

## NEW ASSISTED DYING LAW CLAIMS UNINTENDED VICTIMS

By Will Johnston, Family Physician and Chair of EPC-BC

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The Carter decision to allow assisted suicide and euthanasia claimed that Canada could avoid abuses through careful guidelines and screening. Medically facilitated elder abuse by greedy relatives and medicalized suicide for the depressed—a grim reality where this practice is legal—were supposed to be avoidable, said the judge, because of a superior medical culture in Canada.

Experience proves otherwise.

It will be five years before Canada's assisted suicide and euthanasia regime has to report back to the nation. Two stories offer reasons why that report will fail to reveal those depressed patients, far from death, who are steered to suicide by others and by their untreated mental illness.

A friend, herself dealing with advanced ovarian cancer, heard from a neighbour that his wife was going to get assisted suicide. The neighbour said they would be going to a doctor in Vancouver to get this done. This baffled my friend, who had seen the woman outside her home, gardening. The husband made other comments suggesting that his wife would be dead soon. She had heart trouble.

My friend tipped off her own nurse to get community services involved and the suicidal woman's depression began to be addressed by a nurse and social worker. This apparently able-bodied woman did not go to Vancouver right away—but she had been invited, as soon became clear.

I will let my friend's words testify to the end of that story:

*A few days later the husband came over with a clipboard and a pen. He started by saying, "Damn government did not pass the bill." He asked me to sign a form—that he needed two signatures for the doctor in Vancouver. He stated that none of their family and friends would sign. I almost passed out!*



*Seriously I told him I would not sign. He assumed that it was on religious grounds and I said no it was experiential. He said "OK, then I will ask your husband." I told him he had better not even bring it up!*

*We went on a two-day visit to the grandsons and came back on June 7 and his balcony was draped in black crepe.*

*Several days later I bumped into him at the mailbox and he complained that none of the*

*neighbours had given condolences even though he made it obvious that [his wife] had "passed." I asked him how he was and he said that his wife had a nice last day, that she liked the walk around the seawall.*

*He also told me that he felt sorry for the poor doctor because she was tired because she had so many euthanasias that day. He and the boyfriend are now residing together in a big new travel coach parked elsewhere in the same trailer park and the Mustang has become the vehicle of preference and he sold his house. No one talks to him...*

**This appears to be medical homicide as a solution to depression, apparently facilitated by a husband with other interests.**

Several weeks ago I was contacted by the wife of a young man with a neurological disease. The man had been assured by a euthanasia-performing doctor that he qualified for an assisted suicide. He was depressed and never ventured outdoors.

At the patient's invitation I visited him in his shared room in a dingy nursing home, a place once described to me as "a prison." He told me about his struggle to find a cure with massive doses of vitamins. He was less disabled than, for

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## QUÉBEC EUTHANASIA DEATHS HIGHER THAN EXPECTED

The Québec euthanasia commission reported that during the first 7 months of the euthanasia law, there were 262 reported deaths, a number that is much higher than expected. The annual report of the commission is based on euthanasia deaths from December 10, 2015 to June 30, 2016.

The *Montreal Gazette* reported that Québec's Minister of Health, Gaétan Barrette, seemed surprised by the number of deaths:

*He expressed surprise that since the law came into effect Dec. 10, 2015, 262 people have resorted to what the provincial government calls "end-of-life care" and what Ottawa refers to as voluntary euthanasia.*

*"I mentioned many times that I was expecting about 100,"*

*"It's almost three times that. Actually, on a one-year period, it will be over 300...that in itself is surprising to me."*

*The report says medical aid to die wasn't administered for 87 requests: 36 of them did not meet the criteria set out in the law, 24 people changed their minds, 21 died before receiving the aid, one has asked for a delay and five requests are still being processed.*

The *Montreal Gazette* also reported that the Minister of Health may reduce the requirement that two independent physicians approve the death:

*...the minister said he is considering making some adjustments to simplify the paperwork and ease the obligation of seeking a second opinion from an objective and independent doctor, who must agree that there is no hope of recovery.*

*Barrette said in certain, more isolated towns, it is difficult to find a second doctor who is completely independent from the patient.*

### Euthanasia *Expands* in Québec



Barrette first extended the law in June when he stripped palliative doctors and institutions of their conscience rights by ordering them to participate in the euthanasia law.

