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Study Shows Negative Impact of MAID on Palliative Care in Canada

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A study conducted by a group of physicians in Canada reveals the detrimental impact that the legalisation of assisted dying has on palliative care.

In their 2020 qualitative study, "Impact of Medical Assistance in Dying on palliative care" ([2021]. *Palliative Medicine*, 35[2], 447-454), Matthews and Colleagues interviewed palliative care physicians and nurses who practiced in healthcare settings where patients could access Medical Assistance in Dying (MAID) in Southern Ontario. Their findings conclude the negative impact that MAID has on palliative care in Canada:

1. All clinicians spoke about a conflict between maintaining MAID eligibility and effective symptom control. Clinicians felt they must withhold symptom control medications that could cause sedation or confusion and therefore jeopardise MAID eligibility, even if the medication could significantly alleviate their patient's pain. This difficulty in providing optimal symptoms management created by the MAID legislation resulted in increased providers and patients' distress.
2. Many clinicians described the prevalence of ethical and moral dilemmas regarding the appropriateness of certain discussions regarding MAID with their patients, such as introducing MAID to patients who did not initiate these requests. Clinicians were concerned that introducing the topic might be misinterpreted as an invitation to request for it, and may add to the burden of vulnerable patients and erode families' trust. Participants also described challenging conversations around supporting patients and resolving tension with families around MAID.
3. MAID has a significant emotional and personal impact on palliative care providers. Many of the clinicians described a large emotional toll created by exposure to it.
4. MAID changes the patient-palliative care provider relationship. The clinicians described how patients thought that palliative care included assisted death, which complicated their relationships with these patients. Further, clinicians with moral or religious objections to MAID described substantial challenges with building trust with patients pursuing assisted death.
5. The clinicians felt that the providing of assisted suicide led to more palliative care resources being dedicated to assisted deaths that would have otherwise been allocated to palliative care.

This study should serve as a warning to the UK as Parliament debates the legalisation of assisted suicide. If Canada serves as any example, the implementation of assisted suicide will have a profound negative impact on palliative care.

Québec Report: Euthanasia Deaths Increase by 37%

Unreported Deaths Continue

By Amy Hasbrouck, President of the Euthanasia Prevention Coalition

The sixth annual report from Québec's Commission sur les soins de fin de vie (Commission on End-of-Life Care) for the year April 1, 2020 to March 31, 2021 was submitted (unannounced) to Québec's parliament, the National Assembly, on October 20, 2021. It was thanks to the Collectif des médecins contre l'euthanasie (Physicians' Alliance against Euthanasia) that we learned of the report's release.

Québec is the only province in Canada to exercise any public oversight of its euthanasia program. Furthermore, Québec's system includes a mechanism that is supposed to verify that doctors submit reports of euthanasia they authorize and perform. The problem is, the number of euthanasia deaths reported by doctors is always less than the total reported by hospitals, institutions, and the Québec College of Physicians and the Commission on End-of-Life Care cannot account for the discrepancy.

On page 11, the Commission reports that 2,426 euthanasia [deaths] were declared by doctors (a 37% increase from 1,776 in the 2019-2020 report). This is the figure used as the official number of MAiD [euthanasia] deaths in Québec.

However, Table 4.1 tells a different story; it shows that 3,412 MAiD requests were received, 990 of which did not end in euthanasia. (Readers will note that subtracting 990 from 3,412 does not yield 2,426). Footnote b acknowledges this inconsistency, without explanation (my translation): "The sum of administered and unadministered MAiD does not correspond to the number of MAiD requests declared by the institutions".

Table 4.1 also shows the number of euthanasia [deaths] reported by hospitals, nursing homes and other facilities (2,415) added to the number reported by the College of Physicians (273) for a total of 2,688, which is 262 more than the official figure of 2,426. The Commission explains this discrepancy in footnote 29 on page 31 (my translation):

> The Commission notes that the number of MAiD reported by facilities and the Collège des Médecins du Québec (CMQ) is different from the number of MAiD declared to the Commission. This is partly explained by the fact that certain MAiD were declared twice; to the CMQ and to an institution. The Commission will make the necessary verifications to ensure that it has received the declaration form for all administered MAiD reported by the establishments and the CMQ.

