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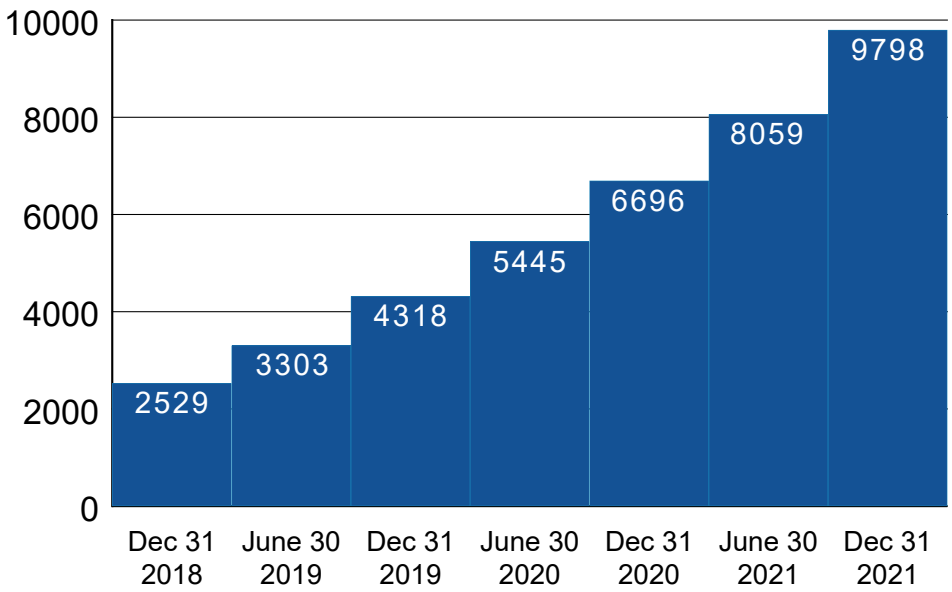
Ontario Euthanasia Deaths Increase by 30% in 2021

By Alex Schadenberg

The 2021 MAiD data from the Office of the Chief Coroner for Ontario indicates that there were 3,102 assisted deaths. This represents a 30% increase from 2020 (2,378). The data from December 2021 showed a significant increase, with 298 reported deaths compared to 188 in December 2020. According to the data, in the first half of 2021 there were 1,363 assisted deaths, up from 1,127 in the first half of 2020—a 21% increase. In the second half of 2021 there were 1,739 assisted deaths, up from 1,251 in the second half of 2020—a 39% increase.

The 2020 report on euthanasia in Canada indicated that the number of reported assisted deaths increased by 34% in 2020 to 7,595, up from 5,660 in 2019, which was up more than 26% from 4,478 in 2018. Euthanasia deaths represented 2.5% of all deaths in Canada in 2020. Since the federal government has not released data, based on the Ontario data, I predict that there were almost 10,000 euthanasia deaths in Canada in 2021 and approximately 31,000 from the time of legalization to December 31, 2021. Canada's healthcare system is abandoning Canadians.

There has been a total of 9,796 euthanasia deaths and two assisted suicide deaths in Ontario since legalization in June 2016. The number of cumulative reported assisted deaths in Ontario since legalization is indicated in the bar graph. Note that the first column represents the 30-month total (June 6, 2016, to December 31, 2018). From December 31, 2018 to June 30, 2019 (a six-month period) there were 774; from June 30 to December 31, 2019 there were 1,015; from December 31, 2019 to June 30, 2020 there were 1,127; from June 30 to December 31, 2020 there were 1,251; from December 31, 2020 to June 30, 2021 there were 1,363; and from June 30 to December 31, 2021 there were 1,739.



Canada's federal government and the Québec government both established committees to discuss the further expansion of euthanasia. These committees are considering euthanasia for incompetent people who requested death in their advanced directive, euthanasia for children and the rules to implement euthanasia for people with mental illness alone. The Québec report supported euthanasia for incompetent people but not for mental illness but Bill C-7 already approved euthanasia for mental illness in Canada.

Each euthanasia death has a story. We need you to tell your story. Some of the people who died were depressed and had questionable competency. Some were subtly coerced. Your story can challenge the culture.

Contact me (Alex) at the Euthanasia Prevention Coalition: Email info@epcc.ca or call 1-877-439-3348

The Euthanasia Prevention Coalition exists to protect people by building a well-informed, broadly-based network of groups and individuals for an effective social resistance to euthanasia and assisted suicide.

