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Canada's Medical Assistance in Dying: Eugenics under another name?

L'aide médicale à mourir au Canada : l'eugénisme sous un autre nom?

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Abstract
This paper is a study of the Canadian Medical Assistance in Dying (MAiD) program initiated in 2016 and undergoing expansion ever since. It tries to understand how it is that the Canadian government frames assisted dying as a viable and beneficial practice to both individuals and the public purse, while also exploring the rationale for its decision-making. The study begins by examining MAiD and its projected expansion (expected for March 2027) to cover a larger group of applicants than those initially qualifying when it was started. I argue that the program is first and foremost rooted in eugenics and economics as priorities in Canada at the government/administrative and society levels. Together with eugenics, I question economic forms of logic that shape how governments enact and support policies, specifically during periods of financial recession. In my overall analysis, I caution about the serious implications that legalized assistance in dying could have not only on the individuals directly affected and their immediate families and friends, but also on the larger society.

Résumé
Cet article est une étude du programme canadien d'aide médicale à mourir (AMM) lancé en 2016 et qui est toujours en expansion. Il cherche à comprendre les raisons derrière la présentation du programme par le gouvernement canadien comme une pratique viable et bénéfique tant pour les individus que pour les finances publiques, tout en explorant les raisons qui sous-tendent la prise de décision. L'étude commence par examiner l'AMM ainsi que son élargissement prévu (attendue pour mars 2027) qui permettra d'inclure à terme davantage de personnes dans le programme que celles qui étaient admissibles lors de son lancement. Je soutiens que le programme est avant tout enraciné dans l'eugénisme et l'économie en tant que priorités au Canada, tant au niveau gouvernemental et administratif qu'au niveau de la société. En parallèle, je m'interroge sur les formes de logiques économiques qui façonnent la manière dont les gouvernements mettent en œuvre et soutiennent les politiques, en particulier pendant les périodes de récession économique. Dans mon analyse globale, j'attire l'attention sur les graves implications que la légalisation de l'aide médicale à mourir pourrait avoir non seulement sur les individus directement affectés et leurs familles et amis proches, mais aussi sur la société dans son ensemble.

Keywords
MAiD; Eugenics; Economics; Disability; End of life.

Mots-clés
AMM; eugénisme; économie; handicap; fin de vie.

Introduction

In this paper, I examine the Medical Assistance in Dying (MAiD) program, which operates in Canada. The program was initiated by the Canadian government in 2016 with the passage of Bill C-14. It has been expanding since its introduction. In examining a new program such as this one, which has ethical, moral, cultural, social and economic implications across society, it is important to acknowledge that there are various social actors involved in its setting up and implementing, from those who request assistance in dying, to their families and friends, to the healthcare professionals, politicians, pharmaceutical companies, as well as social service providers, just to name a few. Each one of these parties is internally heterogenous, with different groups and individuals responding to different motivations. My focus in the following pages is on governmental actors as I try to understand how it is that the Canadian government frames assisted dying as both a viable and beneficial practice, while also exploring the rationale for its decision-making. Because governments do not exist in a vacuum but are shaped by the societal environment, I also touch on some contemporary societal trends in Canada.

The study begins by first examining MAiD and its projected expansion (at this writing, expected for March 2027) to cover a larger group of applicants than those initially qualifying when the program was initiated back in 2016. I argue that the program is first and foremost rooted in eugenics and economics as priorities in Canada at the government/administrative and society levels. Throughout the late nineteenth and early twentieth centuries, eugenics was practiced overtly across Europe and the Americas, falling into disrepute after 1945. Yet, several of its core principles are embedded within

Canadian society, having been reformulated into less overt practices. Together with eugenics, I question economic forms of logic that shape how governments enact and support policies, specifically during periods of financial recession. In my overall analysis, I ask how it is that MAiD gets framed by governmental actors as valuable and beneficial to both individuals and the public purse. I conclude cautioning about the serious implications that legalized assisted dying could have not only on the individuals directly affected and their immediate families and friends, but also on the larger society. How we frame the concept of a life ‘unworthy’ of living inevitably shapes the way we conceptualize and define the value of all human life.

