

## Physician-Assisted Dying (Suicide)

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February 26, 2016

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To: Right Honourable Justin Trudeau  
Prime Minister of Canada  
House of Commons  
Ottawa, Ontario

Dear Prime Minister:

### Physician-Assisted Dying (Suicide)

I am an elderly Canadian citizen and taxpayer who is very concerned with this road the Supreme Court has set this country on. Does changing the wording from “physician-assisted suicide” to “physician-assisted dying” now also include euthanasia? It seems to me this change infers that; or, if not for now, to be used later without having to change the wording?

I know the Supreme Court’s decision of February 6<sup>th</sup>, 2015 has struck down the law(s) prohibiting physician-assisted suicide forcing you our government to make a law complying with their decision within a year. However, that timeline, even with the extension, is not sufficient to be able to reflect and act responsibly on this extremely serious issue.

I truly believe that now is the time for you and all our lawmakers to invoke the Notwithstanding Clause in Section 33 of our Charter of Rights and Freedoms to allow up to five years to properly study this crucial issue and what the consequences are before making it into law.

Following are my reasons why you and all our elected Members of Parliament should take its time for enacting this kind of legislation.

First, do the following properly define the terms which bring on death by a human hand? Are they the definitions to be understood in the study of this issue? We, the electors, need to know this.

### DEFINITIONS FOR EUTHANASIA, SUICIDE AND PHYSICIAN ASSISTED DYING (SUICIDE)

- **Euthanasia** is intentionally, knowingly and directly acting to cause the death of another person (e.g., giving a lethal injection).
- **Suicide** is a solitary act we may try to prevent, but which is carried out by the individual, usually in despair.
- **Physician-Assisted Dying (Suicide)** is a public act in which medical persons licensed and compensated by the state are involved in providing the lethal injection or drug that results in the

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death of a person, presumably on his/her request and by his/her own hand, and with the approval of our own government. (Margaret Somerville)

Would changing the term from “suicide” to “dying” in this latter definition change the intent to which any law passed would describe this act?

*If suicide is an act committed alone by someone then would it not be wrong to call it Physician-Assisted Suicide? To name it this is like saying Lindberg flew solo over the Atlantic with an assistant. If he had an assistant we could not say his flight was solo, could we? Also, the physician has the power to or not to write the prescription to give a lethal drug. In a sense it's the physician who has the power – not the patient. So perhaps it should be properly named “Doctor-Ordered Suicide” or “Doctor-Directed Suicide.” Would that not then call it what it really is? (Margaret Somerville) Changing words doesn't change what an act is.*

Does “freedom” really mean we can do whatever we want, whenever we want?

### FREEDOM

As a society we often are proud to say we are progressive and increasingly make decisions that promote a greater individual freedom for its citizens. But does an individual actually achieve freedom when he/she demands his/her rights to do anything he or she wants at any time a person wants? Or, in the case of euthanasia and physician-assisted suicide, do they not hobble their own right and those of all citizens in our society to enjoy the knowledge their life is valuable and worthy to be part of our society until they die as a result of old age, an illness or an accident?

Perhaps an example may help to clarify what I mean.

*Children in a community always played ball safely and with abandon on a playground that ran to the edge of a cliff, where a fence had been erected to protect them from falling. Some members of the community decided the fence was not really needed, so it was removed. In a short time the children became afraid to fetch the ball even if it landed thirty feet from the cliff's edge. Pretty soon they no longer played ball because their fear of the danger presented by the unfenced cliff caused them to only huddle together as far away from the cliff as they could.*

Like the children in this story our society needs boundaries within which we will feel safe to live in freedom from fear of being robbed, abused, put to death, etc. When laws are enacted to protect us they give us that freedom. However, enacting laws allowing every individual to exercise their right to make decisions for themselves at their every whim – without thinking what the consequences could be for anyone else, or our society as a whole – would drastically change our society and true freedom would be greatly diminished.

I like this definition of what true freedom means: Freedom is not the right to do whatever one wants to do but the liberty to do what one *ought* to do in every circumstance of life.

An Oath which directed and protected physicians for more than 2,000 years also protected their patients.

