

## Canadian Mental Health Association Opposes Euthanasia for Psychiatric Reasons



The Canadian Mental Health Association (CMHA) in its submission to the Canadian Institute for Health Research has stated that MAiD (Medical Assistance in Dying) for psychiatric patients should remain illegal.

The position of the CMHA is:

*As a recovery-oriented organization, CMHA does not believe that mental illnesses are irremediable, though they may be grievous or unbearable.*

*We recognize that people with mental illnesses can experience unbearable psychological suffering as a result of their illness, but there is always the hope of recovery.*

*CMHA's position on medical assistance in dying in Canada, is that people with a mental health problem or illness should be assisted to live and thrive.*

The CMHA recommended that the government:

1. Support recovery,
2. Continue to invest in community mental health and addiction services and supports,
3. Develop a national suicide prevention strategy,
4. Invest in research to accurately predict and understand the course of illness in mental health and substance abuse.

In December 2016, the American Psychiatric Association (APA) decided that a psychiatrist should not prescribe or administer any intervention to a non-terminally ill person for the purpose of causing death.



## American College of Physicians Opposes Assisted Suicide

The American College of Physicians (ACP) published an updated position on assisted suicide which continues to clearly oppose physician-assisted suicide while urging excellent pain and symptom management:

*The ACP affirms a professional responsibility to improve the care of dying patients and their families.*

*The ACP does not support the legalization of physician-assisted suicide, the practice of which raises ethical, clinical, and other concerns. The ACP and its members, including those who might lawfully participate in the practice, should ensure that all patients can rely on high-quality care through to the end of life, with prevention or relief of suffering insofar as possible, a commitment to human dignity and management of pain and other symptoms, and support for families. Physicians and patients must continue to search together for answers to the challenges posed by living with serious illness before death.*

The College concludes:

*Society's goal should be to make dying less, not more, medical. Physician-assisted suicide is neither a therapy nor a solution to difficult questions raised at the end of life. On the basis of substantive ethics, clinical practice, policy, and other concerns, the ACP does not support legalization of physician-assisted suicide. This practice is problematic given the nature of the patient-physician relationship, affects trust in that relationship as well as in the profession, and fundamentally alters the medical profession's role in society. Furthermore, the principles at stake in this debate also underlie medicine's responsibilities on other issues and the physician's duty to provide care based on clinical judgment, evidence, and ethics.*

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## Québec Moves Toward Euthanasia for Dementia

By Aubert Martin, Executive Director of [Vivre dans la Dignité \(Living with Dignity\)](#)

A high-profile murder case has sparked a debate about whether people who cannot consent can be killed ethically.

According to a survey conducted last week by the [Université de Sherbrooke](#), in Québec, 91% of the family caregivers surveyed would agree to extending euthanasia to terminally ill people who are incapable of decision-making, if there were “signs of distress and a written directive.” These latter “conditions” remind us of what was supposed to be the principal criterion in the Québec law, that of the person being at the “end of life,” which is [already being challenged in the courts at the present time](#).

As usual, instead of seeing in these results a cry of distress from family caregivers of persons with Alzheimers and other dementias, the spotlight is once again focused on euthanasia with its public aura as a solution to suffering. At the same time, it is a real cold shower on all the organisations that accompany with such dedication incapable people and their families. Could we not also infer from this result that only 9% of caregivers in Québec have access to high-quality professional support?

However, it would be wise to consider the implications of extending induced death to incapable persons.

First of all, we must recall that the drive for extension of euthanasia to this group was triggered by the [high-profile murder](#) of a woman with Alzheimer’s by her husband who “cracked” because he felt left alone. “No one asked me how I’m doing,” he [confessed immediately after his act of homicide](#). Our political decision-makers have turned this murder motivated by desperation into a Trojan horse to promote including a group of extremely vulnerable people among those eligible for medically induced suicide.

In the event of this extension of euthanasia being accepted—less than two years after the law came into force—two “safeguards” that were deemed fundamental at the outset would automatically fall: decision-making capacity and consent to choose death.

Moreover, in the depth of the current debates, a dramatic message hides behind the possibility of extending euthanasia to people who are no longer able to make their own decisions. Presumably, these people would no



Aubert Martin

longer be fully considered as human beings.

Indeed, their will to live at the moment of their killing would no longer have to be respected, under the pretext of their having written an advance directive in the past. Therefore, it is not a question of consenting or refusing consent to medical care in the event of incapacity—as is the case with the [advanced medical directives in Québec](#). Rather, it is a matter of allowing a person to kill someone who

is unable to consent, even when there is no question of artificial life support.

In such circumstances, it would be legally—and appear to be morally—possible to explain to them that they are no more than the shadow of a real person who is somehow already dead and who put in writing, in their “true lifetime,” that they would like us to kill them if they became incapable. “You no longer agree? You seem happy now? It does not change anything because you cannot change your mind. Your will to live no longer counts,” we would answer them. “What matters is the document you signed when you were a real person, saying that you must now be put to death. Yes, putting you to death are the exact words since you are in such a vulnerable state that you have become incapable of making an informed decision about yourself or your property. This is the definition of incapacity.”

Thus, by denying their right and even their desire to live, people living with a form of dementia will be implicitly regarded as sub-human beings who will inevitably have to bow to the will of their “former self.”

It is not at all hypothetical since we had a concrete example recently in the Netherlands, where [a woman with dementia was euthanized against her will](#). Moreover, the possibility of such a turn of events is reinforced by another result of the Université de Sherbrooke’s poll, which reveals that 72% of respondents were in favour of euthanasia “even in the absence of a written directive.”

