

CANADA'S SENATE PASSED BILL C-14, THE EUTHANASIA AND ASSISTED SUICIDE BILL, IN TIME FOR SUMMER BREAK

The House of Commons passed Bill C-14 on May 31.

The Senate then passed Bill C-14 with seven amendments from the original bill on June 15.

The House of Commons responded by removing two amendments and then sent it back to the Senate for approval.

The controversial issue was that a medical or nurse practitioner could approve a lethal injection if the person met the requirement that, "natural death must be reasonably foreseeable." The House insisted that the "terminal illness" requirement remain in the bill while the Senate argued that the Supreme Court did not require that a person be "terminally ill."

The Senate then considered referring the language (*natural death is reasonably foreseeable*) to the Supreme Court, but Senators voted against the idea. The final bill maintains that "natural death must be reasonably foreseeable."

We were disappointed that the House of Commons withdrew the Senate amendment that prohibited a beneficiary from



participating in or signing a person's request for assisted death. This amendment would have protected people from a greedy beneficiary or an unscrupulous family member.

The Senate passed Bill C-14 by a vote of 44 to 28. Parliament's response was to declare a summer recess.

The bill was passed on the last day of the parliamentary schedule in time for the summer recess.

...see CANADA'S on page 3

THE FIRST LEGAL CASE TO EXPAND EUTHANASIA IN CANADA

By Alex Schadenberg

The BC Civil Liberties Association wasted no time in launching the first legal challenge to Canada's euthanasia and assisted suicide law.

Globe and Mail reporter Laura Stone informs us that the Association is launching a court case to "strike down" as unconstitutional the provision that states a person's "natural death must be reasonably foreseeable" before qualifying for death by lethal injection.

According to *The Globe and Mail* article:

The British Columbia Civil Liberties Association, along with a woman who suffers from spinal muscular atrophy, a progressive neurodegenerative disease, say they will launch a legal challenge to the government's new law in Vancouver on Monday.

The rights group argues that the law, which passed in Parliament 10 days ago, is unconstitutional.

The Liberal government faced mounting criticism that the law, known as Bill C-14, was too restrictive, due to a provision that says a patient's natural death must be "reasonably foreseeable" in order to qualify for assisted death. The Senate voted to remove that requirement, but the Liberal government rejected the amendment and the Red Chamber passed the bill with several small changes.

EPC argued that the "terminal illness" (*natural death must be reasonably foreseeable*) definition in the bill lacked definition and meaning.

This is the first of many court challenges to Canada's euthanasia and assisted suicide law. The euthanasia lobby are wanting to extend euthanasia to "mature" minors, to people with dementia (through advanced directives) and for people with psychiatric conditions alone.

EPC will examine this legal case and then determine how we will respond.

BRITISH MEDICAL ASSOCIATION (BMA) MEMBERS REJECT NEUTRALITY ON ASSISTED SUICIDE

Care Not Killing Alliance Report (edited for length)

BMA members, attending the influential policy-making gathering, were asked, in the course of the Medical Ethics debate today (June 21), to consider two motions related to assisted suicide:

Motion 80 That this meeting believes that the BMA should adopt a neutral stance on assisted dying.

Motion 80 was rejected after strong speeches by a resounding 198-115—that's 63% to 37%, or more simply, 2-1. Members wishing to speak on Motion 80 were similarly split, with those opposed to neutrality outnumbering those in favour by 2-1. Thus, the BMA remains opposed to assisted suicide, as it has throughout its history (barring a brief period in 2005-6).

In the few days before the debate, in the time when delegates were packing for, travelling to and beginning to engage with the ARM, [5,000 members of the public](#) thanked the BMA for its long-standing position and urged them to retain this stance.

Many doctors spoke to the substance of the case against assisted suicide. Professor Baroness Finlay and Dr Will Sapwell highlighted, respectively, doctor-shopping and the increasing citation of not wishing to be a burden as a reason for assisted suicide in the [US state of Oregon](#). Dr Sapwell also pointed to extensions of [Belgium's euthanasia law](#), and medical student Heather Davis said that the Netherlands, with a healthcare system much like the UK's, had seen [euthanasia numbers rise](#) and eligibility extended as far as a young woman who suffered from [PTSD as a result of sexual abuse](#). Closer to home, Baroness Finlay said that UK doctors were still strongly opposed to actually assisting suicides.

