

CAP 651 Social Ethics & Christian Faith
Research Essay
Physician Assisted Suicide

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***Scene Opens** – University buddies, Brian and Matt, are enjoying a spirited game of tennis on a brilliant, spring Saturday morning. Matt is lined up to serve, and Brian is taking his position to receive.*

***Matt** – “All right. This is for the match”.*

He tosses the ball up in the air, and connects perfectly, right down the center line and past a flailing Brian..

***Brian** – “I can’t believe it. You win again! You’d think I’d have learned by now.”*

***Matt** – “Thankfully you haven’t, because I love how loser buys breakfast!”*

***Brian** – Shrugging his shoulders “I can’t deny that agreement. Let’s go somewhere cheap!”*

***Matt** – “You buy, you choose.”*

The two packed up their bags and began walking to a nearby restaurant, chatting along the way. Matt and Brian are in the same pre-med program at school, preparing for a life in medicine. Their Saturday morning tennis game was a great place to let off some steam and connect about their learnings that week.

***Matt** – “Hey, I heard I missed a great guest lecturer in class this week. The presenter was talking about end of life care or something, right?”*

Brian – “Yah, it was an ethics question really, the whole issue of physician assisted suicide. She was talking about our moral and legal responsibilities when it comes to care of terminally ill patients.”

Matt – “That’s interesting, because I just read yesterday that a Quebec MP has introduced a private member’s bill into the House of Commons seeking to legalize euthanasia.”

Brian – “I saw that. It’s not the first time either. This woman submitted it once before in 2005, but the government went into an election before the issue could be processed¹.”

Matt – “Obviously she thinks the laws should be changed. So what were some of the conclusions you and the rest of the class came to on the topic? I imagine it would’ve been some lively debate.”

Brian – *Opening the door to the restaurant.* “Lively would be an understatement for sure! I mean, it’s an issue we’re all going to face in real life, with real patients. It’s not just theoretical. Personally, I think we should not be closed to the idea of helping someone suffering greatly with a terminal illness end their life with dignity.”

Matt – *Sliding into one of the booths.* “Wow. I’m amazed you say that so quickly. Have you really thought through all the implications of that decision?”

Brian – “Probably not. But it seems to strike me as being the humane thing to do. I’m simply honoring their request, aren’t I? I’m just speeding up the inevitable, and helping them forego extra pain and suffering.”

Matt – “Let’s back up for a second, and make sure we’re talking about the same thing here. What I’m referring to is physician assisted suicide. This is where a physician knowingly provides the means for a terminally ill person, who has expressed an interest

¹ Eckstein, Cheryl “History of Euthanasia in Canada”.
http://www.chninternational.com/history_of_euthanasia_in_canada%20part2.htm

to die, to kill him or herself. This is when doctors deliberately aid an individual to end their life. Are we in agreement on that?"

Brian – “Well yes. Physician assisted suicide, or euthanasia, can come in several forms though. There is active euthanasia, which involves an action by a doctor that leads directly to the patient’s death, or passive euthanasia, which is the withholding of medical care that leads to the patient’s death.”

Matt – “I have always wondered whether passive euthanasia is actually euthanasia at all. I see it as just good medicine. It’s coming to a point of realizing that all life ends, and to draw back treatment, with the consent of the patient and family, when it’s obvious that the treatment is not helping.”

Brian – “When it comes right down to it, aren’t both of those the same thing? They both cause the death of the patient.”

Matt – “There is a world of difference between passive euthanasia, in which the dying process is allowed to occur unimpeded by human intervention, and active euthanasia, in which death is brought about by lethal injection or other means. The moral divide between letting someone die and making someone die is vast. One is letting nature take its course, the other is murder. One writer put it this way; ‘Those who claim that forgoing life-saving treatment is no different than PAS tend either to undervalue the role of intention in moral agency, preferring to focus on the common outcome of death in both cases, or they doubt the sincerity of that intention when it claims to intend a reduction in suffering, not a choice for death².’”

² Kaldjian, Lauris C. “A Theologian Response to Physician Assisted Suicide”. Page 205.

Brian – “Okay, I’ll give you that. We also talked this week about voluntary versus involuntary euthanasia, which involves a patient’s direct request for death as opposed to another individual’s intervention on their behalf.”

