

## Legal lite

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### THE TERMINALLY ILL AND THE LAW

Radical and pronounced changes in the beliefs and practices regarding death and dying are creating severe legal consequences for society. Lawyers, doctors, nurses, individuals and professional organizations are faced with having to make difficult moral and medical decisions concerning the terminally ill patient.

Today, the terminally ill must face among other things, the legal problems of being able to control their own demise. The law has been purposely silent as to whether everything possible to prolong life must be done, and whether the process, once it is started, should be ended in certain circumstances. Because of tremendous improvements in the area of medical science, doctors now are able to prolong what was once certain quick death with respirators, oxygen tanks, kidney-dialysis machines, artificial circulation units, intravenous feeding, and various chemical therapies.

One of every four Canadians will face the prospect of becoming terminally ill and undergoing prolonged life. The legal issue is when does society have the right to forbid man to die painlessly and with dignity?

Section 224 of the Criminal Code makes it a crime carrying a fourteen-year sentence to "counsel", "procure", "aid" or "abet" another person to commit suicide. Anyone who actively commits euthanasia is liable criminally for manslaughter, carrying a life sentence, according to S. 219. Section 220 says every woman who commits infanticide is liable to a five-year sentence. Section 221 makes it a criminal offense for any doctor during the act of birth, to cause death to the baby being born. The only exception is where the life of the mother is in danger, then the doctor may preserve her life at the baby's expense. Finally, Section 226 says a woman who is pregnant and about to deliver a baby, who fails "to make provision for reasonable assistance in respect of her delivery", is liable to five years if the baby is injured or dies.

Even if a patient is hopelessly ill, or so severely deformed at birth as to necessitate death, the criminal law forbids any kind of mercy-killing.

Doctors for years have been forced to make their own rules, leaving themselves open to possible civil as well as criminal liability. A doctor who commences treatment of a terminally ill patient, then purposely stops such treatment could be faced with a malpractice suit in addition to possible manslaughter charges. Why has the law not legislated clearly on this subject? Why are there no guidelines on when a doctor can let his patient die? Primarily, the answer lies within society's inability to accept death. Death can truly be said to be the final taboo that has yet to be faced openly by society. Since 1976 various legal movements have tried to work towards the day when it will be legally permissible for an individual to exercise a choice regarding his own fate. "Right to die" bills have been initiated in 16 states. In Great Britain, Japan and Australia among other nations, legislation concerning the "right to privacy" (including the right to die) has been introduced.

It is unacceptable to force people to live in pain well past any point of recovery. Generally, there are two kinds of mercy-killing that must be dealt with: voluntary and involuntary euthanasia. The law has to give the individual, and his family, as well as the doctors and nurses treating him, some kind of guidelines as to what to do when things become hopeless.

In practice, many doctors will not prolong the lives of certain patients if it means condemning them to an inhumane state. For instance, doctors in Britain have various drug treatments they give cancer patients to enable them to die as peacefully as possible. Apparently, doctors have an "unwritten" rule of not resuscitating patients if they will remain in a coma upon recovery.

There have been numerous cases concerning doctors and family members who have committed euthanasia in traumatic situations. Usually at trial, emotion forces the jury to seriously question the law. Judges are faced with having to consider the precedents they may establish if mercy-deaths are allowed.

Today, although it is not legally binding, an individual can either write his own will, or send away for a will from an euthanasia foundation that asks him to be allowed to die as quickly and peacefully as possible in situations beyond medical recovery. The moral influence this places on the attending physician has become stronger and stronger in recent years.

For now, we are all faced with this state of affairs. If you care about the quality and control of your life, this problem deserves you serious consideration

Michael Rubenstein

If you wish to inform us of your ideas and comments or if you have a question please contact us in writing via campus mail at the following address

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### Thorbourne:

## Can't commit money beyond next year

By CINDY CAMERON  
AND ANDRE DICAIRE  
Staff Writers

Included in next week's election day voting, the SRC will ask for the students' opinion on the new referendum raising the student union fee by \$15 in order to pay off the mortgage on the SUB. The SRC figures that the extra \$15 per student, will pay the mortgage off in one year.

If the majority of the student vote is yes, then the referendum will go before the Board of Governors for their vote. At a meeting held on Wednesday, SRC president Perry Thorbourne said, in regards to what will be done with the money, he cannot commit the money for anything beyond next year because, he said, he will probably not be holding office. Thorbourne said he feels that the SUB renovation is not the prime concern, but that paying off the mortgage is the real issue. He said it will be up to future councils to determine what will be done with the extra money; all that he and the present council can do is to set a direction. He said future councils could change this direction at any time, but if it were laid down properly, they would find it hard to do so. Thorbourne added that students should have more faith in the council because it is the students who elects its members.

Thorbourne said as far as the St. Thomas University students are concerned, there is a verbal agreement between the present president of St. Thomas, the newly-acclaimed president and himself that STU students will continue paying their share of the mortgage over the next few years at the interest rate which is in effect when the loan is paid off. This money will go to the UNB Student Union and they will decide what it will be used for. Thorbourne said "they will not be getting off scot free."

"The money is going to the Unions, and that's proper and fair" Thorbourne said. Rumor has it on campus that the referendum increase will not go to the media on campus. Thorbourne said this is "only talk."

The issue at hand is that unless the students do not pay off the mortgage on the SUB through the referendum increase, then the building may be taken over financially by the university which will also control the function of it.

### .... Thorbourne wrong

By J. DAVID MILLER

Mike Corbett (CHSR News Director); in Mr. Berube's (SUB Chairman) addresses to council for the past two meetings he's said, and he's

Upon reviewing the transcript of the above press conference, the following exchange concerning the SUB fee stood out:

(Continued on p. 15)

## EXAMINATION BLUES BASKETS

The Capital Y's Men's  
Club will be delivering  
Blues Baskets on

March 29, 1980

beginning at 9:30 am

# CHSC

presents

## PETER ALAN

Friday March 21 9pm-1am

Saturday March 22 9pm-1am

