



## The Age of Kevorkian? The Global Spread of Assisted Suicide

Who would have thought three decades ago that today 10 U.S. states would allow assisted suicide? The controversial practices of the Michigan physician Jack Kevorkian, convicted of murder in 1999 for aiding a patient to commit suicide, have never attained broad acceptance. Still, the legalization of assisted suicide under certain conditions is spreading in the U.S. and around the world. Today, some 300 million people live in nations where they may someday be eligible to commit assisted suicide.

The laws vary from nation to nation, with differing requirements for eligibility and administration. The legal difference between voluntary euthanasia and assisted suicide (sometimes called assisted dying) is primarily that of who administers the lethal medication—a health care professional or the patient. *Most laws, including those in the U.S., are limited to the terminally ill, but a few including Canada's extend to non-terminal physically disabled or potentially even mentally ill persons.*

We should note that the Roman Catholic Church opposes legalized assisted suicide and euthanasia, but does not insist that inordinate medical intervention is required to keep the patient alive. If a patient is in a coma, for example, the family may allow a natural death following the removal of life support.

### The Canadian Death Trip

Many see Canada as an example of a slippery slope as more and more people there have become eligible for assisted dying.<sup>1</sup> Medically assisted dying became legal in Canada in 2016, initially limited to the terminally ill. The act, Medical Assistance in Dying, was amended in 2021 and *extended to those experiencing "unbearable suffering" from an irreversible illness or disability. Unbearable suffering has been interpreted to include mental illness, but this reasoning has not been*

*implemented as of yet.* There has been strong resistance to this interpretation of the law—and it appears the government has been walking back this interpretation. Nonetheless, *an astonishing 4 in 100 deaths in Canada (13,241 in 2022) are now medically assisted.*<sup>2</sup>

The debate about extending the right to assisted death for the mentally ill has been intense in Canada, which has a national health insurance system. When the right to assisted suicide was first enacted, many health care professionals administering lethal drugs to patients found the experience shocking. Dr. Madeline Li, a psychiatrist at Toronto's Princess Margaret Hospital, recalls that the first patient she helped to die in 2016 was a "surreal" experience for her. She kept asking her 60-year-old patient suffering from ovarian cancer if she had the right music and final meal. Li said administering death to a patient was like "stepping off a cliff."

Now, after overseeing hundreds of medically assisted deaths, she finds that the experience "normalizes."<sup>3</sup> Yet she has reservations about extending assisted suicide to the mentally ill. In an interview with the BBC, she said, "Making death too ready a solution disadvantages the most vulnerable people, and actually lets society off the hook. I don't think death should be society's solution for our own failures."<sup>4</sup>

The Canadian debate about extending assisted suicide to the mentally ill began with an amendment to the medical assistance in dying program (called MAID) in 2021 that expanded eligibility to include those with a "grievous and irremediable" physical condition, even if that condition was not life-threatening. This expansion led to a court decision in a legal challenge launched by two people with degenerative diseases. The court ruled that the amendment opened eligibility to disabled persons who are not terminally ill.

Critics of the Canadian expansion included United Nations human rights experts who warned that the 2021 amendment to MAID was opening a door to assisted suicide for persons who wished to die because they could not afford adequate housing or were suffering from extreme loneliness. Marie-Claude Landry, chief commissioner of the Canadian Rights Commission, declared, “Leaving people to make this choice to die because the state is failing to fulfill fundamental human rights is unacceptable.”<sup>5</sup>

### Hearing Loss as Justification

This is a legitimate concern, as seen in the 2019 case of the 61-year-old Alan Nichols, who opted for assisted death after he was admitted to a British Columbian hospital for suicide watch. In the days before his death, Nichols was agitated, confused and refused his hearing aid. His sister-in-law Trish Nichols later told a Senate committee that his MAID application stated the reason he was requesting assisted suicide was “hearing loss.”<sup>6</sup>

In 2023 the Canadian government launched an investigation of a Veterans Affairs case worker after four veterans reported that they had been prompted to consider MAID. One of these veterans, paralympian Christine Gauthier, reported that she was encouraged to use the MAID option by this Veterans Affairs employee after she asked for a wheelchair ramp to be installed in her home. The employee is no longer at Veterans Affairs, but it does not take much imagination to see how MAID can be misused, especially in a government health system.

