

Ontario Court Decision Forces Doctors to Refer Patients to Their Death

Sean Fine, Justice Writer for *The Globe and Mail*, reported that Ontario's Divisional Court decided (3–0) that doctors in Ontario who will not kill their patients must provide an effective referral to a physician who will.

Euthanasia Prevention Coalition states that this decision must go to the Court of Appeal for Ontario.

“Effective referral” means a referral for the purpose of the act. Fine reported that Justice Herman Wilton-Siegal wrote:

“The evidence in the record establishes a real risk of a deprivation of equitable access to health care, particularly on the part of the more vulnerable members of our society, in the absence of the effective referral requirements.”

Paula Loriggio, reporting for *The Canadian Press*, stated:

“...the divisional court said that though the policy does limit doctors' religious freedom, the breach is justified.”

Fine reported that Albertos Polizogopoulos, an Ottawa lawyer representing 4,700 doctors who challenged the Ontario regulations, argued that the effective referral mandate violates the freedom of conscience and religion protected in Section 2 of Canada's Charter of Rights and Freedoms:



“Our position is doctors who opposed assisted suicide or physician-assisted death are put in a position now where they either need to violate their conscience and their religious and moral belief or face being disciplined by the college—and that's not a good place to be...”

...most provinces do not require referrals to willing physicians. Alberta, for example, co-ordinates requests and referrals through a centre that patients can call on their own. The faith groups do not object to referring patients to the centre. Manitoba has a team of physicians willing to help the severely ill end their lives. Ontario has now set up a co-ordinating centre but faith doctors say they are still concerned that they are responsible for an ‘effective referral.’”

Fine reported that this case is the first to test the constitutional rights of doctors who object to assisted death on grounds of conscience. The decision comes as

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FATAL FLAWS
LEGALIZING ASSISTED DEATH

Coming Soon!

Are laws allowing euthanasia and assisted suicide leading society down a dangerous path?



The Alarming Trend of Bullying Hospitals & Hospices Into Assisted Suicide

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

Canadians who are sick and suicidal can now be put to death under various medicalized and government-approved protocols, following court and legislative victories by euthanasia activists. These activists are now turning their considerable talents to a coercive makeover of the palliative hospice movement by demanding that hospices founded on a promise to never deliberately hasten death should provide a death-hastening service.

Before they got their way in the Canadian Supreme Court, the public posture of euthanasia advocates was one of caution, reassurance and limitation of objectives. After their victory, partisans of the medical killing movement have become impatient with individuals or institutions who want no part in suicide and euthanasia. Activists recommend expanding access to include all the people who were strategically excluded from the plan that had been sold to the public: children, people with chronic nonfatal conditions, the physically disabled, the cognitively disabled, psychiatric patients.

Now, even changing the location of a patient requesting suicide—from a euthanasia-free hospital or hospice, to one that does offer it—is being protested as a cruel imposition. In doing so, the death-seeking person is set up as a victim, and the hospital or hospice is portrayed as a victimizer. Never mind that hospital wards routinely transport people in complete comfort to procedures like X-rays or scopes, or to another location to continue care.

The implications of this are dire. Many hospices serve patients who want nothing to do with assisted suicide, and there will be much harm done by forcing it into their midst. Every community in this country has the resources to provide a distinct euthanasia-free space. That distinct space and its staff could be specialized and uncoerced into death-hastening.

The unpleasant alternative was demonstrated by the recent “sneak attack” on Louis Brier Hospital, a Jewish retirement home in Vancouver. This was the work of euthanasia activist Ellen Wiebe, idolized by like-minded columnists for her aggressive death-providing practice. Rather than arrange a simple transfer—perhaps to the home of one of the suicidal father’s daughters—the

patient was killed by Dr. Wiebe against the firm policy of a facility with an understandable aversion to euthanasia.

As Louis Brier’s director protested, “We have a lot of Holocaust survivors. To have a doctor sneak in and kill someone without telling anyone, they’re going to feel like they’re at risk when you learn someone was sneaking in and killing someone.”

What Dr. Wiebe was doing by giving the finger to Louis Brier is a form of ethical bullying, masquerading as an altruistic claim that her client should come first and trump other people’s rights about the kind of place they want to live in.

Wanting Dr. Wiebe to kill you is a tragedy, not an emergency. It is a personal preference, sadly now provided by the Canadian health-care system, but without any judicial or parliamentary authorization to force others to accept involuntary proximity to your actions. It is also, increasingly, about people who are not dying, except in Dr. Wiebe’s elastic interpretation, but about those who have lost meaning and hope. What they get from the euthanasia provider amounts to a heartless endorsement of the hopelessness of their situation, cloaked in the language of autonomy.

Rather than look for a win-win compromise over this issue, the board of Fraser Health Authority, a large B.C. hospital system, has imposed euthanasia provision in all its palliative hospices. This edict, totally uncalled for by provincial or federal guidelines, caused the high-profile resignation of Palliative Care Medical Director Dr. Neil Hilliard.

Meanwhile, our governments are, in Dr. Hilliard’s words, “guilty by neglect” of a “palliative care access gap,” and your sick family member who seeks care, not death, may not find it “equitable or timely.”

Forcing hospices to betray their no-kill founding principles will not close that gap, it will just torpedo the 40-year struggle to convince often-fearful patients that palliative hospices are not about hastening death.

Fraser Health and any other misled health bureaucracies across Canada should back down. Don’t bully hospices as though there are no fair alternatives. Don’t bully Catholic hospitals, founded on a reverence for life, long before the public purse got involved.

