

Canadian Medical Journal Offers Guidelines for Euthanasia/Organ-Harvesting Non-Terminally Ill Patients



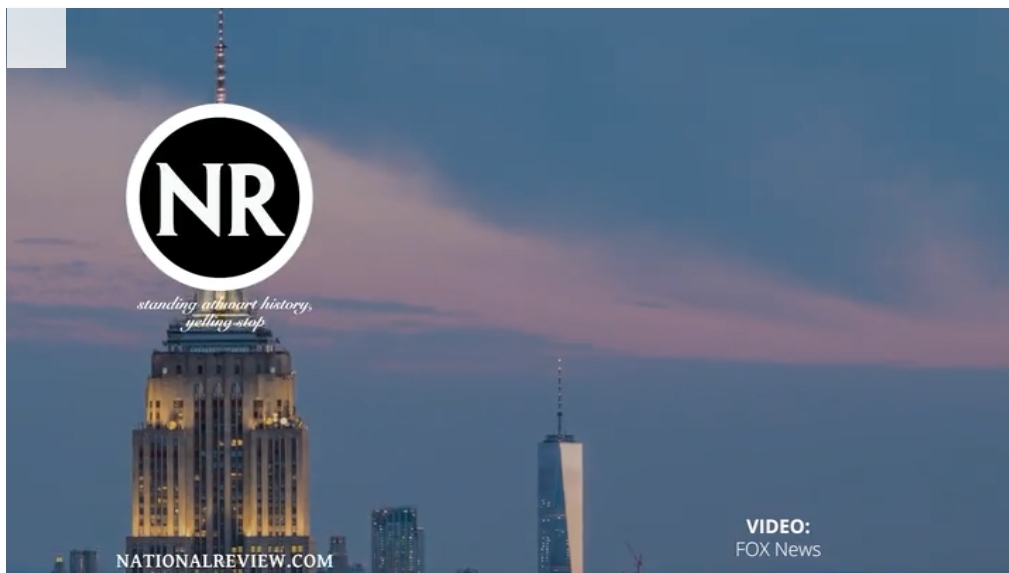
(gorodenkoff/iStock/Getty Images)

By **WESLEY J. SMITH**

June 28, 2023 8:44 PM

A new *Canadian Medical Association Journal* article updates recommendations for doctors to apply when euthanizing and organ harvesting *non-terminally ill patients*. The article was published in the wake of

Canadian law now allowing patients *who are not dying* to ask for euthanasia — called “Track 2” patients in the article. (Track 1 patients, those whose deaths are “reasonably foreseeable,” have even more relaxed policies than



Due to space considerations, I will focus primarily on Track-2 patients — what a dehumanizing term to describe patients soon to be administered a lethal jab — which include the chronically ill, people with disabilities, the frail elderly, and starting next year, the mentally ill. From, “Deceased Organ and Tissue Donation After Medical Assistance in Dying” (my emphasis):

All Track 2 patients who are potentially eligible for organ donation **should be approached for first-person consent for donation after MAiD once MAiD eligibility has been confirmed**, regardless of when their eligibility for MAiD is confirmed within the 90-day assessment period. (New recommendation)

This means that the death doctor is to contact the organ-donation association, which, in turn, will contact the suicidal patient and ask for his or her organs (which already happens in Ontario). Note: *The patient is not offered suicide prevention but is offered the option of becoming an organ donor.*

The recommendations also suggest allowing a patient to direct the donation:

Organ donation organizations and transplantation programs **should develop a policy on directed deceased donation for patients pursuing MAiD**, in alignment with the directed donation principles and practices that are in place for living donation in their jurisdiction. (New recommendation) . . .

Directed donation should not proceed if there is indication of monetary exchange or similar valuable consideration or coercion involved in the decision to pursue directed donation.

The intended recipient in a directed deceased donation case should be a family member or “close friend” — an individual with whom the donor or donor’s family has had a long-standing emotional relationship . . .

The intended recipient must be on the current transplant waiting list or meet criteria for the same . . .

Transplantation will proceed only if the donor organ is medically compatible with the intended recipient

Think about this. The need for a transplant by medically compatible loved one *could become the motive for asking for euthanasia*. This applies to the non–terminally ill Track 2 as well as Track 1 patients.

Consent to donate is required:

Track 2 patients must provide first-person consent immediately before the MAiD procedure. As such, **first-person consent should be obtained before transfer and admission to hospital for donation**. (New recommendation)

To be a donor, the patient must be killed in the hospital. So, consent to donate is given before transferring to the hospital where the homicide and organ harvesting will take place. Again, no last chance for suicide prevention.

And, the article grouses that *waiting for the patient to initiate organ donation conversations* means “missed opportunities:”

Given the variation in practices relating to both MAiD and donation after MAiD across Canada, some jurisdictions may be unable to apply the updated guidance. Specifically, **in jurisdictions reliant on patient initiation of donation after MAiD, lack of awareness of the option may result in missed opportunities**. Jurisdictions without central coordination of MAiD may experience similar challenges. There are also jurisdictional variations in the education, training and support provided to coordinators who facilitate donation after MAiD.

Euthanasia dehumanizes people deemed killable under the law. Once accepted for death by medicalized homicide, the patient is diminished — in at least some sense — to a natural resource ripe for the harvest.

Canadian medicine has become an ethics horror. Those with eyes to see, let them see.