The *Globe and Mail* reported that, of the 262 deaths, 21 failed to meet the legal requirements of the law:

*The report found that of the cases it examined, 21 failed to meet the legal restrictions.*

*The vast majority of those—18—involved questions about the independence of the second doctor who is required to sign off on the assisted death. Mr. Barrette said the problem often arises in smaller communities where doctors know one another.*

*Of the remaining three cases, two were instances in which assisted death was administered without proving the patient was at the end of life. In one case, it wasn't proven that the patient was facing a serious and incurable illness, as required under the law.*

*All 21 cases have been referred to Québec's College of Physicians, which will review them, a spokeswoman said.*

There were 262 reported euthanasia deaths in the first 7 months of the euthanasia law. Since the Québec law is based on the Belgian law and since nearly half of the assisted deaths in Belgium are not reported, we wonder how many euthanasia deaths have actually occurred in Québec?

## *Caring not Killing*

As part of our resistance movement, EPC has developed the **Caring not Killing** campaign.

Please order and distribute the pamphlets in your community.

Order by calling **1-877-439-3348** or [info@epcc.ca](mailto:info@epcc.ca).

*(\$25 for 100 + shipping and HST/GST. Other bulk pricing is available.)*

The campaign also includes posters and billboards.



## EUTHANASIA SYMPOSIUM: HONOURING JEAN ECHLIN

At the Euthanasia Symposium dinner, EPC honoured our out-going President Jean Echlin for her leadership, her caring and compassionate personality and her life-long focus on pain and symptom management.

Jean Echlin, who is a nurse practitioner in palliative care, is the founding EPC Vice President and a palliative care pioneer. She is a past director of the Hospice of Windsor and winner of the Dorothy Ley Award of Excellence in Hospice Palliative Care.

EPC honoured Jean for her service to our work, but she was also honoured by representatives of the Hospice of Windsor, former colleagues in nursing, friends and family.



Amy Hasbrouck (R) hugs Jean Echlin.

Earlier in the day, EPC awarded George Paul Dienesch with the Balfour Mount Award for his role in writing the report *Not to be Forgotten – Care of Vulnerable Canadians* from the Parliamentary Committee on Palliative and Compassionate Care.

We are proud to announce that Amy Hasbrouck is the new EPC President, Kristina Hodgetts is the new EPC VP and Rick Townend is the new EPC Secretary-Treasurer.

Amy is the founder of the Québec-based disability rights group *Toujours Vivant – Not Dead Yet* and a member of the Not Dead Yet International board. Amy has incredible experience opposing euthanasia and assisted suicide.

Kristina is a nurse who is featured in *The Euthanasia Deception* documentary.

Rick is a recently retired secondary school principle.

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instance, [Walter Lawrence](#), who works as an inspiring peer counsellor to spinal injury patients and others.

But this patient had lost hope for the future and felt his existence was meaningless and that death was the only solution. This death-focused tunnel vision defines a suicidal depression, and any able-bodied person would be given psychological help to relieve it. This disabled man, who was nowhere near dying, was instead killed by a Vancouver physician.

The physician's rationale for circumventing the law, reportedly given over the phone before she met or examined the patient, was that he could easily get bed sores and then die of infection so his death "was reasonably foreseeable."

What surprised his wife was "how easy" it was for her depressed, self-isolated husband to be killed under the new regime. What seems obvious is that the whole nature of this death is not going to be reported to the Minister of Health or the Minister of Justice—there is no transparency to this system.

Five years from now, the mandatory report is going to be full of bland and self-justifying statistics presented by the very doctors who have done the killing. By sanitizing these medicalized suicides and homicides with the now-familiar euphemisms about "medical aid in dying," the uninvolved public will be reassured that nothing has gone wrong.

Canada has simply created a system which offers, and completes, suicide for people whose personalities, disabilities and personal situations put them at high risk for it. Well, many real people have died in the [few months](#) since the old law was discarded. To complain that this was [repeatedly predicted](#) is to indulge in powerless understatement.