Medical Assistance in Dying (MAiD)

Medical assisted dying is relatively recent in Canada. Until 2015, it was prohibited since the Criminal Code established that “aiding and abetting” a person to take their life was an indictable offense and that no person could consent to being killed. That year, in *Carter v. Canada*, the Supreme Court of Canada declared the section of the Criminal Code concerning assisted dying to be unconstitutional insofar as it violated s. 7 of the *Canadian Charter of Rights and Freedoms* which guarantees life, liberty, and security of the person. In response to the ruling, in 2016 the federal government, at the time led by newly elected Liberal Prime Minister Justin Trudeau, passed Bill C-14: Medical Assistance in Dying, that legalized medical assistance in dying. The legislation covered cases in which the person kills themselves with a prescribed lethal drug (suicide) and those in which a medical practitioner administers a lethal drug (euthanasia). MAiD was to be accessible to those who were of adult age, competent to make a medical decision immediately prior to provision of the lethal drug, and who had a “grievous and irremediable” medical condition that caused them “enduring and intolerable suffering” and whose reasonably foreseeable outcome, a terminology that was not statutorily defined and thus subject to interpretation, was death (Nuhn et al., 2018). Only doctors and nurse practitioners could assess a person’s eligibility for MAiD.

In 2021, an amendment to Bill C- 14 was passed to remove the requirement that death must be reasonably foreseeable and to waive in writing the requirement of final consent for those at risk of losing decision-making capacity (Variath et al., 2022). As contemplated in the newly amended legislation, Bill C-7: An Act to amend the Criminal Code (medical assistance in dying), a joint committee on MAiD was convened in February 2023 and it eventually recommended an expansion of the program to persons with mental illness and mature minors with no minimum age limit. Following larger than foreseen public opposition, the next month, the Minister of Justice announced that the upcoming MAiD expansion would be delayed by one year for further consultation (Duong & Vogel, 2023). In March 2024, the government again postponed the eligibility date for persons suffering solely from mental illness until March 2027. The proposed expansion of MAiD has generated controversy, with some Canadians opposing and others supporting it. These two groups encompass graduated levels of opposition and support spanning a long arch from absolute rejection of any form of termination of life all the way to extending MAiD to the homeless and those living in poverty (Canseco, 2023). In between these two extremes, a whole range of different opinions are embraced by a population that is demographically as well as ideologically quite diverse. In both Bill C-14 and Bill C-7 there is no requirement for patients to seek alternative treatments, but only an invitation to give such treatments serious consideration. In what follows, I argue that in Canada, the institutional framing and validation of MAiD rests on the continued albeit elided practice of eugenics, as well as overt economic reasons.

Eugenics by another name

While Canada, similarly to many other countries, had eagerly embraced eugenics before the 1940s, any reference to it became anathema in the post-war period, largely because of the association that had by then been established in the collective public mind between Nazism and eugenics. Yet, the relation between Nazism and eugenics was casual more than causal: it is not the theory that created the movement nor the movement that came up with the theory, the two just found each other because they shared some common outlooks. Furthermore, as Hansen and King (2013) point out, "eugenics was a complex movement, and, like any complex movement, it contained numerous strains" (12). In fact, even the strain of eugenics that became popular across Germany and was usually referred to as racial hygiene, was not the same as the radicalized version subsequently embraced by the Nazi Party (Hansen and King, 2013). Decoupling eugenics from Nazism is important in order to be able to conduct a serious analysis of eugenics and its subsequent transformation. Such an analysis inevitably gets corrupted the moment the theory is paired with the Nazi period and, as a result, considered in the exclusive realm of pure evil. Any categorical judgement is inimical to a comprehensive understanding of the many nuances and mutations eugenics has undergone throughout its history.

Eugenics developed in the late nineteenth century as a science whose concern was the amelioration of hereditary qualities in the population. It gained widespread support across the United Kingdom, continental Europe and the Americas (the United States, Canada, Mexico, Brazil, and Argentina) (Sanchez-Rivera, 2023; Capurri, 2020; Grodin et al, 2018; Barnett, 2004; Gallagher, 2001; Benedict and Kuhla, 1999). In Canada, by the early twentieth century, it had started to influence "political decision making and bureaucratic practices" and was quite effectively shaping the immigration process by "calling for specific types of immigrant bodies to be excluded," namely those of persons with diseases and/or disabilities (Bisallion, 2022: 50). A related realm where eugenics was implemented in Canada (as well as the United States), even after its official fall from grace in 1945, was in relation to the coerced sterilization of those deemed to be 'feebleminded'. Within this category, immigrants and Indigenous people featured consistently and were overrepresented. In *Sterilized by the State*, Hansen and King (2013) recount how, from the 1920s all the way to the early 1970s, coerced sterilization was a common practice across the country and particularly within the provinces of Alberta and British Columbia. An organization replicating the famous British Eugenic Society was established in Canada in 1930, and "eugenic theories were widespread among the scientific community and society at large" (Capurri, 2020: 82). For the purpose of gaining a clear understanding of the impact of eugenics on society, it is essential to recognize that, at the time, eugenic measures such as state-sponsored sterilizations were not unique to Germany but were, as already mentioned, also accepted and practice in the United States, Canada, and Mexico (Grodin et al. 2018). Academics in Britain as well as the Americas and continental Europe openly referred to the physical removal of "insane and deficient minds" as a viable solution to reduce medical costs (Capurri, 2020: 23). Therefore, from the very beginning, eugenics and economic considerations operated in partnership and could not be disconnected.

