



Canada's Senate Passed Bill C-7 with Amendments

By Alex Schadenberg

On February 17, Canada's Senate passed Bill C-7, the bill to expand the euthanasia law, with amendments to further expand the law.

Joan Bryden with *The Canadian Press*, reporting on the Senate vote, explains the amendments:

One amendment would allow people who fear losing mental capacity to make advance requests for an assisted death.

Another would impose an 18-month time limit on the bill's proposed blanket ban on assisted dying for people suffering solely from mental illnesses.

Until that exclusion on mental illness is lifted, senators also approved another amendment to clarify that it would not apply to people suffering from neurocognitive disorders such as Alzheimer's disease.

They further amended the bill to require the government to collect race-based data on who requests and receives assisted dying and to establish a joint parliamentary committee within 30 days of the bill receiving royal assent to review the assisted dying regime in Canada.

The bill now goes back to Parliament for a debate and vote on the Senate's amendments.

When Canada legalized (MAiD) euthanasia in June 2016 by passing Bill C-14, I pointed out that since the legislation lacked effective definitions that the practice of euthanasia would quickly expand. A caveat within C-14 was the legislated requirement that a five-year review of the law would begin in June 2020. I did not expect the government would first expand the law before completing the required review.

In September 2019, Québec Justice Baudouin, in *Truchon*, struck down the requirement in Canada's euthanasia law that a person's natural death be reasonably foreseeable. On February 24, the federal

government introduced Bill C-7 in response to the Superior Court of Québec's decision in response to the *Truchon* decision, but Bill C-7 goes far beyond *Truchon*.

In December, Parliament passed Bill C-7 without amendments and sent it to the Senate. The shock that our government would expand the law before completing its required parliamentary review was exasperated by the appointed Senate.

Before it was amended, Bill C-7...

... removes the requirement in the law that a person's natural death be reasonably foreseeable in order to qualify for assisted death.

... permits a doctor or nurse practitioner to lethally inject a person who is incapable of consenting, if that person was previously approved. This contravenes the Supreme Court of Canada *Carter* decision which stated that only competent people could die by euthanasia.

... waives the ten-day waiting period if a person's natural death is deemed to be reasonably foreseeable.

... creates a two-track law. A person whose natural death is deemed to be reasonably foreseeable has no waiting period while a person whose natural death is not deemed to be reasonably foreseeable would have a 90-day waiting period.

... falsely claims to prevent euthanasia for people with mental illness. The law permits MAiD for people who experience physical or psychological suffering intolerable to the person and which cannot be relieved in a way that the person considers acceptable. Mental illness, which is considered a form of psychological suffering, is not defined in the law.

Bill C-7 went much further than the Superior Court of Québec *Truchon* decision and the Senate just made it worse.

The Netherlands Intends to Extend Euthanasia to Children but Not to People Who Are “Tired of Living”

By Alex Schadenberg

DutchNews.nl reported on February 3 that the government had drawn up a list of “controversial topics” that would be dealt with after the March 17 election. One of the topics that was not on the list was expanding euthanasia to people who are “tired of living”.

In [July 2020 I reported](#) that a bill to extend euthanasia in the Netherlands to healthy people who are “tired of living” was submitted by Pia Dykstra (D66 party). Janene Pieters [reported](#) in the *NL Times*:

The legislative proposal allows people over the age of 75 who feel that they have come to the end of their life and have a persistent wish to die to ask for euthanasia.

Pieters also reported that Harry van der Molen (CDA party) told *Telegraaf*:

“As far as the CDA is concerned, there will be no completed life law, but we will tackle the causes of loneliness. Especially when people feel alone, abandoned or lost, they need attention or care.”

Dutchnews.nl [reported](#) on October 13 that de Jonge announced that the Dutch government will permit child euthanasia.

Health minister Hugo de Jonge has told MPs in a briefing that work is progressing on plans to make it possible to help terminally sick children aged between one and 12 to die, in limited circumstances.

De Jonge said that he wants to ensure there are “more legal guarantees for doctors” who take the decision to end the life of a child, as well as transparency for healthcare staff and parents, and protection for the rights of children.

Reports indicate that de Jonge plans to amend the euthanasia regulations, but not the law.

DW News [reported](#):

De Jonge added that current laws would not need to be amended. Rather, doctors would be exempted from prosecution for carrying out an approved euthanasia on a child.

The Netherlands’ law permits euthanasia for children as young as 12, with parental consent; people over the age of 16 can consent to euthanasia. The [Groningen Protocol](#) is a eugenic policy that permits the euthanasia of newborns with disabilities. The proposed change would allow euthanasia for children (1-12). Similar to the Groningen Protocol, the government would approve a set of guidelines to permit euthanasia for children without actually changing the law.

The Dutch government wants to avoid the debate because of the contentious nature of the issue, but also because the four-party coalition government includes two Christian parties who do not want to vote on an issue which may lead to their political defeat in the upcoming election.



CHILD EUTHANASIA

...GONE TOO FAR

I was Frustrated with the Lies at the New Mexico Bill Hearing

By Alex Schadenberg

February 13 was the second time that I presented (virtually) before a New Mexico legislative committee hearing concerning [HB 47](#), the bill to legalize assisted suicide.

My concern with the hearing was not the one minute for every regular witness (not much can be said in one minute). I was frustrated by the lies told by “expert” witnesses (who had more time) concerning the bill.

Claim #1: HB 47 is one of the tightest assisted suicide bills anywhere.

