Brief to the Special Senate Committee on Euthanasia and Assisted Suicide from the Canadian Unitarian Council

"Therefore be it resolved that the Canadian Unitarian Council adopt a policy that advocates the legalization of the rights of mentally competent, terminally or irreversibly ill persons to determine the manner of their dying..."
Resolution of the 1993 Annual Meeting of the Canadian Unitarian Council, Ottawa

The Canadian Unitarian Council is a religious organization comprised of 44 societies representing 5,000 members across Canada. On both a local and national level our churches and council are organized democratically. We have a strong history of involvement in social justice issues. In recent years the Council has only commented on issues where a policy or position was outlined with the participation of our member societies and a clear majority or consensus position was achieved.

The issue of assisted death is one such case where a substantial majority of delegates approved the creation of the policy which heads this document. In this brief we will outline the theological underpinnings for our views and the process by which our policy was formulated.

Theological Roots

Unitarianism (also known as Unitarian Universalism) grew out of the radical wing of the Protestant Reformation. What began as a revolt against a church leadership seen to be corrupt has evolved into a religious conviction that each individual has a right to decide matters of faith for her- or himself. No external power should have the authority to dictate thought or belief; and while society has the power to create laws that maintain order, we believe in the
right of individuals to speak out against those laws seen to be outdated or unjust. Our 500 year history is filled with stories of struggles for the right of free speech in matters religious and political. This Unitarian, liberal understanding of religion has been represented in Canada since the 1830's in a church without a creed or required articles of faith.

Unitarians do find, however, that as individuals we share a set of common approaches to religious and moral issues, and we value the experience of pursuing our personal searches for truth and meaning in a congregational setting. From time to time we have tried to encapsulate some of the guiding themes and understandings common to the wide majority of Unitarians. In 1983-84, a continent-wide process resulted in the adoption of a Unitarian Universalist Statement of Principles1 which many use as a guide. Three principles in particular speak to the euthanasia issue:

We affirm and promote:

The inherent worth and dignity of every person;
Justice, equity and compassion in human relations;...
The right of conscience and the use of the democratic process
within our congregations and in society at large;...

1. "We affirm...The inherent worth and dignity of every person;"

This is the fundamental starting place of Unitarian theology. Each person is a unique expression of the creativity of the universe and must be respected as such. While it is possible to build an argument for the preservation of life at all costs on this principle, most Unitarians see it as a one that gives priority to the quality of life instead of the quantity of life. If each human, once born, has a worth and dignity, then no one has a right to take that life against a person's will. Such violence is an affront to dignity and a negation of worth. But if worth and dignity are to be the guides, then neither should society have the power to prevent mentally

competent, irreversibly ill persons from choosing to end their lives. In our Unitarian view, only the individual can legitimately define when life has lost its quality. If that competent person decides that life is over, we must respect that decision, however much we might grieve her or his passing. This principle takes us to a point of accepting the well-considered suicide.

2. "We affirm...Justice, equity and compassion in human relations;"

The three points of this principle sit in a triangle bound to each other by dynamic tension. Justice refers to that which is deemed to be right and proper under the laws and accepted social contract of a society. Equity refers to the concept of fairness...what is right under the law is not always fair. As notions of fairness change over time, it is the desire for equity that spurs the revision of law. But these two principles alone are not enough. As a pair they are lifeless. It is only when we add compassion as the third leg of the triangle that this principle comes to life. Compassion allows the hearing of the stories of individuals like Sue Rodriguez and others who have been forced to suffer terribly the ravages of debilitating disease.

It is our Unitarian view that the current law which does not permit assisted suicide is both inequitable and lacks compassion. It is unfair to force someone to live when they no longer wish to continue living, and a law which does not allow for the evaluation of each individual's request for assistance lacks compassion. Under this principle, Unitarians assert that the law must be changed to treat with compassion the clearly stated desires of those individuals who feel that their irreversible illness has eroded the dignity and value of their lives. By adding this interpretation to that of the first principle, we come to a position where it might be acceptable to provide aid in dying to someone who is competent and who clearly requests this help.