EPC-USA Report: States that are Debating Assisted Suicide in America

By Sara Buscher, Chair, EPC-USA (www.epc-usa.org) / February 2, 2022

This activity report does not include bills that we are expecting to be introduced in the next few weeks.

States with bills to legalize assisted suicide, introduced in 2021:

1. Massachusetts: S 1384 and H 2381
2. Delaware: HB 140 (introduced on June 30, carried over to 2022)
3. Minnesota: SF 1352 and HF 1358 (carried over)
4. New York: A 4321 and S 6471 (carried over)
5. Pennsylvania: SB 405 and HB 1453 (carried over)
6. North Carolina H780 (carried over)

States with bills to legalize assisted suicide, introduced in 2022:

1. Indiana: HB 1020
2. Kentucky: HB 149
3. Rhode Island: H 6600
4. Utah: HB 74
5. New York: A00198 (study MAiD if state enacts it—see above)

The assisted suicide lobby has promoted assisted suicide bills in several states, but they are focussed on New York, Massachusetts, and Connecticut. The Connecticut bill has yet to be introduced. New York has several bills, including an assisted suicide study bill that was introduced this year.

States with bills to expand existing assisted suicide laws in 2022:

1. Hawaii: SB 323, SB 839, SD 2, and HB 487 (bill passed in the Senate, carried from 2021)

   Hawaii: HB 1823 and SB 2680 (adds physician extenders, introduced in 2022)
2. Vermont: S 74 (carried from 2021), H 497 (changes conscience rights and allows assisted suicide by telemedicine, introduced in 2022)
3. Washington: HB 1141 (passed in the House, has been introduced in the Senate, carried over from 2021)

States with bills to strengthen penalties for assisted suicide:

1. New York: S 6140 (prohibits insurance coverage / payment for assisted suicide)
2. New Jersey: A1414 (upgrades the crimes of coercing a patient to request or forging a request for lethal medication)

   New Jersey: A1415 (repeals MAiD Act)

Court cases to legalize or expand assisted suicide laws:

1. California: *Shavelson, MD et al v California Department of Health Care Services*, is a challenge in the federal district court to the California assisted suicide law stating that the law must allow euthanasia of people with disabilities who cannot self-administer the lethal drugs.
2. Oregon: *Gideonse v Brown et al* seeks to have residency requirements in state assisted suicide laws declared unconstitutional. Case is in federal Oregon District Court in Portland. This case would potentially extend assisted suicide to all the USA.
3. Minnesota: *Final Exit Network, Inc v Stuart* is a challenge in federal court asking it to overturn Minnesota's law prohibiting assisted suicide.
4. *Kligler v Healey* in the Massachusetts Supreme Court to decide if there is a constitutional right to assisted suicide in the state's constitution.

Euthanasia Prevention Coalition USA is working with a legal team on several of these cases.

There were 13 bills seeking to legalize assisted suicide that were DEFEATED in 2021. We thank the people in every state who have been involved with opposing assisted suicide. We recognize the importance of the disability rights movement, and we will help disability rights organizations engage in the assisted suicide debate.

Assisted Suicide Becomes a Wider Option in Canada

The *Halifax Examiner* published an article on January 13 by Yvette d'Entremont concerning new options for assisted suicide in Nova Scotia and Canada. The article outlines how nearly every (MAiD) assisted death is done by euthanasia (lethal injection) in Canada. A lethal drug cocktail has now been approved to enable an "oral option" otherwise known as assisted suicide.

d'Entremont reported Jocelyn Downie, Canada's leading pro-euthanasia academic, as stating:

> "Ultimately it's grounded in the twin values that should be behind our MAID decisions, which is respect for autonomy, so the capacity for self-determination, for charting the course of your own life and death, and then the alleviation of suffering," Downie said in an interview.
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> "This is just another element in respecting autonomy. It's providing another pathway for people to realize their goal of alleviating their suffering on their own terms. It's not the kind of development that we've seen in the past few years. It's not seismic. But I think it's consistent and it's a completion."

Memorial University medical ethics professor Daryl Pullman who published an *Impact Ethics* article last November comparing the number of MAID deaths in Canada to the "dramatically lower" number that occurred in California under its assisted suicide law. d'Entremont reported Pullman as stating:

> ...Given the significant number of patients in California who meet the criteria for an assisted death, who receive the lethal prescription, but then never follow through, for some simply knowing they have the option seems sufficient," Pullman wrote.
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> "The decision not to follow through with ending one's life is also a matter of autonomous choice. But it is a choice that seems all too rare in the Canadian context, and we should worry that some who initiate the MAiD process might then feel compelled to follow through."

