

# Assisted Suicide for the Poor Recommended by Canadian Ethicists

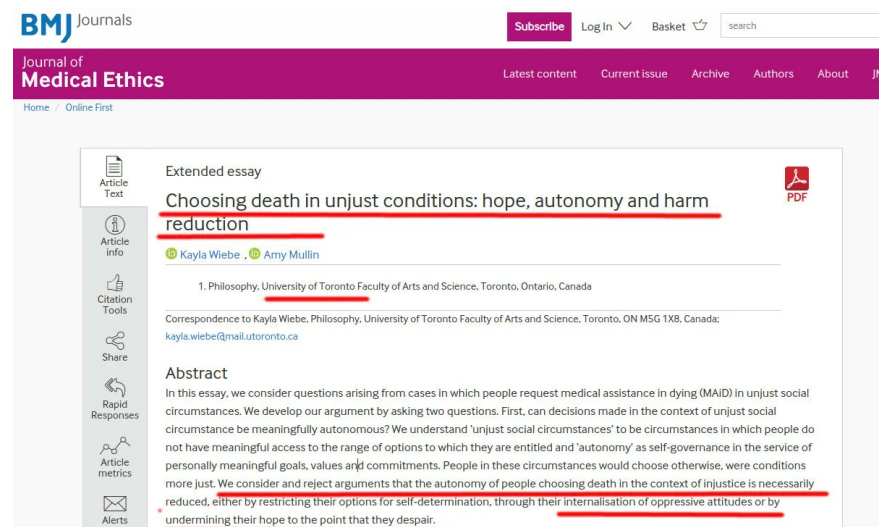
Choosing death in unjust conditions: Authors Recommend Allowing MAiD for the Desperately Poor



IGOR CHUDOV  
MAY 20, 2023



Two authors from the University of Toronto published an [interesting article](#):



Thanks to our paying subscribers, I shelled out \$45 and purchased a PDF copy of the article so I do not go just by the abstract. This post would be impossible without you, my generous paying subscribers!

The article discusses allowing medically assisted suicides for desperately poor people who cannot afford a dignified life or expensive medical treatments.

The authors ask:

Should MAiD be available to people in such circumstances, [poor economic conditions - I.C.] even when a sound argument can be made that the agents in question are autonomous?

They answer this question using a “harm reduction approach,” which is essentially economics and evaluates the *economic worth of assisted suicide* for the poor.

we use a harm reduction approach, arguing that even though such decisions are tragic, MAiD should be available

Their definition of “harm reduction” is absurdly self-referential.

I highlighted the awkward attempt to define “harm reduction” in blue and underlined (in red) the only part that has a prescriptive meaning:

### Our response: argument from harm reduction

We characterise ours as an argument from harm reduction. Harm reduction has typically been used as a type of policy recommendation in public health (often surrounding sex work and drug use). However, we agree with Dea and Weinstock that the insights from harm reduction can be applied in a much wider swath of seemingly intractable debates.<sup>33 34</sup> A harm reduction approach requires a shift to an empirical<sup>33</sup> perspective on difficult debates, and, we would argue, it requires an explicit recognition of the non-ideal circumstances in which these difficult choices are made. A harm reduction approach acknowledges that the recommended solution is necessarily an imperfect one: a 'lesser evil' between two or more less than ideal options. In the cases we have been considering in this paper—indeed all cases implicated by a legal shift like that found in Canada's Bill C-7 in the context of a society that provides less than adequate or just support for its citizens—we ask: what is the least harmful way forward, given the sociopolitical reality as it stands?

The authors explain that "harm reduction" is "lesser evil," reserving the definition of "evil" for themselves.

The real reason for allowing euthanizing the poor shows up a couple of paragraphs down and is, no surprise, a financial one: Canada has a collapsing healthcare system, and euthanizing poor people "clogging hospitals" would allow more deserving individuals (note my sarcasm) to use medical services. The authors stop before saying that out loud, but this is my interpretation of why they brought up collapsing healthcare.