The success that eugenics enjoyed across a large section of the world in the period between the two centuries, was largely propelled by Social Darwinism. While the former claimed to be a scientific theory dealing with improvements in the genetics of individuals and populations, the latter was a philosophical praxis that encompassed all aspects of society from biology to economics and politics. Social Darwinism contributed in substantial ways to the success of eugenics and strengthened the conviction that in a world where the destinies of nations were determined by biological laws, the only rational choice was to subject populations to a rigorous selection process, which included the elimination of unfit and degenerate individuals, who consumed resources without contributing to production (Kessler, 2007; Fest, 1973). Influenced by Darwin's theory of evolution that had been at the core of Social Darwinism, Francis Galton (who was Darwin's cousin) coined in 1883 the term eugenics to refer to selective breeding of genetically fit populations by combining the Greek word 'eu', which means true or noble, and 'genos', which means to give birth (Kessler, 2007; Barnett, 2004).

In the second half of the nineteenth century, Social Darwinism, born in Britain, took hold across continental Europe and North America. Social Darwinism was, as eugenics, not a product of Nazism, but it influenced Nazi ideology, giving validation to the belief that "the common good takes precedence over the good of the individual" (Fest, 1973: 123) and that it was acceptable to sacrifice unfit individuals to save the nation. In Germany, where

Social Darwinism had enjoyed significant success before the advent of Nazism, eugenics was also quite popular and was referred to as racial hygiene, as it was in Denmark, Finland, Norway, and Sweden (Barnett, 2004). It gained further traction after the Nazis took power and embarked on a program of purification of the German people. At the end of WW2, with the defeat of Nazi Germany and on the heels of the Nuremberg Trials, theories that could be associated with Nazism became unacceptable and were, therefore, outright rejected. This was the fate of eugenics, which fell into disrepute and was re-classified as a 'pseudo-science', a value-laden term with a defamatory meaning (Hansson, 2021). Few have identified with or openly supported it throughout the post-war period.

Despite its formal rejection, Barnett (2004) argues that eugenics has persisted as evident in discussions on the ethical implications of the Human Genome Project, a global effort led by an international group of researchers that was launched in 1990 and aimed at generating the first sequence of the human genome, a goal reached in 2003. Today, The NHS England's Long Term Plan aims "to be the first national health care system to offer whole genome sequencing as part of routine care" (Trimble, 2023: 103). This might appear a benign effort until we realize that in the UK, after genetic testing reveal a diagnosis of Down's Syndrome, 90% of pregnancies are terminated (Trimble, 2023). The same figure is found in Canada (CBC News, 2016). Contemporary genetic testing and screening programs which overwhelmingly result in the abortion of abnormal fetuses are another form of eugenics, albeit one that is commonly practiced and widely accepted (Capurri, 2020); so is the continuing practice of rejecting immigrants to Canada who have a disease or disability (Bisaillion, 2022; Capurri, 2020).

The contemporary revival of eugenics is defined by Grodin et al. (2018) as positive eugenics. In the context of Mexico, Sanchez-Rivera (2023) introduces the concept of slippery eugenics to analyse how "the legacies of eugenics manifest today through state policies and also through individual self-regulation via internalized eugenics practices and ideas," as a result making "contemporary forms of eugenics imperceptible" (135). This last point is useful in countering Caplan, McGee and Magnus' (1999) argument that not all eugenics is bad and that we must distinguish between objectionable genetic changes imposed by the state on an unwilling group or population and beneficial genetic changes that instead empower single individuals and families to improve their lot. According to the scholars, the former are associated with coercive state policies that remind us of a ruinous period in human history and constitute the dark side of eugenics, while the latter are voluntary choices in the pursuit of what is desirable that characterize our current society and should therefore be respected. Yet if we look at it from an ethical perspective, why one form of eugenics is reprehensible while the other is morally justifiable begs our careful attention. It is concerning when we assess the legitimacy of eugenic practices exclusively on whether the population is forced or convinced to follow them; people can be convinced of many things, especially when we appeal to their sense of responsibility towards those they love (from their immediate family all the way to their community).