Matt – “Fair enough. So what we’re talking about is not simply the right of an individual to refuse treatment. This is legal and a normal practice in our system, under the Charter of Rights of Freedom, even if that denial leads to the patient’s death. We’re also not talking about the double-effect, where the health care worker is entitled to give drugs to ease pain, even if the effect is to accelerate death. We are speaking of someone who personally asks for a physicians assistance to help them die, end their suffering.”

Brian – “You sure are a details guy today Matt! Yes, that’s what we’re talking about.”

Just then a waitress walks up.

Waitress – “Are you two gentlemen ready to order?”

Matt – “Sure. . . I’ll have the special, over-easy.”

Brian – “Same with me.”

The waitress fills up their coffee and leaves with their order.

Matt – “So if I could pick up something you said earlier on, you think that this whole physician assisted suicide thing is a good thing?”

Brian – “Actually, I do. I think it’s about time that Canadian laws are changed to allow for physician assisted suicide (let’s just call it PAS) in special cases of terminal illness when requested by the patient. Don’t you agree with me?”

Matt – “Actually, no. I think if PAS was legalized, it would infringe on the rights of the weakest members of our society by placing undue pressure on the old, dying and handicapped to justify their continued existence. I think it’s wrong on so many levels.”

Brian – “How so?”

Matt – “I’m sure you’ve heard of the Hippocratic Oath. We’re expected to take that pledge before we are licensed as physicians. Part of that Oath states ‘I will never give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect.’ We need to maintain an important distinction between doctor as healer, and doctor as harmer. Patients need to know that doctors would never use their powers to end life. I think aiding in someone’s suicide violates a fundamental moral rule against the taking of human life.”

Brian – “But there are acceptable times and circumstances when taking a life is okay, like self-defense or war.”

Matt – “Do you think this fits into those categories? This widely held moral principle that it is wrong to kill a human being does not have ‘exceptions’ for physicians.”

Brian – “I agree. But it’s not like we’re walking around looking for people to kill. We are simply responding to their request to die. I think there is something to be said about honoring someone’s personal autonomy and freedom.”

Matt – “And that’s the argument that Sue Rodriguez brought before the Canadian Parliament and eventually the Supreme Court in 1993³.”

Brian – “Refresh my memory on her.”

Matt – “She was the young woman who was diagnosed with Lou Gehrig’s disease in 1991. She went to court to seek the right to die when, where, how and with who she wanted to. She wanted permission to ask a doctor to help her die.”

Brian – “Now I remember. Wasn’t she the one who stood before Parliament and asked, ‘If I can not give consent to my own death, then who’s body is this? Who owns my life?’”

³ Robinson, B.A. “Physician Assisted Suicide in Canada” Ontario Consultants on Religious Tolerance, June 2008, <http://www.religioustolerance.org/euthcan.htm>

Matt – “That’s her.”

Brian – “Powerful stuff!”

Matt – “No doubt.”

Brian – “But she didn’t get her request, did she?”

Matt – “No. The Supreme Court voted 5-4 against her request for immunity for the physician she wanted help from in committing suicide.”

Brian – “That sounds crazy.”

Matt – “Really, they are simply interpreting the Canadian Criminal Code on the issue. There are two important sections. Section 14 states; ‘No person is entitled to consent to have death inflicted on him, and such consent does not affect the criminal responsibility of any person by whom death may be inflicted on the person by whom consent is given.’ And Section 241 states; ‘Everyone who counsels a person to commit suicide or aids or abets a person to commit suicide, whether suicide ensues or not, is guilty of an indictable offence and liable to imprisonment for a term not exceeding fourteen years⁴.’

Brian – “Wow, you have a great memory for quotes!”

Matt – “These are important sections”

Brian – “It doesn’t seem fair though. Isn’t that a violation of her rights?”

