

Right to Die Society of Canada (Ruth von Fuchs, President)

- 1) What are the objectives?
 - 2) What are the obstacles?
 - 3) What are some ways of dealing with the obstacles?
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1) What are the objectives?

For whom?

- a) Young people who have pointless, enduring and intractable suffering want permanent release, with MAID looking like the most sensible method. Their fellow citizens are sympathetic – indeed they think that everyone, whatever their age, should be somehow enabled to escape from suffering of that kind – but they have an inbred "instinct" to require a higher standard in the case of young people. People younger than ourselves are the vehicles by which the genes of our species will be, or at least ought to be, carried forward into the future. We therefore feel that they should outlive us, not predecease us.
- b) As an aside, I note that this feeling is even stronger in a child's parents than it is in other people, the genes in question being mainly theirs. Fortunately most parents rise above the selfishness that biology tempts them towards. But we should remember the temptation before we automatically reach for "parental consent" as the best safety policy to use with decision-making by minors.

2) What are the obstacles?

- a) The instinct just mentioned is the major obstacle to the achieving of the young sufferers' goal. Children and adolescents are so passionately protected by their elders that cruelty sometimes results. In its issue for February 3 2000, the *New England Journal of Medicine* reported a study on the types of care given to children who are terminally ill with cancer. The authors wrote "For most children with cancer, the primary goal of treatment is to achieve a cure. Considerations of the toxicity of therapy, the quality of life, and growth and development are usually secondary to this goal . . . Children who die of cancer receive aggressive treatment at the end of life. Many have substantial suffering in the last month of life."
- b) There are also some considerations which are less biological and more intellectual.
 - i) Since young people have a relatively small database of life experiences, there is a concern that they may not have sufficient perspective on their situation, and thus be deficient in decision-making capacity.
 - ii) Since young bodies are more resilient than old bodies, there is a hope that recovery may occur after enough time goes by, even if doctors are generally pessimistic.

3) What are some ways of dealing with the obstacles?

a) Awareness is the best antidote to the subconscious biases and assumptions that have been bred into us over the millenia. When we find ourselves exclaiming "But you're so young!" we should take a step back and imagine how we would think if age were taken out of the equation. We would probably call for a capacity assessment, checking whether the person was aware of all the alternatives, and whether the consequences of the desired procedure were fully grasped. Affirmative answers to both questions may be quite possible in people under 18, and negative answers have happened in people over 18.

Regarding **1)b)** and **2)a)** – parents, and pediatric oncologists who have not read the quoted article from *NEJM* – there could be a role for some kind of public guardian or advocate. Judges have recently been doing interceding/interpreting work on behalf of non-minor MAID applicants, and doing it quite well. But specially-trained public servants might do even better, and there might be shorter wait times if applicants did not need to get in line for a court date.

b) i) If "perspective" means having had numerous experiences similar to the current problem, an adult may not be any more qualified than an adolescent. Some people live most of their lives in almost-perfect health, then suddenly fall victim to a catastrophic illness. In terms of innocence and inexperience, they are on a par with similarly-stricken teenagers or children.

Instead of personal perspective, or in addition to it, we could use an empirical/statistical approach. Medical records (and perhaps also diaries kept by the young people or their parents) could be consulted to reveal the duration and the severity of the suffering. If both were comparable to what would make an older person eligible for MAID, the young person would be accepted (assuming that neither would be barred by the death-reasonably-foreseeable requirement, this clause having been removed from the law).

b) ii) There may be data on recovery rates by patients whose age and diagnosis are similar to those of the applicant. A policy could be established that a recovery rate below X% would permit the provision of MAID.