Concerning the radical difference between the number of assisted deaths in California as compared to Canada, Pullman states, "Doesn't this disturb anybody that these numbers are so blatantly different?" He expresses further concern about the expansion of Canada's law to permit euthanasia for mental illness alone. d'Entremont reports:

> "The Canadian Parliament seems more interested right now in waxing the runners on the sleigh than in actually trying to assess whether or not the hill we're going down is pretty steep. We seem to be rushing headlong for a precipice here," Pullman said.
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> "We're medicalizing suicide in Canada, effectively, so that people who, for whatever reason, judge their life to be unacceptable they can, under this legislation, get medical assistance in ending their life and that's a little bit disturbing."

Downie disagreed with Pullman, but that is not surprising because she has radically promoted euthanasia for years.

The article concludes by stating that according to Nova Scotia Health, since 2018, of the 1,389 patients, 29 (2.1%) who were referred for MAID have paused or withdrawn their MAID requests.

When only 2.1% of the people in Nova Scotia who ask for euthanasia change their mind, clearly the mantras of choice and autonomy ring hollow.

A Wish to Die is Most Often Linked to Loneliness and Depression

An Irish longitudinal study examined the "Wish to Die" (WTD) among 8,174 patients 50 or over. The study (Briggs, R., Ward, M., & Kenny, R. A. [2021]. The "Wish to Die" in later life: prevalence, longitudinal course and mortality. Data from TILDA. *Age and Ageing*, *50[4]*, 1321-1328), followed participants for six years and determined that of people who had a WTD, almost three-quarters reported being lonely and 60% had clinically significant depressive symptoms. Other factors that led to a WTD was functional disability and chronic pain. When the WTD was re-assessed two year later, 72% indicated that loneliness and depression had lessened. This study was conducted to inform legislators who were considering a bill to legalize euthanasia in Ireland. From the paper's Background (p. 1322):

> [...] In order to inform discussion around this complex issue [euthanasia and assisted suicide], this report examines the prevalence of WTD in a large population-representative sample of people aged ≥50 years. We specifically examine factors associated with WTD; the longitudinal course of WTD and the relationship between WTD and death.

The study found that almost 3.5% of participants had indicated that they had a WTD within 30 days of the interview. Participants with a WTD were more likely to be female, separated or divorced, seven times more likely to have depressive symptoms and four times more likely to have previously been diagnosed with depression than people without a WTD (see Results p. 1323).

Some participants were interviewed several times over the course of the study. Seventy-two percent of the participants did not indicate a WTD two years after their first interview while 175 who did not indicate a WTD in the first interview did have a WTD two years later. A person who indicated a WTD at the first interview but then did not have a WTD two years later were much less likely to be lonely or to be experiencing depressive symptoms.

Briggs et al further examines the issues of loneliness and depression (p. 1325):

> WTD appears to be closely linked to loneliness and depressive symptoms. Almost three-quarters of participants with WTD also reported loneliness, while almost one fifth reported that they were lonely all the time. 60% of participants with WTD also had clinically significant depressive symptoms.
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> Importantly, only half of those with WTD and co-existing depressive symptoms report an established diagnosis of depression. Prior work has highlighted the potential burden of undiagnosed and therefore untreated population with depression within the TILDA cohort (Briggs R., Tobin K., Kenny R. A., & Kennelly S.P. [2018]. What is the prevalence of untreated depression and death ideation in older people? Data from the Irish longitudinal study on aging. *Int Psychogeriatr*, *30*, 1393-401). It is not surprising therefore that less than one-sixth of those with WTD and co-existing depressive symptoms have accessed psychological or counselling services given this apparently high rate of undetected depression.

Very few people who request euthanasia or assisted suicide are sent for a psychiatric evaluation. Oregon's 2020 assisted suicide report indicated that of the 370 people who received a prescription for lethal assisted suicide drugs only three received a psychological or psychiatric evaluation. Oregon's 2019 report indicated that one of 290 people who received a prescription for lethal assisted suicide drugs received a psychological or psychiatric evaluation.

People with a wish to die are often living with loneliness or experiencing depressive symptoms. *Briggs et al* proves that most of the people who are experiencing depressive symptoms are undiagnosed and not receiving treatment for depression.

Sadly, many people who die by euthanasia or assisted suicide experience a wish to die which is closely associated with loneliness and depression.