



## SickKids Hospital in Toronto Will Euthanize Children With or Without Parental Consent



A recent report from The Hospital for Sick Children in Toronto states that they are not only ready to euthanize children but their policy states that a child should be able to die by euthanasia without the consent or knowledge of the parents.

According to an article by [Sharon Kirkey for \*The London Free Press\*](#), The Hospital for Sick Children in Toronto published their policy on euthanasia and assisted suicide as a [report in the recent \*Journal of Medical Ethics\*](#). According to Kirkey:

The SickKids' working group says the hospital has willing doctors who could "safely and effectively" perform euthanasia for terminally ill youth 18 and older who meet the criteria as set out in federal law, and that it would be "antithetical" to its philosophy of care to have to transfer these patients to a strange and unfamiliar adult hospital. But it is a suggestion that euthanasia might one day take place without the involvement of parents that has provoked fresh controversy in the assisted-death debate.

Who does The Hospital for Sick Children believe that euthanasia can be safe and effective for?

Kirkey explains that the ethicists at the hospital believe there is no difference between killing someone and letting them die. Clearly there is a difference between allowing a natural death and actually causing death. By blurring clear distinctions, ethicists minimize the ethical problems associated with doctors killing their patients. Kirkey reports:

The working group said it wasn't convinced that there is a meaningful difference for the patient "between being consensually assisted in dying (in the case of MAID) and being consensually allowed to die (in the case of refusing life-sustaining interventions)."

Kirkey explains that most Canadian provinces allow mature minors to make decisions about their own care, including withdrawing or withholding life support. She explains that in Ontario a minor can provide consent for treatment or withdrawal of treatment if they understand the "reasonably foreseeable consequences" of their decision. SickKids stated that they encourage minors to involve their families in medical decisions.

Kirkey states that The Hospital for Sick Children is suggesting that children could decide to die by euthanasia without the consent of their parents:

The draft policy argues the same rules should apply to MAID since there is no meaningful ethical or practical distinction from the patient's perspective between assisted dying and other procedures that result in the end of a life, such as palliative sedation (where people sleep until they die) or withdrawing or withholding life-sustaining treatments.

According to Kirkey, the SickKids Hospital report came out just ahead of the report by the Council of Canadian Academies that will make recommendations in December concerning the extension of euthanasia to "mature minors". The same group is examining the extension of euthanasia to cases where mental illness is the sole underlying medical condition, and incompetent people who previously requested euthanasia within an "advance directive".

# Report: Canadian Physicians Attend World Medical Association General Assembly

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Reykjavik, Iceland, October 3-6, 2018

Written by Sheila Rutledge Harding, MD, MA, FRCPC

A number of concerned Canadian doctors became Associate Members of the World Medical Association (WMA) and attended the October 2018 General Assembly (GA) of the WMA in Reykjavik, Iceland. This informal report summarizes some activities and experiences of the group.

1. We were at the GA because we wished to contribute to the discussion of a draft resolution entitled **Proposed WMA Reconsideration of the Statement on Euthanasia and Physician Assisted Dying** which was to be brought forward to the Ethics Committee of the WMA by the Canadian Medical Association (CMA) and the Royal Dutch Medical Association (RDMA). It was proposed as a replacement for the **WMA Resolution on Euthanasia (2002)**, the **WMA Declaration on Euthanasia, (1987)** and the **WMA Statement on Physician Assisted Suicide (1992, confirmed 2015)**. The proposal sought to move the WMA away from condemning euthanasia and physician assisted suicide (E/PAS) as unethical. It also moved away from the term *physician assisted suicide*, using instead either *physician assisted death* or *assisted dying*. We felt that this policy would facilitate legalization of E/PAS around the world and involvement of physicians in these procedures. **We wished to uphold the WMA opposition to E/PAS and encourage a life-affirming approach.**

2. Delegates from more than 50 national medical associations around the world were present at this GA. Many of the more experienced participants at the meeting provided us with good advice regarding WMA processes and how to ensure our effective participation. Others sought clarification about an article some of us had co-authored in the [September 2018 World Medical](#)

[Journal](#), entitled **Euthanasia in Canada: a Cautionary Tale** (French and Spanish translations available at the link: [bit.ly/WMACanada](http://bit.ly/WMACanada)). It was written to counterbalance the optimistic view of the introduction of euthanasia and physician assisted suicide (E/PAS) into Canada that the current representatives of the Canadian Medical Association (CMA) generally promulgate. While the CMA spokesperson at this meeting asserted that our article is a misrepresentation, many participants acknowledged that the extensive references provided would permit them to access primary sources and reach their own conclusions about our analysis of the Canadian situation.

