granting people the right to die? One must be cautious not to force individuals to endure hardship and physical pain in the name of service improvements. Canadians should use the Switzerland experience as a warning about one possible unwanted outcome that should be avoided, not as the reason to avoid euthanasia altogether.

Moreover, critics of this law argue that it grants patients an opportunity to decline treatment in favour of euthanasia. If nothing else, this statement is paternalistic. It conflicts with the ethical principle of autonomy – the idea that well-informed individuals should have absolute decision-making authority over their own affairs, with the proviso that their decisions do not negatively affect those around them. Without the ability to determine one's future, an individual's human dignity is undermined. S/he is reduced to a dependent state, unable to pursue happiness and peace as s/he wishes.

How, then, can health care practitioners feel justified in dictating to other human beings what is appropriate for them? A few years of schooling and many years of clinical practice do not certify anyone to make life and death decisions for others. The ability and onus to make those decisions, which includes the right to terminate one's own life, is the entitlement of the individual. Health care practitioners are not in the business of dispensing morality to patients who are making difficult and complex decisions. All health care practitioners can/should do is identify, based on expert knowledge in the field of health care, which options

patients can pursue, and the consequences of their doing so. Provided that any decision is made with informed consent, it is the individual's, not the practitioner's, prerogative. It is important to remember that patient decisions need not make sense to practitioners, only to the patients. What does remain the practitioner's responsibility is assuring the full and informed consent is obtained – and this can only be the case by ensuring that patients have access to a full range of options, euthanasia included.

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