This has been a consistent problem with the verification procedure established by sections 8, 37 and 46 of Québec's Act Respecting End-of-Life Care (ARELC, the law governing euthanasia), and has appeared in every annual report since the euthanasia program began on December 10, 2015.

The program has been plagued with backlogs and missing reports from physicians who filed their declarations late or not at all. It raises important questions as to the efficacy of a verification procedure that never works properly, and consistently reveals problems that are never addressed. Even if half of the 262 missing reports are duplicates, that still leaves 131 people whose deaths were not properly reported by the doctors who caused them. It also undermines the credibility of the rest of the Commission's claims.

On page ten, the Commission says it ruled on 2,179 reports of euthanasia by doctors, finding seven violations of the euthanasia law, for a compliance rate of 99.7%. (In the 2019-2020 report, the Commission evaluated 1,711 doctors' declarations and found nine infractions.) "The Commission concluded that one of the requirements relating to the administration of MAiD decreed by the ARELC had not been met in less than 1% of the cases… The requirements that were not met were mainly of an administrative nature."

In three cases, the application form was countersigned by a person who was not a health or social service professional. In two cases the person making the request held an expired health insurance card. In one case, the doctor did not speak with the person to verify the persistence of suffering and the wish to die between when the request was received, and euthanasia was administered. In one case, the person

did not meet an eligibility criterion; the Commission said post-traumatic quadriparesis (weakness in the limbs caused by injury) constituted a disability rather than a "serious and incurable illness".

While the Commission may consider ineligibility for MAiD and failing to verify persistence of suffering as "administrative" problems, all the identified violations are linked to important safeguards meant to prevent errors and abuse. As well, it is probably safe to assume that at least some of the euthanasia deaths reported by hospitals, institutions, and the College of Physicians without corresponding doctors' reports (not looked at by the Commission) had similar problems.

In other words, it is a stretch to believe that where there is a discrepancy of 262 euthanasia reports, the compliance rate would nevertheless be 99.7%. Further to that, since the law requires the doctor who carried out the euthanasia to be the same doctor who sends in the report, that this self-reporting system may result in some doctors not reporting controversial euthanasia deaths.

Taking the official figures, the number of euthanasia [deaths] increased by about 37% this year, slightly lower than the 39% increase from last year and representing approximately 3.3% of all deaths in Québec.

Assisted Suicide Deaths Are Not What You Think They Are

David Rose for the *Daily Mail* UK published an article on October 21 titled, "Why an 'assisted death' is almost certainly NOT what you think it is". Stories about how assisted suicide deaths actually occur are rarely published. Researcher Dr Joel Zivot challenged how deaths by assisted suicide actually occur in his article in *The Spectator* on September 18, "Last rights: assisted suicide is neither painless nor dignified".

Rose states that assisted suicide deaths will often take many hours. He writes about the death of Colorado resident Kurt Huschle who died by assisted suicide in July 2017. It took more than eight hours for him to die.

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

Assisted suicide activists have been experimenting for several years with lethal drug cocktail experiments to find a cheaper way to cause death. An article by Lisa Krieger published by *Medical Xpress* on September 8, 2020 uncovers information about the lethal drug experiments:

> […] 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.
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> "The public thinks that you take a pill and you're done," said Dr. Gary Pasternak, chief medical officer of Mission Hospice in San Mateo. "But it's more complicated than that."

An article by JoNel Aleccia published in *USA Today* in February 2017 examined the experiments being done on people to find a cheaper lethal drug cocktail for assisted suicide. The article states that assisted suicide researchers are promoting new generations of lethal drug cocktails. Here are the results of the first two lethal drug cocktails:

> […] 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.