### THE HIPPOCRATIC OATH

Here I want to bring to your attention that in passing a law that would give absolutely everyone the individual right to access physician-assisted dying (suicide) we would actually be regressing – not progressing. How so?

Most of us have heard that physicians take the Hippocratic Oath. This Oath was written between 500 and 300 B.C. Let's look at why it was necessary to be written in the first place. The society of that time had reached the same juncture we are at today. People who had become ill, were just

tired of life, had physical or mental disabilities or were coerced by loved ones felt guilty for being a burden on others and demanded to be put to death. Euthanasia became so routine people simply accepted it as a matter of course (as was abortion and infanticide). The fact the prohibitions regarding euthanasia and abortion are so clearly written in the Hippocratic Oath suggests this to be true.

[see <http://euthanasia.procon.org/view.timeline.php?timelineID=000022> and [www.carenokilling.org.uk/articles/perils-of-progressive-approach/](http://www.carenokilling.org.uk/articles/perils-of-progressive-approach/) (their home page also gives much information)].

For well over 2,000 years the Hippocratic Oath was taken by physicians upon graduating from medical school. It provided a clear protection for both the physician and the patient, who depended on the physician having taken it. I know I certainly did and was very much surprised when I learned differently. Did you know that persons died from breaking an oath? Today it seems no one considers an oath to be a serious matter; that is, except for making a false statement to the police or in a court of law. So there is still a vestige of knowledge that breaking an oath is a serious matter.

What most people don't know is that, beginning in the 1960s, some medical schools in North America began to omit the Hippocratic Oath. However, I believe the majority of physicians do take an oath upon their graduation, though it is a revised one and not quite as absolute as the Hippocratic Oath. See the comparisons on pages 11 and 12. (also see <http://utilis.net/hippo.htm>)

Do we want to throw away thousands of years of tradition to make a new one that will be detrimental to our way of life? We are being very arrogant if we think that in promoting physician-assisted suicide we are advanced in our thinking – humans have lived through this more than 2,000 years ago and likely earlier than that at one time or another. Human nature has not changed one iota in the history of humanity.

We must ask ourselves this question: Are we truly progressing or regressing?

A law which was wrongly interpreted.

### THE SUICIDE LAW AS INTERPRETED BY B.C. JUSTICE, LYNN SMITH, IN THE CARTER CASE

She looked at suicide not being a crime in Canada since 1972; therefore, she concluded physician-assisted suicide should also be legal for anyone who requests it.

However, had she properly done her homework she would have found that as a society we had come to understand attempted suicides were done by people who were crying out for help and in need of psychological involvement to help him/her deal with emotional needs, rather than being charged with a criminal act (my own son once attempted suicide and later completed it).

*Decriminalizing attempted suicide is intended to protect life* but decriminalizing assisted suicide does the opposite, it's meant to kill people. Justice Lynn Smith got it wrong. (See A RIGHT TO VOLUNTARY EUTHANASIA? CONFUSION IN CANADA IN CARTER by JOHN KEOWN on website <http://poseidon01.ssrn.com>). The Supreme Court also got it wrong by interpreting our Charter of Rights and Freedoms in a way it was never meant to be interpreted.

Wrong interpretation of the word “compassion.”

### “COMPASSION”

Those promoting euthanasia and physician-assisted suicide say that Canadians who are suffering unbearably at the end of life, in mental distress, or physical challenges should have the right to

choose a dignified and peaceful death; that helping those who are terminally ill to end their life before they become debilitated is a compassionate act. Their mantra is *Compassion, Mercy and Choices*.

The Consolidated Webster Encyclopedic Dictionary dated 1959 gives the definition of compassion as “A suffering with another.” With the knowledge they have, medical practitioners do their best to relieve the suffering of their patients. The problem is medical schools do not adequately train our medical practitioners how to manage pain. “Veterinarians in Canada get *five* times (the “five” is always emphasized) more training in pain management than family physicians do!”

(<http://www.chatelaine.com/health/wellness/the-scary-truth-about-our-pain-problem/>)

Pain is treatable. Modern medicine has created a plethora of chemicals to diminish or even remove pain. So giving someone morphine is permitted and encouraged, for example, but the dose can't be large enough to be the direct cause of death. If you or a loved one are in pain and your doctor is not able to deal with that pain it's very simple: get another doctor.