Matt – “The ruling of the Supreme Court in effect said ‘even if she was discriminated against, the discrimination was deemed to be within the reasonable limits that could be imposed in a free and democratic society.’⁵ Everyone has a right to suicide, which is legal

⁴ Duhaime, Lloyd. “Euthanasia in Canada” Editorial published May 7, 2007, <http://www.duhaime.org/LegalResources/CriminalLaw/tabid/340/articleType/ArticleView/articleId/100/Euthanasia-in-Canada.aspx>

⁵ Robinson, B.A. “Physician Assisted Suicide in Canada” Ontario Consultants on Religious Tolerance, June 2008, <http://www.religioustolerance.org/euthcan.htm>

in Canada. But assisting suicide, or intentionally killing someone else, even to reduce suffering, has, and is still, a criminal offense. One of the judges in the Rodriguez case, Justice John Sopinka, wrote; “The active participation of one individual in the death of another is intrinsically morally and legally wrong⁶”. Several private member bills, including this latest one by our friend in Quebec, have sought to change that. All have failed. The Senate even had a special committee investigate these issues, and their findings came out strongly opposed to allowing PAS.”

Brian – “I guess what bothers me is that in this modern day society of freedom and autonomy, an individual can not have control as to when and how they want to die.”

Matt – “I agree, freedom and personal autonomy are important. But we have to be careful when we talk about rights. No one argues for total and complete choice to do anything at all. Otherwise, we’d have people who enjoy abusing children, or ripping people off, being granted rights in those areas. Choice has to be limited if we are to maintain a ‘civilized’ society.”

Brian – “I’ll give you that. Any legal restriction is a restriction on someone’s choice I suppose.”

Matt – “I read a great article on this subject by a professor in B.C., Paul Chamberlain. He wrote ‘One of the most basic principles of liberty set out in a class on Political Philosophy is that individual choice must be limited if political liberty is to be meaningful for all. Without limits, *might* becomes *right*, the strongest rule, all liberty is threatened or

⁶ Gentles, Ian. “Euthanasia and Assisted Suicide – The Current Debate”. Stoddart Publishing, Toronto. 1995. Page 6.

destroyed, and chaos follows. Legal restrictions are required in order to secure and protect civil liberty⁷.”

Brian – “What I don’t get is why those rights have to be restricted in this area. If the fundamental principle of liberty is that my actions don’t bring harm to another, how am I breaking that by assisting someone who wants to end their suffering? Isn’t that a private act?”

Matt – “Actually, nothing could be further from the truth.”

Waitress – “I hate to interrupt what sounds like a fascinating discussion, but here are your breakfasts. Would you like a top up of those coffees?”

Brian – “Please. Thank you. So Matt, tell me how a private act between a patient and his or her physician can harm others.”

Matt – “Precisely because we aren’t talking about a private act, Brian, but a public policy change. What you are asking for is a fundamental change to our legal system. And once assisted death becomes a serious, viable, legal option, it implicitly becomes an ever present suggestion and option for our entire society.”

Brian – “Explain”

Matt – “Okay. Imagine the influence this decision would have on the most vulnerable members of society. Think about the consequences it would have on the elderly, the terminally ill, accident victims, even those who are experiencing severe bouts of depression. These people are already feeling guilty for the profound burden they bear and cause others to as well. If we make these changes, there is now an option that most people would rather not have, and in fact, cause them far more distress.”

⁷ Chamblerrain, Paul. “Whose Life Is It Anyway?” Ravi Zacharias International Ministries, California. 2002.

Brian – “So you’re saying that legalizing physician assisted suicide would cause hardship for those suffering with terminal illnesses? You know my goal is to help them.”

Matt – “I know Brian. But Alex Schadenberg, the executive director of the Euthanasia Prevention Coalition, says ‘The nature of assisted suicide does not allow you to provide protection for vulnerable people. The whole idea is wrong from the beginning. Assisted suicide is a direct threat to those with chronic disabilities and the elderly. It’s an issue of the powerful over the weak. We can’t bring in a law that allows you to kill someone⁸.’”

Brian – “But I don’t understand why it is so hard on this group?”

Matt – “Imagine if you are suffering from a terminal, debilitating disease. Not only are you having to process that, and fight for your own sense of usefulness and value, but now you feel your own continuing existence is a choice you must make and then justify to others.”

Brian – “I see. Essentially, we’re asking them why they should live on while others have made the ‘better choice’ to step aside.”

