Advance directives for euthanasia promote individual self-determination and welfare in a way consistent with protecting the sanctity of life, thus should remain permitted by law. Individuals anticipating severe mental decline may perceive such future life as unnecessary prolonged suffering. They may wish to utilize euthanasia when such point is reached. However, once severe decline has occurred, they no longer have the competence to give informed consent for euthanasia. Furthermore, timing of cognitive declines cannot be perfectly predicted. In the absence of advance directives, affected individuals are in an unenviable position; they may either resign themselves to a potentially long life devoid of fulfillment or undergo euthanasia while they still have capacity to consent, possibly cutting short a significant portion of a still satisfying life.

Advance directives permit individuals to escape this conundrum. Through this instrument they may extend their current rational capacity to direct key life-decisions after their capacity has been extinguished. Additionally, these individuals will no longer feel compelled to pre-emptively request euthanasia during their still-rewarding life. Hence, advance directives safeguard the sanctity of an individual's biographical life.

Opponents to this policy claim that advanced directives will inevitably result in disproportionate application of euthanasia on society's most vulnerable – the cognitively disabled. The process of creating an advance directive for euthanasia, they argue, necessarily requires evaluation of what kind of life is not worth living. Opponents claim this intellectual exercise will inevitably be extended to those born with cognitive disability. Society will ultimately conclude that such lives may also not be worth living. Laws will be modified to reflect this sentiment, resulting in a surge of individuals with cognitive disability being euthanized.

However, this argument overlooks the fact that the doctrine of informed consent is well entrenched within Canadian society and medical practice; indeed, advance directives are necessary due to the robustness of this doctrine.[1] Furthermore, erosion of this doctrine is more likely to result from denying advance directives; in the face of clear suffering of formerly competent patients with known desire for euthanasia, individuals and healthcare providers will seek to skirt competency standards. The clear standard of informed consent will be blurred. In contrast, advance directives represent a potent expression of informed consent; permitting them fortifies this standard.

The Netherlands has permitted advance directives since 2002 and can shed light on this matter. A recent study found that approximately 2.2% of a sample of euthanasia cases there involved individuals with cognitive disabilities[2]; this is proportionate to the prevalence of cognitive disabilities within the Netherlands.[3] Furthermore, of all deaths

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[1] Consent: A guide for Canadian physicians, Canadian Medical Protective Association, May 2006 / updated April 2021, www.cmpa-acpm.ca/en/advice-publications/handbooks/consent-a-guide-for-canadian-physicians#capacity%20to%20consent

[2] Tuffrey-Wijne, Irene et al. "Euthanasia and assisted suicide for people with an intellectual disability and/or autism spectrum disorder: an examination of nine relevant euthanasia cases in the Netherlands (2012-2016)." *BMC medical ethics* vol. 19,1 17. 5 Mar. 2018, doi:10.1186/s12910-018-0257-6

[3] Tuffrey-Wijne, Irene et al.

in the Netherlands, only 4.4% have been due to euthanasia.[4] There is thus a lack of evidence suggesting that advance directives lead to a deluge of euthanasia amongst the cognitively disabled.

[4] Groenewoud AS, Atsma F, Arvin M*, et al.* "Euthanasia in the Netherlands: a claims data cross-sectional study of geographical variation" *BMJ Supportive & Palliative Care* Published Online First: 14 January 2021. doi: 10.1136/bmjspcare-2020-002573