

Assisted suicide's slippery slope

In Canada, the 'right to die' now claims more than 10,000 lives each year.

By [Jeff Jacoby](#) Globe Columnist, Updated January 3, 2023, 3:12 p.m.

Once it becomes a doctor's job to facilitate suicide, the circle of death is apt to widen far beyond those who are already at death's doorstep.

Assisted suicide is illegal in 40 states, Massachusetts among them. In 2012, Bay State voters rejected a "death with dignity" [ballot measure](#) that would have authorized doctors to supply lethal drugs for the terminally ill. In the decade since, bills to reverse the voters' decision have been introduced in the Legislature without success. Last month, the Supreme Judicial Court [upheld the state's ban](#). Under the state constitution, the justices ruled, a terminal patient "may elect to stop eating or drinking, may agree to the withdrawal of life support, or may choose to pursue palliative sedation, but none is entitled to physician-assisted suicide."

Yet the campaign to legalize assisted suicide — proponents prefer the euphemism "medical aid in dying" — hasn't let up. Heartened by the election of Maura Healey, [backers plan to again introduce legislation](#) that would make it lawful for a doctor to provide life-ending drugs to a patient who requests them. Healey's spokesperson says the incoming governor would favor a measure to "allow medical aid in dying, provided it includes sufficient safeguards for both patients and providers."

But when it comes to helping people kill themselves, what safeguard could ever be sufficient?

Suicide is among the [top nine causes of death](#) for Americans between the ages of 10 and 64, according to the Centers for Disease Control and Prevention. There were [47,646 deaths by suicide in 2021](#) — an average of one every 11 minutes. At a time when so many Americans, out of desperation, trauma, depression, or isolation, are already taking their own lives, no state should be contemplating legislation to make death even easier.

One would have to be inhuman not to sympathize with the anguish of terminally ill individuals who would rather end their lives than face the continued, painful disintegration of their bodies or minds. But the measures being proposed do not simply enable dying persons to hasten death, which, as the SJC explained, they [already have the power to do](#). Instead, such legislation takes the drastic step of permitting doctors to actively *prescribe* death. And once it becomes a doctor's job to facilitate suicide, the circle of death is apt to widen far beyond those who are already at death's doorstep.

Seemingly sturdy precautions are incorporated into the [“right-to-die” bills](#) that have been introduced in the past. They apply only to a patient who is terminally ill and whose doctor says he or she has less than six months to live. The patient would have to be fully competent mentally and able to make informed health care decisions. There would have to be both an oral request for life-ending drugs and a separate written request after a 15-day waiting period. A second doctor would have to confirm that the request is entirely voluntary.

Are those “sufficient safeguards”? Canada's experience suggests they are anything but.

When Canada first enacted its “Medical Assistance in Dying” (or MAID) program in 2016, it carefully limited eligibility to adult patients of sound mind who were dying of an incurable condition, it built in a waiting period, it specified that only physicians could approve a patient's application to die, and it required that information about nonlethal relief be provided.

Today, those guardrails are gone. “Assisted death” is [now available to Canadians](#) who are not terminally ill, who have not been held to a waiting period, and who may not even have consulted a physician (a nurse practitioner is sufficient). Beginning in March, mental illness alone will qualify as a sufficient reason to request death. The government is considering whether the right to assistance in dying should be available to “mature minors.”

Result: More than 10,000 Canadians were “assisted” to their deaths last year. And there is growing evidence that the more the practice has been normalized, the more patients are being pressured, coaxed, or invited to avail themselves of it. There have been numerous accounts in recent months of individuals being offered death in response to non-life-threatening disabilities. In one case, a retired Army corporal [testified](#) that a government caseworker turned down her requests for a wheelchair lift to be installed in her home but offered

assistance in dying as an alternative. In another case, an Ontario man with a degenerative brain disorder [recorded conversations](#) in which hospital staffers asked him if he “had an interest in assisted dying” and pointed out that his hospital stay was costing “north of \$1,500 a day.”

To legalize assisted suicide is to endorse the view that an early death is a reasonable solution to life’s most painful problems. It’s only a small step from the idea that some people should have the right to be helped into the grave to the conviction that some people *ought* to be helped into the grave. Medical assistance in dying now accounts for [more than 3 percent of all deaths in Canada](#). Don’t do it, Massachusetts.

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