Variations of eugenics that are detectable in numerous countries encompass gender selection practices as well as references to the lives of the elderly or the disabled as "burdensome" (Capurri, 2020: 24). The latter is the focus of interest in this article since I suggest that our understanding of what constitutes a life worth living encourages disabled and diseased individuals to conceive of their existence as worthless and to look at assisted dying as a possible solution to what is "regarded as a problem for the state, for communities, and for individuals" (Titchkosky, 2007: 141). Encouraging certain persons to internalize the belief that their lives are useless and lack value is a more nuanced but not less effective form of eugenics, fitting Sanchez-Rivera's definition of slippery eugenics (2023). The goal remains the creation of a healthy population and the amelioration of the hereditary character of said population, even though such goal is no longer achieved through a blanket state imposition, but by persuading individuals to act as independent agents by freeing themselves of an existence that has become an intolerable burden for themselves and for others. In so doing, disability and disease are framed as being incompatible with a good life and are no longer perceived as an alternative, still legitimate, way to be in the world.

In their studying the perspectives of those who pursued MAiD in Canada in the first year after legalization, Nuhn et al. (2018) report that a large portion of respondents did not indicate "enduring and intolerable suffering" as their reason for requesting assisted dying, but mentioned instead a loss of autonomy and independence as well as "a loss of the ability to participate in meaningful activities, or a loss of a sense of purpose such as work, hobbies, or other enjoyable activities" (e383; see also Li et al., 2017). That physical pain is not a main motivator is hardly surprising since most (but certainly not all) pain is today manageable with the use of appropriate medications ((Khawaja & Khawaja, 2021). Instead, most requests came out of fear of losing autonomy and independence, thus becoming a burden on loved ones. The medical-institutional approach to MAiD has presented the goal of the assistance in dying program in Canada as providing "patient-centered care" (Li et al., 2017: 2085) which is a cornerstone of the Canadian health care system (Thangarasa et al., 2021). In these terms, MAiD is framed as a strategy through which individuals can exercise autonomy and feel "a sense of personal control over the circumstances of dying" (Li et al. 2017: 2088). As noted by Longmore (2009), what is perceived as unacceptable and unworthy of living is the revelation that, no matter how hard we try, "we may not be in control of our destinies after all" (153), and that we are not fully autonomous nor completely independent. Infirmity, disability, chronic illness and disease bring back a sense of humility to the human condition by reminding us of how imperfect and fragile we truly are. Co-dependence and not independence is what characterizes human life. Suffering, caring for and being cared for by others are vital parts of the human experience. Putting into place a program through which we rid the possibilities for these experiences does us a collective disservice.

Economic self-sufficiency and burdensome lives

Disability and disease are considered unbearable because they imperil the myth of the "sovereignty of the self" (Longmore, 2009: 153) and do not fit the normative paradigm dominant in our society; they are also perceived as unacceptable because they transform the person in an economic burden for themselves, their families, and society at large. Economic self-sufficiency has been considered a pre-condition of full membership within society, with the consequence that persons with diseases or disabilities have been stigmatized as unproductive and burdensome. This tendency to reject those who fail to economically contribute to society was strengthened by industrialization and has reached its apogee with the success that neoliberalism has enjoyed in the last half century (Capurri, 2020; Capurri, 2018). Titchkosky writes that, "a citizen is constituted as one able to make an economic contribution" (2007: 168) and that economic productivity is essential for a life to be considered worthy of existing. Citizenship has been and remains associated with the ability of "being an active economic agent" (Barnes & Mercer, 2005: 532).

