

Choices

A Position Paper on Euthanasia
British Columbia Persons With AIDS Society

*Adopted by the British Columbia Persons With AIDS Society.
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British Columbia Persons with AIDS Society Choices

Preamble

The British Columbia Persons with AIDS Society is mandated to empower our members by providing information about all available health care options and advocating for safe access to all health services. Where services do not exist, or are unavailable, the Society works on behalf of its membership to ensure that each individual has real choices.

A recent research study of euthanasia indicated that 23 of 34 documented assisted suicides involving persons living with HIV disease, occurred in the home environment, without the benefit of medical supervision. The emerging evidence suggests that people with HIV disease who choose euthanasia as a medical option are being forced, as a result of current legislation governing assisted suicide, to seek back-street euthanasia.

The lack of access to professional medical assistance and appropriate medications has resulted in documented cases of “botched” attempts at euthanasia. The access to medications for euthanasia is limited to those who have underground connections. Those who have no such access have had to resort to violent methods of euthanasia such as razor blades and guns. Street-drugs have also been employed by those who do not have access to medical euthanasia.

Persons assisting others with death in their final days have often been placed in situations where they must lie about the situations surrounding the death in order to avoid prosecution. Physicians, pronouncing a death resulting from euthanasia, have also been placed in a compromising position if they were aware of the circumstances surrounding the death.

The current laws governing euthanasia are compromising the safety of individuals who choose to end their lives and placing in legal limbo those people providing assistance.

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Position Statement on Euthanasia

The British Columbia Persons with AIDS Society is mandated to empower our members by respecting each individual's choice regarding euthanasia and advocating for safe access to health services,

- 1) The Society believes that each individual should have safe access to medically assisted euthanasia, should the individual choose euthanasia as an option.
- 2) The Society believes that professional counselling should be made available in order for individuals to make an informed decision regarding euthanasia.
- 3) The Society urges the Federal Government to enact *Criminal Code* amendments which would recognize the right of individuals to choose medically assisted euthanasia as an option, and give the individual the right to appoint a "proxy" to exercise such decisions should they become unable to do so themselves.
- 4) The Society urges the Federal Government to amend the *Criminal Code* to:
 - a) allow physicians to provide medical supervision and assistance at a hospital or other location designated by the individual concerned and',
 - b) allow others, chosen by the individual concerned, to be present at the time of euthanasia and;
 - c) exempt euthanasia from Criminal Code provisions which criminalize aiding and abetting suicide (Section 24 1) and restricts an individual's right to refuse therapeutically useless treatment (Section 14) or remove these sections of the Criminal Code.
- 5) The Society believes that medical euthanasia should be regarded as a universal health service. It therefore urges the Provincial and Federal Governments to amend relevant policies and legislation to allow for coverage of such services under appropriate provincial health care insurance plans.

Definitions

- a) *Counsellor*, is a professionally accredited person, trained to provide counselling to individuals regarding death and dying.
- b) *Proxy*, is a person appointed by an individual to make treatment decisions, including euthanasia, in the event that the individual becomes incompetent to make treatment decisions.

Table 9

CHARACTERISTICS OF THE EUTHANASIA / ASSISTED SUICIDE		
TOTAL (N=18)		
VARIABLE	N	%
SEX OF DECEASED		
MALE	33	97
FEMALE	1	2.9
LOCATION OF DEATH ^a		
HOME	21	61.8
HOSPITAL	11	32.4
OTHER	2	5.9
YEAR OF DEATH		
1980	1	2.9
1981	2	5.9
1982	1	2.9
1983	0	0
1984	1	2.9
1985	1	2.9
1986	2	5.9
1987	2	5.9
1988	4	11.7
1989	5	14.7
1990	5	14.7
1991	4	11.7
1992	5	14.7
1993	1	2.9
METHOD		
BARBITUATES	7	20.6
CARBON MONOXIDE	1	2.9
CESSATION OF TREATMENT (NON-VOLUNTARY) ^b	1	2.9
CESSATION OF TREATMENT (VOLUNTARY) ^c	1	2.9
GUN	1	2.9
HEROIN	2	5.9
INJECTION OF UNKNOWN SUBSTANCE	2	5.9
INSULIN	1	2.9
MORPHINE	6	17.6
MORPHINE & PILLS	3	8.8
PILL COMBINATION	3	8.8
PILLS & ASPHYXIATION OR SUFFOCATION	5	14.7
RAZOR BLADE	1	2.9

^a Includes 5 deaths outside of British Columbia.

^b patient was comatose, had not earlier expressed his wishes.

^c patient gave consent for cessation of treatment.