3. "We affirm...The right of conscience and the use of the democratic process within our congregations and in society at large;"
This principle also reflects a dynamic tension between the rights of the individual and the rights of the community. We have already stated the Unitarian position that no one has a right to dictate another’s beliefs or values. We uphold the right of each member and friend of our societies to speak her or his mind on any matter of conscience, for we believe the open sharing of values and ideas can only further the debate. The decisions resulting from such a process are likely to be more enlightened. It is the widespread, though unofficial, practice in our societies to work towards consensus on most issues of import.

Nevertheless, in a religion which honours the right of the individual to make a stand, consensus is sometimes not possible. In these cases we believe strongly that a democratic decision is the next best thing, for the community as a whole must also have a right to take action that reflects the will of the majority. In the same way that no group should have the power to control the beliefs of an individual, we believe that no individual should have the power to halt the will of the majority. The Canadian Unitarian Council developed a position supporting assisted suicide and euthanasia because an overwhelming majority of Unitarian participants in a nation-wide study project/survey held that view. The proposed policy was then affirmed by a similar majority of delegates at our 1993 Annual Meeting.

Using this same principle, we assert that the Canadian Parliament must find a way to safely legalize euthanasia and assisted suicide. If national polls are accurate, an increasingly strong majority of Canadians are demanding this legalization. As a religion we support this view because it reflects our understanding of the quality of life, the need to treat the requests of the dying with compassion and because the majority in Canada (and in our church) say this is what is wanted.

**Reaching Our Position**

In 1991, the Canadian Unitarian Council commissioned a B.C. congregation to create a national study guide for Unitarians that would consider a range of issues surrounding dying.
Death and Dying: A Study Guide for Unitarians explored palliative care, active and passive euthanasia and the use of advanced care directives\(^2\). It included medical, legal and religious opinions in its reading material. It also included a detailed survey for each participant. The guide was circulated in 1992.

About 7% of active Unitarians completed and returned the survey, a figure we judged to be statistically significant. 79% of those responding indicated support for assisted suicide, and 73% could imagine a situation where they would ask for such help themselves. But if Canadian Unitarians support this option, they do so with some uncertain feelings. The ambivalent quality of many responses suggests a need to resolve key questions.

The first is who will actually "pull the plug". 85% felt doctors should be allowed to help patients die if requested, but only 38% believe that doctors should be required to offer such assistance. Individual conscience may prevent physicians or others from aiding death. Most agree that this conscientious position needs to be respected, however some added, "If a doctor refuses he/she should provide a doctor who is willing". That few are willing to force physicians into such actions suggests an understanding that assisting a suicide, no matter how compassionate it might be, clearly carries an emotional impact on the helper. We did not ask if respondents would be willing to assist in the death of a loved one.

A second issue is safeguards. Fewer than half of respondents believe adequate safeguards are possible. "There needs to be a broad consensus on the safeguards before doctors can be allowed to assist in active euthanasia. This does not now exist." Many expressed a concern for misuse of euthanasia, although few elaborated on the kind of misuse they feared.

Since the completion of this survey, we have become aware of some models for safeguards that have gained our confidence. One has been designed by Russell Ogden of New Westminster, B.C. and has been reported in the March, 1994 issue of Canadian Public Policy.

\(^2\) South Fraser Unitarian Congregation: Death and Dying: A Study Guide for Unitarians, (CUC, 1992) copies available on request.
A brief has been presented to your committee. A second, similar approach has been established by the Washington State group Compassion in Dying (headed by Unitarian minister Ralph Mero Jr.) and follows from the safeguard criteria advanced in that state's 1992 referendum. We are confident that a discussion of these safeguard models with our Unitarian respondents would serve to boost their confidence.

**The Issue Is Choice**

In the overall survey result, Unitarians expressed a clear desire to have choice in the manner of their dying. It is likely that most would be satisfied by the gentle and respectful hands of palliative care workers, and would generally be willing to refuse heroic treatment and let nature take its course, as long as that course was relatively pain-free. While that would suit most, there was also an awareness that horrible deaths do occur. Because of this reality, Unitarians made it clear that they want the list of choices available to them to include assisted suicide.

**Conclusion**

The principles of the Unitarian religion strongly support the right of individuals to make choices for themselves and of the need for the larger community to respect those choices. Our principles also lift up the inherent worth and dignity of human beings, which we consistently interpret as a call to improve and preserve the quality of life. A large majority of Unitarians hold that these principles guide us to a position of supporting the widespread calls in Canada for the legalization of assisted suicide or euthanasia.

June 1, 1994.