The Canadian federal government says that safeguards are in place to prevent abuse of the system. The safeguards are that applicants to MAID with grievous and incurable but non-life-threatening conditions must be assessed by two separate clinicians and undergo a 90-day waiting period. Critics contended this was not enough, so the Canadian government is not allowing applications for non-terminal patients for two years until stricter safeguards are put into place.

Still, critics point out that mental illness is an elastic concept. The Canadian Mental Health Association warned that *it is not possible to determine whether any particular case of mental illness is incurable*. As one of the leading Canadian psychiatrists noted, the odds of predicting curability are worse than a coin flip.

However Canada decides to protect the mentally ill or those suffering from debilitating and chronic illness, assisted

suicide is on the rise there. Assisted dying increased by nearly 16 percent in 2023. Increases in previous years were even higher.<sup>7</sup> The average age of those who died was 77 years old; the overwhelming majority were white, followed by 1.8 percent East Asian; and nearly a third lived in Quebec. Although the Canadian assisted suicide death rate is increasing, it still stands slightly behind the Netherlands, where assisted dying accounts for around 5 percent of total deaths.

These rising assisted suicide deaths are causing alarm among some health care workers in Canada. Reports of a homeless man refusing long-term care, a woman with severe obesity, an injured worker, a grieving widow—all of whom requested to be killed under Canada’s law—have left some doctors and nurses struggling with the ethics of a permissive law that allows easy access to assisted death.<sup>8</sup> As one doctor told the press, “I don’t want euthanasia to become the solution to every kind of suffering out there.”<sup>9</sup>

### Lax Enforcement

An investigation of assisted suicide in the Ontario province revealed that euthanasia providers may be breaking the law and getting away with it. The report found that there were more than 400 apparent violations of the law. Moreover, until this report, these violations were kept secret from the public and not a single criminal charge was brought against the violators, even blatant and repeat offenders in a country with one of the world’s fastest-growing assisted suicide programs.<sup>10</sup>

From 2018 to 2024 the Office of the Chief Coroner Dirk Huyer presented cases of violations behind closed doors, but his office failed to alert the public or take steps to prosecute the cases. Huyer felt that these violations required nothing more than an “informal conversation” or an educational notification sent by email to the violators. In one case a health care provider was found to have violated the law multiple times, but Huyer only reported these violations to the regulatory agency overseeing assisted suicide, not to the police, even though Huyer found these violations “just horrible.”<sup>11</sup>

Assisted suicide legislation is spreading in Europe. In late December 2024 the United Kingdom legalized assisted suicide for the terminally ill in England and Wales. It was the first time in nearly a decade that British lawmakers voted on assisted dying.<sup>12</sup> A similar bill had failed in 2015. The debate was reignited when a well-known British broadcaster, Dame Esther Rantzen, said she would consider ending her life after being diagnosed with terminal

lung cancer. Prime Minister Labour Leader Keir Starmer promised her during the July election season that if his party won, the government would allow debate and a vote on the issue.

## European Expansion

After four hours of heated debate, the bill passed by a 330-275 vote. The bill covered only England and Wales, but a similar bill is now under consideration by Scotland's Parliament. Over the last 15 years, the public prosecutor of England and Wales referred 187 cases of assisted suicide to the courts for prosecution, but only five have been successfully prosecuted. The passage of this bill means that *England and Wales have joined the European nations of Austria, Belgium, Germany, Luxembourg, the Netherlands, Portugal, Spain and Switzerland, as well as Canada, Australia, New Zealand and some U.S. states, to permit assisted suicide.* The English vote reflected public support of the legalization of assisted dying. Two-thirds of the British public favor it.

