# HEALTH & SCIENCE

**"To kill - or not to kill? That is the question."**

Sean Murphy, administrator of the Protection of Conscience Project [Canada] posted an article with the above title on the project's website. The project supports the conscience rights of health care workers. A member of the Canadian Clinician's Advisory Council of Dying With Dignity sent Murphy the following message: "I just can't understand why as learned as you are, you tenaciously use the verb KILL to refer to MAD [Medical Assistance in Dying]. You cannot ignore that this verb requires a non-consenting victim. It makes of you a malicious pro-lifer who does not mind lying. MAD must be requested!" Murphy noted in the article, "The substantive morality of the procedures [euthanasia and assisted suicide] and their legalization is outside the scope of Project advocacy." Rather, the Project's intent is to "defend practitioners unwilling to be parties to killing their patients by providing or facilitating EAS services."

Murphy stated, "Euthanasia is achieved by deliberate intravenous administration of drugs intended to cause coma, respiratory arrest and death by anoxia (asphyxiation). Practitioner assisted suicide (very rare in Canada) entails deliberate oral self-administration of a combination of prescribed drugs intended to cause death by the same means. EAS practitioners prescribe the drugs and teach patients how to ingest them so as to ensure that death ensues as quickly as possible." He noted that assisted suicide is not always 'successful'. In those cases, "EAS practitioners are advised to administer lethal drugs intravenously "to insure death as an outcome…While patients may eventually die from an underlying condition, they will not die at the appointed time unless lethal drugs are administered… And that is the point. Administering a drug that causes the death of a patient kills a patient. To "kill" is to cause death – period…consent does not enter into the definition."

Canada's Supreme Court, in Carter v. Canada, ruled in favor of EAS. However, Murphy said that case "did not change the meaning of "killing," and it left intact the definitions of homicide and suicide. It is essential to understand these terms because they correspond to the two forms of "medical aid in dying" – euthanasia and assisted suicide." Culpable homicide is "blameworthy and punishable as a criminal offence; non-culpable homicide…is not blameworthy and not an offence. The Carter decision and subsequent Criminal Code amendments [Canada] created a new category of non-culpable homicide: directly killing a patient by euthanasia. That is why practitioners who kill patients by lethal injection in accordance with the law commit homicide, but do not commit murder. Consent by the patient killed is relevant to the distinction between culpable and non-culpable homicide, but…not to a distinction between killing and not killing. "Suicide" means willfully causing one's own death – killing oneself. Since the definition of "medical assistance in dying" includes helping patients to kill themselves, the *Criminal Code* was amended to permit practitioner assisted suicide…To repeat: the [Canadian] Supreme Court did not rule that inflicting death by lethal injection is not killing, nor that helping patients to cause their own deaths is not helping them to kill themselves. It decided that medical practitioners should be allowed to commit homicide and assist with suicide in certain circumstances: that is, to kill patients and to help them kill themselves." One of the judges who wrote the Carter decision acknowledged that in allowing practitioners to "purposefully and deliberately take someone's life with impunity," it was important to have safeguards such as judicial approval.

Murphy stated, "The term "killing cannot be avoided in public and professional disputes about morally contested procedures that invoke killing because the disputes typically arise from disagreement about the acceptability of killing…even if one decides…that killing human beings need not be limited to cases of self-defense, that the kind of homicide contemplated is justifiable, the method of killing humane, and the risks of permitting it acceptable, other issues remain. Although some practitioners can kill without suffering adverse effects, most can either not participate at all or experience a great deal of stress afterward. Any discussion concerning EAS must involve the "stress associated with killing another human being and what appears to be a frequent if not general aversion to the practice among health care personnel." Another issue involves overcoming aversion to killing. A chief counsel in the Carter case acknowledged that "all doctors believe it is their professional and ethical duty to do no harm." He felt that physicians would therefore be excellent 'gatekeepers' because of their reluctance to be involved. However, Murphy notes that their reluctance is now viewed "as an impediment to euthanasia and assisted suicide." EAS is now "widely accepted as medical treatment and health care… [and classified] as "therapeutic" and "legally permissible medical services." This reversal is significant. Now the discussion centers on when the physician can refuse. Seven doctors wrote in the *World Medical Journal* that by refusing to participate, they face discipline and expulsion from the profession, have been accused of human rights violations and have been called bigots. Murphy noted that since EAS is considered a therapeutic medical service, objecting practitioners must now "justify their refusal to participate in killing their patients." Murphy warns, "if the state can force unwilling people to kill or help to arrange for the killing of other people, there would seem to be nothing that the state cannot demand of its citizens," leading to an authoritarian or totalitarian government.

Murphy acknowledges that out of respect for patients and colleagues, conscientious objectors will sometimes use the term "medical assistance in dying" However, when they are faced with refusing to support or participate in these procedures, by right they can refuse to be a party to "killing people who really ought not to be killed." Murphy concluded, "Make it impossible even to think of medical assistance in dying as anything other than a medical procedure, make it impossible even to think that it involves killing, and "barriers" and "impediments" to access to EAS services will certainly disappear. And so will freedom of conscience, religion, thought, opinion, belief and expression."

See: www.consciencelaws.org, 28 Jan. 2020

Submitted by Regina Carbonaro 631-243-1435