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**If I Have the Right to Life, I Should Have the Right to Death: Defending the  
Right to Medical Assistance in Dying (MAID)**

For this essay, I will be addressing the moral and legal controversy of obtaining Medical Assistance in Dying (MAID) in Canada. The position I will be arguing in favour of is the legal right for Canadians to obtain the right of MAID. Firstly, I will be addressing parts of Bill C-7, the act to amend the Criminal Code (medical assistance in dying), highlighting which sections I believe need to be further amended to better suit the public. Secondly, I will contrast and compare various instances in which it would be biased for the government to deny persons the right to MAID. Thirdly, I will provide reasoning as to why persons in Canada should have the legal right to obtain MAID.

After carefully reviewing Bill C-7, the amendments to the Criminal Code in Canada, the following sections are the ones I would make further amendments to in order to further enforce equity among the persons living in Canada. The first issue addressed is whether or not mental illness is considered an illness, disease, or disability (Parliament of Canada, 2021). The removal of mental illness not qualifying as any of the above is an important distinction to make because, in all other aspects of law, mental illness is a qualifying factor for treatment, sick days, and disability. Any condition that qualifies a person for any form of disability deserves to be a qualifying factor for MAID unless the person is not experiencing any form of distress, whether it be mental or physical.

The next section I believe needs further amendment would be section 3.1(g-h) of the Criminal Code. This section states the person opting for MAID must have been previously offered every other form of treatment and/or support available and provided time for meaningful consideration of them (Parliament of Canada, 2021). This section does not provide an alternative for persons who want to consider these other forms of treatment and/or support available but are not in any financial position to do so. These persons may not feel they have any other choice but

to apply for MAID as the better alternative to continue living a life of suffering, whether it be mental, physical, or a combination of both. In order to promote a better sense of equity, an alternative solution, such as a government-funded program to further assist those who fall into this category, would be a more appropriate option for them.

Section 3.4 of the Criminal Code states a refusal of MAID immediately prior to administration results in the person who was to initially receive it no longer being applicable for this right (Parliament of Canada, 2021). It is unclear if this person will be restricted from re-applying for MAID in the future. It would be unjust for a person who decides to no longer receive MAID at that moment to be completely disqualified from re-applying for this assistance in the future. The purpose of the amendment to the Criminal Code for the use of MAID is about providing citizens who are suffering the right to self-autonomy; restricting a person from re-applying for this opportunity to end potential detrimental suffering is counter-intuitive to this notion.

As it stands, one must have reached the age of eighteen years old prior to applying for MAID. Illness knows no boundaries and in turn has no respect for race, sex, or age. Illness, pain, and suffering are not excluded from any person if they are under the age of eighteen years. It is promoting inequality to exclude any person under the age of eighteen from receiving MAID, especially if they are in a position of suffering, and/or are in a position that is close to end-of-life. If any person over the age of eighteen has the right to die with dignity, then so does any person under this currently qualifying age. With any application-based process that requires elaborate steps and requirements for consideration, decisions are made on a case-to-case basis. MAID is appropriately another application-based process that is best suited to operate on a case-to-case

basis. In order to consider any persons under the age of eighteen, a decision as to whether or not they qualify may also be conducted on a case-to-case basis.

The quality of life of a person is equally as important, if not more, as the quantity of life. Often, people who do not feel they are experiencing an adequate quality of life do not desire the same quantity of life as another person who does. A person qualifying for MAID that is suffering tends to experience an “intubated, helpless and often sedated near oblivion” (Brennan and Stainton, 2010 pg.334) quality of life. It is this lack of quality itself that renders the option of MAID as appealing and better suited for a person who is suffering. A person experiencing a lack of quality in life may not feel their life is one worth further living. This person should have the self-autonomous option of ending their suffering with dignity. Persons looking in on this quality of life may be able to empathize with the person who is suffering or overly dependent on sedation, but can never truly understand or experience it for themselves. Considering these persons are not in the shoes of those in suffering, it should not be their decision to outright decline a person a viable option to cease these unpleasant experiences. Just as any able-bodied person can exercise their right to end their life as a means to end their suffering, any person without this capability should have the same right to an option similar in nature.

Patients have the right to refuse treatment if they so choose (Brennan and Stanton, 2021 pg.336). At times, according to the health of the patient, refusal of treatment is a significant factor in their quality and quantity of life. Religion and medicine are not correlated, but any person has the right to refuse treatment for religious reasons. A patient whose life depends on their acceptance of a blood transfusion is not under any legal requirement to accept this treatment, even if it results in imminent death. If a person has the right to refuse treatment, and the result is imminent death, it would be biased for a person to not have the option for MAID,

which has the same result of imminent death. Any patient who refuses any form of aggressive treatment that is their best fighting chance is exercising their right to choose what they want and how they wish to live the remainder of their life. MAID is adding another viable option for a patient to choose from, especially if they are in a state of suffering and do not want to further add to it with an aggressive form of treatment.

A common rebuttal to MAID is “Doctors who remove life support are allowing a natural process to end in death whereas doctors who prescribe lethal drugs are intervening to cause death” (Brennan and Stanton, 2021 pg.336). This argument itself is a fallacy due to life support not being a natural process, to begin with. Having a person on life support is extending their life artificially, and doing so if a person is in a vegetative state is doing so without their direct consent. MAID is based around the concept of consent and is about exercising the right to make a decision about self-autonomy. Claiming that there is a difference between using life support to artificially extend the life of a person and using MAID to artificially end the life of a person is hypocritical. Both concepts use artificial means, the only difference is one is prolonging life and the other is welcoming death. In rebuttal to the argument of potential misuse of MAID, either by physicians and/or anyone in the life of the patient influencing a person to apply for this option against their will, this is why an elaborate application process with the involvement of multiple medical professionals and a witness is required for approval. There are protocols in place to protect the person applying for this option from both systemic failure and the failure of those around them.

In addition to procedures that require consent, the option of whether or not to be resuscitated or to have life support pulled is often determined by the signing of preemptive paperwork. The paperwork required for either of those procedures are examples of premeditated

decision-making in regards to exercising the option to limit suffering and the right to self-autonomy. Legalizing MAID is legalizing another form of premeditated decision-making, the option to limit suffering, and the right to self-autonomy. Persons with debilitating conditions should have the right to die with dignity; no one wants to be and/or feel helpless, or be and/or feel like an active burden on another person or persons. If there is a physical decline without cognitive decline, that person should not have to be obligated to suffer the mental anguish of losing total control over their own body. If there is both a physical and cognitive decline in sight, MAID is an option to save that person from those same feelings of helplessness and/or being a burden during any time of cognitive clarity.

The legalization of MAID in Canada is extending further improving the idea of equity amongst Canadian citizens. Although Bill C-7 adjusts the Criminal Code of Canada to better suit the needs of those who would potentially require the services of MAID to better improve the end of their life, there are further adjustments that could be made in order to better serve the people who are in need of MAID. MAID is not promoting suicide, nor is it promoting death; it promotes the right to self-autonomy, a right that not every single Canadian citizen feels they have due to any form of illness, disease, or disability. The legalization of MAID is a step in the right direction for the government of Canada to continue to improve their concept of equality among citizens, as sometimes equality depends on equity.

## Works Cited

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