Critics of the bill warn that this measure will be used to pressure vulnerable people, for instance those with disabilities, to end their lives. Rev. Justin Welby told the BBC in October, before he resigned as archbishop of Canterbury, that the idea of assisted dying is "dangerous" because it could lead to people who are not terminally ill "feeling pressure to ask for it."<sup>13</sup> Proponents of the bill argued that the act has safeguards to prevent this slippery slope. If Canada is any example, however, the next push will be for those suffering from chronic diseases and disabilities to request assisted suicide.

## Assisted Suicide in the U.S.

Doctor-assisted dying is legal in 10 states—*California, Colorado, Hawaii, Maine, Montana, New Jersey, New Mexico, Oregon, Vermont and Washington—as well as the District of Columbia.* New York is headed toward being the 11<sup>th</sup> state, as its state Assembly is considering a bill for legalization. The bill would allow all mentally competent, terminally ill adults with a diagnosis of only six months to live to request prescriptions from their doctors for life-ending medication. Patients receiving this prescription have to be able to ingest the medication on their own, and only the person seeking to die could request the prescription.<sup>14</sup> The bill gained the support of the Medical Society of the State of New York, made up of 20,000 doctors.

Critics of the bill warned of inaccurate prognosis and pressure on the patient. Colleen Barry, a nurse and board member of Euthanasia Prevention Coalition USA, cautioned that "Even if there is just one case of abuse or coercion, or even if there is just one mistake, that is a dead person."<sup>15</sup>

The bill was first introduced in 2016 by Assemblywoman Amy Paulin, the chair of the Assembly's Health Committee. The bill has an uphill battle, even though the Assembly is Democrat-controlled. Governor Kathy Hochul and leaders of the state Assembly and Senate have not officially supported the bill, but support in the legislature is increasing, suggesting that if not this year, legalization of assisted suicide for the terminally ill will eventually come to the state.

Currently, New York is one of 19 states considering bills that would legalize medical aid in dying. Two states, Kansas and West Virginia, have bills to further criminalize those who help someone with a physician-assisted death. West Virginia has a bill for the state constitution to totally ban assisted suicide.

## New Technology of Death

Those states that legalize assisted suicide require some form of health care provider consent to prescribe medication to assist dying.

In an age of technology, however, advances are being made to take physicians out of the equation. In Switzerland, a 3D-printed "suicide capsule"—a pod which the patient enters—has passed legal review. The capsule's promoter, Dr. Philip Nitschke, told the press that his aim was to allow anyone to download the design and print it. Nitschke hopes that his capsule will allow assisted suicide to be demedicalized by obviating the need for medical professionals to be involved.<sup>16</sup> A review by a Swiss legal academic concluded that Nitschke's pod does not break any regulations governing medical products.

The death pod, known as Sarco, is to be operated only from the inside. Users are able to press a button, blink or gesture to release nitrogen gas that induces a state of hypoxia (deprivation of oxygen) and eventual death. Sarco will not be for sale, but the design will be distributed by Exit International to allow people to 3D-print the capsule themselves. The projected distribution will begin next year in Switzerland. By not selling the machine itself, Exit International seeks to avoid legal trouble in the majority of countries where assisted suicide remains against the law.

Nitschke has a long history of advocating for the right to die. He ran for political office in his native Australia on a platform of euthanasia reform. In 1996, he became the first medical doctor to legally administer a voluntary lethal injection. He believes his machine is about “democratizing the dying process. We consider it a right for all rational adults to be able to divest themselves of their life, it is not just some privilege decided by others that can be granted to the very sick.”<sup>17</sup>

His argument about democratization of assisted suicide is belied at this point by the cost of his machine, estimated at around \$12,000. Of course, mass production will lower costs. Although Nitschke plans to make the Sarco capsule available in Switzerland in 2025, the software required will probably not be ready in time. Nevertheless, there should be no doubt that this method is coming.

