



Canada's Euthanasia Bill C-7, If Passed, Will Be Challenged In The Court

By Alex Schadenberg

A [recent report](#) from the End of Life Working Group of the Canadian Bar Association suggests several problems with Bill C-7, the bill to expand euthanasia in Canada.

Bill C-7 goes much further than the Québec Superior Court *Truchon* decision but not as far as the Canadian Bar Association wants.

On February 24, the federal government introduced [Bill C-7](#) in response to the Québec Superior Court *Truchon* decision which struck down the requirement in the law that a person's "natural death must be reasonably foreseeable" before qualifying for death by lethal injection.

Bill C-7 creates a two-track law. A person whose natural death is not reasonably foreseeable has a 90-day waiting period. The bill waves the ten-day waiting period for people whose natural death is deemed to be reasonably foreseeable. This means a person can request and then die by lethal injection on the same day.

In a letter to the Committee on Justice and Human Rights, dated May 7, 2020, the Canadian Bar Association stated:

[...] The criterion of "reasonably foreseeable death" has caused significant uncertainty and difficulty in practice and Bill C-7 does not give any guidance on how to apply it.

We recommend that guidance be given to avoid confusion on which safeguards apply and ensure appropriate access to MAiD.

I have stated that, if Bill C-7 is passed, a future court decision will strike down the 90-day waiting period for people whose natural death is not reasonably foreseeable because it would be argued that this provision represents an inequality in the law.

Since the Canadian Bar Association supports euthanasia for mental illness, they recommended that, "Mental illness should not be excluded from the definition of 'serious and incurable illness, disease or disability'."

I am convinced that Bill C-7 already allows euthanasia for mental illness. Bill C-7 permits MAiD for people who are physically or psychologically suffering in a manner that is intolerable to them and that cannot be relieved in a way that they consider acceptable. Mental illness, which is not defined in the law, can be considered a form of psychological suffering and therefore has not been excluded by Bill C-7. If the government wants to

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IVSTITIA ("Justice") looks out from the Supreme Court of Canada with the Peace Tower behind

Uruguay is Debating a Wide-Open Euthanasia Bill

A bill to legalize euthanasia and assisted suicide is being debated in the Uruguayan Congress.

This commentary is based on a Google translation of [the bill's text](#).

Article one of the bill provides legal protection for doctors who are willing to cause the death or assist the suicide of, “a person of legal age, psychologically fit, ill with a terminal pathology, irreversible and incurable or afflicted by unbearable suffering”.

It is clear that the bill legalizes euthanasia and assisted suicide because it states that the doctor will “kill you or help you kill yourself.”

The bill allows for a wider interpretation because it does not define the terms “terminal pathology” or “unbearable suffering”.

The bill does not require a person to try effective treatments. There are many terminal conditions, where the person, with treatment, may have years to live. The term “unbearable suffering” is subjective. Some people find their condition to be unbearable but once they have received pain or symptom management, they change their mind. If terms are not defined or are subjective, the doctors who participate in euthanasia will interpret the meaning of these terms.

Article two of the bill requires a second doctor to examine and confirm the medical diagnosis of the person requesting death.

Article three requires the primary doctor to confirm that the person requesting death is competent, free from coercion, has a continuous desire to die, and knows about alternatives. This article requires a second interview be done at least 30 days after the first request. The bill allows someone else to sign for the person requesting death. Allowing another person to sign-off is inappropriate and dangerous.

Article four requires the formal request for death to be made three days after the second interview. Once again, the bill allows someone else to sign. It also allows one of the witnesses to be a beneficiary, and yet, in most jurisdictions, a beneficiary is unable to sign a will.

Article five states that the request is revocable.

Article six requires that the doctor who prescribes the lethal drugs (assisted suicide) must assure that the drugs are only used by the person who they are prescribed for. If the prescribing doctor is not present



The Uruguayan flag flies in front of the Palacio Legislativo

at the time of death, how will they assure that this happens?

Article seven requires the doctor who performs the act or prescribes the lethal drugs to report the death to the Commission on Bioethics and Integral Quality of Health Care of the Ministry of Public Health, whether they were present at the death or not.

This bill provides the physician with the power to decide if the person should die, legal protection to cause the death, and legal oversight to self-report the death to the authorities. Self-reporting systems provide the perfect legal cover since the only person who would know if the law was broken is the person who is dead.

This bill is accurate when it states that the doctor can “kill you or help you kill yourself”. Most jurisdictions employ softened language such as “assisted death” or “medical aid in dying”. We must call it what it is.

Legalizing euthanasia permits medical murder. It kills a patient who needs care and it changes the doctor who turns from healing to killing. Uruguay needs to reject this bill.

More UK Doctors Oppose than Support Assisted Suicide

The *Medscape UK Ethics Report 2020* found that more UK doctors oppose assisted suicide than support it. The report was based on online responses from 1,355 UK physicians. Medscape asked the question, “Should physician-assisted suicide or ‘physician-assisted dying’ be made legal for the terminally ill—or for those who say they have irredeemable suffering, even if the disease may not be terminal for many years?”

Forty-two percent said NO, 37% said YES and 22% said it was a grey area. It is notable that 55% of the GPs were against assisted dying (compared to 39% of specialists).

