

Euthanasia in Canada – STUDY SHEET

Definitions:

- **Euthanasia:** “a deliberate act undertaken by one person with the intention of ending the life of another in person in order to relieve that person’s suffering” (1995 Special Senate Committee on Euthanasia & Assisted Suicide)
- **Passive euthanasia:** the withholding or withdrawal of life-saving intervention or treatment, ultimately allowing ill people to die from natural causes.
- **Active euthanasia:** refers to a doctor or someone else terminating a person’s life at their request– for example, by administering a lethal dose of drugs.
 - **Involuntary active euthanasia:** performed without the patient’s explicit consent, can lead to murder or manslaughter charges
- **Physician-assisted suicide (PAS):** refers to a doctor assisting a patient in ending his or her own life
- **Death with dignity:** providing a dying person with love and care; telling the person the truth about his or her diagnosis; and giving the person maximum personal control over their final phase of life

Abstract:

This paper examined the potential drawbacks and benefits to the hypothetical legalization of euthanasia in Canada. It first defined the various forms of euthanasia and outlined the legality of each of these practices in Canada. Section 14 of the Criminal Code pertains specifically to active euthanasia. It states that “no person is entitled to consent to have death inflicted on him” and that consent does not negate the criminal liability of someone who inflicts death on another person. Section 241 of the Criminal Code pertains specifically to physician-assisted suicide. It basically states that anyone who counsels suicide or assists a person in committing suicide is criminally liable and can serve up to 14 years in jail, whether the person goes through with plans to commit suicide or not.

A brief discussion of the landmark cases *R v. Latimer* (1997) and *Rodriguez v. British Columbia* (1993) allowed for some insight into the history of active euthanasia and physician-assisted suicide in Canada. Robert Latimer killed his severely disabled daughter, Tracy, and was convicted of 2nd degree murder. Public opinion was torn between assertions that he acted out of compassion, and accusations of unjustly killing a defenseless human being. Sue Rodriguez, diagnosed with the terminal illness ALS, argued that s214(b) of the Criminal Code violated the Charter of Rights and Freedoms – specifically the right to life, liberty and security of the person; the right not to be subjected to cruel and unusual treatment; the right to equal treatment under the law. She lost her case but later committed suicide with the aid of a doctor who remains unknown.

The paper then addressed potential drawbacks and benefits to the legalization of euthanasia in Canada. These drawbacks included a negative impact on the societal value placed the sanctity of human life; the jeopardization of doctor-patient relationship (doctors’ lack of motivation to seek cures; lack of trust from patients); and the complication of the grieving process for surviving family members (guilt, regret). Potential benefits included the prevention of endless suffering; redistribution of healthcare resources toward other important goals; and most importantly, the right to die with dignity.

Finally, the paper concluded with a review of euthanasia’s current status Canada. Public opinion polls show that most Canadians are in favour of legalizing euthanasia, but these results are distorted by inaccurate knowledge of euthanasia. The British Columbia Supreme Court struck down Section 241(b) on the basis of Charter violations in 2012, and Quebec passed right-to-die legislation in June 2014. The Supreme Court of Canada will soon deliver a ruling to determine whether these laws will be struck down or upheld.