



## Canada's Assisted Dying Law—One Year Later

By Alex Schadenberg, Executive Director, Euthanasia Prevention Coalition

One year after the legalization of euthanasia and assisted suicide, Canada has become the prime example of how it cannot be controlled and why these laws are naturally expansive.

On June 17, 2016, Canada's Senate [passed euthanasia bill \(C-14\)](#). Even though some groups claimed victory based on the amendments to C-14, EPC was concerned by the fact that [the most dangerous language remained intact](#). Bill C-14 employs poorly defined language that (in my opinion) is [designed to enable expansion of Canada's euthanasia law](#).

### The Euthanasia Prevention Coalition continues to oppose euthanasia:

- EPC has produced [The Euthanasia Deception](#), a documentary focusing on personal stories by people with direct experience with euthanasia,
- EPC has distributed the [Caring Not Killing pamphlet](#) that explains why euthanasia and assisted suicide are not necessary and how you can make a difference,
- EPC is working with the [Compassionate Community Care service](#) that offers advice and direction for family and friends of people who are considering dying by assisted death or facing difficult end-of-life decisions. Contact CCC at: 1-855-675-8749.

### More people are dying by euthanasia than projected

Even though we are well into 2017, the [data from 2016](#) indicates that there were [970 reported assisted deaths in Canada](#).

Other than Québec, where there were 463 assisted deaths in the full year, these deaths occurred in 6.5 months (June 17 - Dec 31). The percentage of assisted deaths is highest in British Columbia (188), where they have two euthanasia clinics, as compared to 189 assisted deaths in Ontario. The 970 reported assisted deaths represented 0.6% of all deaths in Canada.

### There may be more assisted deaths

According to the report, not every province has a legal requirement to report assisted deaths. Nunavut and Yukon Territories did not submit information based on privacy concerns and the small number of assisted deaths.

A [CBC News report](#) (April 20) stated that there were more than 1324 assisted deaths since legalization.

The number of deaths is high in [comparison to Belgium](#) where there were 235 reported assisted deaths in its first full year (2003), 349 in its second year and 393 in its third after legalization. Currently, Belgium has approximately one third of Canada's population.

In 2015, [there were 2021 reported Belgian assisted deaths](#), up from 1924 in 2014. A study published in [The New England Journal of Medicine](#) (March, 2015) found that [more than 40% of the assisted deaths were not reported](#) in 2013.

### Conscience rights for medical professionals are not protected

Bill C-14 did not protect conscience rights for medical professionals. [The Coalition for HealthCare and Conscience](#) launched a legal challenge to the Ontario College of Physicians policy that forces physicians, who oppose killing, to “effectively refer” their patients to a physician who will kill. [Effective referral is defined as referral for the purpose of the act](#). The court case was heard (June 13 - 15) in an Ontario court. [Some physicians will leave Ontario if they are forced to participate in euthanasia](#).

At the same time, the [Québec government](#) has [pressured palliative care units to participate](#) in euthanasia.

Conscience rights are recognized in Canada's [Charter of Rights and Freedoms](#) but the euthanasia lobby claims that patients have a “right to access” euthanasia and thus claim that conscience rights must be limited.

[...see CANADA'S on page 4](#)



## One Year of Legalized Assisted Suicide in California, Countless Unanswered Questions

By Dr. Jacqueline H. Abernathy • Thursday, June 8, 2017

June 9 will mark one year of legal assisted suicide in California, after euthanasia advocates managed to co-opt a special session of the state Assembly to resurrect a bill that had been profoundly defeated by lawmakers several months earlier.

Although premature and lacking in reliable data, Compassion & Choices (C & C, formerly the Hemlock Society) is already declaring the law is “working very well” in a recent press release—stating also: “Personal Stories, Statistics Show Law is Working as Lawmakers Intended.”

However, this report is full of dubious statistics that begs more questions than it feigns to answer.

The report lists the number of facilities, doctors, insurance companies and hospice locations that support assisted suicide—yet supporting a dangerous law does not equate to proving it safe. If you recall, California legislators had soundly rejected assisted suicide in the previous session based upon a host of concerns about the safety of not just assisted suicide, but a bill that makes evaluation of the use of this form of euthanasia virtually impossible—since the law mandates that death certificates falsify the actual cause of death. The law states that death certificates from assisted suicide have their cause of death listed not as the lethal overdose that caused it—but their underlying prognosis.

