



Kelly Block MP Sponsors Bill C-230: The Protection of Freedom of Conscience Act

Kelly Block MP (Carlton Trail–Eagle Creek in Saskatchewan, Canada) tabled Private Member’s [Bill C-230: The Protection of Freedom of Conscience Act](#) on February 4. The bill is scheduled to receive its first hour of debate on March 28. The Euthanasia Prevention Coalition (EPC) supports Bill C-230; we urge you to sign the provided postcard and send it to your member of parliament.

Bill C-230 protects conscience rights for medical professionals by preventing coercion and intimidation to participate in euthanasia and assisted suicide and protects employment for medical professionals who conscientiously object.

When tabling Bill C-230, Kelly Block stated:

Medical professionals are facing increasing pressure to participate in assisted suicide, and this is

causing many to question their ability to work in Canada.

The Bill proposes an amendment to the Criminal Code that will protect medical professionals from intimidation or coercion to participate in medical assisted suicide in the same way that workers are protected from intimidation or coercion if they want to form or be part of a union.

Bill C-230 amends Section 241.5 (1) of the Criminal Code to state:

Every person who, for the purpose of compelling a medical practitioner, nurse practitioner, pharmacist or other health care professional to take part, directly or indirectly, in the provision

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California: Doctors Launch Court Case for Conscience Rights

A group of doctors in California, including the Christian Medical and Dental Association, have launched a court case to protect their conscience rights. The California legislature passed assisted suicide expansion bill SB 380. This bill requires doctors who oppose assisted suicide to be complicit in the act.

An article by [Greg Piper published in *The Ohio Star*](#) on February 28 began, “California doctors who object to assisted suicide are fighting an amended state law that implicates them in their patients’ intentional deaths.” The case concerns conscience rights for physicians who oppose assisted suicide. Piper reported:

[...] The original law issued a broad exemption for healthcare providers, granting them a liability shield for “refusing to inform” patients about their

right to physician-assisted suicide and “not referring” patients to physicians who will assist in their suicides.

The amended law removed it, leaving providers vulnerable to “civil, criminal, administrative, disciplinary, employment, credentialing, professional discipline, contractual liability, or medical staff action, sanction, or penalty or other liability.”

Alliance Defending Freedom, who is representing the plaintiffs, stated that, in SB 380, participating in assisted suicide is voluntary but that word “participating” is narrowly defined. Senate Bill 380 requires physicians who oppose assisted suicide

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EPC-USA Letter to Connecticut Public Health RE: Assisted Suicide Bill

By Sara Buscher, Chair, Euthanasia Prevention Coalition USA / February 21, 2022 (*edited for space*)

The Euthanasia Prevention Coalition USA opposes euthanasia and assisted suicide, supporting positive measures to improve quality of life that also help the family. We are aging and disability advocates, lawyers, doctors, nurses, and politicians.

We are asking you to let SB 88 die in your committee. I will focus on the concerns about assisted suicide that you may not otherwise hear [from other opponents]:

1. The bill allows assisted suicide with elastic and meaningless “safeguards”;
2. Assisted suicide is not about pain or receiving a peaceful death; both are myths;
3. Assisted suicide spawns more suicides and attempted suicides; and
4. Insurance companies use assisted suicide to deny coverage for curative life-saving treatments, offering to pay for assisted suicide instead. This raises equity concerns.

The Bill Allows Assisted Suicide with Elastic and Meaningless “Safeguards”

Connecticut criminalized aiding a person to commit suicide, which is classified as 2nd degree manslaughter ([CGS § 53a-56](#)). SB 88 at Section 12(d) removes criminal prosecution under CGS § 53a-56 for anyone self-administering a lethal prescription under the “aid in dying” law. [It] is clear the bill is allowing assisting a person to commit suicide.

Dr Diane Meier, best known as the founder of Mount Sinai’s Center to Advance Palliative Care, and a one-time proponent of assisted suicide years ago, recently said safeguards go up in smoke once the law allows it (“[Covid Has Traumatized America. A Doctor Explains What We Need to Heal](#)” by David Marchese in *The New York Times Magazine*, March 24, 2021):

All the heartfelt adherence to restrictions that are announced when you first get the public to vote in favor of this go up in smoke once the practice is validated. ...It’s a dangerous path to go down with the claim that it is all about respect for autonomy, when the real drivers are getting rid of a painful and expensive burden on society.

SB 88 allows the prescription of a lethal dose to people who are terminally ill, with a six month prognosis, and who can self-administer by ingesting. No safeguards or witnesses are required at the time of ingestion regardless of the person’s mental state or ability to self-administer.

People qualify as terminally ill despite being able to live for years with treatment. Some of the diagnoses that qualify are infectious disease, gastrointestinal disease, diabetes, arthritis, sclerosis, stenosis, and musculoskeletal system disorders.

Here is how one doctor describes self-administration in his practice:

He would load the medication into a plastic syringe and then hand the plunger to the patient, who would press down on it to “self-administer” and “ingest” the drugs. Sometimes, if a patient was weak, Shavelson [would hold the plunger himself and place the patient’s hand on top of his.](#) “If I feel you pushing on my hand,” he would say, “we will push together.”

Assisted Suicide is Not about Pain or a Peaceful Death; Both Are Myths

Dr Shavelson’s practice is limited to providing only assisted suicide. He says, “promoting ‘aid in dying’ as avoiding pain is a political sales pitch.”

In his experience, people choose assisted suicide because they are low energy or afraid of losing control. He says Oregon’s data is consistent with his experience. The [data](#) shows most people choose assisted suicide because of a decreasing ability to participate in enjoyable activities (94%), loss of autonomy (93%), and loss of dignity (72%), not fear of pain and suffering.