Next, we have the unfolding tragedy of palliative care. That medical specialty has always struggled to [reassure fearful dying people](#) that palliation has nothing to do with "mercy killing." Reluctant families have been truthfully promised that hospice nurses and doctors are not self-appointed "angels of death."

Sadly, palliative care wards and hospices across Canada are, right now, in a hailstorm of administrative edicts to perform euthanasia [inside their walls](#), in whispering range of those families and patients who had been promised a refuge of care.

Violating the principles and purposes of palliative care is in no way required by the new law. The thoughtless imposition of this radical shift needs to be halted. Hospital administrators can and must provide other locations for those few final minutes.

Our Minister of Health would be wise to act quickly on this. The principles of suicide prevention have been betrayed. It is not inevitable that the principles of palliative care must be next.



## INSURANCE DENIES COVERAGE AFTER ASSISTED SUICIDE LAW PASSES

The *Washington Times* reported that Stephanie Packer, a wife and mother of four, who is diagnosed with a terminal form of scleroderma, said that her insurance company initially indicated it would pay for her chemotherapy drug based on the recommendation of her doctors, but shortly after the California assisted suicide law went into effect, they denied her treatment.

The *Washington Times* reported Packer to say:

*“And when the law was passed, it was a week later I received a letter in the mail saying they were going to deny coverage for the chemotherapy.”*

*She called her insurance company to find out why her coverage had been denied. On the call, she also asked whether suicide pills were covered under her plan.*

*“And she says, ‘Yes, we do provide that to our patients, and you would only have to pay \$1.20.’”*

Stephanie Packer believes that legalizing assisted suicide creates an incentive for insurance companies to deny terminally ill people coverage. Packer stated:

*As soon as this law was passed—and you see it everywhere, when these laws are passed—patients fighting for a longer life end up getting denied treatment, because this will always be the cheapest option.*



The attitude also changed in her support group:

*After the right-to-die movement began garnering national attention, Mrs. Packer said she noticed a change in tone at her support groups for terminally ill patients. While the meetings were formerly positive and encouraging, she said the specter of suicide now hangs above them like a dark cloud.*

*“And people, once they became depressed, it became negative, and it started consuming people,”...“And then they said, ‘You know what? I wish I could just end it.’”*

Stephanie Packer is not the first person to be denied chemotherapy but offered assisted suicide. Several years ago in Oregon, [Barbara Wagner](#) and [Randy Stroup](#) were denied medical treatment but offered assisted suicide.

## THE DUTCH TO EXPAND ASSISTED DEATH TO PEOPLE WHO ARE NOT SICK

The Dutch government has decided to expand the euthanasia law to include people who are not physically or psychologically sick but consider their “life is completed.”

*NL Times* reporter, [Janene Pieters](#) wrote:

*The Dutch government wants to adjust the Euthanasia Act so that people who aren't sick, but feel that their life is completed, can end their lives with assisted suicide. ... The majority of parliamentarians support the plan.*

*Coalition parties VVD and PvdA and opposition party support the proposal to change the law. That gives the proposal a majority vote in Parliament, with 88 out of 150 parliamentarians in favor. In the Senate the three parties only represent 33 out of 75 senators, however. With the Christian parties set 100 percent against the proposal, this means that the PVV, SP or a collection of smaller parties will also have to support this change in the euthanasia law for it to be implemented.*

The report on [DutchNews.nl](#) increased my concerns by stating:

*In their briefing, the ministers say that ‘elderly’ people with a consistent and well-considered wish to die—whether ill or not—should be able to take a drug to end their lives. Family members would not be allowed to administer the drug.*

*The practice would not be considered euthanasia, in which the patient is said to be suffering unbearably, and in which doctors have an active role.*

The expansion of euthanasia in the Netherlands has been happening for many years. Based on the 2015 Dutch statistics, the number of euthanasia deaths increased by 289% since 2006 with 5561. Among those deaths, in 2015 there were 109 people who died by euthanasia based on dementia and 56 people died by euthanasia based on psychiatric reasons in 2015, up from 41 in 2014.

Once a nation permits doctors or others to kill by lethal injection, they open the door to expanding options to kill. Woe to Canada who recently approved medical killing.