Dr. Gordon Macdonald, CEO of Care Not Killing, commented on the Royal College of General Practitioners’ decision to uphold their opposition to assisted suicide by stating:

Just look at what is happening in Canada, which introduced assisted suicide and euthanasia in 2016. Since then around 13,000 people have been killed. Then in September, the Québec Superior Court struck down the requirement that a person be terminally ill before they qualify for euthanasia in Canada, allowing those with chronic conditions and mental health problems to have their lives ended.

But even before this court ruling there had been problems. In July, a depressed, but otherwise healthy, 61-year-old man was euthanized in the province of British Columbia. Alan Nichols, a former school caretaker who lived alone was admitted to Chilliwack General Hospital, BC. Despite not being terminally ill, he received a lethal injection. Alan’s case is not isolated.

The problems in Canada are not unique. This summer, a major US report from the National Council on Disability found the laws, in the handful of States that had gone down this route, were ineffective and oversight of abuse and mistakes was absent. This is an important report as those championing assisted suicide in this country put forward a model based on Oregon and Washington – yet in both states a majority of those ending their lives cite fear of becoming a burden as a reason.

The current laws that prevent assisted suicide and euthanasia do not need changing.

Hospice New Zealand Launches Court Case to Protect Conscience Rights

Hospice New Zealand has applied for an urgent court injunction concerning their right to conscientiously object to doing euthanasia.

The New Zealand parliament passed a euthanasia bill in November 2019 by a vote of 69 to 51. To get the bill passed, the government agreed to hold a referendum on the bill which will happen on September 19, 2020, during the next election.

Hospice New Zealand asked the court to clarify the following regarding the End of Life Choice Act:

- ▶ Whether an organisation such as a hospice can conscientiously object to assisted dying and operate a “euthanasia-free” service.
- ▶ Whether a district health board or other funding agency can decline to fund or contract with an organisation if it does not agree to provide assisted dying services.
- ▶ Whether the Act’s mandatory obligations on a health practitioner override the ethical, clinical or professional judgments of that practitioner and their obligations under the Code of Health and Disability Consumers’ Rights.
- ▶ Whether a health practitioner may exercise a right of conscientious objection on the basis that they hold as a core value that they must not act in a way that is contrary to their ethical, clinical or professional judgment and obligations.

In February 2020, the Delta Hospice Society (BC, Canada) was informed that they will lose their funding because they refuse to do euthanasia. The Canadian Hospice Palliative Care Association supports the position of the Delta Hospice Society.

Hospice New Zealand has likely launched the conscience rights court case based on concerns with developments in Canada.

The New Zealand Attorney General requested that other healthcare organizations be allowed to request intervenor status. Hospice New Zealand agreed to eight intervenors to prevent delay of the proceedings.

More than 15,000 Canadians Have Died by Euthanasia (MAiD)

By Alex Schadenberg

On January 30, 2020, I published a blog article stating that in Canada there had been more than 5,000 assisted deaths in 2019 and at least 13,000 since legalization. The article was written to correct the media who reported 6,700 euthanasia (MAiD) deaths in Canada since legalization.

On February 24, at the press conference announcing Bill C-7, the bill to expand euthanasia, the federal government estimated that there had been more than 13,000 assisted deaths since legalization, with 5,444 in 2019 and 4,438 in 2018.

The [Third Interim Report on MAiD](#) stated that there were 3,714 reported assisted deaths up to December 31, 2017. Since the government estimated that there were 4,438 in 2018 and 5,444 in 2019, I can say that 13,596 Canadians died by MAiD up to December 31, 2019.

The data indicates that the number



The Canadian flag flies at half-mast

of assisted deaths is continuing to increase. Based on 2019 data, we estimate, as of April 30, 2020, there were at least 15,410 euthanasia deaths. This data does not account for the [under-reporting that was uncovered in the Québec euthanasia report](#).

The federal government is slow to release official assisted death statistics, but we have accurate 2019 data from [Ontario](#), [Nova Scotia](#), and [Alberta](#). The [new Ontario data](#) indicates that there were 748

reported assisted deaths in the first four months of 2020 with 199 in March alone. [The euthanasia rate is sadly increasing even during the COVID-19 crisis](#).

The Canadian government must reject Bill C-7 and begin the promised five-year review of the euthanasia law with an open view to what is actually happening rather than continuing to expand euthanasia, making Canada the most permissive euthanasia regime in the world.

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exclude euthanasia for mental illness, Bill C-7 would need to define psychological suffering in a manner that excludes euthanasia for mental illness.

I agree with the Canadian Bar Association when it stated, "The general exclusion of all persons suffering from mental illness is likely to be constitutionally challenged."

Why should you be concerned?

Bill C-7 expands the law to permit anyone who considers their physical or psychological suffering to

be intolerable to qualify for death by lethal injection, even if effective medical treatments exist. It allows medical homicide for people who need treatment and care.

The Canadian government must reject Bill C-7 and begin the promised five-year review of the euthanasia law with an open view to what is actually happening rather than continuing to expand euthanasia, making Canada the most permissive euthanasia regime in the world.

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