

# Disposable Humans

**“Assisted suicide” continues to prosper.**



**by Bruce Bawer**

**Back in 2014 I wrote here about a** healthy two-year-old giraffe named Marius, who, amid much controversy, was euthanized by the Copenhagen Zoo to make room for “a genetically more valuable giraffe,” as the zoo’s scientific director rather indelicately put it. An international zoo official supported his decision, saying that critics (most of them, apparently, American) should think less about Marius and more about “the bigger picture.” As I commented at the time, these two zoo folk weren’t – aren’t – alone; they belong to a contemporary breed of people, particularly thick on the ground in northern Europe, who think this way not just about animals but, yes, about human beings.

These “bigger picture” types would be quick to deny that there’s anything morally dubious about their position. On the

contrary, as I wrote in my 2014 piece, they're "certain that they are noble and good. They believe in the cycle of life. They believe in quality of life. They just don't happen to believe in the individual life." Often, I added, they contrast themselves to "sentimentalists" – many of them, yes, Americans – "who don't grasp that every individual life is only part of a larger design, a 'bigger picture,' and should be extinguished the moment it becomes burdensome or inconvenient." I suggested that "there exists a certain continuity between this way of thinking and that which made possible the horrors of the Final Solution."

In 2014, "active euthanasia," which means administering a lethal drug, was allowed in Belgium, the Netherlands, and Luxembourg. Period. When I revisited the topic in a 2018 article, it was also permitted in Colombia and Canada. India allowed "passive euthanasia," i.e. withholding artificial life support, while other jurisdictions – Switzerland, Germany, South Korea, Japan, and several U.S. states – prohibited euthanasia per se but allowed "physician-assisted suicide."

On August 18 of this year, I was shocked to read in the *New York Times* that a friend of mine, the writer Norah Vincent, had died on July 6 at age 53. After making some inquiries, I discovered that her death had taken place at a Swiss institution specializing in assisted suicide. Norah, whom I've already written about at length, wasn't physically ill or in physical pain when she chose to die; she doesn't even seem to have been racked by deep depression. In her final days she was able to laugh and joke; in the very last picture of her, taken the day before her death, she has a big smile on her face.

But then perhaps she was in such good spirits precisely because she knew she was about to go. Norah had long been fascinated by death. In her last moments she thought she was embarking on a great adventure. Those of us who can't relate to such feelings – who find them more terrifying than the scariest movie ever – are very, very lucky.

After my article about Norah's death appeared, I received a Facebook message from a stranger in the Netherlands whose mother had chosen to be euthanized when she was dying of cancer. This woman felt that I'd been too critical of assisted suicide. In fact I'd tried to focus my piece on Norah and not on my own views. I've had beloved pets "put down" or "put to sleep," as they say, when they were dying and in pain. I can't criticize human beings who, under such circumstances, want the same option for themselves.

But what about Norah's case? I admitted to this woman that I was troubled by Norah's choice – but I would never condemn her for it, or condemn Norah's and my mutual friend who had traveled to Switzerland with her to be present at the end. How could I dare to? Yes, I wrote, "the idea of it still chafes against ideas about the sacredness of life that I was brought up with. As someone who's had loved ones with serious psychiatric problems, I can't help feeling that with better psychiatric care Norah might still be alive, and happy." Then again, I hadn't been in touch with Norah for many years; meanwhile our mutual friend, a brilliant, good, and sensitive woman, had been extremely close to her, and she'd concluded that Norah was living with an increasingly malignant psychic demon that would never let her go.

No, I wouldn't ever criticize Norah or our mutual friend. But the people who agitate to legalize "assisted suicide"? The people whose chosen profession it is to "assist" at these suicides, and then go home to have dinner with their loved ones? And the people, some of them doctors and psychiatrists, who've even been known to suggest assisted suicide as an option to people in need of medical or psychiatric care? Them, I'll criticize.

In Norway, where I live, assisted suicide is still illegal. But "death panels" are a reality, with certain expensive life-or-death treatments being routinely denied on account of cost. Over the years there have been debates about the morality of

further rationing medical procedures. Every now and then there's an op-ed or TV debate on the question: "How much is an extra year of life worth?" Now, the reason why northern European welfare states instituted sky-high tax rates in the first place was so that there would never *have* to be such debates. Then Norway started pouring millions of dollars every year into the coffers of the UN and other pernicious international organizations as well as into the pockets of Third World dictators. Then there are the ever-growing number of immigrants who arrive at Oslo airport with their hands out, and the tons of cash the government gives to mosques run by hate preachers. If the people who wrote government budgets had their priorities in order, there wouldn't be a need for debates about the cost of health care.

