

Barbara Kay: The decision to die is a private matter; its execution should be, too

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On the surface, Gill Pharoah was an English woman much like myself – a healthy septuagenarian with grey hair, living with a partner she loved, also in good health, a mother of two like me, a grandmother, mentally fit, not subject to depression or other mood disorders. Pharoah did have some physical aches and pains, as do I, but none that actually needed more than over-the-counter medication.

One significant difference between us is that I am alive and looking forward to as many more years as possible being who I am, loving and being loved by my family, while Pharoah is dead – by choice. Pharoah recently ended her life at the Lifecircle assisted-death clinic in Basel, Switzerland, as 126 other British citizens have done before her between 2008-12, because she was afraid of having a stroke as a friend did, and being too infirm to kill herself. I guess you could say that in that respect Pharoah was not only like me, but also like you and millions of other people. Who does not harbor that fear?

But to act on it! How does a healthy individual arrive at the idea that it is a reasonable and good thing to deny oneself potentially a quarter of the only life one will ever have in order to maintain absolute control over the timing and manner of one's death? It would seem that the very idea of euthanasia and assisted dying, a norm in certain countries and states, and rapidly becoming a norm in others, like Quebec, and perhaps all of Canada, is infectious.

The evidence seems to bear out this idea. All euthanasia laws begin in compassion for the terminally ill or for those in unremitting pain. All stress a petitioner's right to "dignity" and "self-determination," a phrase that was repeated 97 times in Belgium's Senate hearings on the law – Belgium, where the number of euthanasia and assisted-suicide deaths has increased by more than 150% in the last five years, and not just for cancer, but for autism, anorexia and depression, amongst other reasons.

And in The Netherlands, where such deaths have doubled in the past five years, and where doctors commit active euthanasia, people with dementia, for example, can be euthanized without their consent. No "self-determination" there. In The Netherlands "tired of life" has now become an acceptable reason for state assistance in dying. Indeed, so routine has it become, general practitioners often perform the deed.

February's Supreme Court decision on euthanasia grants competent adults a right to die — by active euthanasia, and ~~not~~, in Oregon, for example, which allows assisted suicide, a distinction with a difference — if they have an "irremediable medical condition" and desire death, although the ruling also includes "illness, disease, disease, or disability that causes enduring suffering that is intolerable to the individual." Under "pain," the SCC includes "psychological" pain. (Was Gill Pharoah in intolerable psychological pain? She apparently thought so.)

What does "irremediable" mean? Well, it can mean a condition that is medically treatable, where the patient refuses treatment – i.e. where it is in fact remediable. So that means someone with diabetes, say, or early cancer, can decide the prescribed treatment is "not acceptable" and hey presto, the condition is irremediable. The same standards would apply to depression or other psychiatric conditions.

Nobody touting euthanasia and assisted suicide would ever have adopted Gill Pharoah as a poster child for someone in need of the government's assistance to die. And yet Pharoah felt aggrieved that she had to go to a private clinic abroad to have her wish fulfilled. Somehow she had gotten the idea that if euthanasia was available to some people for certain medical reasons, it should be available to all for any personal reason at all. Isn't that how it always is for "rights" when you allow people to define "dignity" for themselves as individuals?

Let's face it. The campaign promoting the right to euthanasia and assisted suicide was never really about cancer patients writhing in pain. It's about enabling the Gill Pharoahs amongst us to bend governments to their individual will. Here is what Barbara Coombs Lee, head of Compassion and Choices (formerly the Hemlock Society) had to say about our

Supreme Court decision:

We applaud and thank the Canadian Supreme Court for placing the patient at the center of fundamental end-of-life decisions. The eloquence of this ruling will inspire everyone who believes in individual freedom at life's end. We in the U.S. agree that denying people the ability to determine their own medical treatments and the degree of suffering they endure curtails liberty.

Doctors should not be in the business of killing people. Which doesn't mean – and never meant – that people who want to die don't have the right to withhold treatment. But if people want to actively kill themselves, and for no better reason than they are afraid that somewhere down the road, a bad death awaits them, that is a personal decision requiring a personal solution.

I'm sorry a healthy woman like Gill Pharoah had herself killed, but her case has value as a cautionary tale. Gill Pharoah had an option, and she took it. That was her right. Let private clinics serve others in realizing their personal wish to die, without judgment and without forcing doctors to triage what "intolerable" or "irremediable" means for this or that individual. That is the only ethical route to perfect individual liberty.

For those without the ready cash, let insurance companies provide for their expenses (they will make a fortune; everyone will take out policies, but few will cash them in). Let trained, regulated technicians do the deed. And let palliative care, which is still a fledgling branch of medical treatment, be given the resources and the attention it deserves. People do have a right to die with as little pain and as much care as is humanly possible. That is what most of us really want, and that is what our government should be providing.

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