


From: [Brian W](#) 
To: [LA VAD](#)
Subject: Why you should say NO to Voluntary Assisted Dying (VAD)
Date: Monday, 25 August 2025 6:15:11 PM

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Voluntary Assisted Dying (VAD) will inevitably cause harm and suffering to the most vulnerable people at the most vulnerable time in their life.

We understand the idea means well, but it cannot be legislated in any way that prevents it from being abused or misused or simply mistakes.

1. Moral and Ethical Concerns

- Sanctity of Life
 - Many argue that life has intrinsic value, and intentionally ending it is morally wrong, regardless of circumstances.
 - VAD may be seen as undermining a fundamental ethical principle that society should protect life.
- Slippery Slope Argument
 - Legalizing VAD could gradually expand criteria, potentially leading to euthanasia for non-terminal illnesses, disabilities, or vulnerable populations.
 - Critics point to some European countries where laws have broadened beyond the original intent.
- Violation of Medical Ethics
 - Traditional medical ethics (e.g., Hippocratic Oath) emphasize “do no harm.”
 - Actively assisting death may conflict with the core duty of doctors to heal and preserve life.

2. Legal and Societal Concerns

Potential for Coercion or Abuse

- Vulnerable patients (elderly, disabled, or financially dependent) could feel pressured to choose death to avoid being a burden.
- Even subtle societal or family pressure can influence decisions, undermining genuine consent.
- Difficulty in Safeguards Enforcement
 - Ensuring compliance with strict eligibility criteria and procedural safeguards is challenging.
 - Mistakes or misinterpretations could lead to premature or wrongful deaths.
- Undermining Palliative Care Development
 - Focusing on VAD might reduce resources and attention for palliative and hospice care.
 - Critics argue society should improve end-of-life support rather than provide a pathway to death.

3. Psychological and Cultural Concerns

- Impact on Society's View of Life and Suffering
 - Normalizing assisted death may affect how society values older or disabled individuals.
 - Could contribute to an implicit message that certain lives are “less worth living.”
- Mental Health and Decision-making Capacity
 - Even with safeguards, depression, grief, or temporary suffering might influence a person to choose death prematurely.
 - Cognitive biases or untreated mental illness may compromise autonomy.
- Family and Community Trauma
 - Assisted death can create emotional and psychological burdens for family members, caregivers, and medical staff.

4. Practical and Procedural Concerns

- Risk of Errors or Misdiagnosis
 - Terminal illness prognosis is not always accurate. Some patients outlive expectations, meaning they may choose death unnecessarily.

- Potential Legal Complications
 - Even with legislation, disputes over consent or eligibility could lead to lengthy legal battles.
- Impact on Medical Professionals
 - Forcing doctors to participate may conflict with personal, moral, or religious beliefs.
 - Could create shortages in willing practitioners or reduce trust in the medical profession.

The arguments against VAD are strong rational arguments and the alternatives to VAD are procedurally and morally superior :

1. Protecting the intrinsic value of life.
2. Avoiding coercion, abuse, and societal pressure.
3. Preventing a slippery slope to broader euthanasia.
4. Preserving medical ethics and professional integrity.
5. Encouraging alternatives like palliative care rather than death.

The experience of other countries supports the view that VAD should not be enabled

1. Scope Creep Beyond Original Intent

- Netherlands: Originally, euthanasia was permitted only for terminal illnesses. However, recent cases have involved individuals with psychological suffering, including young people. In 2024, there was a 60% increase in euthanasia cases due to psychological conditions compared to the previous year.
- Belgium: Euthanasia has been extended to individuals with psychiatric disorders, leading to concerns about the broadening of eligibility criteria.
- Canada: The expansion of Medical Assistance in Dying (MAiD) to include individuals with non-terminal conditions has raised ethical debates about the original intent of the law.

2. Vulnerable Populations are put at Risk

- Canada: There have been reports of individuals from marginalized groups, such as the homeless and those with disabilities, feeling pressured into choosing MAiD due to social and economic factors.
- Belgium: Despite legal safeguards, there have been instances where individuals with psychiatric conditions have been approved for euthanasia, raising concerns about the adequacy of protections for vulnerable patients.
- Netherlands: Cases involving individuals with advanced dementia or psychiatric conditions have prompted discussions about the capacity to consent and the potential for coercion.

3. Medical Ethics and Professional Integrity

- Canada: Healthcare professionals have expressed discomfort and ethical dilemmas when faced with requests for MAiD, especially from patients who are not terminally ill.
- Belgium: The involvement of physicians in administering euthanasia has led to debates about the role of medical professionals in ending life, conflicting with the traditional medical ethic of “do no harm.” ()
- Netherlands: Physicians have faced challenges in interpreting the legal criteria for euthanasia, particularly in cases involving advanced dementia, raising concerns about the consistency and application of the law.

4. Impact on Palliative Care Development

- Canada: The availability of MAiD has led to concerns that it may divert attention and resources away from improving palliative and end-of-life care services.
- Belgium: While euthanasia is legal, there are calls for a stronger emphasis on palliative care to ensure that patients have access to comprehensive end-of-life options. ()
- Netherlands: The rise in euthanasia cases has prompted discussions about the need to balance assisted dying with the development and availability of palliative care services. ()

5. Legal and Procedural Safeguards

- Canada: There have been instances where individuals have been approved for MAiD without thorough assessments, leading to questions about the effectiveness of legal safeguards.
- Belgium: Despite legal requirements, there have been cases where euthanasia procedures were not properly followed, raising concerns about oversight and accountability. ()
- Netherlands: The increase in euthanasia cases has led to calls for stricter oversight and more rigorous application of legal criteria to prevent misuse.

While Voluntary Assisted Dying is presented as a compassionate option for those suffering, the experiences of countries like the Netherlands, Belgium, and Canada highlight significant ethical, legal, and social challenges. These include the expansion of eligibility criteria beyond original intentions, potential risks to vulnerable populations, conflicts with medical ethics, the impact on palliative care development, and concerns about the effectiveness of legal safeguards.

Regards Brian

