

I extend my sincere condolences to the loved ones of Audrey Parker. She died before her time in Halifax on Thursday in a suicide assisted by another person she had arranged because, she maintained, if she became incompetent, she would not qualify for euthanasia in Canada. Painful cancer had spread from her bones to the lining of her brain.

Ms. Parker had promoted the extension of euthanasia to people who had made a previous request for Medical Aid in Dying (MAiD), but who may become incompetent.

Shortly before her death, Ms. Parker posted on her Facebook page that the euthanasia lobby group Dying with Dignity would propose a bill to be known as Audrey's Law. It would amend the late stage consent provision in the current Canadian Criminal Code to extend euthanasia to incompetent people who had made a previous request.

Amending the requirement for late consent would allow people seeking euthanasia later in life to write an advanced directive when they are in fear of the future.

However, experience shows that when patients are well treated in a hospice or with palliative care and surrounded by loved ones, the fear of death dissipates. Consequently, they may not wish to be put to death, but under the proposed rules, would be legally unable to change their mind if they were deemed incompetent.

A cautionary case transpired in the Netherlands that demonstrates the possible danger. A woman with dementia was euthanized, even though she tried to fight it off. The doctor had put a sedative in her coffee without her knowledge, but she still resisted, so the doctor had her family hold her down while lethally injecting her. The Regional Review Committee found that all was done "in good faith."

When the euthanasia lobby advocates euthanasia for incompetent people, it proves that choice can be an illusion. Choice was the banner used when activists promoted legal euthanasia in Canada in 2016. However, the enacted legislation protected people who become incompetent and cannot choose or consent to their previous request because it is impossible to know whether they still want to die by lethal injection.

There are widespread misconceptions regarding euthanasia.

Canadian society prohibited euthanasia and assisted suicide prior to 2016, not to prevent autonomy or freedom, but to prevent one person from causing or being involved with causing the death of another person.

Even today, many people confuse legitimate end-of-life medical practices, the use of large doses of pain-killing drugs, or the use of sedation techniques, with euthanasia. A Quebec government Dying with Dignity report erroneously made the claim that they are equivalent.

Euthanasia and assisted suicide are clearly different from withdrawing life-sustaining medical treatment. When a medical team withdraws treatment from a person who may be nearing death, the intention is to accept the limits of life and to allow death to occur naturally. If the person dies, the death is the result of the medical condition.

When Canada legalized euthanasia for exceptional circumstances, Parliament established safeguards.

We now see an increasing call for the extension of cases eligible for euthanasia and the *de facto* removal of safeguards.

Considering the vulnerability of people with disabilities and the elderly to coercion, can we be sure that everyone who dies by euthanasia chooses to die?

Many Canadians objected to the Supreme Court's authorization of euthanasia. In response, our legislators struggled to define the exceptional cases that would allow for euthanasia.

How many deaths without request or consent should we consider unacceptable? Out of respect for the dignity of each human person, we must conclude that even one is too many.

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