
Medical Assistance In Dying In Canada

Life drives its own course along different terrains: a smooth and steady patch of road or a dishevelled and rugged path. Nonetheless, both ways diverge into one end: a dead end. Though every life ceases, its denouement is different. There can either be tranquil endings, or a tragic demise. For those trapped in the arms of chronic pain and sickness, their stories do not have to end with the latter, but can shift towards the former option through physician-assisted suicide.

Medical Assistance in Dying (MAID) is the consensual process of ending a person's life at their request, through the prescription or administration of a substance by a practitioner. Though this procedure might sound horrific, these actions allow people with extreme suffering to die a dignified and peaceful death. In June 2016, Canada joined countries such as the Netherlands and Belgium in the legalization of assisted suicide (Ireland). Being a new addition to the group, Canada's far behind from the achievements that its brother and sister countries have accomplished. Canada's journey has only begun. It still has a long way to go before one can see the benefits that the legalization of assisted suicide attains. More than 1,300 Canadians have ended their lives through Medical Assistance in Dying. Despite this, access to MAID has not been easy, as some communities are lacking physicians and nurse practitioners that are willing to assist them in ending their lives. In addition, health facilities such as Catholic hospitals have the legal right to refuse assisted suicide. This is a growing problem that has caused enormous distress to the patient and family. For them, the government has not truly granted them full access to physician-assisted suicide. Although Canada still faces issues with its current Bill, assisted suicide should not be viewed in a negative light as its legalization facilitates more benefits than losses.

First, abuse of assisted suicide will pursue regardless if it is legal or not. Take into consideration driving privileges. There are still people who park in a no parking zone, cross red lights, or commit a mischievous crime such as drunk driving. These law violators are not hindered by a mere parking ticket or a sentence to jail; hence why they got the audacity to cross the boundaries. This makes the extermination of such heinous crimes, futile and absurd. Likewise, if assisted suicide was banned because of abuse, then might as well all the other privileges since no safeguards for such abuses are effective. Any restrictions or rules can be corrupted to harm others, so it is inevitable for MAID not to be exploited. On the other hand, even if assisted suicide was prohibited, illegal practices of it will still persist. In fact, it is better to have protocols permitting assisted suicide, as doctors who perform illegally will be even more "less likely to admit to participating in such practices".

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Despite the existence of law violators, with or without prohibition, there will always be a majority group of people who will abide by the laws. Therefore, in regards to assisted suicide, it is more advantageous for it to exist legally alongside strict guidelines than to be prohibited.

Furthermore, the legalization of physician-assisted suicide will not lead society down a slippery slope. Particularly, this argument disputes that if society allows actions such as assisted suicide, then civilization will be led “down the slippery slope”, allowing other obscene acts like involuntary euthanasia to take place. The repercussion is argued to pose harm on vulnerable groups, but it is proven that there are no heightened risks on the following: women, uninsured people, the poor, racial and ethnic minorities, minors and mature seniors, and especially people with non-terminal illnesses or physical disabilities. This was a study based on robust data from Oregon and the Netherlands: two places that permit physician-assisted suicide. In both jurisdictions, those that died through MAID were more likely to be from groups “enjoying comparative social, economic, educational, professional and other privileges”. The existence of assisted suicide will not threaten vulnerable groups, since society is highly structured and organized; it will not tolerate chaos. Ultimately, the slippery slope effect is not a concern for physician-assisted suicide.

Lastly, the appalling picture of a family member, bedridden from agony and whose motivations to live have diminished, is a heartbreaking tragedy. For those trapped in the arms of chronic pain and sickness, the image and thought of life lasting slavery to the illness, is disheartening. Being provided palliative care, which aims to “relieve suffering and improve quality of life”, is an inadequate solution for some. What people misunderstand is that for these people, “it is not always pain that renders a life worth living. To lay unconscious, but yet still breathing for the rest of their lives, is nothing but torture that is worse than death. Just as a terminally ill patient has said on a qualitative study in the United Kingdom, that he or she wants to be a “useful member of society and kill the pain at the same time”. They want to lose pain and gain a new purpose but unfortunately, palliative care can only alleviate pain. Strikingly, the opposition argues that physician-assisted suicide will impede palliative care, while encouraging a quick fix: death. But in fact, the expenditure for palliative care in Belgium has “grown consistently by an annual average of almost 10% since the regulation of physician assisted dying”. In other words, palliative care and MAID can work alongside each other, providing patients decisions that can change their lives. They both have the same goal of alleviating the suffering of patients. Thus, the image of a family member, bedridden from agony, is no longer a heartbreaking tragedy. It is now a memory filled with deep peace. Despite, the flaws and imperfections of Medical Assistance in Dying, it should be given a chance to live up to its purpose: grant Canadians a dignified death. Notably, abuse, the slippery slope effects, and the “impediment” of palliative care are not a hindrance to the legalization of assisted suicide. Ironically, the existence of assisted suicide constructively brings order and structure to society.

Overall, Canadian lives might be driven along different terrains nonetheless; both will diverge

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into one tranquil end. Physician assisted suicide is the key to the freedom of life's end.

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