3. At the meeting of Associate Members, a resolution was proposed that aimed at a greater consistency between policies of WMA and its National Medical Associations (NMAs). Our group argued that two paragraphs in that policy would weaken the role of WMA as a promoter of the highest standards of medical ethics, because WMA would be expected to “accommodate” NMA policies inconsistent with WMA policies. Our motion to remove the problematic paragraphs was carried.

4. At this GA, summarizing reports were presented by representatives of German, Nigerian, Japanese and Brazilian medical associations on the recent WMA Regional meetings, all opposing involvement of physicians in E/PAS. These consultations on E/PAS conducted by the WMA clearly underscored continued firm opposition to these acts by most member nations. Perhaps because of this, **the CMA/RDMA proposal was withdrawn on short notice** prior to the Ethics Committee meeting in Reykjavik. It was replaced by a compromise document, brought forward by the German Medical Association, which affirms the

**...see Report on page 4**



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## The Canadian Association of Retired Persons is Pressuring Governments to Force Medical Institutions to Kill

The Canadian Association of Retired Persons (CARP) released its policy platform for the 2019 federal election. CARP is focusing on 19 areas for action including pressuring the government to force every medical institution that receives government funding to provide euthanasia, also known as Medical Assistance in Dying (MAiD).

The CARP Exceptional Health Care policy includes a section entitled “[Make Accessible End-of-Life Care a Right](#)” (page 21). This platform statement first demands palliative care for everyone:

Make access to palliative care a right so that all Canadians can access it regardless of where they live or receive care, including rural, remote and indigenous communities.

The platform then demands that all publicly funded medical institutions provide euthanasia:

Ensure access to medical assistance in dying (euthanasia) is provided at publicly-funded institutions and available to Canadians regardless of where they live or receive care.

By demanding that every funded medical institution provide euthanasia, they are then demanding that every religiously affiliated, every palliative care, and every long-term care medical institution provide euthanasia.

Promoting euthanasia is not new for CARP.

CARP officially became a pro-euthanasia advocacy group in [January 2016 when they fired Susan Eng](#), their long-time Executive VP. Moses Znaimer, President of CARP, disagreed with Eng’s neutral position on euthanasia. Znaimer then hired Wanda Morris, former CEO of the euthanasia lobby group Dying With Dignity Canada to replace Eng.

In July 2018, Morris, current Executive VP of CARP, [published an article attacking palliative care institutions and services refusing to provide euthanasia](#). She argued that euthanasia respects the Hippocratic tradition and that refusing to do euthanasia causes harm to patients.



## American Medical Association Ethics Committee Upholds Opposition to Physician-Assisted Suicide

At its annual meeting in 2016, the American Medical Association (AMA) passed a resolution asking the AMA Council on Ethical and Judicial Affairs (CEJA) to examine the issue of assisted suicide and make recommendations concerning the AMA opposition to physician-assisted suicide.

At the AMA annual meeting in 2017, a resolution was referred to CEJA to examine the language used in the assisted suicide debate. The resolution asked them to consider changing the language from physician-assisted suicide to “Aid in Dying”.

CEJA [submitted a report to the AMA before its 2018 annual meeting](#) affirming the current position whereby the AMA opposes assisted suicide and also affirming the use of the term “physician-assisted suicide”.

At the 2018 AMA annual meeting, some delegates wanted CEJA to reject using the term physician-assisted suicide and after debating the CEJA report they voted to refer the study back to the CEJA to review their previous stance.

The delegates did not change the AMA stance on physician-assisted suicide.