If we examine the situation of those excluded from paid employment in Canada (whether because of a disability, an addiction, or any other reason), then it becomes understandable why we are seeing an increasing number of individuals applying for MAiD once they are unable to economically provide for themselves (Favaro, 2022). It is hard to think how else but burdensome they would picture themselves while living in a society that considers paid employment and productivity as pre-condition for social inclusion (Barnes & Mercer, 2005). The fact that a 2023 poll indicated 27% of respondents would not outright oppose allowing the homeless or those living in poverty to apply for assisted dying (Canseco, 2023) is just another worrying sign of how Canadian society and culture have been percolated by a belief in the unworthiness of economically unproductive elements. A more recent poll conducted by the highly respected Angus Reid Institute in partnership with Cardus, indicated that although a growing number of Canadians continue to support MAiD, three in five of the respondents admitted they were worried that socially and financially vulnerable members of society could look at assisted dying as the only viable alternative to a difficult-to-access healthcare support system. The proportion of respondents who expressed concerns skyrocketed among those living with a severe disability (Angus Reid, 2024), arguably the group that has the most direct experience with the healthcare system across the country and is therefore in a better position to assess it.

Despite the above-mentioned pressures weighting on the shoulders of individuals who are led to believe that they represent a burden and are left with no alternatives, it is rarely discussed how the governmental apparatus also considers such burden an inconvenience to be avoided. Little has been published on how helping people die might end up saving federal, provincial and territorial governments monies by freeing them of the responsibility to financially support Canadians in need and to cover their health care expenses. That is an aspect of the discussion that goes largely unexamined. What is instead openly discussed are the costs involved in administering the program and medical professionals' concerns that funding mechanisms do not yet exist, so that their work remains uncompensated (Li et al., 2017). Fortunately, a report prepared in October 2020 by the Parliamentary Budget Office (PBO) in response to a Senator's request to estimate the cost of Bill C-7: An Act to amend the Criminal Code (medical assistance in dying), sheds light into the economic logic shaping the government position on assisted dying. The report indicates that the cost of administering MAiD under Bill C-14: Medical Assistance in Dying, was in the range of $22 million, while the gross reduction in health care costs was approximately $109 million: a net cost reduction of about $87 million. With the expansion proposed in Bill C-7, the net reduction would be an additional $62 million, a number that is referred to as negligible when considering the total provincial health care budgets, although the authors admit that this assessment underestimates the real savings (PBO, 2020). According to the report, a better estimate assessment would require additional data on the patients who are requesting MAiD, particularly the life expectancy before natural death, since that would give a sense of how much saving in terms of medical care, both palliative and non-palliative, could be expected; however, the data is missing across Canada, with the only exception being the province of Quebec.

The report prepared by the PBO concedes that, according to several studies (see, for example, Trachtenberg & Manns, 2017), health care costs in the last year of life are substantial and represent a high proportion of total health care spending. Despite such admission, the authors carefully add that “this report should in no way be interpreted as suggesting that MAiD be used to reduce health care costs” (PBO, 2020). A puzzling statement when considering that Canada will pay to help people die yet will not spend the money to enable the conditions that would allow these same people to live. As a case in point, while MAiD costs are covered across Canada, the 2024 federal budget earmarked what amount to $6 per day per person for the long-awaited Canada Disability Benefit, a risible amount that won’t lift any person with disability out of poverty and that incidentally is not expected to kick in until sometime in 2025 (Aiello, 2024). Canada has among the lowest social spending of any industrialized country (OECD, 2022) as well as abysmally long waiting times in the health care public sector (Liddy et al., 2020). The current dismal financial situation in Canada with record-high government deficits, made worse by government spending during the recent pandemic, also promises nothing good for health care: according to the Canadian Institute for Health Information (CIHI), “[t]he anticipated need for fiscal restraint in the future could have a dampening effect on health spending” (2022). In this light, it becomes intelligible the conclusion reached by Trachtenberg and

Manns that MAiD “will release funds to be invested elsewhere” (2017: E104). The authors’ disclaimer that they are not “suggesting medical assistance in dying as a measure to cut cost” (2017: E104) rings hollow as it did in the PBO report. These kinds of analyses are tools that provide governments with an economic rationale justifying the removal of individuals who are no longer economically productive but deemed burdensome to themselves, their families, and the state.

Discussion

In the above, I have discussed governmental support of MAiD, a program resulting in the termination of lives that are no longer considered worthy of living. While this occurs at the request of the subjects whose lives are being terminated and is by no means imposed by external actors, I advance the suggestion that it is difficult to expect any other decision from individuals who have been taught to think of themselves as burdensome and redundant. Eugenics, initially heralded as a science and now downgraded to pseudo-science, sprung to fame in the late nineteenth century. It lost its allure after 1945, yet I have argued that its core principles have managed to remain strongly ingrained within Canada’s legal system and have become accepted by a large portion of Canadian society. While there is little doubt that few would today formally and openly endorse eugenics, I contend that its premises are still considered valid, albeit expressed with a more nuanced and positive language. I also argued that economic considerations, historically tightly connected to eugenics policies and practices, have remained at the forefront of governmental concerns. They are present in the valuing of what is beneficial to individuals and society, and have therefore an impact in the governmental approach towards medical assistance in dying.