All of this led to a key point, made several times. Ms Davis said that the BMA worked on the basis of evidence, and there was **no new evidence** to justify a changed stance. Professor Baroness Hollins said that there was **no new evidence**, and that they must turn their attention to better end of life care. Yorkshire GP Dr Mark Pickering said that doctors must listen to their patients, but must also consider unintended consequences.

Advocates said that by not taking a stance, the BMA could speak on the basis of the evidence while not excluding any members who are in favour. Dr Kevin O'Kane asked: why would the BMA go neutral on whether doctors can help kill

their patients? He described neutrality as 'facilitative'; Dr Pickering said it wasn't about choosing neutrality, but being neutralised and would be read as dropping opposition; and Baroness Finlay said it would be perceived as doctors actively changing their minds on assisted suicide.

Dr Mowat was clearest of all though: a move to medical neutrality would indicate acceptance or indifference to assisted suicide, and where doctors have surrendered their opposition abroad, it removed a major obstacle to legislation.

A medical student said that she entered medicine to care for and value the lives of patients, not to arbitrarily agree that some lives are not worth living. Once again, doctors working most closely with dying people - have reflected on their experience and the reasons they dedicate their lives to care, healing and support, and have once again told their chief representative body to oppose uncontrollable, unethical and unnecessary legal change in their name.

ONTARIO PHYSICIANS WHO OPPOSE ASSISTED SUICIDE ARE FIGHTING FOR THEIR CONSCIENCE RIGHTS

The [Coalition for HealthCARE and Conscience](#) is seeking a judicial review of the College of Physicians and Surgeons of Ontario (CPSO) policy requiring physicians who oppose euthanasia and assisted suicide, to refer patients to a physician who will kill.

According to the Coalition:

The College of Physicians and Surgeons of Ontario (CPSO) demands that doctors who conscientiously object to assisted suicide refer patients seeking to end their lives to other physicians who will provide the procedure.

No other foreign jurisdiction that has legalized assisted suicide requires doctors to perform or refer for this procedure. Other provinces have already implemented guidelines to protect doctors who object to providing or referring for assisted suicide.

...continued on page 3



Larry Worthen, the executive director of the Christian Medical and Dental Society of Canada, and one of the Coalition members stated:

The current approach of the CPSO demands that doctors set aside their morals and go against their conscience to directly refer for assisted suicide,

In our view, effective referral and participating in assisted suicide are morally and ethically the same thing.

Three physicians groups are working together to challenge the CPSO policy. The Coalition is demanding that the CPSO amend their policy to enable physicians who oppose assisted suicide to continue practicing medicine in Ontario. According to the Coalition:

Protecting conscience rights of health practitioners would require only minor accommodations, such as allowing patients direct access to an assessment or allowing complete transfer of care to another physician.

A strong majority of Canadians are on side with the coalition's beliefs on conscience protection. A recent [Nanos Research poll found](#) that 75% of Canadians agreed that doctors "should be able to opt out of offering assisted dying," compared with 21% who disagreed.

Larry Worthen emphasizes that conscience rights can and must be protected:

There are ways to respect patients' wishes while protecting conscience rights,

Not to do so is discrimination against people for their morals and convictions, which are protected in the *Canadian Charter of Rights and Freedoms*.

The Coalition for HealthCARE and Conscience represents a group of like-minded organizations, representing more than 110 healthcare facilities (with almost 18,000 care beds and 60,000 staff) and more than 5,000 physicians across Canada, that are committed to protecting conscience rights for faith-based health practitioners and facilities.

...CANADA'S from page 1

No attempts were made to amend the most grievous parts of Bill C-14.

1. Bill C-14 provides medical or nurse practitioners legal immunity for decisions or acts that contravene the law.

The language of the bill allows a medical or nurse practitioner to approve euthanasia or assisted suicide if they are only "of the opinion" that the person met the requirements of the law.

2. Bill C-14 allows anyone to cause death by euthanasia or assisted suicide.

Once the two medical or nurse practitioners approve the death by lethal means, the bill allows anyone to do the act.

No jurisdiction in the world offers legal immunity to anyone who does anything for the purpose of assisting death.

Bill C-14 is the most wide-open bill in the world. It is even worse than the Belgian law.

Recent [studies from Belgium indicate that more than 1000 assisted deaths occur without request each year.](#)

We cannot understand why people remain so blind about the implications of the language of Bill C-14.

EPC will continue to resist the cultural acceptance of euthanasia and assisted suicide.