Euthanizing people is what physician-assisted suicide actually is; though the person takes the killing dosage him/herself the physician having prescribed the lethal poison is primarily responsible for the cause of that person's death. It makes him/her an accomplice to murder and legalizing it can never change that fact.

Compassion is not a lethal dose being ingested or injected in the veins of a terminally ill person. That's the last act of abandonment, of alienation, the final act of loneliness.

– *Joni Eareckson-Tada: a diving accident in 1967 left her a quadriplegic in a wheelchair.*

I dare say this statement is valid not only for us as a society but also for the person who dies at his/her own hand.

Among many others, Mother Teresa of Calcutta helped the dying but she didn't kill them. Before they died, she helped them regain their dignity which had been taken away by their society. This is called palliative care.

An individual's rights must never trump the protection of a whole society.

### AN INDIVIDUAL'S RIGHT TO CHOOSE

The issue here is that laws are now being struck down to accommodate the rights of each individual as demanded by him/her. As such *an individual's right to decide trumps the safety of all society's vulnerable people in general and the right of society as a whole to feel protected.*

If you have a *right to die* by someone else's hand, then someone else has an *obligation* to kill you. In turn, it also trumps the conscience of physicians who do not agree with this practice.

There are a multitude of stories of people in physical or emotional pain who have asked to be relieved of their pain by being put to death. But once the pain is managed they are very grateful to still be alive. Improvement in palliative care in this country would greatly help these people die with dignity. Improved mental health care would certainly help those in deep emotional pain.

Regulation and safeguards not working in jurisdictions where euthanasia and physician-assisted suicide legal.

### “SENSIBLE REGULATION” WITH “PROPER SAFEGUARDS”

We should keep in mind that we don't regulate what we believe to be essentially wrong, we forbid it. For thousands of years we've prohibited intentional killing of another human being, except where it is the only feasible way to protect innocent human life, as in self-defence or defending another's life.

Euthanasia and Physician-Assisted Dying (Suicide) crosses that clear line that we must not intentionally kill and, once crossed, there is no obvious stopping point, as both the Netherlands and Belgium so obviously show us.

In the Netherlands, an average of 3 people per day are euthanized without their knowledge or consent. Even many family members are never aware this has happened. This is known as involuntary euthanasia and accounts for the majority of all euthanasia deaths there. Euthanasia has been administered to people with diabetes, rheumatism, multiple sclerosis, AIDS, bronchitis, and accident victims. Death certificates are routinely falsified.

Ironically, during World War II, the Netherlands was the only occupied country whose doctors refused to participate in the German euthanasia program under Hitler. His program was to have the earth populated with people without any flaws and that meant everyone with any deficiency had to be put down, even those who were not sick but had a history of sickness in the family. I believe that today's push is the same as Hitler's. It is also to have control over the earth's population. Isn't this what our soldiers fought against in WWII? Hitler, too, called himself a Progressive.

A May, 2014, report on euthanasia in Belgium shows that doctors are killing an average of 5 people every day with 150 cases of euthanasia per month. Doctors there are now allowed to kill terminally ill children. Some were euthanized though they weren't terminally ill or in any pain – for example the twins who expressed the wish to be put to death after they learned they were *likely* to become blind. Going online I found multiple examples of this happening there.

The Oregon Death with Dignity Act, the euthanasia and assisted suicide law there, was passed in 1994 and is touted as the model for success throughout the world. However, the website of Patients Rights Council contains the following link

<http://www.patientsrightscouncil.org/site/laws-issues-by-state> which lists an extensive list of concerns and violations regarding the Oregon Death with Dignity Act. Oregon's Department of Human Services is required to collect information but "has no regulatory authority or resources to ensure compliance with the law." The Death with Dignity law contains no penalties for doctors who do *not* report prescribing lethal doses for the purpose of suicide. Complications, such as a botched assisted suicide, are not investigated *because they do not need to be reported*.