Of course, the suffering of family caregivers is very real, but their reaction stems largely from the woeful lack of support for the majority of the people affected by this type of disease. As serious and revealing as it may

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# Resolution Opposing Assisted Suicide to be Debated in U.S. Congress

*The Washington Times* published an insightful article concerning the press conference organized by Rep. Brad Wenstrup (Ohio) and the National Alliance Against Legalizing Assisted Suicide announcing the [introduction of Resolution 80](#), opposing assisted suicide. According to *The Washington Times*, Wenstrup stated:

*“My feeling is when the government supports, encourages or facilitates suicide, whether assisted by physicians or otherwise, we devalue our fellow citizens, our fellow human beings,” Mr. Wenstrup said during the press conference at the Longworth House Office Building. “I don’t believe that’s who we should be.”*

Dozens of disability rights leaders attended the press conference.

Anita Cameron, the minority outreach director for the disability rights group Not Dead Yet, reportedly stated:

*Anita Cameron, minority outreach director for Not Dead Yet, said she has been protesting efforts to repeal Obamacare over the past few days. She said physician-assisted suicide laws only exacerbate the problems with the health care system.*

*“That kind of ties in with assisted suicide because if you’re taking away health care from people, it’s just that much easier, if assisted suicide also passed, it’s that much easier to recommend prescribed suicide pills for people,” Ms. Cameron said. “And that’s something we don’t want.”*



J.J. Hanson with his wife Kristen.

Statements on behalf of J.J. Hanson, President of the [Patients’ Rights Action Fund](#), were read by his wife Kristen. Hanson has been affected by recent seizures. Kristen stated:

*If assisted suicide had been available at the time of his diagnosis, he would have been tempted to end his life, especially during a bout of depression.*

*“As I wondered, ‘Am I too much of a burden to my family?’ When I asked, ‘Is ending my life easier than this?’ I thought about it, and I considered it,” said Mrs. Hanson, reading for her husband. “Thankfully, I did not end my life, and that is why I am here today.”*

[Resolution H.Con.Res.80](#) was introduced in U.S. Congress on September 27 by Rep. Brad Wenstrup.

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*Control over the manner and timing of a person’s death has not been and should not be a goal of medicine. However, through high-quality care, effective communication, compassionate support, and the right resources, physicians can help patients control many aspects of how they live out life’s last chapter.*

The position of the ACP recognizes the importance of the patient/physician relationship and the importance of caring for patients, not killing them.

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## Second Plaintiff in British Columbia Case Dies by Euthanasia

*CBC News* recently reported that Robyn Moro, one of two plaintiffs in a court case challenging the “reasonably foreseeable” death requirement of Canada’s euthanasia law, received a doctor’s assistance to die at the end of August.

Ms. Moro had Parkinson’s disease. She was allegedly allergic to many of the pain medications commonly used by people with her condition. Her request for euthanasia was originally denied in March because her doctor did not believe her death was “reasonably foreseeable.”



By Taylor Hyatt

According to [the CBC report](#), Ms. Moro’s doctor Ellen Wiebe refused to grant euthanasia requests from patients who were believed to have more than five years to live, based on statistical projections of the life expectancy of the named plaintiff in the Carter case.

However, Dr. Wiebe changed her mind following an [Ontario Superior Court ruling in June](#) of this year in the case of *AB v. Attorney General of Canada*. In that decision, Judge Paul Perell stated that the “reasonably foreseeable” death standard does not require a person’s illness to be terminal. Nor does their death need to be imminent or likely to occur within a given period of time.

According to *CBC*, Dr. Wiebe calculated that AB, the subject of the Ontario Court ruling, might have lived another ten years. This became her new limit.

Since she believed Ms. Moro could not survive that long, Wiebe felt Moro was now eligible for euthanasia.

In the AB case, Judge Perell also said “reasonably foreseeable” death applies to a person “who is on a trajectory toward death because he or she:

- (a) has a serious and incurable illness, disease or disability;
- (b) is in an advanced state of irreversible decline in capability; and
- (c) is enduring physical or psychological suffering that is intolerable and that cannot be relieved

under conditions that they consider acceptable.” This could be interpreted to mean that if you satisfy criteria (a) through (c), then your death is reasonably foreseeable.

Even though Ms. Moro has passed away, she will remain a part of the case, assuming the court allows her husband to stand in for her, or relies on Moro’s written statements.

The [other plaintiff](#) is Julia Lamb, a woman with spinal muscular atrophy living in British Columbia. Although her condition is progressive, it is not terminal. Ms. Lamb is currently able to work part time and live independently with attendant services. However, she is afraid that a sudden decline in her condition will prevent her from breathing and eating independently and using her hands.

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seem, it has unfortunately become common to hear that death is preferable to life in a CHSLD (nursing home). It seems to me that this would be a good starting point for tackling the problem at the source...

Meanwhile, the dangerous tangent that legal euthanasia installs in every society that has endorsed it continues fatefully its advance in Quebec. It is insinuating into our collective thinking the notion that death—not good health care, quality support and adequate living conditions—is a solution to suffering for you and your loved ones. In the current debate, the logic inherent in assisted suicide now plunges another condition of life

into disgrace, such that the death of the people who live with it is presented as preferable.

Yet, in a [promotional trailer](#) about the Carpe Diem approach, Ms. Blandine Prévost, 38, suffering from Alzheimer’s disease, perfectly sums up the human alternative that should be advocated: “It is in changing the way we are seen by people that lies the hope that I can be a person right to the end.”

In other words, beyond debates on euthanasia, it seems therefore urgent to ask ourselves, as a society, how we consider people who have rendered incapable because of illness. Do we still grant them their full humanity?