Dr Shavelson says another myth is that assisted suicide creates a peaceful death. Actually, it does not change what happens during dying, it simply makes it faster. People gasp for air, change colors, sweat, twitch, have seizures, and sometimes vomit.

For many years, fatal quantities of barbiturates were prescribed to carry out assisted suicide. These drugs cause the lungs to fill with fluids, like [drowning](#). When

these drugs became expensive, assisted suicide doctors experimented on people with other drug cocktails, some of which [burned people's throats](#) causing them to scream in pain and extended the dying process by more than three hours and as much as 31 hours.

Assisted Suicide Spawns More Suicides and Attempted Suicides

If you enact SB 88, more people will die by suicide and more will attempt suicide. This is the collateral damage caused when assisted suicide is legalized—the message is that suicide is an acceptable solution to problems. Publicity about suicide leads to more suicides; this is called suicide contagion.

Legalization of assisted suicide especially impacts youths. The 2019 [Health of Women and Children Report](#) found teen suicides in California increased by 34% since that state legalized assisted suicide in 2016. [Oregon's youth suicides increased 79.3%](#) from 2000 to 2018 (“State suicide rates among adolescents and young adults aged 10-24: United States, 2000-2018” by Sally Curtin in *National Vital Statistics Reports*, 2020). Research about completed suicides in four states that legalized assisted suicide (Oregon, Washington, Vermont, and Montana) found it was associated with at least a 6.3% increase in the rate of all suicide deaths (“[Legalization of PAS and Suicide Rates](#)” by Jones and Paton in the *Southern Medical Journal*, 2015). For every person who dies by suicide, another 30 attempt suicide ([2012 National Strategy for Suicide Prevention](#)).

Let's apply this to Connecticut which now has a low suicide rate compared to other states. In 2020, 359 people died by suicide in Connecticut (www.portal.ct.gov/OCME/Statistics). A 6.3% increase will add 22 suicides if SB 88 is enacted. For each one of these 22, another 30 or 660 people will attempt suicide; some of them will become permanently disabled.

Insurance Companies Use Assisted Suicide to Deny Curative Life-Saving Treatments

Insurers stop covering certain treatments due to the availability of assisted suicide. [Dr Brian Callister](#) of Nevada says he was stunned when insurance would not cover life-saving treatment for his patients who were transferring to California and Oregon, but offered to pay for assisted suicide instead (“[Insurance companies denied treatment to patients, offered to pay for assisted suicide, doctor claims](#)” by Bradford

Richardson, *The Washington Times*, May 31, 2017). These were people who could be cured with the denied treatment rather than being rendered terminal. In effect, assisted suicide is being used to shunt people off the curative, restorative medicine track, especially if they cannot afford to pay for treatments out of pocket.

There are also equity concerns. People of color get this. Even with insurance, people of color get poorer hospital care and pain relief according to a *New York Times* article (“[The Never-Ending Mistreatment of Black Patients](#)” by Jessica Nutik Zitter, June 29, 2019). They are disproportionately dying of COVID-19. The voting results from [Massachusetts] Ballot Question 2 in 2012 show assisted suicide pits [wealthier, whiter districts against those with poorer people and people of color](#) according to Second Thoughts Massachusetts. The same is likely true in Connecticut.

In closing, I urge you to consider the heartache for families whose members are impacted by suicide contagion and the loss of insurance coverage for curable treatments that would follow enactment of SB 88 which also contributes to inequity for people of color. If you weigh that against the so-called benefits of assisted suicide which are myths, you will let SB 88 die in your committee.

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of medical assistance in dying, uses coercion or any other form of intimidation, is guilty of an offence...

Bill C-230 also amends Section 241.5 (2):

Every person who refuses to employ, or dismisses from their employment, a medical practitioner, nurse practitioner, pharmacist or other health care professional for the reason only that they refuse to take part, directly or indirectly, in the provision of medical assistance in dying is guilty of an offence...

You can order more postcards supporting Bill C-230 from the EPC at no cost by calling the office: 1-877-439-3348 or email office@epcc.ca

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Two Ontario Women Charged with Alleged Illegal Euthanasia

Windsor, Ontario police began an investigation in January and have murder charges against two women. On February 18, [the Windsor Star reported](#):

A pair of Windsor women are facing murder charges after police say they assisted with the suicide death of a 79-year-old female family member.

Last month the major crime unit began an investigation after becoming aware of the assisted suicide death of the woman.

Two adult females were identified as being involved in assisting the woman's suicide...

Two Windsor women, aged 23 and 49, are facing charges of first-degree murder and aid suicide.

The victim and the accused are not being named to protect the integrity of the investigation, police said.

The outcome of this case could change the criteria of who is able to participate in euthanasia and assisted suicide in Canada. There are many euthanasia activists who believe that anyone should be able to carry out the act.

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to, "document a patient's request to die in that individual's medical record, which satisfies the first of two required 'oral requests' for a patient to obtain a prescription for lethal drugs. Physicians also must transfer those records to a second physician upon the patient's request."

Since the requirement to document an oral request is part of the assisted suicide approval process, this means doctors who oppose assisted suicide are required to participate in the lethal act.

Other concerns with SB 380 include: Reducing the mandatory 15-day waiting period between the two oral requests to 48 hours and eliminating the original law's sunset clause, which eliminated the requirement to review the law.

The [California 2020 assisted suicide report](#) stated that 435 people died by assisted suicide in that year. There may be under-reporting of assisted suicide deaths. The 2020 report stated that 164 people received assisted suicide drugs but their ingestion status was unknown.

A goal of the assisted suicide lobby is to force physicians who oppose assisted suicide to refer their patients to a physician who will kill.

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