In lieu of real data, C & C has offered this figure and rationale for how often the law has been employed by Californians: “At least 504 terminally ill adults in California have received prescriptions for medical aid in dying based on inquiries to Compassion & Choices” adding, “However, the total number of prescriptions written statewide will be significantly higher since not every terminally ill Californian who wanted an aid-in-dying prescription contacted Compassion & Choices.”

State statistics are not set to be released until July 1, but this preliminary projection begs the question: no matter

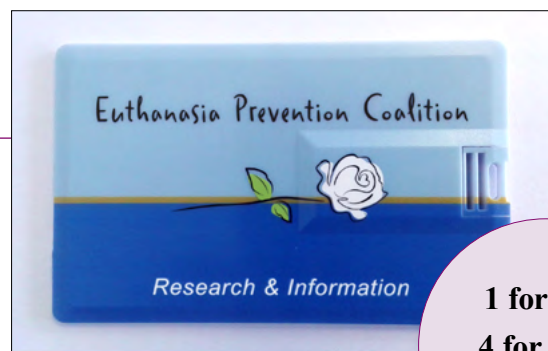
what this figure is, how many bottles of unused poison remain in medicine cabinets or otherwise accessible as a danger to those for whom it was not prescribed?

While it is important to know (rather than estimate) the number of people who obtained a prescription for the lethal drug, actual vital statistics provided by valid death certificates are critical to determining not just how many actually followed-through suicide rather than those who had a change of heart—how many died of their underlying natural illness or how many even may have been misdiagnosed and have gone on to live long and healthy lives—a circumstance that has been known to happen for people who have rejected euthanasia. These stories provide a sobering counter-argument to those in the C & C press release from the families of assisted suicide victims, since of course those who died of assisted suicide cannot speak for themselves like those who rejected it.

By championing the charge to hide real data on cause of death, C & C assured that this is something we can never know. It also assures that lethal drugs remain perilously accessible to those who did not consume them—a public health threat in California.

### EPC Research and Information Flash Drive

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## Not Dead Yet Testimony Helps Defeat Maine Assisted Suicide Bill

By John Kelly, New England organizer for the disability rights group Not Dead Yet

The situation was tense. The Maine State Senate had pulled off a stunner by passing assisted suicide bill LD 347 by a vote of 16-15. We were nervous because two years ago, it was the Senate that saved the day by stopping a bill passed by the House. Now we had to place our hopes in the House to prevent a huge win for assisted suicide proponents. Even though [Gov. Paul LePage promised to veto any bill](#) coming out of the legislature, assisted suicide proponents would be able to confidently claim victory in the wait for a supportive governor.

The entire House took the bill up on May 23, and after a short debate, defeated LD 347 by a vote of 85-61. Relief! It was especially gratifying because a number of legislators used arguments from Not Dead Yet and Second Thoughts testimonies against assisted suicide to oppose the bill.

Rep. Deborah Sanderson of Chelsea, Maine, used Not Dead Yet and Second Thoughts Massachusetts' testimony in two separate short speeches, [which we have now captioned and put up on YouTube](#). She stressed two things, the inevitability of misdiagnosis cutting short people's lives and the impossibility of knowing whether someone actually self-administered the drugs because no witness is required at the death.

Rep. Sanderson referred to one of our best examples of how legalized assisted suicide puts people at risk who are not dying. Sanderson did not mention Jeanette Hall by name, but described the [letter she wrote to The Boston Globe](#). Jeanette wrote that she voted for assisted suicide, and when she received her own terminal diagnosis, she asked her doctor for the lethal drugs. But her doctor persuaded her to try more treatment, and Jeanette learned that she wasn't dying after all! Now more than a decade later, Jeanette urges people to reject assisted suicide.

Rep. Stacey Guerin of Glenburn, Maine, made two strong arguments against the legalization of assisted suicide. First, it increases opportunities for and the likelihood of elder abuse. She refers directly to Not Dead Yet President and CEO Diane Coleman on the ease with which an abusive caregiver could engineer a suicide. She brought up the inevitability of suicide

contagion, as adolescents compare their own troubles to the accepted suicides of older people ([video here](#)).