*One doctor explained that, in one case, he opened 90 capsules – a lethal dose – of barbiturates and poured the white powder into a bowl of chocolate pudding. He gave the mixture to the woman's son who spooned the mixture into his mother's mouth. Another son gave her sips of water to wash the solution down. The woman died twelve hours later. (Because the woman performed the last action – swallowing – that led to her death, the act was technically assisted suicide, not euthanasia and her sons were never prosecuted for providing the hands that led to her death.)*

*A 2002 survey found that some nurses "indicated that they had assisted [patients] in the taking of it [the lethal dose]."*

*"Safeguards" are disregarded by medical practitioners and contravene the law but no one is disciplined.*

*And records used in annual reports are destroyed so there is no way to check how accurate they are.*

Does this sound like the Oregon law should be copied in this or any other country?

In Oregon, Belgium and the Netherlands the regulations stipulate that two physicians are to sign the form requesting the lethal drug. Many times there is only one signature.

Still, with the best of intentions to provide “sensible regulation” with “proper safeguards” these simply cannot guarantee that abuses will not occur. If we think our own regulations and safeguards will be superior to those of other jurisdictions and will prevent any abuse we are being arrogant along with having our heads in the sand.

We will be faced with undesirable consequences.

### WHAT ARE THE CONSEQUENCES?

Here we use the words physician-assisted dying (suicide) to include euthanasia.

Legalizing physician-assisted dying (suicide) makes us all guilty, as a society, in helping people to kill themselves. Society by legalizing it and the physician by carrying it out.

- Legalized physician-assisted dying (suicide) disregards the value of respect for life.
- Sanitizing the language to advocate physician-assisted dying creates confusion (is this not killing after all?). Examples are:
  - An Act respecting end-of-life care (Bill 52 in Quebec)
  - Medically assisted death
  - Medical-aid-to-die (An Ipsos Reid survey found only 33% of people understood this meant a lethal injection).
- The reality is that doctors are among the major groups against euthanasia, not just in Canada, but worldwide. (*Margaret Somerville*) There are physicians who will not provide certain services such as contraceptives, abortion, sterilization, euthanasia and physician-assisted dying (suicide) because these are against their consciences. Requiring them to refer their patients requesting these “services” to another physician ready to provide them is forcing them to go against their consciences and makes them partners in these acts. Will they leave their professions in order to keep their consciences intact? If they leave, would we then be left with only the medical personnel who are willing to perform the “services?” Hospitals will no longer be safe places for the sick, as has been found in jurisdictions where physician-assisted dying (suicide) is legal.

*10% of elderly Dutch who responded to a survey clearly indicated that, because of the Dutch euthanasia and physician-assisted suicide policies, they are afraid their lives could be terminated without their request, though the survey did not ask that question!*

Would you feel comfortable going to a doctor you know practices physician-assisted dying (suicide)?

- Physician-assisted dying (suicide) will become an accepted procedure as it has for the citizens of Belgium, the Netherlands, Switzerland, Oregon and others. Some come to believe it is their duty to die if they become ill (back in time to Hippocrates isn't it?).
- Suicide and thoughts of suicide can themselves be contagious. There will be copycats. Where physician-assisted dying (suicide) is legalized, death will itself become a very effective salesman.
- Will “continuous terminal sedation (CTS)” be a commonplace treatment? (This is Quebec’s term for “slow euthanasia”).
- In the jurisdictions where euthanasia is legal people have come to accept this as normal health care and expanding the boundaries is acceptable. They have become immune to the fact that this is actually killing, not health care.

- We will become an animalistic society.

Is this what we want here in Canada?

Demands for expanding the laws on euthanasia and physician-assisted dying will always come.

### LONG -TERM GOALS OF ADVOCATES

Proposals for euthanasia and physician-assisted dying have always come from groups advocating them, not from grassroots. They've learned not to go too far too fast.

Those in favour of euthanasia look at their present efforts to legalize it throughout the world as just the beginning. They are promoting this by small steps only. Their aim is to expand the laws to include:

- children (either at their own request, or by parental request). Already in Belgium.
- newborns, very premature births, with disabilities, etc. This is already actively practiced without any repercussions.
- protection for doctors who kill severely disabled newborns, those who have no free will, including children and individuals with mental retardation or severe brain damage following accidents.

All societies have the obligation to protect their people and treat them with dignity.