Oregon's 2020 report emphasizes the use of the fourth generation of lethal drug cocktails, showing that the length of time to die has reduced but the problems with the use of these cocktails continue.

Join our next online presentation with Q&A:

Protecting People from Euthanasia in Canada

December 1st @ 7:00 p.m. EST

Register in advance: https://us02web.zoom.us/meeting/register/tZwtd-2orDMtH9TjDTMIpaw_1StIlnrJjyE3

Assisted Suicide Lobby Challenges Oregon's Residency Requirement

By Alex Schadenberg

Since the inception of the first assisted suicide law in the US, in the state of Oregon, the assisted suicide lobby has been trying to extend assisted suicide to all fifty states. Last year, I wrote about their attempt to use COVID-19 guidelines to permit assisted suicide by telehealth. If this happens, it may extend approvals for assisted suicide right across the country.

Recently, Compassion and Choices, an assisted suicide lobby group, and Nicholas Gideonse, a doctor who prescribes assisted suicide drug cocktails, launched a court case to challenge the Oregon assisted suicide residency requirement. By eliminating the "residency requirement" the assisted suicide lobby would be able to assist the suicide of Americans who are able to go to Oregon. The lawsuit filed in the federal court claims that the residency requirement is unconstitutional. This case should be dismissed for the following reasons.

First, assisted suicide is not medical treatment. The assisted suicide lobby want prescribing a lethal drug cocktail to be labeled as health care. Second, there is no right to medical care in the US. Third, the Supreme Court did not find a right to assisted suicide in *Washington v. Glucksberg* or *Vacco v. Quill*. States may legalize assisted suicide but it is not protected by the Equal Protection Clause.

There may be more to this case. The patients that Gideonse is supposedly "fighting for" live in the State of Washington where assisted suicide is legal—they already have access to assisted suicide. Therefore, maybe this case concerns financial gain? Gideonse states that he provides other treatments for patients in the State of Washington, but not assisted suicide.

Portugal Passes Euthanasia Bill

Portugal's parliament once again passed a bill to legalize euthanasia. This is the second euthanasia bill this year to be passed by Portugal's parliament. On January 29, the first euthanasia bill passed, but the language of the bill was very imprecise. On February 19, President Marcelo Rebelo de Sousa decided not to sign the bill into law but instead referred it to the Constitutional Court for evaluation. President de Sousa stated that he thought the bill was (according to an article published Feb 18 in the *Associated Press*), "'excessively imprecise,' potentially creating a situation of 'legal uncertainty.'"

On March 15, the Constitutional Court rejected the bill. The *Portuguese American Journal* reported that the Court decided that, "'the law is imprecise in identifying the circumstances under which those procedures can occur.' The court stated the law must be 'clear, precise, clearly envisioned and controllable.' The law lacks the 'indispensable rigor,' the judges deliberate."

Once again, President de Sousa can sign the bill into law or he can refer it to the Constitutional Court for evaluation.

Please send a message to President de Sousa, urging him to refer the bill to the Constitutional Court: https://www.presidencia.pt/en/contacts/contact-form

DW.com reported on May 11 ("Portugal's parliament approves euthanasia bill") that the new bill changed the language of the bill to fulfill the requirements of the Constitutional Court:

> […] The rephrasing of the bill clarified the "imprecise" definition for when euthanasia would be possible after the Constitutional Court found that the bill's previous reference to "a definitive injury of extreme seriousness in accordance with scientific consensus" lacked "indispensable rigor."
>
> The new version of the bill… said euthanasia could be possible in cases of "serious injury, definitive and amply disabling, which makes a person dependent on others or on technology to undertake elementary tasks of daily life," and where there is "very high certainty or probability that such limitations endure over time without the possibility of cure or significant improvement."

Clearly, this new bill focuses on euthanasia for people with disabilities.