Matt – “Exactly. And that perspective is backed up by Peter Kyne, a neuro-psychiatrist and palliative-care specialist; ‘I know for a fact that people who are dependent upon others, almost universally feel grief and pain over the burden they are to their families. The sense of obligation to exit the situation, if it becomes a legal possibility, will be overwhelming⁹.’”

⁸ Robinson, B.A. “Physician Assisted Suicide in Canada” Ontario Consultants on Religious Tolerance, June 2008 <http://www.religioustolerance.org/euthcan.htm>

⁹ Chamblerrain, Paul. “Whose Life Is It Anyway?” Ravi Zacharias International Ministries, California. 2002.

Brian – “But what we’re talking about is voluntary euthanasia Matt. We’re not talking about going through the ranks and ‘offing’ people. We’re talking about honoring the requests of those who want to die.”

Matt – “The only problem with that is the line between voluntary and involuntary euthanasia has quickly become blurred in the one country where PAS has been legalized for a while, Holland. Statistics suggest that in 1990, there were over one-thousand people killed ‘without the patient’s request’. Think about those numbers. That means that an average of three people every day were proactively killed by their physicians without the consent or knowledge of the patient. Five years later, the number was just under 1000 people who were actively killed by their doctors without the patient’s consent or request¹⁰.”

Brian – *Continues to chew his food slowly*

Matt – “I read a sobering article in *Macleans* magazine, May 9, 2005, called *A Time to Die*¹¹. It investigates the road Holland has taken. The Netherlands, by the way, along with Belgium and the State of Oregon are the only places in the world where assisted suicide is legal. Anyway, in this *Macleans* article, they revealed that it is now possible in Holland to kill suffering infants in certain conditions. It gets worse. Rob Jonquiere, from the Right to Die Netherlands lobby group, believes that those who are not sick but who suffer from life should also have the right to end their own lives with the help of a doctor. ‘These people are not psychiatrically ill, but they have that wish. The reason for the

¹⁰ Corbella, Licia. “Canadians should always say ‘no’ to euthanasia” Newspaper Article, Calgary Herald, Saturday April 26, 2008.
<http://www.canada.com/calgaryherald/news/theeditorialpage/story.html?id=cf383d50-16e4-4c40-86d8-e20de73cd569>

¹¹ Petrou, Michael. “A Time to Die” *Macleans* magazine, May 9, 2005. Volume 118, Issue 36, pages 22-25.

suffering is not important. It's the suffering that is important. In a sense, a person who suffers from life can suffer as much as a person who suffers in life because of cancer¹²”

Brian – “That’s their problem. They haven’t established strict guidelines. We can’t move forward with PAS until we have some solid safeguards in place.”

Matt – “Brian, Holland had these guidelines. But within a decade that country has witnessed a rapid progression from voluntary euthanasia to involuntary euthanasia, affecting several hundred people a year¹³. Virtually every guideline set up by the Dutch – a voluntary, well-considered, persistent request; intolerable suffering that cannot be relieved; consultation; and reporting of cases – has failed to protect patients or has been modified or violated¹⁴. The other sad thing is that while all this emphasis is being put on ending people’s lives, there is very little time being spent addressing the suffering itself through pain management research and palliative care.”

Brian – “Okay, but that’s the Netherlands. They have always been quite liberal in their laws. How about Oregon?”

Matt – “Oregon’s safeguards are almost meaningless. If one doctor won’t accommodate your request, then you just go to another until you find one who will do it. See Brian, as soon as you decide that personal autonomy means that you can be killed if you want, that killing is an acceptable answer to personal suffering. Safeguards make no sense because they get in the way of autonomy, get in the way of something that has now been determined ‘good’; killing somebody.”

Brian – “You and I know Canada can handle these type of issues with more restraint.”

¹² Petrou, Michael. “A Time to Die” Macleans magazine, May 9, 2005. Volume 118, Issue 36, pages 22-25.

¹³ Gentles, Ian. “Euthanasia and Assisted Suicide – The Current Debate”. Stoddart Publishing, Toronto. 1995. Page 3.