### WHAT ARE OUR OBLIGATIONS AS A SOCIETY AND AS PERSONS?

1. *Not to aim to cause anyone's death, there are no exceptions to this.*
2. Patients need to have full information about their condition so they can communicate to medical staff what it is they need, such as pain relief.
3. Always let the person know you care about him/her.
4. Let them know that you will be there with and for their good at all times. This means social, emotional, spiritual and religious support.
5. Be their advocate when they cannot articulate their needs. If you cannot be an advocate find one that will have the person's welfare primarily at heart.

What is Permissible?

1. Get them appropriate medical care that would provide comfort.
2. Allow them to decide to pursue or not to pursue treatment, once they know all the facts of their condition and what the prospects for improvement are.
3. Discontinuing medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome is legitimate; it is the refusal of "over-zealous" treatment. Here one does not will to cause death; one's inability to stop it is merely accepted.
4. It's permissible to have a Do Not Resuscitate (DNR) order on the chart, for example in the case of a patient having a heart attack doing CPR would be fruitless or would only prolong death by cancer.
5. Food, water, shelter, and necessary hygiene measures are always to be provided.
6. Provide corrective procedures to a baby born with a lethal condition when it would save his/her life.
7. Pain control allows patients to be relieved of pain while remaining conscious.
8. Provide psychological help for one who is afraid, depressed, discouraged as well as for the family.

### CRITERIA TO HELP DECIDE WHAT IS APPROPRIATE

#### Guide to making decision(s)

- Must distinguish between what is morally permissible or not morally permissible.
- What is the *intended* effect? Good or bad?
- Is it moral or immoral?
- Will the decision to provide or withdraw treatment be the cause of death or will the person die from the terminal illness? By the time my mother's cancer had metastasized to her brain she could no longer communicate with us. The doctor offered surgery which he said might prolong her life for only another two weeks (I believe doctors are mandated to do this). Needless to say we opted to refuse the surgery and he commended us for making a wise decision.

There are much more positive ways to help the dying to die with dignity.

### PALLIATIVE CARE

I have personally seen how palliative care has helped dying persons to die with dignity. My mother was the first to be assigned a palliative care bed in a nursing home in her home town. The people who tended to her were compassionate and the care was excellent. She died of cancer in 1994.

A retired nurse and I were discussing the issue of euthanasia and physician-assisted suicide and she gave me a book to read with the title *Final Gifts, Understanding the Special Awareness, Needs and Communications of the Dying*, written by Maggie Callanan and Patricia Kelley, two American palliative care nurses. In this book the authors share their intimate experiences with patients in hospice (palliative) care at the end of life, drawn from more than twenty years experience tending the terminally ill. Absolutely everyone should be given the chance to read this book and gain a proper perspective of death with dignity. I recommend this book for everyone who has a stake in this matter: lawmakers, all medical practitioners and their staff, and families and friends who have or will soon have a member requiring end of life care.

The alternative to euthanasia and physician-assisted dying (suicide) is

- Good terminal care.
- Palliative care in the home or in an institution. It is tailor-made to treat the whole person with an incurable disease. Not only is the person's body cared for but also the psychological side, the fear, the anger, the loss, the despair that happens when a person is facing the end of his/her life.
- Lastly there's the family aspect, because nobody lives in isolation. It becomes a great relief and comfort to the family to know their loved one is well looked after. Proper hospice care provides intervention, comfort and pain relief from the symptoms of an underlying terminal illness. (*Death as a Salesman Documentary on EWTN Jan 26/15*)
- We need to encourage you, our lawmakers, to devote more resources towards palliative care in hospitals, homes and institutions and for the education of health professionals and the public in good palliative care.
- Palliative care cannot always eliminate all suffering in all cases, but it is an excellent way of affirming the life of the person who is preparing for death.

**This is what is meant by dying with dignity. Lives do matter.**

### CONCERNS ABOUT THE RECOMMENDATIONS BY THE SPECIAL JOINT COMMITTEE

How did physician-assisted dying (suicide) end up being a health issue? Is not one human being helping another human being to be killed an obvious Criminal Code issue? Are we for protecting life? Or selling death?

I have the following concerns with some of the recommendations by the Special Joint Committee of the Government of Canada on *Physician-Assisted Dying: A Patient-Centred Approach* tabled February 25<sup>th</sup>, 2016.

