

## **A Question That Is Still Relevant**

**by Guy Lamarche**

**Some people or organizations that truly do not want to talk about the right to die with dignity believe that this is a dormant issue, that it gains attention in the wake of disturbing events, then quietly returns to the shadows, under the cover of a taboo that is broadly respected.**

But nothing could be less true.

If anyone, like me, were to be tasked with reviewing documents and press articles published in recent years, browsing the web, reading the content of the latest conferences held by a wide range of institutions like the Collège des Médecins du Québec, the AFEAS and the AQDR, this person would quickly realize that this appeal for the recognition of a new right deserves to be heard, even if we know that it will not immediately be accepted. We are waiting for MP Francine Lalonde's bill to be returned to the Canadian Parliament's agenda, but progress on the legislative front needs to be nurtured and supported in civil society.

This is why an association like the AQDMD does not have to apologize for its presence. The organization should celebrate its inception, with the knowledge that it will be greeted with joy, silence, or applause, by so many of our fellow citizens. As for the others, let it be known that our association is above all a non-profit organization that respects all opinions; we strive to respond to those who disagree and to convince them.

In public opinion, our starting point is enviable. The last major Ipsos Reid survey, published in early June 2007, with 1005 participants, found that only 25% of Canadians still believe that medical assistance in dying should remain illegal. 76% of the respondents said they supported what is called physician-assisted suicide. In Quebec, it was 84%.

But at the moment, I'm not inclined to wave around questionable poll results carried out by phone. I prefer the depth of the AQDR study (Quebec association defending the rights of retirees and pre-retirees), based on a questionnaire, developed after a debate between several opinions, in which people carefully wrote out their preferences. I would add, by the way, that this association used the word "euthanasia" in the name of its committee, without fear of judgment, because this is the right word to describe a "gentle death."

We will need to hold some debates among ourselves. For instance, should we continue to use the expression "assisted suicide"? When you think about it, it is a

bit absurd to use the word “suicide” when referring to a person who is days away from death or who is alive, but not living.

Personally, I would prefer to leave the term “suicide” to associations that are fighting to prevent suicide. In any case, the media has used the term over and over again. From the perspective of the “right to die with dignity,” this “assisted suicide” expression should always include medical assistance. However, it is used in the case of compassionate suicide, which occurs outside of any medical authority, often in horrible circumstances experienced by people who are in distress. This is true for both the person committing suicide and the person who can no longer refuse to help. Why not consistently use the expression “medically assisted suicide,” where “assisted suicide” refers to those other cases.

In the absence of clear legislation, a new jurisprudence is emerging. Judges have given suspended sentences to persons whose crimes were punishable by imprisonment. In the sentence of André Bergeron, who cut short the suffering of Marielle Houle, Judge Danielle Côté of the Court of Quebec (Sherbrooke) even wrote: “If Bill C-407 (presented by MP Francine Lalonde), had been passed and André Bergeron had requested the assistance of a physician, he would have benefited from the exception provided for in this bill.”

In the case of the other Marielle Houle, —a total coincidence—she pleaded guilty and the judge did not feel capable of sending her to prison for helping her son to die.

Soon, in Saguenay–Lac-Saint-Jean a trial will begin, before a judge and jury, for a young man accused of helping his uncle to commit suicide. We will obviously follow this trial closely. But now is not the time to speculate, without knowing the nature of the evidence that will be filed by the Crown or the reasons for a possible acquittal by the jury, which could create a new situation that is as historic as the acquittal of Dr. Morgentaler.

Many people and many groups object to our approach and we need to welcome dialogue as long as we feel respected. We reject certain terms that are thrown our way, like “killing,” “murder,” or “homicide” because we have stated that our compassion for those who are dying is inspired by the concept that some suffering is extreme and can be ended with modern technology, if requested.

But the basic debate is still the same. This is about free will, about the right to make a decision regarding something that is deeply personal. What we are proposing will not force anyone’s hand and we have stated that no person’s beliefs should be forced upon an individual. We live in a society in which, in the mid twentieth century, homosexuality was a crime, divorce was prohibited, abortion was illegal, and same-sex marriage was a travesty. We are hearing the same kind of secular arguments coming from the same places.

We strongly reject the idea that ethics around death should be monopolized by one single belief. And there has been progress. For instance, take the palliative care network's new strategic approach to the debate on euthanasia. Until recently, this network had observed "the resurgence of a public debate on euthanasia and assisted suicide" and spoke of the "need to shed light on, for the public, certain end-of-life practices, like terminal sedation, which is often confused with euthanasia." In its 2007–2010 strategic plan, the palliative care network now suggests "enriching the public debate on euthanasia and assisted suicide, by highlighting the palliative care point of view." The good news is, the strategic plan also states: "The Network must contribute to the debate, by refining its position and its public discourse, while making sure to respect the plurality of opinions among its members." One could assume that this also applies to the surrounding society.

### **Lots of action on the horizon**

Among its objectives, the AQDMD suggests "maintaining relationships with other associations that are interested in end-of-life conditions and considering joint actions with them."

These first relationships will obviously be with associations around the world whose objectives are aligned with ours. First, Canada's Dying with Dignity has already shown us support and has expressed that it is pleased to see us by their side. In Belgium, where the fight has already been won, and in France, where the political struggle has accelerated since the last election, two ADMDs already have a rich history and will serve as precious French-speaking associations. We are also taking steps in the United States, not only in Oregon, but also in several other states. We should visit our allies in Vermont, where a bill was already passed by a committee before being defeated in the Legislature.

In Quebec and Canada, we will be available to take our message to conferences, seminars, symposiums, and forums to which we will be invited, starting with associations that have already seriously studied the right to die with dignity and that we will contact shortly. At these events, our publications will be welcomed and distributed to their members.

Lastly, once published, our website will inform our members and the public, keeping them up to date about relevant events, and act as a source that can be quoted in debates. Yes, we see lots of action on the horizon and we hope that our founders, who are here with us, and people who have expressed their support, will come together and find common ground.

Guy Lamarche, retired journalist  
Guy.Lamarche@aqdmd.qc.ca