

## Assisted suicide will become a reality

Mark Pavilons

Canada will have legislation governing physician-assisted suicide, ending decades-long debates about the touchy subject of euthanasia



Similar to discussions and heated exchanges on abortion, the euthanasia issue has two distinct camps ? pro life and pro choice. Granted, we are talking end of life, not the beginning, so it can be argued that it's radically different.

I have heard and read it all over the years. I recall vividly the actions, debates and eventual incarceration of euthanasia activist Dr. Jack Kevorkian, often referred to as ?Dr. Death.?

Kevorkian claimed to have aided some 130 terminally ill patients end their lives and was seen as both a champion and a monster. He was fond of saying ?death is not a crime.?

In Canada, politicians have shied away from making any firm commitments one way or another. It's a very personal and delicate matter.

Obviously, the time has come for the federal government to act.

The Supreme Court's unanimous decision reverses its own decision and gives Parliament a year to draft new legislation that recognizes the right of consenting adults who are enduring intolerable suffering to seek medical help ending their lives. The current ban on doctor-assisted suicide stands until then.

The high court judgment notes the ban infringes on the life, liberty and security of individuals under Canada's constitution. It had been illegal in Canada to counsel, aid or abet a suicide, an offence carrying a maximum prison sentence of 14 years.

?The law allows people in this situation to request palliative sedation, refuse artificial nutrition and hydration, or request the removal of life-sustaining medical equipment, but denies the right to request a physician's assistance in dying,? the ruling noted.

The coming year will undoubtedly see a slew of discussions, debates and public consultation on the issue and intricacies of fine-tuning this legislation.

Brace yourself for a great deal of emotion-filled sentiments, pleas, protests and the gamut of conflicting information.

Almost everyone has an opinion about this subject. So do I.

From where I sit and from what I have personally experienced, I believe the only people with credence to give input into this debate are those directly involved ? palliative care professionals, terminally ill patients and their families.

Lawmakers, politicians, civil servants and pencil pushers have no valid viewpoints to offer, unless of course they've seen the face of death themselves.

I have laid to rest three close family members who died of terminal illnesses. I've lived the worst-case scenario several times. I admit it, I am biased and jaded. Here is just one story.

My mother, tired of living on her own after my dad and sister passed, wanted to come and live with me and my family. We made the necessary preparations and physical renovations and she was ?home? with us and her grandchildren. We enjoyed almost three years together.

One summer evening, as we gathered in the back yard to roast marshmallows, my mom slumped in her chair and began to slur. She

had a stroke.

That was the night ?oma died,??according to our youngest. She was quite right.

Several months at the hospital followed, along with failed rehab. She was permanently paralyzed on one side and never came home.

While the hospital stay was decent enough, there came a point where she had to be placed in a long-term care facility.

Thus began one of the most trying and depressing processes I've been through. While I discovered some very nice places, the top ones came with lengthy waiting lists. Unless you have a fair bit of money, you're destined to live out your days in relative discomfort, in rather dreary digs.

She ended up at an older care facility, on the floor where people are often forgotten. I?will never forget my visits to this place. I wish I could.

While this was the most agonizing time for me, I can only imagine how she felt in such a place. There is no doubt in my mind that if she had all her faculties and was fully aware of her plight, she would have asked to end it all.

Considering that things went from dreadful to horrific, I?would even have supported it.

After less than three months in this facility, she died. They discovered she had advanced pancreatic and lung cancer, conditions that went undiagnosed at the hospital and care facility. She had told us all for many months she was in pain.

You can imagine how I?felt when I discovered that she lingered in what must have been excruciating pain, all the while untreated by her caregivers. I?met with administrators at both institutions to voice my displeasure (that's putting it mildly). We arrived at an understanding.

Letters to various agencies, bureaucrats and even the Minister of Health and Long-Term Care were largely ignored. I did contact a lawyer, only to be told that a senior's life ?isn't worth anything.?

So there you have it. My mom's life, wrapping up in one of the worst possible ways. There was no dignity; not one iota of an existence; no life by any description.

I?could go on and on, recounting the numerous terrible moments we encountered during the final months of her life. The end was a blessing, no question.

So, while activists, politicians and citizens debate the pros and cons of the right to die, it's almost insulting to those of us who really know.

This ordeal killed something inside me. The guilt never wanes. I?wish that no one else ever has to go through something similar.

But people suffer and loved ones die on a daily basis. How we face death is just as important as how we face life.

Let's hope we can come up with a unanimous, compassionate guideline that satisfies everyone.