Rep. Beth Turner of Burlington, Maine, rejected proponents' arguments that it is all about individual choice. She followed Not Dead Yet in declaring the obvious ([video here](#)):

*We don't live in pure isolation. One person's decision to end their life and one legislator's decision to sanction it would surely impact all of us. It would also send a message that some people are less valued, less worthy. That some lives deserve suicide assistance rather than suicide prevention.*

It's now been 21 years since Not Dead Yet formed to fight Jack Kevorkian and the death machine he used on distraught disabled people, more than half of whom were not terminal in any way. We swarmed the trial that finally put him behind bars. We have gone from being ignored to being quoted during legislative debates. So please keep writing letters, op-ed's, and testimony—our hard work is paying off!

### 2017 NATIONAL EUTHANASIA SYMPOSIUM

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## Expansion of the euthanasia law

Before the ink was dry, the [first court case was launched to expand Bill C-14](#). Recently, two people from Montreal launched a court case to [expand Canada's euthanasia law to people who are not terminally ill](#).

Canada's federal government did not waste time to announce that they were conducting research into expanding euthanasia to [people with dementia](#) who have stated in their advanced directive that they want to die by euthanasia, to children, and [people with psychological suffering alone](#).

## Abuse of the law

The law requires the physician or nurse practitioner who lethally injects their patient to self-report the act. Self-reporting systems enable those who lethally inject their patients in questionable circumstances to cover up abuse of the law.

In late September, 2016, Dr. Will Johnston reported on [two British Columbia deaths that appeared to abuse the euthanasia law](#). The first case was a "neighbour" who appears to have pressured his wife, who had cancer, to die by lethal injection. The second was a depressed man with MS, who was not terminally ill and died by lethal injection even though his wife urged the doctor not to kill him. Last November, I was contacted by a man who stated that his aunt who died by euthanasia [may have only had a bladder infection](#).

According to the Québec government's first year report, [14% of the assisted deaths did not comply with the law](#).

Further to that, Canadian bioethicists are promoting [euthanasia/organ donation](#) and a study was published explaining that up to [138 million dollars can be saved by euthanasia](#).

A Toronto study published in *The New England Journal of Medicine* found that [requests for euthanasia were based on existential distress and not uncontrolled pain](#).

The euthanasia debate needs to go beyond theory and buzz words and become based on reality. People usually ask for euthanasia when they are emotionally and/or psychologically distraught by their medical or personal situation. Therefore euthanasia becomes an abandonment of people at the most vulnerable time of their life.

**The answer to euthanasia is to care for people, not to kill them.**

## Existential Distress is the Main Reason for Euthanasia Requests

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May 31, 2017

A [Canadian study](#) recently examined [the reasons behind euthanasia cases](#) in four major hospitals in the Toronto area.

The results of the study demonstrate that [the main factor behind euthanasia deaths](#) relates to existential distress. Indeed, the primary reason given by patients concerned the loss of autonomy—and not the unbearable pain that was conveniently sold to us from the beginning. Other reasons included fear of becoming a burden to those around them, fear of losing one's dignity, or the fact of no longer appreciating one's life.

In other words, the Canadian picture continues [a portrait well known in other parts of the world](#), in which the same motives are evoked to request assisted suicide. This pattern also confirms what we already knew: euthanasia is primarily a question of how we relate to others and how society views vulnerable people. Moreover, when loss of autonomy is evoked as an indignity that deserves death, we should first see it as a petty social judgment that affects all persons who suffer from a disability or a serious illness. Furthermore, we have the duty to fight this pernicious and intolerable verdict.

Besides, Dr. Yves Robert, secretary of the *Collège des médecins* (Québec), recently published [a letter](#) in which he expressed his concern at the emergence of "speech demanding a form of death à la carte." Among other things, he rebelled against opinion leaders and media chroniclers who denounce euthanasia refusals as a form of exclusion, by asking a crucial question about the logical sequence of events: "Why and to what extent should new criteria be introduced when, no matter the criteria for access to PAD, there will always be some excluded by definition?"

Indeed, this is the logic inherent in all laws on euthanasia as they sell induced death as a blessing and as an adequate response to suffering. In the face of this real ideological scourge, we must continue to promote a benevolent and inclusive vision that values those who are made vulnerable by sickness, old age, or disability by giving them the means to live with dignity and to be accompanied and comforted until their last breath.