

*Private Members' Business*

this regard and I think we need to address these concerns in a different and more humane way.

When emotional and spiritual health are assigned similar status to physical health, the physician's commitment to the role of healer could not be interpreted as a prohibition from allowing death to occur if its purpose is for the relief of suffering. It has been suggested that doctors have to realize that in certain circumstances assistance in dying is a form of medical treatment. It is another way of relieving suffering.

On the subject of pain and suffering, in particular, one writer wrote: "Many people are in favour of the introduction of euthanasia for release from unbearable, painful or undignified existence, and far from resulting in an attitude that would undermine the foundation of society, euthanasia would be seen as an expression of the realization of the limits of human endurance and as an acknowledgement of the duty of care."

It is worth remembering when dealing with physical pain that not all physical pain can be relieved through the appropriate use of pain suppressing drugs. Most can, but not all can. For example, of patients suffering terminal forms of cancer about three per cent will experience pain which is medically untreatable. Some studies in the area of palliative care indicate that we have seriously underestimated the kind of suffering that does exist.

It also needs to be recognized that suffering can take many forms beyond physical and terminal manifestations. If we accept the holistic view of health that I discussed earlier so as to include emotional aspects, we are challenged to address the pain and suffering experienced at this level also.

I use the term irremediable or irreversible medical condition purposefully, because I believe that the various manifestations of pain and suffering are not exclusive to terminal illness. Alzheimer's disease is a useful example in this regard. It is not a terminal condition, yet some of the people faced with this diagnosis experience serious emotional suffering. They fear living a life completely devoid of dignity due to the symptoms characteristic of the advanced stages of the illness. Can any medical professional claim the ability to understand, never mind the ability to treat, the emotional pain and suffering of

an individual whose life has been completely altered due to a health problem such as Alzheimer's disease is?

The urge to avoid, or worse yet deny, the emotional experience of pain and suffering endured by those with irreversible medical conditions is part and parcel of our society's inability to face and accept death as being part of life. Our society has been accurately described as one which exalts the young and the healthy. But as a society we need to understand and accept that for each of us there comes a time when death is no longer the enemy. It is our challenge, I think, to allow others to die when they are ready and not to impose our own desires upon their personal decisions. We need to discuss the taboo subject of death openly with our doctors, family and friends, and the debate regarding euthanasia is a part of this.

In closing, I would like to emphasize that this consideration of each individual's right to die with dignity, the right to choose euthanasia, is not some esoteric academic debate taking place within the margins of Canadian society; conversely, the majority of Canadians are seriously contemplating this issue and are in favour of its legalization. Indeed, in a Gallup poll in 1990 that survey found that 78 per cent of Canadians believe that the doctor should be allowed by law to end the life of a patient if there is an incurable disease that causes great suffering, if the patient has made a formal request in writing.

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A study conducted by Dr. Molloy of McMaster University of 1,500 physicians found that 90 per cent of doctors felt that patient desires were important in life and death treatment situations.

With a majority of average Canadians in favour of euthanasia and a significant majority of the physicians believing that patient desires are important in the consideration of life extending treatment options, is it not about time that euthanasia became a health care option.

When a large number of physicians are willing to risk legal repercussions in order to practice in accordance with their patient's wishes and when we as health care consumers are increasingly demanding such personalized delivery of service, is it not time also to legalize euthanasia?