Massachusetts Assisted Suicide Bill May Force Doctors to Refer

Massachusetts doctors are actively opposing the bill to legalize assisted suicide

Dr. Thomas Sullivan, a former president of the Massachusetts Medical Society, along with twenty other physicians, urged lawmakers in Massachusetts last week to oppose the assisted suicide bill. The bill provides no conscience protection for doctors who oppose assisted suicide.

Bill Morris, for *The Washington Free Beacon*, wrote:

“The current bill includes no such protections, which would force any doctor in the state to refer patients seeking assisted suicide to a willing physician. A Massachusetts Medical Society spokeswoman told *The Washington Free Beacon* that the current bill language will not alter the stance of the society. Some doctors are upset at their refusal to lobby for protections for members who do not agree with the practice.”

Massachusetts primary care doctor Mark Rollo told *The Free Beacon*:

“This is not giving the patient the right to die. It is giving the doctor the right to kill,”

“We are mandated by this current bill to transfer a patient to someone else. I don’t want to be complicit in killing a patient.”



Rollo, a former U.S. Air Force doctor also stated:

“The legislature should not feel comfortable passing this because it’s encouraging people to die and feel like they’re a burden—their ‘right to die’ soon becomes a duty to die.”

In May, 2017, a Vermont court upheld physicians’ conscience rights after physicians in the state were pressured to directly refer patients for assisted suicide.



Euthanasia Assessor Resigns Over Euthanasia for Dementia in the Netherlands

A medical ethicist resigned on January 1 from a Dutch regional assessment committee for euthanasia over a law which allows non-consenting demented patients to be euthanized. For ten years Berna van Baarsen helped to assess whether euthanasia had been performed in accordance with the law in the North Holland region.

“I do not believe that a written declaration of intent can replace an oral request for incapacitated patients with advanced dementia,” she told the magazine *Medisch Contact*.

Under Article 2.2 of the [Dutch euthanasia law](#), a doctor may euthanize a patient who can no longer make clear what he wants, but who had previously left a written declaration. The law says:

If a patient aged sixteen or over who is no longer capable of expressing his will, but before reaching this state was deemed capable of making a reasonable appraisal of his own interests, has made a written declaration requesting that his life be terminated, the physician may comply with this request unless he has well-founded reasons for declining to do so.

“In people with a terminal illness like cancer, in whom euthanasia has already been agreed but who suddenly ended up in a coma because of their illness, that’s fair,” says van Baarsen.

However, dementia is a very different kind of ailment, she told *Trouw*. “That disease is more erratic and patients often live longer. A lot of things can happen during that period. For instance, a patient might say that she would want euthanasia if she no longer recognizes her relatives. This could happen. But at a next visit she can still recognize her partner or her children. What is

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African Physicians Reject Euthanasia & Assisted Suicide

By Alex Schadenberg

At the World Medical Association African Region Meeting on End-of-Life Issues on Saturday, February 3, 2018 in Abuja, Nigeria, physicians agreed to improving palliative care while clearly rejecting euthanasia and assisted suicide.

The report by Felicia Imohimi, [published by the News Agency of Nigeria](#), stated that Professor Mike Ogirima, President of the Nigerian Medical Association (NMA), rejected euthanasia and assisted suicide as contrary to the physician's oath.

Imohimi reported Prof. Ogirima as stating:

The oath stipulates "I will not use my medical knowledge to violate human rights and civil liberties even under threat,"

Euthanasia is ending the life of another person through various actions which included injecting the person, giving an overdose and withdrawal of food.

...physician assisted suicide is a practice where doctors provide patients with the knowledge to kill themselves which could be in form of drugs among others.

"We Africans reject euthanasia and physician-assisted-suicide. We cannot assist patients, who may wish to end their lives, because the law of the country and WMA ethics of physicians does not permit us to take life."

These African physicians understand the issues of euthanasia and assisted suicide in a clear manner.

They recognize that to intentionally kill or intentionally assist in a suicide is always wrong.



Prof. Ogirima

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these doctors struggle to find a middle ground. Some hospitals run by Catholic, Jewish or other religious groups have declined to offer assisted dying. In these cases, patients are transferred to other facilities.

Recently, a [Jewish care home in British Columbia](#) accused a euthanasia doctor of sneaking in and killing a resident.

Fine reported that, as of December 31, Ontario's chief coroner recorded 1,030 deaths by physician-assisted suicide in Ontario.

The [Supreme Court of Canada struck down the previous law on assisted dying in February, 2015](#). The Court said nothing in its ruling compelled physicians to provide assistance in dying. It added that it was up to governments and regulatory colleges to reconcile the Charter rights of patients and physicians.

Parliament [legalized euthanasia on June 17, 2016](#). The legislation stated in its preamble that doctors have a right to freedom of conscience, and are not required to perform or assist in the provision of an assisted death.

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the right moment to grant euthanasia?"

Furthermore, the suffering of a dementia patient is difficult to assess.

"It is fundamentally impossible at this stage to establish that the patient is suffering unbearably, because he can no longer explain it," says van Baarsen.

Sometimes patients act aggressively after being admitted to a nursing home, even shouting that they want to leave. "It is of course possible that the patient is suffering unbearably," she admits. "But does the same apply to a nursing home resident who is sitting quietly in a corner? If you are not entirely sure, you cannot presume that they are suffering unbearably."

Van Baarsen is not the only member of a euthanasia review committee to resign over the interpretation of the law. Three years ago, ethicist Theo Boer stepped down and has become a [harsh critic of the Dutch euthanasia system](#).