1. Recommendations 3 and 4 deal with psychiatric conditions and psychological suffering. Who will determine the competency of these people who suffer from these conditions? I can tell you that at one time in my life I was in a depression and much psychological suffering (which lasted about 10 years) and very nearly committed suicide during that very stressful time. My mental and psychological health returned without any drugs, only with the help of good family and friends. That was 23 years ago! Today, I am so grateful to be alive and thank God for it.
2. Why should we include “adolescents and possibly also children” as being eligible for this “service” at perhaps a later time? They are not equipped mentally, psychologically or spiritually to make this decision. Though I might understand why they would want to do so, I shudder to think where our society is heading if we have parents who would request this for their own child(ren). This, too, would move our society back to the time when the Hippocratic Oath was written.
3. Regarding Recommendation 10, I have already dealt with my objections to this on page 6 under the subtitle WHAT ARE THE CONSEQUENCES? By forcing a medical practitioner to act against his/her own moral standards, this recommendation invites disorder in the psyche of those who, in conscience, are against helping someone take their own life. It also infringes on the *freedom* of conscience and religion for every citizen of this country – what is forced on a few affects everyone.
4. Recommendation 11 is really alarming because it will deny me the choice to be treated in a hospital I can trust to safeguard my life until its natural end.  
People who say they want to be put to death when their quality of life suffers and say they are practicing their faith do not know the loving God who rules that faith and who will never bow down to popular opinion. Since the beginning of time His prohibition of the killing of one’s self for selfish reasons and the killing of another person has been there.

THESE RECOMMENDATIONS ARE NOT ACCEPTABLE.

When political parties demand their elected members to always vote the party line whether a member agrees with it or not, especially when it comes to matters of religious convictions and morals, it often means a member must vote against the wishes of their constituents as well. Demanding this to be a condition for electing candidates at the constituency levels stifles the freedom of the people to elect someone who might more realistically reflect their values.

Political parties like this replicate the communist, Nazi, and fascist approach to governance: elected members are there to serve the party and the state instead of serving the people who elected them. Being at the service of the people who elected you is what real democracy is about. Communists, Nazis and Fascists use their power to force their will upon the people making them captives of their rulers’ ideals.

I see this push for physician-assisted dying (suicide) as the plan of a very few people to control the cost of medicare, to reduce the costs associated with an aging population and the physically or mentally challenged as well as a way to control the population in the world. This is the eugenics of Hitler and has absolutely nothing to do with compassion.

## Physician-Assisted Dying (Suicide)

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The introduction of a law to permit physician-assisted dying (suicide) is *not* health care. Palliative care is, and is a much better option for those who are facing the end of their life. As government this is where your focus should be as well as having a national plan to help prevent suicides which are very much on the rise.

**Therefore I implore you to encourage all parliamentarians to vote for invoking the Notwithstanding Clause of Section 33 of the Canadian Charter of Rights and Freedoms in order to gain the time needed to properly research and reflect on the consequences of passing this law. This would give your government the breathing room needed to draft a law that reflects the working of a true democracy, such as allowing medical practitioners and hospitals the right to refuse to provide physician-assisted dying (suicide), as well as the right to refuse to refer a patient to another where it could be performed, without having to face penalties.**

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cc: Minister of Justice, Minister of Health, Ms. Rona Ambrose, Mr. Thomas Mulcair, Ms. Kelly Block, all members of the Special Joint Committee of the Government of Canada on Physician Assisted Dying (Suicide), Stephen Harper, Saskatchewan Premier Brad Wall, Saskatchewan Minister of Health, Saskatchewan Minister Responsible for Rural and Remote Health, Saskatchewan Minister of Justice and Attorney General and Scott Moe who is my MLA.