Matt – “I wish that were true, but I wonder. Look at what happened in the area of abortion. In 1969, Canada’s then justice minister, John Turner, stood in the House of Commons and assured a reluctant Parliament about the protections in place to deal with abortions. ‘The abortion bill has rejected the eugenic, sociological or criminal offence reasons. The bill limits the possibility of therapeutic abortion to these circumstances: It is to be performed by a medical practitioner who is supported by a therapeutic abortion committee of medical practitioners in a certified or approved hospital, and the abortion is to be performed only where the health or life of the mother is in danger¹⁵.’

The problem is, once the abortion bill did become law, it did not limit abortion to certain circumstances. Instead, it allowed abortions in any circumstances. So much so, that within a decade, abortions outnumbered live births in our nation’s largest city, Toronto¹⁶. By 1988, the Supreme Court of Canada had overthrown the abortion law, leaving no restrictions on that practice.”

Brian – *Looking at Matt’s plate.* “How come I’m finished my breakfast and you’ve barely touched yours?”

Matt – “You’re right. I guess I’m just so caught up in this discussion. Brian, for me it is far more than just an issue of personal autonomy or pain reduction. If you allow for PAS, you will not be able to draw the line as to who qualifies. How about a young adult who is undergoing depression and great mental anguish and suffering? What do we say to them? If we try to protect somebody who says they want to commit suicide because of a

¹⁴ Chamblerrain, Paul. “Whose Life Is It Anyway?” Ravi Zacharias International Ministries, California. 2002.

¹⁵ Pickup, Mark. “Euthanasia Won’t Stop With The Dying” Editorial, <http://www.wcr.ab.ca/columns/markpickup/2007/markpickup062507.shtml>

¹⁶ Pickup, Mark. “Euthanasia Won’t Stop With The Dying” Editorial, <http://www.wcr.ab.ca/columns/markpickup/2007/markpickup062507.shtml>

divorce, but then facilitate the request of someone who has cancer, what are we saying to those people?”

Brian – “That’s just the issue. Suffering. I keep coming back to it. That is what this is seeking to alleviate.

Matt – “Think about that Brian. We face suffering and pain throughout our lives, no doubt about that. My question is whether suicide is the option we need to run to? We know there are other methods to do that, pain medication and good palliative care. If we add PAS to a doctor’s arsenal, then that’s one more thing he will consider in the treatment. You have to admit, the desire to be set free from pain is much different from the desire to die.”

Brian – “I suppose so. I just wonder if we’re treating animals better than humans these days. We have no problem putting them out of their misery.”

Matt – “There’s a vast difference because in those situations, we are seriously acting unilaterally, assuming what is best for them. Can you imagine a society where it was okay to just end the life of someone who was suffering like we do with animals? Imagine having to defend your decision. ‘They were not doing so well, so I killed them.’ Do you really want to live in a society like that?”

Brian – “Not really. I would never be able to tell someone I was suffering then!”

Matt – “And what about the possibility of misdiagnosis? You and I know that it happens. What if someone is diagnosed with a terminal illness that they don’t really have, and in that initial state of shock and despair, choose to walk down the road of PAS?”

Brian – “True, but the reality is PAS or euthanasia or whatever you want to call it is already happening, underground, without any safeguards or review.”

Matt – “Brian, just because we know something is happening, it doesn’t mean we should take steps to legalize it. Just because we know some bankers embezzle funds, it doesn’t mean we should establish guidelines and principles for embezzling. People who don’t follow the law in the first place aren’t going to follow any guidelines we set up in the walking out of that law.”

Brian – “So do you ignore the public opinion polls, which range from 55-70 percent in favor of some form of PAS?¹⁷”

Matt – “You don’t ignore them, but it’s a question of how much weight you put on them. Don’t forget, it’s more difficult than it first appears to determine the will of the people. Depending on how the question is worded, you can get almost any response you’d like on an issue. And even if we could know their wishes, is this in and of itself a reliable method for determining morality? Would we say that slavery was right because majority approved?”

Brian – “No”

Matt – “Exactly. Public opinion is one thing. But I would rather side with the educated opinion of scholars and experts in the field. There is a reason why the Canadian government has joined with governments all over the world in repeatedly rejecting a move down this path.”

Brian – “I hear what you’re saying Matt. Really I do. But I hear you because I know you. And I also know you to be a person of faith, which I’m okay with. That’s not where I’m at. But why would anyone else listen to you? Aren’t you just trying to impose your religious beliefs on me?”

