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The terrible truth about ‘assisted dying’: Lessons from Canada and Australia

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[***January 28, 2024 at 1:03 pm***](https://catholicherald.co.uk/posts-by-date/?date=2024/01/28)



Another [big push to legalise “assisted dying”](https://www.thetimes.co.uk/article/assisted-dying-law-is-closer-than-you-think-z6qp9f69g) in the UK has been reinforced by[celebrity endorsements,  hard cases and the testimonies of serving and former politicians who underwent a change of heart and now see that patients should have ‘choice’ at the end of their lives.](https://www.dailymail.co.uk/tvshowbiz/article-12973951/Dame-Esther-Rantzen-daughter-Rebecca-tears-cancer-diagnosis-assisted-suicide.html)

It is being driven largely by assisted suicide aficionado Gary Jones, the editor of the *Express* and a former *Daily Mirror* and *News of the World* journalist [who came into the public eye last year when Prince Harry took his phone hacking claims to the High Court.](https://www.theguardian.com/media/2023/may/18/daily-express-editor-gary-jones-was-involved-in-phone-hacking-court-hears)

“Assisted dying” is always presented as a liberating choice. To the uninformed, it often sounds like a choice between the best in compassionate medicine and the suffering of an unnecessarily lingering and painful death.  While it is true that an estimated 120,000 patients each year receive substandard treatment to alleviate symptoms at the end of their lives, the type of “assisted dying” envisaged by campaigners does not concern palliative care, or any medical care at all for that matter. It is about empowering doctors to kill or assist patients to kill themselves with impunity. The term “assisted dying” is a euphemism, both for assisted suicide, by which a person ingests a lethal cocktail prescribed by a doctor, and euthanasia, where a medic directly administers a lethal injection. None of the hard cases, celebrity endorsements and slick and well-funded media campaigns can hide this reality.

Assisted dying campaigners would have been delighted and emboldened by Esther Rantzen’s pre-Christmas intervention and the support it got from the BBC, but they have always had allies in the mainstream media. [The *Sunday Times* in 2022 ran a campaign to change the laws](https://www.conservativewoman.co.uk/own-goal-for-the-sunday-times-cheerleader-of-campaign-for-euthanasia/) and under Jones the *Express*has launched a petition demanding a parliamentary debate on “assisted dying”, followed by a free vote.  At time of writing, its “crusade” had reached more than 77,000 signatures, six times as many names required for a government response. If this country is to have such a debate, surely it should focus on the facts rather than the propaganda. Don’t expect that. The truth is an obstacle to the pro-death lobby because whenever this is highlighted, both the public and Parliament tend to react viscerally against their proposals, draft legislation quickly loses support and erstwhile convinced supporters waver in the face of horrifying evidence of abuse.

Advocates typically qualify their arguments by calling for robust “safeguards” that will somehow resolve any problems – “just a little bit of assisted dying but not too much”. But look how safeguards worked with the 1967 Abortion Act. That too was initially about hard cases but is now indisputably about de facto abortion.  Those who dare to confront the truth can see quite clearly that, irrespective of what campaigning humanists tell them, every jurisdiction which has relaxed its laws to permit “assisted dying” within the last decade have seen such restrictions weakened or swept aside to widen the criteria for those eligible to die.

The most egregious example is Canada, which permitted euthanasia in 2016 when death was “reasonably foreseeable” in terminally ill patients. That safeguard was scrapped four years later. Euthanasia has since been extended to people with disabilities and from March those with mental illness can qualify too. A Canadian parliamentary committee last year also recommended that euthanasia should be made available to “mature minors” without the consent of their parents.

Under Medical Assistance in Dying (MAiD), patients are routinely made to feel like burdens on the state, and not only if they are recipients of expensive health or palliative care. Everything is more expensive than death and where that logic is followed to a macabre conclusion it is easier to get a lethal injection than a wheelchair or a stairlift. [Some greedy healthcare providers and insurers are actively promoting euthanasia even among the healthy elderly.](https://www.dailymail.co.uk/news/article-12239765/Disgusting-Canadian-healthcare-provider-offers-assisted-suicide-thousands-healthy-patients.html)

Those who are remotely unhealthy can also find themselves quickly in trouble. In one case an elderly woman was given a lethal injection when she complained of isolation during a Covid lockdown and in another a pensioner was granted a euthanasia request simply because he said he feared he would be made homeless. [Euthanasia has also been offered to war veterans suffering from trauma.](https://www.nationalreview.com/corner/canadian-disabled-mans-euthanasia-request-due-to-poverty-approved/)

Deaths by euthanasia in Canada have soared and last year almost 14,000 people died at the hands of their doctors.  [One doctor boasted how she ended the lives of about 400 patients in a single year, saying it was the most “rewarding work” she has ever done.](https://www.dailymail.co.uk/news/article-11611095/Canadian-doctor-whos-euthanized-400-says-helped-kill-man-deemed-incapable-choosing-suicide.html)

In a population of some 38 million people, euthanasia now accounts for 4.1 per cent of all fatalities but in some parts of the country the rates are higher than the national average. In Quebec, for example, 6.1 per cent of deaths were by euthanasia, making lethal injections the third highest cause of mortality after cancer and heart disease and more common than all accidental deaths there put together.  A similar proportion are killed by terminal sedation, a method of euthanasia by omission which is not officially recorded as such even though the clear intention is to bring about death by the denial of food and fluids.

Australia is following a similar trajectory with the piecemeal legalisation of euthanasia across nearly all its states in the last seven years. [The Australian Capital Territory will this year join the club but with extremely permissive legislation from the outset.](https://bioedge.org/end-of-life-issues/an-australian-human-rights-commission-wants-assisted-dying-for-children-and-people-with-dementia/)Euthanasia will be offered widely, children and the demented included and it would be reasonable to assume that other states will soon follow.

The Australian experiment began modestly, only a year after Canada’s, when campaigners persuaded the Victoria legislature that “voluntary assisted dying” would lower suicide rates among the sick and elderly.  Research conducted by Prof David Albert Jones of the Oxford-based Anscombe Bioethics Centre, published in the Journal of Ethics in Mental Health, has found, however, that the claim was spurious [because the numbers of actual suicides have risen by more than 50 per cent in Victoria since the law came into force.](https://jemh.ca/issues/open/documents/Did%20the%20Voluntary%20Assisted%20Dying%20Act%202017.pdf)But that doesn’t matter because suicide prevention was never the true objective.

It is likely that when MPs in Westminster debate this matter again, they will face similar nonsense. When the campaigners tell the Commons that such abuses cannot happen here, that they can be contained by safeguards which work, they must not be believed. Evidence must inform the debate and not false assurances and downright lies. If Quebec’s euthanasia death rate were to be replicated in the UK and scaled up to meet the size of its population, lethal injections would account for about 44,000 of this country’s 668,000 annual deaths.  MPs could ask themselves who exactly will be targeted: the elderly, disabled, sick, mentally ill, demented? Will this then be broadened to socially and economically undesirable people?  They could ask themselves whether the creation of a class of “medics” who consider the murder of patients their most “rewarding work” is really a wise thing to do.

[*This article has been reproduced courtesy of TCW: Defending Freedom.*](https://www.conservativewoman.co.uk/)

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