

Shortage of Palliative Care is Pushing People to Euthanasia in Québec

A group of Québec doctors held a press conference on June 12 to explain that the lack of funding for palliative care is pushing people to seek death by euthanasia.

CTV News reported these doctors stating that since MAID (medical aid in dying) was legalized, access to palliative care has decreased. The doctors said that:

...patients have told them that they're choosing assisted dying because they can't find adequate palliative care services.

Dr. Paul Saba reportedly said that they want to provide the care and support that people need:

Dr. Paul Saba, a family physician, said fewer doctors have entered the field of palliative care since the law came into effect and that patients are suffering as a result.

"People really are feeling a burden, financial stress, psychological stress and lack of autonomy. So what we want to do is we want to give people what they need, and they need care and support."

Dr. Laurence Normand-Rivest, who specializes in palliative care, told the press conference:

We were promised that there would be a plan for the development of palliative care in Quebec and the [government] commission asked for five years to develop this plan. We're in 2018, and for now, there's no plan.



Dr. Charles Bernard, the president of the Québec College of Physicians, told the Québec government that more funding is needed for palliative care. CTV reported that he wrote to the government stating:

Patients, failing to benefit from such care, could have no other choice but to ask for medical aid in dying to end their days in dignity. Patients who ask for medical aid in dying are given priority access to available resources to the detriment of other patients at the end of their lives.

The Canadian government will be receiving reports in December on the extension of euthanasia to children, people with psychiatric conditions and people who are incompetent.

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How Crazy is it to Encourage the Mentally Ill to Kill Themselves?

In his article published on June 14 in the *National Post*, Charles Lewis makes the point that, “It would be sick to give someone who is depressed and wants to end his or her life the encouragement to jump. But Canada may make such suicide legal.” Lewis begins the article by considering the recent tragic celebrity suicide deaths:

Two celebrities take their lives, two people who appeared to have everything to live for. Though clearly, Anthony Bourdain, a globetrotting chef for CNN, and Kate Spade, the handbag maker who made millions ooh and ah, did not see it that way.

The reaction in the media was predictable: sadness, regret and questions about why. The New York Times ran an article for readers who worry that someone close to them might be suicidal. It was called: “What to do When a Loved One is Severely Depressed.”

Not one of the many suggestions mentioned helping the person commit suicide or putting them out of their misery in a humane way.

The Times article was intended to prevent a needless death. That is as it should be. It would be sick to give someone who is depressed and wants to end his or her life the encouragement to jump.

Imagine if the article said: “When confronted with someone suffering from mental illness, you might suggest they sit in their car, in the garage, and rev the engine till the gas puts them out of their misery.”

But for how much longer will the idea of abetting a suicidal person like Bourdain or Spade be seen as sick and immoral—especially in Canada?

Lewis then writes about euthanasia for the mentally ill:

In December 2016, Health Canada struck a committee of experts to look at extending our current laws on euthanasia to teens and the mentally ill. Currently, MAID—Medical Aid in Dying—is limited to those over the age of 18 whose physical health ailments mean that their natural death is “reasonably foreseeable”. The committee is supposed to report back at the end of this year.

In 2016, a group of people in the government debated this and there were enough people in favour of extending euthanasia that they thought it was worth studying. That should be the first alarm.

I think even 10 years ago these types of suggestions would have seemed insane. Even in 2016, the year euthanasia in this country became legal, anyone who worried about the law expanding would have been accused of fear mongering. There is no danger of a slippery slope, we were told.

Next, Lewis examines the debate concerning euthanasia based on mental illness in Canada:

I would have hoped that even today this type of suggestion would have seemed repugnant. But then last year, in The Globe and Mail, there was a column that made me realize nothing is off limits.

In 2017, a 27-year-old man named Adam Maier-Clayton took his own life. He suffered from mental illness. The young man had written about wanting a legal way to end his suffering and his life in a Globe essay months before his death.

André Picard, The Globe and Mail’s health reporter, wrote a column that urged lawmakers to heed to Maier-Clayton’s wish in honour of his tragic death.