A mantra of the current age is “Our Bodies, Ourselves,” i.e., the notion that we should have autonomy over our bodies. The Catholic Church and other Christians believe that God gave us the gift of life and that our bodies are ultimately not ours alone. To kill another or oneself is a betrayal of God’s gift of life. The advance of legal assisted suicide—and of technology that allows for easy suicide—should be a concern not only for Christians and Jews, but also non-believers concerned about a society that does not respect life.

Limiting assisted suicide to the terminally ill (usually defined as having fewer than six months to live) at least keeps the numbers relatively low and avoids many of the abuses seen in laxer nations such as Canada and the Netherlands. But experience shows that *pressure to expand eligibility beyond the terminally ill is predictable and, if not fiercely resisted, leads to disturbing increases in deaths*

*abetted by health care professionals who should be dedicated to saving lives, not ending them.*

## In Memoriam: Caroline Corley (1958-2024)

We are sad to inform our readers that the Cardinal Mindszenty Foundation’s office manager for the past 21 years died unexpectedly on December 31. Caroline Corley capably handled many office functions involving our subscribers, donors, vendors, printing companies, board members and address list. She opened the mail, answered the phone, made bank deposits, acknowledged donations and subscriptions, proofread the *Mindszenty Report*, and oversaw our website, office equipment, upgrades to our software, purchases of inventory and supplies, and the physical organization of our office. We will miss her and ask for your patience as we transition to a new part-time operations manager. *Requiescat in pacem.*

<sup>1</sup><https://www.bbc.com/news/articles/c1dpwg1lq9yo>.

<sup>2</sup><https://www.bbc.com/news/articles/c0j1z14p57po>.

<sup>3</sup><https://www.bbc.com/news/world-us-canada-64004329>.

<sup>4</sup> Ibid.

<sup>5</sup> Ibid.

<sup>6</sup> Ibid.

<sup>7</sup><https://www.bbc.com/news/articles/c0j1z14p57po>.

<sup>8</sup><https://www.pbs.org/newshour/world/some-health-care-workers-in-canada-grappling-with-patients-requesting-euthanasia>.

<sup>9</sup> Ibid.

<sup>10</sup><https://www.thenewatlantis.com/publications/compliance-problems-maid-canada-leaked-documents>.

<sup>11</sup> Ibid.

<sup>12</sup> “Assisted Dying Bill: How Did My MP Vote?” *BBC News*, November 29, 2024.

<sup>13</sup><https://www.nytimes.com/article/uk-assisted-suicide-parliament.html>.

<sup>14</sup><https://www.nytimes.com/2024/06/01/nyregion/euthanasia-assisted-suicide-ny.html>.

<sup>15</sup> Ibid.

<sup>16</sup><https://bioethicstoday.org/blog/the-sarco-suicide-pod-and-beyond-ai-in-the-future-of-end-of-life-decisions/>.

<sup>17</sup> Ibid.

## Mindszenty Report Reprints

1 copy	\$1.50	20 copies	\$15.00
10 copies	\$8.00	50 copies	\$25.00
		100 copies	\$35.00

**CATHOLIC VOTES KEY TO TRUMP WIN, DESPITE PRO-LIFE LOSSES.** Trump succeeded in shifting the Catholic vote 15 points from 2020. Ask for 1/25

**RELIGIOUS INSTITUTIONS REMAIN IRREPLACEABLE GOOD SAMARITANS.** A synod’s conclusion, declining religiosity, and a new study of vital social services by U.S. faith-based groups. Ask for 12/24

The Mindszenty Report is published monthly by

Cardinal Mindszenty Foundation

7800 Bonhomme Ave.

St. Louis, MO 63105

Phone 314-727-6279 Fax 314-727-5897

Subscription rate: \$25 per year

Outside the U.S.A. \$35

We accept credit card payments.

The Mindszenty Report is not copyrighted, and subscribers are invited to have it printed in their local newspapers.

Contributions to the Cardinal Mindszenty Foundation are tax-deductible to the extent allowed by law.

*Web site: [www.mindszenty.org](http://www.mindszenty.org)*