It goes without saying that the ethics of assisted dying are complex and that every situation is different. For this very reason, my analysis has not touched on individuals’ perception of MAiD, which are quite diverse and originate from disparate contextual experiences that are unique to each person, nor have I examined the positionality of other actors such as the loved ones of those dying or health care professionals. There is undoubtedly a need for more studies to examine and explore this side of MAiD, and I am looking forward to the contributions of scholars in the field. What instead I have suggested is that allowing the governmental/bureaucratic apparatus to set up the general framework under which assisted dying can be embraced as a valid solution to complex problems is a risky endeavour. An enthusiastic and unquestioned support for assisted dying leaves too much unchecked and too many individuals vulnerable to different forms of pressure and abuse. Considering that the same government that is willing to “assist” individuals in terminating their existence, could gain by significant savings in healthcare expenses, we need to ask if the assistance should be considered as disinterested.

In light of the findings that have emerged from my limited analysis, I believe there are important elements to keep in mind. First and foremost, when considering the extremely rapid development of MAiD in Canada, we must be vigilant and avoid finding ourselves on a slippery slope where we increasingly frame certain live as burdensome and therefore expendable. We must continue to ask “[h]ow do we so easily come to the question of worth in the face of disease, illness, injury, and impairment” (Titchkosky, 2007:

114)? What criteria are we adopting for determining whose lives are worth preserving or removing? My caution is to Canada as well as other countries, including Belgium, the Netherlands, Switzerland, and some US states (California, Vermont, Maine, and others) that are also having conversation on the topic of assisted dying. It is upon us to reassess what is a life worth of living. Benedict and Khula (1999) make the point that, no matter how well-intentioned proponents of assisted dying are, there is the possibility that we find ourselves on a path that begins with voluntary euthanasia and ends up in involuntary euthanasia, that we might use assisted dying as an easy solution to economic problems, and that we might altogether end up losing respect for human life, with all its fragility, imperfection, and its magnificence.

Reflecting on eugenics during the Nazi regime, Gallagher (2001) concludes that what happened then could never occur today because of the valorization of the individual and the consequent structuring of health care systems around the particular needs and wishes of patients. I suggest that this assessment might be erroneous because shifting the centre of power from the state to the individual means little if we are raised in a societal environment where eugenic beliefs are normalized. Sanchez-Rivera's (2003) concept of slippery eugenics is useful to explore how contemporary eugenic practices might not always be imposed by the state but can operate through self-regulation. We should ask if a person is really freely choosing whether to live or die when they are taught that they are a burden, or that life is not a worthwhile prospect if one lives with a disability or within conditions of material depravity. It is valuable to reflect on the alternatives we are aware of and how our decisions are arrived at in response. In a system where proper healthcare support is often denied, applying for assisted dying might not be an expression of autonomous freedom to choose, but rather a decision constrained by the perception that there are no alternatives. Maybe we could resort to human ingenuity to find those alternatives rather than outright accept their absence.

Conclusion

In this study, I have conducted an analysis of the Canadian MAiD program. I have focused on the ideological and economic factors behind governmental decisions. With respect to ideology, I focused on the persistence of eugenics as a foundational background to understand the validation that assisted dying has received across Canada. This is strengthened by economic considerations that, while not openly endorsing MAiD for its cost saving potential, make tangential allusions to it and continue to associate proper citizenship with the ability to make an economic contribution to society, in the process de-valuing those lives that are perceived as representing an excessive cost to the state while also remaining unproductive.

In conclusion of their study, Li et al. admit that it remains to be seen whether, with the legalization of medical assisted dying, our world will be perceived by future generations as "enlightened or dystopian" (2017: 2088). I am afraid theirs is not a question for the future: a world where any human life can be considered by the individual, or their family, or society at large, or the state as an "unbearable burden" (Atherton, 2013: 20) looks increasingly dystopian. In "Reading and Recognition: Un-doing Disability's Deadly Status," Titchkosky asks "On what grounds are some lives made measurable, questionable, and even extinguishable?" (2007: 114). That's the only question that truly matters, not just when it comes to assisted dying. How we define ourselves as a society depends on the answer to that question. A lot is at stake, for us all and for those who will follow.

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