CEJA just released a [new report \(15-A-18\) recommending that the AMA uphold its opposition to physician-assisted suicide](#):

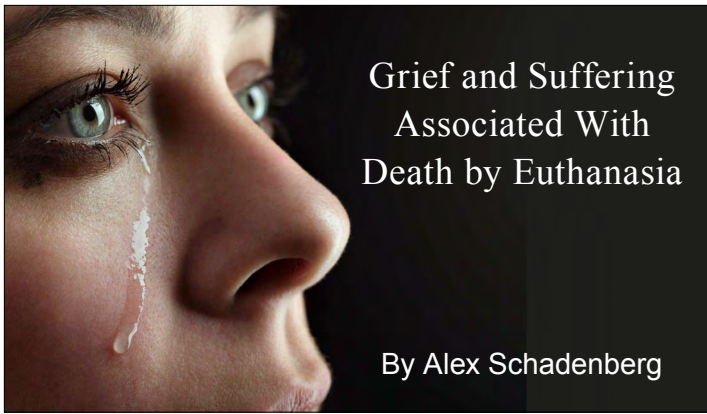
The Council on Ethical and Judicial Affairs therefore recommends that the *Code of Medical Ethics* not be amended, that Resolutions 15-A-16 and 14-A-17 not be adopted and that the remainder of the report be filed.

The updated CEJA report changed how it expresses its opposition to assisted suicide but it clearly maintains that the AMA will continue to oppose assisted suicide.

The recent [World Medical Association meeting also maintained](#) a strong opposition to euthanasia and assisted suicide.

Legalizing euthanasia and/or assisted suicide gives doctors the legal right to cause the death of their patients, a right that the majority of physicians don’t want.





## Grief and Suffering Associated With Death by Euthanasia

By Alex Schadenberg

I received a call from a woman who was seeking help to deal with the grief associated with the euthanasia death of her grandfather.

Her grandfather's death was approved by two doctors in spite of the fact that he was not dying. He requested euthanasia because his health conditions led him to become disabled.

She offered to care for him, but he refused.

I am not a medical professional, but grief after the death of a family member is normal. If her grandfather had died by suicide or homicide, grief counselors would treat her pain and suffering in a serious manner. Since her grandfather died by euthanasia (a legal homicide) she was told that "it was his choice" and "if she loved him she would be supportive".

She sought help from counselors but they refused to speak about euthanasia.

She told me that no one was willing to help her deal with her grief and suffering because her grandfather died by euthanasia and that she is expected to "be happy for him".

I asked her to write about her experience. There are no easy answers to extreme grief, but to write it out and acknowledge her pain may bring some healing. I also told her that she can talk to me about it. I do not claim to be a counselor but I can understand her pain.

Her grandfather died by a legal killing and whether he asked for it or not, he was abandoned. He felt that his life was not worth living and two doctors not only agreed, they lethally injected him. They couldn't use the excuse that he was dying anyway, in his case they must have thought that they wouldn't want to live like him either.

This phone call is likely the first of many we will receive from people seeking help in dealing with grief associated with euthanasia. Our culture has decided that killing people by euthanasia, at their most vulnerable time of life, is an acceptable answer to difficult human experiences, and that everyone should support these decisions. Anyone who disagrees is made to think that there is something wrong with them.

The grief that she is experiencing is normal; she truly loved her grandfather.

### ...Report from page 2

WMA's opposition to E/PAS, but avoids altogether the use of the word *unethical* and substitutes the phrase *physician assisted suicide* with *physician assisted dying*. It was apparent, during the remainder of the meeting, that many at the WMA have serious concerns about these possible changes. Some reiterated that the WMA was founded, in large part, to refute the idea that making something legal also makes it ethical. The proposed substitute document will undergo study in the months ahead by all delegates and their written opinions are to be reviewed at the April 2019 meeting of the WMA in Chile.

5. Toward the end of the General Assembly, to everyone's surprise, the CMA delegation accused the incoming president of the WMA, Dr. Leonid Eidelman, of plagiarism in his inaugural speech and moved that the WMA demand his resignation. This motion failed, not being supported by any other delegates. Subsequently, the CMA announced its withdrawal from membership in the WMA. Eidelman offered an explanation and apologized to the Council and the GA of the WMA, and his explanation and apology were accepted.

Save the date!  
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January 25:  
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