*The following was written sometime between 500 and 300 B.C. to counteract a culture in which abortion and euthanasia was rampant and the citizens felt obligated to end their life if they were sick or felt they were a burden to their family or society. The Oath below had been taken by physicians from then on until the late 1960's (in Saskatchewan). For other jurisdictions one must research when (or if) this Oath ceased to be taken at medical school graduation exercises. A doctor, a graduate in 1972 in Saskatchewan, said he took no Oath at his graduation and was not aware of one until he recently found the Hippocratic Oath in 2015 and hung it in his office.*

### HIPPOCRATIC OATH: CLASSICAL VERSION

I swear by Apollo Physician and Asclepius and Hygieia and Panacea and all the gods and goddesses, making them my witnesses, that I will fulfill according to my ability and judgment this oath and this covenant:

To hold him who has taught me this art as equal to my parents and to live my life in partnership with him, and if he is in need of money to give him a share of mine, and to regard his offspring as equal to my brothers in male lineage and to teach them this art—if they desire to learn it—without fee and covenant; to give a share of precepts and oral instruction and all the other learning to my sons and to the sons of him who has instructed me and to pupils who have signed the covenant and have taken an oath according to the medical law, but no one else.

I will apply dietetic measures for the benefit of the sick according to my ability and judgment; I will keep them from harm and injustice.

I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect. Similarly I will not give to a woman an abortive remedy. In purity and holiness I will guard my life and my art.

I will not use the knife, not even on sufferers from stone, but will withdraw in favor of such men as are engaged in this work.

Whatever houses I may visit, I will come for the benefit of the sick, remaining free of all intentional injustice, of all mischief and in particular of sexual relations with both female and male persons, be they free or slaves.

What I may see or hear in the course of the treatment or even outside of the treatment in regard to the life of men, which on no account one must spread abroad, I will keep to myself, holding such things shameful to be spoken about.

If I fulfill this oath and do not violate it, may it be granted to me to enjoy life and art, being honored with fame among all men for all time to come; if I transgress it and swear falsely, may the opposite of all this be my lot.

—Translation from the Greek by Ludwig Edelstein. From *The Hippocratic Oath: Text, Translation, and Interpretation*, by Ludwig Edelstein. Baltimore: Johns Hopkins Press, 1943.

### HIPPOCRATIC OATH: MODERN VERSION

I swear to fulfill, to the best of my ability and judgment, this covenant:

I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow.

I will apply, for the benefit of the sick, all measures [that] are required, avoiding those twin traps of overtreatment and therapeutic nihilism.

I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.

I will not be ashamed to say "I know not," nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery.

I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know. Most especially must I tread with care in matters of life and death. If it is given me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play at God.

I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.

I will prevent disease whenever I can, for prevention is preferable to cure.

I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm.

If I do not violate this oath, may I enjoy life and art, respected while I live and remembered with affection thereafter. May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help.

—Written in 1964 by Louis Lasagna, Academic Dean of the School of Medicine at Tufts University, and used in many medical schools today.

*Though the wording of this modern version of the Oath departs from the ancient version, omitting portions and synopsisizing the portions it does contain, still it represents many of the main points of the ancient Oath. In particular, portions of the above oath correspond to ideas in the ancient Oath, though additions of words such as "for a criminal purpose" change the purpose of the words of the ancient Oath. Also, prohibitions of euthanasia and abortion have been omitted altogether, and the treatment of the relationships between student, teacher, and fellow physician has been greatly reduced.*