NEW MEXICO SUPREME COURT UNANIMOUSLY FOUND NO RIGHT TO ASSISTED SUICIDE

The New Mexico Supreme Court decided in a 5-0 decision to uphold the New Mexico Court of Appeal decision that assisting a suicide is a crime in New Mexico in [Morris v Brandenburg](#). The Supreme Court decision was based on an activist lower court decision that found a right to assisted suicide in New Mexico.

Catherine G. Foster, an attorney with the Alliance Defending Freedom who represented legislators urging the court to uphold the Court of Appeals and find no right to aid in dying, told [Scott Sandlin from the Albuquerque Journal](#) that the Supreme Court decision is "a win for all New Mexicans."

"Physician-assisted suicide threatens all people and turns the focus from treatment to terminality and death," said Foster, Executive Director of Euthanasia Prevention Coalition USA. "Simply put, diagnoses and prognoses aren't foolproof, and no law can protect our weakest citizens, particularly the elder and disabled communities, from the coercion and abuse that go hand-in-hand with (it)."

CULTURE OF DEATH: THE AGE OF “DO HARM” MEDICINE

By Wesley J. Smith

In 2001, Wesley J. Smith published one of the most influential books challenging the culture of death. At that time, EPC sold hundreds of copies. He has now published the updated version.

Recently released, Smith has written an excellent defense of traditional ethics in *Culture of Death: The Age of ‘Do Harm’ Medicine*.

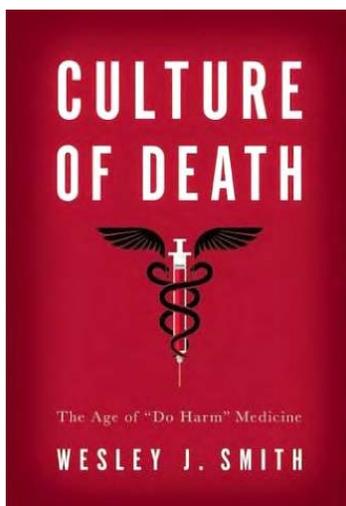
The Euthanasia Prevention Coalition is selling *Culture of Death* for \$35 (includes shipping). It has 333 pages and is published by Encounter Books.

Smith was [interviewed by Bioedge](#) on June 21, 2016 about the new edition. Here is some of the interview:

Smith: There is less respect for human equality and the sanctity of life in healthcare generally, I fear, and not only in the U.S. Indeed, I changed the subtitle of the book to *The Age of ‘Do Harm’ Medicine* because it now grapples with developments outside the United States as well as in my own country.

I have observed in the 15 years since the first edition of *Culture of Death*, that throughout the developed world and the West we see a terrible and increasing disrespect for the intrinsic value of the most weak and vulnerable among us. Euthanasia has spread like a stain and grown increasingly toxic. For example, in Belgium medicalized killing is now coupled with organ harvesting—including of the mentally ill. Health care rationing, which is blatant and invidious medical discrimination, is a growing threat. Advocacy continues to discard the dead donor rule in organ transplant medicine, even proposals for the live-harvesting of patients with profound cognitive disabilities.

If there is a “bright spot,” it is to be found among the medical professionals—doctors, nurses, pharmacists, physicians assistants, etc.—who continue to resist these utilitarian bioethical agendas and work in the trenches of clinical medicine with an ongoing commitment to the wellbeing and equal value of all patients.



Smith: It’s a difficult problem. The popular media is increasingly tabloid in its approach to reporting. It is the rare story that informs the general population about the threatening and radical ideas emanating from the academy, in the professional journals, and from among the leaders of the bioethical/medical establishments.

One of the purposes of the book is to help readers be forewarned of the potential threat they or their loved ones could face in a clinical setting—note, I don’t say will, but could—to enable them

to mount a defense should an attempt be made to push a vulnerable patient out of the lifeboat.

Ironically, the media can be very helpful in such circumstances, because while the journalistic sector does a terrible job generally of reporting about bioethical issues—and are very boosting of assisted suicide—they often cast klieg lights on individual cases of medical oppression against particular patients, which can personalize the issue in such a way as to gain the attention and sympathy of the general public.

Smith: Assisted suicide and euthanasia are going to continue to be bioethical hot potatoes. Medical futility, protecting medical conscience rights for health care professionals who wish to adhere to Hippocratic values is going to be huge internationally. I mean, if we are not careful, in 20 years one may not be able to find a doctor who would not be willing to kill you under some circumstances, which I find a very frightening prospect.

SAVE THE DATE:

EPC Conference
Saturday October 29th 2016

Book at the [Best Western PLUS Waterfront Hotel](#)
in Windsor, Ontario for \$139/night