Reality: HB 47 is the widest assisted suicide bill being considered in America.

Current assisted suicide laws require physicians to approve and prescribe lethal drugs. HB 47 allows non-physicians defined as “health care providers” which includes physicians, or licensed physician assistants, or osteopathic physicians, or nurses registered in advanced practice to approve or prescribe lethal drugs.

Current assisted suicide laws require a psychologist or psychiatrist to counsel a person when a “health care provider” questions their ability to consent. HB 47 defines counselors as state-licensed psychiatrist, psychologist, master social worker, psychiatric nurse practitioner or professional clinical mental health counselor.

Unlike existing assisted suicide legislation, HB 47 does not require a 15-day waiting period but only a 48-hour period that can be waived if the health care provider believes

that the person may be imminently dying.

HB 47 Section 3 (G) waives the requirement that a person’s condition be confirmed by a second health care provider if the person requesting assisted suicide is enrolled in a hospice program. This is the only assisted suicide bill that waives the requirement that a second health care provider assess the requester.

Claim #2: HB 47 has iron-clad conscience protections for health care providers.

Reality: HB 47 tramples on conscience rights.

HB 47 states that health care providers who oppose assisted suicide shall inform a requester and refer the individual to a health care provider who is able and willing to carry out the individual’s request or to another individual or entity to assist the requesting individual in seeking medical aid in dying. This means a conscientious objector must participate in the act by their referral.

In 2019, the current bill’s sponsor, New Mexico State Rep. Deborah Armstrong, sponsored assisted suicide bill [HB 90](#), which was the most extreme assisted suicide bill that I had seen. Among other concerns, HB 90 allowed assisted suicide for psychiatric conditions, to be done to someone with an undefined “terminal prognosis,” to be done by nurses and physician assistants, and even allowed it to be approved via telemedicine. Armstrong wants to legalize assisted suicide to make it an option for her daughter who is battling cancer. I understand their fear of a bad death but giving doctors the legal right to be involved with killing people is dangerous public policy.

Who do they think they are fooling? We are all capable of reading HB 47 and recognizing the lies from the assisted suicide lobby “experts”.



The New Mexico State Capitol

What the US Assisted Suicide Lobby Does Not Want You to Know



Assisted suicide is a hotly debated issue in the US in 2021. States that are currently debating the legalization of assisted suicide include: Arizona, Connecticut, Indiana, Iowa, Kansas, Kentucky, Massachusetts, Nevada, North Dakota, New Mexico, New York, and Rhode Island.

This year the assisted suicide lobby is also trying to expand current laws. Expansion bills are being debated in California, Hawaii, Vermont, and Washington State.

The media wants you to think that there is a tidal wave of support for assisted suicide. In 2020, 20 states debated assisted suicide bills, none of which passed. In the past few years, several states, including Arizona, Georgia, Idaho, and Louisiana, have tightened their laws against assisted suicide. The assisted suicide lobby is trying to expand current laws by (among other changes) reducing or removing waiting periods, allowing people who are not doctors to approve or prescribe death, forcing medical professionals who oppose killing to refer patients, and allowing lethal drugs to be sent by courier or mail rather than picked up with proper identification.

Some of the bills to legalize assisted suicide are similar to the expansion bills, such as the New Mexico bill. This bill also waives the requirement of a second assessor when the person requesting assisted suicide is enrolled in hospice.

The assisted suicide lobby does not want you to know the reality of assisted suicide.

The most recent [data from Oregon indicates](#) that in 2019 there were 188 reported assisted suicide deaths, up from 178 in 2018. They do not want you to know that in 2019 there were 21 people who received lethal

drugs and died, but they have no idea how they died. In 2018 there were 14 such cases.

Similarly, in [Washington State the 2018 data](#) indicates that there were 203 reported assisted suicide deaths, up from 164 in 2017. Nineteen people who received lethal drugs had an unknown death, up from 13 in 2017. It is possible that some or all of the 67 deaths (35 in Oregon and 32 in Washington State over two years) were unreported assisted suicide deaths. Does this sound like there is effective oversight of the law?

Another hidden reality of deaths by assisted suicide is how these people actually die. An article by Lisa Krieger [published by Medical Xpress](#) on September 8, 2020 stated:

A little-known secret, not publicized by advocates of aid-in-dying, was that while most deaths were speedy, others were very slow. Some patients lingered for six or nine hours; a few, more than three days. No one knew why, or what needed to change.

The assisted suicide lobby is developing new lethal drug cocktails through human experimentation. The results of the first two failed lethal drug trials were (from an [article by JoNel Aleccia published in The Seattle Times on March 5, 2017](#)):

The (first) turned out to be too harsh, burning patients' mouths and throats, causing some to scream in pain. The second drug mix, used 67 times, has led to deaths that stretched out hours in some patients—and up to 31 hours in one case.

The goal of the assisted suicide lobby is to find a cheaper way to kill; they are not concerned about how these people die.

The 2018 Washington State assisted suicide report indicates that of the 203 reported assisted suicide deaths, there were eight reported complications in 2018, likely related to the new lethal drug cocktails, while 62 deaths took more than 90 minutes with the time of death ranging from seven minutes to 30 hours.

The 2019 Oregon assisted suicide report states that the time of death ranged from one minute to 47 hours but it does not indicate how many people died more than 90 minutes after taking the lethal drugs.

Assisted suicide is not a death with dignity.