“Other Canadians who want to avail themselves of assisted death shouldn’t have to wait either for legislation to catch up with the court ruling and public sentiment. Most people accept

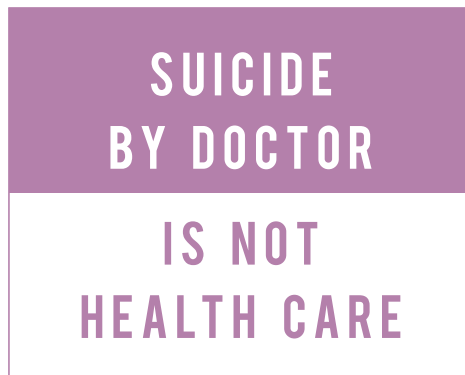
that if someone’s dying anyhow, it’s OK to hasten their death, especially if they’re old,” Picard wrote. “But cases such as Mr. Maier-Clayton’s make us distinctly uncomfortable. He was young, healthy-looking and not suffering from any obvious physical illness.”

“We should not discriminate or deny people rights because it makes us queasy or because of our prejudices. This case reminds us just how severe mental illness can be.”

The Netherlands and Belgium already dispatch the mentally ill, so Picard’s suggestion is not without precedent.

Lewis concludes his article as he began:

In the first 12 months of legal euthanasia, from June 2016 to June 2017, 2,000 Canadians died via lethal injection. To me this is tragedy enough. But I would have thought that there were Canadians who, unlike



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American Medical
Association
REMAINS OPPOSED
to Assisted Suicide

Two years ago, the American Medical Association (AMA) asked the AMA Council on Ethical and Judicial Affairs (CEJA) to make recommendations on the issue of assisted suicide. In May, CEJA re-affirmed the AMA's long standing opposition to assisted suicide. [The CEJA report concluded:](#)

After careful consideration, CEJA concludes that in its current form the Code offers guidance to support physicians and the patients they serve in making well-considered, mutually respectful decisions about legally available options for care at the end of life in the intimacy of a patient-physician relationship. The Council on Ethical and Judicial Affairs therefore recommends that the Code of Medical Ethics not be amended.

According to Jane Recker reporting for the *Chicago Sun Times*, a key point of division in the AMA assisted suicide debate was language. [Recker reported:](#)

After debating the American Medical Association Council on Ethical and Judicial Affairs' report that argued the AMA should continue to use the wording "physician-assisted suicide" instead of "aid in dying," 56 percent of the AMA House of Delegates voted that the study be referred back to the Council to review their previous stance on what language should be used.

Recker reports that many physicians supported the CEJA report:

Dr. Diane Gowski, a representative from the Society for Critical Care Medicine, argued that it was irresponsible for the AMA to call physician-assisted suicide anything else, especially in light of the recent suicide contagion effect sweeping the country.

"Let's be clear, (physician-assisted suicide) is suicide," she said. "None of us would hand our patient a gun, so let us not hand them any means to end their life."

The vote at the AMA convention did not change the position on assisted suicide. We commend CEJA for clearly stating why assisted suicide is unethical and we urge physicians to become more involved in the AMA.

Elder Abuse Awareness

By Sara Buscher, Wisconsin lawyer
and member of the EPC-USA board

Every year, some five million older adults are abused, neglected, or exploited to the tune of about \$2.6 billion; only about one in five of these crimes are ever discovered in America.

The UN International Plan of Action acknowledges elder abuse as a public health and human rights issue. Elder financial exploitation is widespread, expensive, and even deadly.

- One in 9 seniors reported being abused, neglected or exploited in the past twelve months.
- The rate of financial exploitation is extremely high, with one in 20 older adults perceiving financial mistreatment occurring in the recent past.
- Elder abuse is vastly under-reported; only one in 44 cases of financial abuse is ever reported.
- Elder abuse victims are four times more likely to go into a nursing home. As discussed below, they are also more likely to die and become suicidal.
- 90% of abusers are family members or trusted others.
- Almost 10% of financial abuse victims will turn to Medicaid, which is funded by tax dollars, as a direct result of their own monies being stolen from them.

Allowing People a Pass to Assist or Coerce Others to Suicide Rewards Elder Abuse

Most people who die from assisted suicide drugs in states giving assisted suicide a free pass are 65+, the same demographic at risk for elder abuse. Abused seniors are three times more likely to die than those who are not abused.