In the case of the availability of MAiD in Canada to people who not only might but have explicitly said they would choose differently if they had access to the options they preferred, we argue that the least harmful way forward is to allow MAiD to be available. Access to healthcare across nearly all dimensions continues to deteriorate in the wake of the pandemic even outside of long-term and palliative care, from basic care,<sup>36</sup> to surgical backlogs,<sup>37</sup> to a general consensus that the system is in a state of collapse.<sup>38</sup> In this context, refusing options to people who autonomously pursue MAiD amounts to perpetuating their suffering, hoping that this will ultimately lead to a better, more 'just' world. This is a world that currently does not exist and is unlikely to emerge in the near future. Even if it did, it is unfortunately even more unlikely that the people whose current suffering has led them to request MAiD will realise its benefits.

So, the authors *argue for expanding medically assisted suicides to people who want to end their lives due to poverty*. Their "harm reduction" analysis suggests, without saying so outright, that MAiD (Medical Assistance in Dying) for the desperately poor would alleviate "collapsing healthcare."

## MAiD Promotes Suicide

Nobody, besides quadriplegics, needs MAiD to end their lives. A few feet of rope is all one needs - and there is no requirement to ask for anyone's permission. The importance of MAiD is that it makes ending one's life easy, painless, and socially

acceptable. Doctor-assisted euthanasia is glorified and advertised in creepy commercials, such as the infamous “blue whale” clip:

## Creepy "Blue Whale" Suicide Symbol is Openly Glorified In Canada

IGOR CHUDOV • NOVEMBER 28, 2022



The image below is a part of a professionally made, creepy video (archive link) promoting and glorifying “assisted” suicide. (The video also is intended to promote Simons brand clothing to make extra money) What is this blue whale? Why is it important? Read on!

[Read full story](#) →

## Is Poverty a Good Reason to Allow Doctor-Assisted Suicide?

The picture below shows a poverty-stricken family during the Great Depression. The wife looks unhappy. The husband looks tired. The grandma has likely seen worse in her younger days and is completely undisturbed. What gives this picture hope is the kids, who look like they have bright futures ahead.



Should any member of the above family end their life? Who would benefit from it?

Many people, even those who are successful at some point, become poor at some other point in their lives. Life is unpredictable. People make bad financial bets, divorce, get hurt or sick, etc. The “social mobility” that we value, allowing dirt poor people to become successful, sometimes works the opposite way.

Becoming “suddenly poor” and experiencing desperate circumstances is traumatic. Help is sparse. Bills mount up. Things seem hopeless.

Imagine someone in such desperate, but possibly temporary, circumstances. Would it be helpful to have a MAiD provider show up, at the worst moment in their lives, with a fancy suicide machine and offer those people a euthanasia option? Is that even a good idea?

It is not a good idea if you ask me! There are many reasons why the authors are wrong, but the most important one is that *circumstances change*, and people recover or accept their new lifestyle. Incentivizing them to kill themselves robs them of giving recovery a chance.

Do you know someone who experienced desperate circumstances, with no hope whatsoever, whose life unexpectedly improved? Would those individuals possibly make a *wrong choice*, if given a seemingly painless option to end their lives at their worst moment?

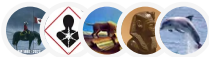
How many lives would this “euthanasia for poor people” take needlessly?

Let me know your thoughts on this proposal by Canadian ethicists from the University of Toronto!

(and thanks again to my paying subscribers)

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KB · 14 hr ago

This is what happens when you take God out of the picture and man tries to become God. Man now believes he is in charge of who lives and who dies. Sadly, this does not just apply to the Canadian healthcare issue. As long as man believes the lie that he is God, this, and worse, will continue to happen.

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33 replies



ClarabelleVonH · 14 hr ago

I'm thinking that society could experience significant harm reduction if we use MAiD for all the people who promote this kind of heinousness.

♡ LIKE (85)    💬 REPLY    ⋮

13 replies by Igor Chudov and others

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