¹⁷ Robinson, B.A. “Physician Assisted Suicide in Canada” Ontario Consultants on Religious Tolerance, June 2008, <http://www.religioustolerance.org/euthcan.htm>

Matt – “Is that what you’ve been hearing Brian? Have I once invoked God or religion in this conversation? Everyone comes at moral issues from a particular worldview. Mine happens to be Christian. And yes, Christianity does view human life as intrinsically and immeasurably valuable. It’s true that Christian teaching has always been that every human being is created by God in His image, and as such is pronounced as having inherent value. But rather than asking where these worldviews are coming from, isn’t it more profitable to look at the reasons for their viewpoints, and whether they are indeed worth holding?”

Brian – “Probably. And you have given me a lot to think about. I thought PAS made sense as a response to autonomy and as a merciful act to suffering. I truly haven’t thought about it as much as you have.”

Matt – “I agree that being a Christian does impact the way I look at this. PAS violates the sanctity of human life. We take on ourselves the role of God, and believe me, doctors need no more reasons to do that.”

Brian – “I agree!”

Matt – I like what John Jefferson Davis says in his book, *Evangelical Ethics*; “The euthanasia mentality sees man as the lord of his own life; the Christian sees human life as a gift from God, to be held in trusteeship throughout man’s life on earth. . . Determining the moment of death is God’s prerogative, not man’s. . . Among a society all too often characterized by the choosing of death and violence, Christians are to be shining lights to a world of darkness, who choose life for themselves and for others – offering to the dying not deadly poisons, but rather neighbor love and the hope of life eternal¹⁸.”

¹⁸ Davis, John Jefferson. “Evangelical Ethics”. Third Edition. P&R Publishing, New Jersey. 2004. Page 201.

Brian – “Living like that would truly draw people to Christianity I think.”

Matt – “I hope so Brian. When it comes right down to it, I understand three positions on this issue, two of which are extreme, and the third one which I have sought to adopt.¹⁹”

Brian – “Let me have them.”

Matt – “First, we can use every medical means to extend every life as long as possible. Medical advancements have made this possible, although I believe, not profitable. The second position is that we can allow the medical profession to in fact terminate human lives, PAS. But as we’ve just talked about, this is wrong, because it’s an abuse of medical profession, entirely unnecessary, and more compassionate means are available.”

Brian – “So what’s this third position.”

Matt – “I believe we are to steer away from both extremes. We should use the medical profession to heal where possible, and when that is no longer possible, we provide compassionate, palliative care. Our job should be to reduce pain and suffering, increase comfort, and be prepared to journey alongside the dying person. As we do that, we can show them that they still have a valuable contribution to make to society at large. No one should be kept alive against his or her will, but by the same token, no one has the right to require others to bring about death. The third path is to give dignity to the dying by how we treat and respond to them.”

Brian – “That really is patient care I guess.”

Matt – “Exactly. If we can address the two biggest issue when it comes to requests for physician assisted suicide, maybe we have addressed the root cause of the issue. The number one reason people ask for it is that the pain is too much to bear. We can deal

¹⁹ Chamblerrain, Paul. “Whose Life Is It Anyway?” Ravi Zacharias International Ministries, California. 2002

with that. Advances of palliative care and pain control are amazing. Not absolute mind you, but significant. And secondly, people want to die to maintain their personal dignity. The real issue here, I think, is that people feel they have nothing else to contribute to society. That's something we have messed up on then. The most supportive response to the hurt of another is simply to be with them. Not just us as doctors, but encouraging those around us not to forget and ignore those in these situations, because we'll all be there one day.

Waitress – “Here’s the check. No rush.”

Brian – “Thanks. I must say Matt, I owe you this breakfast not only for tennis, but for the new perspective you’ve given me on this issue. I’m not sure I agree with everything you’ve said, but I know that I have a lot to think about.”

Matt – “Thanks for your openness. I definitely don’t have all the answers. But it’s one of those subjects that we’re going to be forced to address, not only as physicians, but also with family members and friends. I think it’s important to be ready.”

Brian – “Same time next week on the tennis courts?”

Matt – “You bet! Loser buys again. I’ll see you in class Monday.”

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