What these debates remind us is that the ultimate danger of permitting euthanasia and assisted suicide is that a choice that's now being made by patients may sooner or later be made by government officials or hospital authorities against the will of patients. On the road to that hell, moreover, there's a point beyond which people who aren't as fiercely determined to die as Norah was are cajoled into doing so. Nor is it unreasonable to worry that a greater legitimization of suicide will make it look attractive to people who otherwise would never have contemplated it. (If this sounds unlikely, look at the countless young people who in the last few years have been seduced by the transgenderism trend.)

No country on earth, perhaps, has traveled further down this road than Canada, which has allowed assisted suicide since 2016. Last year, according to an October 11 [article](#) by Rupa Subramanya, assisted suicide accounted for more than 3% of deaths in Canada, and nearly 5% in Quebec and British Columbia. ("Progressive Vancouver Island," Subramanya writes, "is unofficially known as the 'assisted-death capital of the world.'") More and more Canadians under age 45 are choosing to die in this fashion, and doctors have increasingly broadened

the range of people whom they consider acceptable candidates for death. Next year, Canada's federal government "is scheduled to expand the pool of eligible suicide-seekers to include the mentally ill and 'mature minors.'" Subramanya recounts the alarming story of an Ontario woman, Margaret Marsilla, who discovered a few weeks ago that her 23-year-old son, Kiano Vafaeian, blind in one eye owing to diabetes, had scheduled a September 22 appointment with a doctor named Joshua Tepper to end his life. When Marsilla went public with the details, Dr. Tepper canceled the appointment.

A Toronto oncologist named Ellen Warner told Subramanya that, as "an old-fashioned Hippocratic Oath kind of doctor," she's "100 percent against" physician-assisted suicide. Ponder that for a moment: "old-fashioned Hippocratic Oath kind of doctor." The Hippocratic Oath was good enough for Hippocrates (born about 460 B.C.) and it was good enough for my father and his entire generation of doctors; but now it's "old-fashioned." Indeed, Subramanya spoke with another physician, British Columbia psychiatrist Derryck Smith, who views the rise in Canadian deaths from assisted suicide as a positive development and who told Subramanya that he "never took the Hippocratic Oath...because he thought it was 'archaic.'"

Subramanya also quotes Canadians whose suicide plans are based at least in part on financial considerations. Assisted suicide, one of them told her, "is the new society safety net"; another said that her daughter had told her that, given their budget problems, they wouldn't be able to get by and would have to apply for assisted suicide.

The people applying to die aren't the only ones who are thinking about money, of course. For government officials in Canada, as for their counterparts in other countries, assisted suicide is a splendid way to reduce health-care costs. It's thrifty. It's green. It helps, as Ebenezer Scrooge might put it, to "reduce the surplus population." And even as the elites increasingly encourage the rabble to throw in the towel, those

elites themselves will continue to fly halfway around the world, if necessary, to get the best treatment for their own ailments. Last month, Canadian newspapers [reported](#) a story that wasn't the first – and won't be the last – of its kind: a veteran who'd applied to Veterans Affairs for treatment for PTSD and a traumatic brain injury was instead offered the option of assisted death.

One critic of assisted suicide, Norwegian author Jan Grue, wrote a novel called *Det blir ikke bedre* (*It Won't Get Better*, 2016) in which he imagines a future Norway that aims to be “the best of all possible societies.” To that end, the state incentivizes unhappy people to avail themselves of the opportunity to be put to sleep. The utilitarian mentality that is widespread in countries like Norway, Grue [warned](#) in an interview, can reinforce the notion “that there are many lives that are not worth living.” Making the opposite argument was the movie *Me Before You*, also from 2016 (and based on a 2012 novel by Jojo Boyes), in which Will (Sam Claflin), an athletic banker, is rendered quadraplegic by an accident. When his young carer, Louisa (Emilia Clarke), learns that he intends to undergo assisted suicide, she tries to bring meaning to his life and change his mind. They fall in love – but Will goes ahead with his plans nonetheless, because, we're meant to understand, in the long run she'll be better off without him.

As Jan Grue has commented, this film's message is “that disabled people should die so other people can be grateful to be alive.” Is this really the direction in which the Western world wants to go? Let's hope *Me Before You's* overwhelmingly glowing audience reviews on Rotten Tomatoes (“most amazing film ever,” “loved it,” “I cried,” etc.) are merely reflective of the callow tastes of a certain kind of filmgoer, presumably young, dumb, and female, and not representative of the broader public's real view of the disposability of physically imperfect human beings. In any event, at a time when more and more Americans – including mainstream political leaders –

apparently support abortion right up to the moment of birth, I suppose it shouldn't be surprising that many of the same people consider adults to be disposable as well.

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