Children and psychiatric patients appear to be next in line to be given the ‘right’ to be killed under Canada’s ‘medical assistance in dying’ protocols.

By Celeste McGovern – Posted 10/20/18 at 9:01 AM

TORONTO — Doctors and ethicists at Canada’s largest children’s hospital have said they would consider killing a child under the country’s developing new euthanasia legislation without informing the child’s parents first.

Canada’s “Medical Assistance in Dying” (MAID) legislation (Bill C-14) is only two years old and currently limits euthanasia to competent patients over age 18. But in their paper, published Sept. 21 in the British Medical Journal of Medical Ethics, employees of Toronto’s Hospital for Sick Children (corporately branded SickKids) and the University of Toronto Joint Centre for Bioethics reviewed the procedural options for killing pediatric patients and said that “we write our policy with an eye to the near future when capable young people may gain access to MAID.”

Working from the presumption that “it is wrong to force a person to live in circumstances of unendurable and irremediable suffering” and that persons “have a right to life, not a duty to live,” Randi Zlotnik Shaul, the director of bioethics at SickKids, Dr. Adam Rapoport, a palliative-care pediatrician and ethicist at the hospital, and University of Toronto doctoral student Carey DeMicheli said that a “rare opportunity may exist for MAID–providing institutions to reduce social stigma” around the euthanasia procedure.

They considered “excruciatingly delicate” scenarios that might arise if MAID became available to children; for example, “How should health-care providers respond if a capable patient
“In other circumstances in which capable young people make medical decisions that result in the end of life, the answer is ‘Yes,’ although, again, clinicians would strongly encourage the patient to discuss this decision with their family.”

Current Hospital Policy

SickKids did not reply to questions last week about whether the hospital considers parents to have any rights regarding the medical decisions of their children.

Hospital media contact Jessamine Luck emailed a statement, however, that the hospital’s current policy on medically assisted euthanasia is “only applicable to patients who are over the age of 18 and who meet the rigorous criteria for MAID outlined by Bill C-14.”

“A young person experiencing grievous and irremediable suffering is unimaginably tragic,” says Luck’s statement. “When caring for patients in these circumstances, health-care organizations have a duty to be clear about their own obligations and to respect the evolving rights of patients” and “patient confidentiality.”

None of the paper’s authors were willing to speak to the press, said Luck. Ethicist Shaul — who claims to have been “enlightened” by her Ph.D. supervisor, abortion advocate Bernard Dickson, and whose interest is “tensions and synergies between models of patient and family-centered care” — is also a member of the Council of Canadian Academies (CCA), which is currently considering expanding the criteria for doctor-assisted euthanasia and suicide in Canada.

The CCA is a government-funded social-policy advisory group consisting of appointed specialists who advise the government on social-policy issues. It has held meetings over the past two years to reach a consensus about extending the right to be killed by medical personnel to “mature minors,” psychiatric patients and those suffering from dementia, such as Alzheimer’s patients who may have expressed a wish to die before being rendered incompetent.

‘A Philosophical Lie’

In 2015, a unanimous Supreme Court of Canada decision decriminalized euthanasia and made it a right of capable adults suffering from a “grievous and irremediable” medical condition (including an illness, disease or disability) to have a doctor or nurse practitioner in the public health system assist them with ending their lives.

“Canadians were told that this was about ‘me and my right to decide how to end my life,’” said Alex Schadenberg, international chair of the Ontario-based Euthanasia Prevention Coalition. “Well, that was a philosophical lie because now we’ve gone beyond talking about competent..."
And they’re not making decisions for themselves. Other people are making decisions for them and saying, ‘You’re better off dead in that situation.’”

“This is the illogic of medically assisted death,” said Bridget Campion, an ethicist with the Canadian Catholic Bioethics Institute. “Once you’ve got it out there, the slope is steep and icy.”

“The most important thing we can be doing is building a culture of life, a culture of care, and what Pope Francis calls a culture of tenderness,” Campion added. “We need better long-term chronic care.”

In Canada, where public health is strained to the breaking point, emergency rooms are crowded and people wait months to be assigned a general practitioner in some areas, public health money is likely to influence end-of-life care decisions.

The case of Roger Foley, a 42-year-old man with a chronic degenerative disease who released shocking audio this summer of hospital staff pressuring him to choose assisted suicide or pay up to $1,800 per day to be cared for in the hospital, highlights the hidden crisis.

“Health-care resources are limited, which means that exclusionary choices have to be made,” Eike-Henner Kluge, a professor of philosophy at the University of Victoria, British Columbia, said in a recent euthanasia presentation.

Kluge was a champion of euthanasia and abortion on demand back into the 1990s. Now, he told the Register, “any law that discriminates against younger individuals who suffer from the same conditions as adults violates the equality-and-justice principles.”

Belgium and the Netherlands

In that sense, Canada is swiftly moving in the direction of Belgium and the Netherlands, the first countries to legalize euthanasia in 2002. Belgium moved to remove all barriers to euthanizing children in 2014. The country’s care record includes giving lethal injections to a woman after a “botched” sex-change surgery failed to correct her gender-identity disorder and to identical twin brothers in their 40s who were told they had a condition that would make them go blind.

In the neighboring Netherlands, euthanasia victims include a woman in her 20s who had been sexually abused, a woman with ringing in her ears, a 41-year-old alcoholic and an Alzheimer’s patient who was slipped a drug in her coffee and held down to be euthanized when she fought back and kicked the doctor.

Critics of the systems in Europe say that they are driven and self-policed by champions of suicide rights like Dr. Wim Distelmans, an activist, palliative-care specialist and professor at Vrije Universiteit Brussel who also is on a select panel of specialists that oversees Belgium’s suicide law. Not a single case among the 6,945 registered deaths by euthanasia in Belgium between 2002 and 2012 was investigated.

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The same sort of system appears to be emerging in Canada, where individuals like Shaul simultaneously comment on the law, implement the law in practice, and sit on panels advising the government on policy regarding the law.

**Church Teaching**

SickKids’ paper and euthanasia advocate Kluge both maintain there is no distinction between letting a person die and actively killing them.

By contrast, St. John Paul II taught in his 1995 encyclical *Evangelium Vitae* (The Gospel of Life) that “euthanasia is a grave violation of the law of God, since it is the deliberate and morally unacceptable killing of a human person. This doctrine is based upon the natural law and upon the written word of God, is transmitted by the Church’s Tradition and taught by the ordinary and universal magisterium” (65).

According to the *Catechism of the Catholic Church*, the grave fear of hardship, suffering or torture can lessen the responsibility of persons who take their own life, and the Catechism instructs that we pray for those people and “not despair of [their] eternal salvation” (2282–2283).

But with respect to those who provide lethal drugs or otherwise seek to “assist death” for sick or handicapped individuals, the Catechism states that any action that “causes death in order to eliminate suffering constitutes a murder gravely contrary to the dignity of the human person and to the respect due to the living God, his Creator. The error of judgment into which one can fall in good faith does not change the nature of this murderous act, which must always be forbidden and excluded.”

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