Elder abuse is significantly linked to suicidal ideation. A 79-year-old man attempted suicide after being financially exploited by two cousins. They moved in, forced him to sign over the deed to his house, sold it and spent the money on drugs.

In all states, murderers cannot inherit from their victims. In a seminal case, a judge refused an inheritance to a man who poisoned his grandfather to avoid being written out of the Will.

Not allowing killers to inherit deters deadly abuse. Ninety percent of abusers are family members or trusted

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Fatal Flaws: A Must See Doc Film

By Richard Egan (Australia)

Fatal Flaws is a newly released film by Kevin Dunn on euthanasia and assisted suicide laws. As its title suggests, it documents the real flaws in these laws that pose fatal risks to the elderly, disabled, mentally ill and, indeed, to all of us.

In a series of interviews with doctors and advocates on both sides of the issue, Dunn's conversational technique draws out the underlying viewpoints characterizing the pro and anti-assisted death positions.

On the pro-assisted death side, it becomes clear that there are two drivers. First, there is the so-called principle of autonomy which affirms a person's right to demand and be given assisted death for any reason. This is the basis on which advocates and politicians in the Netherlands are now proposing euthanasia for "completed life". It is a far cry from the original justification of intolerable suffering. It also underlies the story of [Aurelia Browsers](#), a young Dutch woman who struggled for years with depression and suicidal thoughts. Dunn warms to her enthusiastic personality, seeking to offer her hope. In the death-affirming culture of the Netherlands, her "choice" to despair of life was affirmed when she was euthanized on January 26 by doctors from the End of Life Clinic.

The second driver is the view that many people would simply be better off dead. This is shown by Dunn's interviews to often operate independently from any requirement for an autonomous request for euthanasia.

In Canada, a young disabled woman, [Candice Lewis](#), was encouraged–bullied–by a doctor to agree to euthanasia. Candice had to endure hearing a doctor talking to her mom about killing her.

In the Netherlands, two separate women talk about attempts by doctors to kill their mothers without request. In one case, the daughter was able to intervene in time and her mother lived another year to see her second great-grandchild. Sadly, [in the other case](#) the mother had already been lethally injected by the time her daughter got to the hospital. The mother was told she was being given an injection to help her sleep but in reality she was killed without request or consent.

It is timely to [order a copy of *Fatal Flaws*](#) and arrange a screening for your friends, church group or community. So much discussion on assisted suicide and euthanasia is shallow and ill-informed. Viewing *Fatal Flaws* will equip you to make an informed contribution to the debate.

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me, are in favour of euthanasia, but who would balk at killing the mentally ill.

Depression and other mental illnesses should not be a death sentence. As time has gone on, with improvements in medicine, they have become easier to live with. Many people so afflicted can grow out of their illnesses. What it takes is for those of us who are around these people to offer whatever aid we can. We need to ensure they are seeing a doctor. We need to listen carefully to what they have to say, to look for hints that they might go the way of Spade and Bourdain.

How crazy would it be if we were to encourage them to end their lives? How crazy would it be if our government decided that death is a medical option for those who suffer mentally?

Thank you, Charles Lewis, for your logical response to a crazy idea.

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others, who otherwise stand to inherit from the abused.

When states decriminalize assisted suicide, they allow those who "assist" or abuse the elder into suicide to inherit by treating the death as caused by the deceased instead of a crime committed by the "helpers".

[Assisting Persons with Agendas Should not be Rewarded](#)

Ulterior motives are often mixed with other motives in crimes of assisted suicide.

Consider Tammy Sawyer, trustee for Thomas Middleton of Oregon, who financially exploited him. According to news accounts, after Mr. Middleton moved into Sawyer's home, he deeded his house to the trust she managed, directing her to rent it, not sell it. Ten days after moving into her home, he died of assisted suicide. Before he died, she had already signed papers to list his house and two days after he died, she listed the house for sale. She deposited the sale proceeds into accounts for her own benefit.

In other cases, reported motives for assisting suicide include: the "thrill" a former nurse got in getting other people to kill themselves; a desire for sympathy and attention by a girl who repeatedly texted her 18 year old boyfriend to kill himself; and "wanting to see someone die".

For references, see original article posted June 15 on www.epcblog.org.