## Physician-Assisted Dying (Suicide)

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2. [http://www.bioedge.org/bioethics/bioethics\\_article/10339](http://www.bioedge.org/bioethics/bioethics_article/10339)
3. <http://www.nationalrighttolifenews.org/news/tag/european-institute-of-bioethics/#.VTPi5410zGI>
4. Andrew Coyne: Crossing the Rubicon ([www.news.nationalpost.com](http://www.news.nationalpost.com))
5. Nazi social policies (<http://alphahistory.com/nazigermany/nazi-eugenics/>)
6. Division of Powers in Canadian Health Care
7. Euthanasia, Assisted Suicide & Health Care Decisions – TOC, Part 1 and Part 2 by Rita L. Marker, Patients Rights Council, P.o. Box 760, Steubenville, OH 43952  
<http://www.patientsrightscouncil.org/site/euthanasia-assisted-suicide-health-care-decisions-toc/>
8. Euthanasia Prevention Coalition, Alex Schadenberg, Executive Director/ International Chair, Box 25033 London, ON N6C 6A8 Toll Free: 877-439-3348 ([www.epcc.ca](http://www.epcc.ca))
9. “A Threat to the Supremacy of Conscience”, by Catholic Organization For Life and Family (COLF) February 4, 2015. ([www.epcc.ca](http://www.epcc.ca))
10. Euthanasia and Assisted Suicide, Urgent Questions! 2<sup>nd</sup> Edition © 2013. Catholic Organization for Life and Family, 2500 Don Reid Drive, Ottawa, Ontario K1H 2J2 Tel: (613) 241-9461, ext. 161. Email: [colf@colf.ca](mailto:colf@colf.ca) ([www.colf.ca](http://www.colf.ca))
11. “Assisted Suicide: The issue we can’t afford to get wrong,” Margaret Somerville April 29, 2014. Margaret Somerville is the founding director of the Centre for Medicine, Ethics and Law at McGill University in Montreal.
12. “There’s no ‘mushy middle’ on euthanasia,” Margaret Somerville, October 02, 2014, ([www.mercatornet.com](http://www.mercatornet.com))
13. “Fact-checking claims of ‘well regulated euthanasia’”, by Margaret Somerville, February 2014, ([www.mercatornet.com](http://www.mercatornet.com))
14. “A mad way to die in Quebec”, by Margaret Somerville, June 20, 2013, ([www.mercatornet.com](http://www.mercatornet.com))
15. “‘Yes’ to euthanasia brings a seismic shift in values”, by Margaret Somerville, first published in The Montreal Gazette ([www.mercatornet.com](http://www.mercatornet.com))
16. “Why euthanasia slippery slopes can’t be prevented” by Margaret Somerville, March 5, 2014, ([www.mercatornet.com](http://www.mercatornet.com))
17. “Protecting doctor’s freedom of conscience”, by Margaret Somerville, January 29, 2015, first published in Canada’s *National Post*. ([www.mercatornet.com](http://www.mercatornet.com))
18. “Belgium, where death becomes the norm, living the exception”, (on a documentary about how two people approached their suffering. One dies a natural death and the other is euthanized) by Margaret Somerville, November 7, 2013 ([www.mercatornet.com](http://www.mercatornet.com))
19. Speech text of PowerPoint presentation on The Ethics of Physician-Assisted Suicide and Euthanasia at St. Paul’s Hospital, Saskatoon, November 4<sup>th</sup>, 2014. (Margaret Somerville’s permission was obtained to use any of all her writings.)
20. Richard W. Smith, Archbishop of Edmonton, letter dated February 10, 2015, re Supreme Court decision.

## Physician-Assisted Dying (Suicide)

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21. Letter dated February 20<sup>th</sup>, 2015, to College of Physicians and Surgeons of Saskatchewan by Rev. Dr. John Fryters, Ph.D., ICADC (Internationally Certified Alcohol and Drug Counsellor), Prince Albert, SK.
22. The Hippocratic Oath, ([https://www.google.ca/?gws\\_rd=ssl#q=Classic+Version+of+the+Hippocratic+Oath](https://www.google.ca/?gws_rd=ssl#q=Classic+Version+of+the+Hippocratic+Oath))
23. Hipocrisy and the Hippocratic Oath by Joyce Arthur ([www.prochoiceactionnetwork-canada.org](http://www.prochoiceactionnetwork-canada.org))
24. The Church can't offer a 'diluted' faith: Pope Francis' doctrine chief by Maike Hickson, April 10, 2015, ([www.lifesitenews.com](http://www.lifesitenews.com))
25. The Catholic Church and Euthanasia, "The Essentials of the Catholic Church's Stance on Controversial Issues", (<http://www.dummies.com/how-to/content/the-essentials-of-the-catholic-churchs-stance-on-c.html>)

### Documentaries:

1. Death as a Salesman, What's Wrong with Assisted Suicide, aired on EWTN January 26, 2015. (EWTN.com)

### Videos:

1. "Turning the Tide, Dignity, Compassion and Euthanasia" A Salt and Light Television Production, © 2007 ([www.saltandlighttv.org](http://www.saltandlighttv.org))

### Books

1. "Death as a Salesman, What's Wrong with Assisted Suicide" ebook by Brian P. Johnston, © 2010
2. Catechism of the Catholic Church, Second Edition, © Concacan Inc. – Libreria Editrice Vaticana, 1994, 1997, for English translation in Canada. Canadian Conference of Catholic Bishops, Ottawa, ON.