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Canadians Are Seeking Euthanasia Because They Can't Access Medical Treatment

By Alex Schadenberg

Moira Wyton wrote an article on July 26 that was published in *The Tyee* concerning Gwen. Wyton wrote:

> [...] Gwen is considering a medically assisted death if she cannot access essential treatment for her chronic pain and disabilities, which make it impossible at times to eat, sleep, move or play with her child.
>
> Government support and health coverage don't fund the treatment that Gwen says her doctors recommend to vastly reduce her pain, or to provide enough income to live with a little one.

Gwen tells Wyton that she is desperate to be with her three-year-old daughter. Wyton continues:

> […] While MAID was intended to give people broader personal choice and autonomy in health care, Gwen says recent eligibility expansions make it easier for those with chronic conditions to die instead of live.

Gwen is not the only one facing this dilemma. On April 17, I wrote about the euthanasia death of a 51-year-old Ontario woman who had chemical sensitivities. The story was reported by CTV National News Medical Correspondent Avis Favaro. The woman was living with chronic chemical sensitivities and environmental allergies.

In late April, Favaro reported on a 31-year-old Ontario woman who was approved for euthanasia for chemical sensitivities. Favaro stated that "Denise" was diagnosed with Multiple Chemical Sensitivities (MCS), which triggers rashes, difficulty breathing, and blinding headaches called hemiplegic migraines that cause her temporary paralysis. Money was raised to enable her to temporarily find a clean place to live.

A June 8 report by Penny Daflos for *CTV News Vancouver* concerned a chronically ill woman in her 30's who was approved for euthanasia but unable to obtain the medical treatment that she needs to live. Daflos wrote that "Kat" wants to live.

Hannah Alberga reported for *CTV News Toronto* on July 11 that Tracey Thompson (50) requested MAiD (euthanasia) because she is living with long COVID and is approaching poverty since she is unable to work. Alberga explains that Thompson doesn't want to die, but she cannot live without an income or support.

Alberga reported in the same article that Mitchell Tremblay (39) is planning to request MAiD (euthanasia) in March 2023 based on mental illness and poverty. According to Alberga, Tremblay is considering euthanasia because he doesn't receive enough money from ODSP to survive.

On July 12, Christina Frangou wrote an article that was published by *Chatelaine* concerning a, "54-year-old Vancouver woman [who] has amassed $40,000 in debts trying to treat myalgic encephalomyelitis and other ailments. When her money runs out, she says a medically assisted death may be her only option."

Wyton wrote that Gwen is experiencing suicidal ideation, but she doesn't want to die. "'I don't want to die, but when you're in that much pain, these intrusive thoughts come up,' she said. 'The suffering is so far beyond what anyone can fathom.'"

Canada needs to recognize how its euthanasia law threatens the lives of people with disabilities and other chronic conditions.

Downie Urges Québec Physicians to Expand the Interpretation of the Euthanasia Law

An article by Jocelyn Downie, a pro-euthanasia academic in Canada, published by *Policy Options* on July 25 asks the question, "Who is actually eligible for medical assistance in dying in Québec?"

Canada has two euthanasia laws, the federal law and the Québec law. There are several differences between the two, for example the Québec law does not permit euthanasia for mental illness alone.

Downie avoids the issue of euthanasia for mental illness alone and states:

> […] The recent Québec [Commission sur les soins de fin de vie—commission on end-of-life care] CSFV guidance on the meaning of "serious and incurable illness" under the Québec law says that to be eligible, a person needs to be "on a death trajectory, predictable or not." It says that the following do not meet the eligibility criterion of "serious and incurable illness" [in Québec]:
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> - "A symptom or set of symptoms"
> - "Pathologies or conditions frequently associated with ageing, particularly in very old age, which can lead to an advanced and irreversible decline in capacity as well as significant suffering"
> - "Imminent death, if no serious and incurable disease could be identified"
> - "Disability unless it is caused by a serious and incurable *disease* (for example, the sequelae of a stroke caused by a cerebrovascular disease".

Québec seems to have stricter euthanasia guidelines than the rest of Canada. Downie's purpose for writing the article is to urge Québec's euthanasia doctors to go ahead and follow the federal, not the provincial, guidelines. Downie writes:

> […] So what does this mean for eligibility in Québec? What are clinicians and patients to do in the face of the inconsistency between the federal and Québec laws (as recently interpreted by the CSFV)?
>
> Well, thankfully, despite the recent statement from the CSFV, and despite the appearance of MAiD eligibility being narrower in Québec than in the rest of Canada, the Collège May 2021 statement, makes it clear that clinicians are actually free to rely upon the federal criteria, and patients can ask for that. Patients in Québec can receive MAiD if they have a serious illness, disease, or disability, and the CSFV's list of excluded conditions need not restrict access to MAiD. Clinicians and patients need to know this so that patients are not wrongfully denied access to MAiD.

Downie side-steps the issue of euthanasia for mental illness alone, but it is this issue that will provide the greatest difference between the Québec law and the federal law.

Québec's euthanasia reporting system is better. Québec's euthanasia report is compiled with data from multiple sources, thereby uncovering possible infractions of the law but also possible under-reporting. As stated by EPC's past President Amy

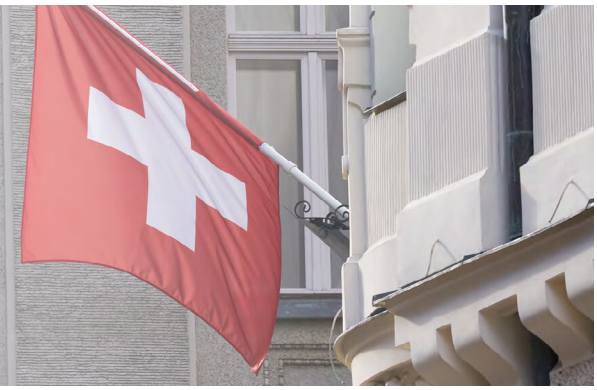
Hasbrouck, the recent Québec euthanasia report contains a reporting discrepancy. Hasbrouck wrote regarding the 2021 report:

> Table 4.1 also shows the number of euthanasia 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 most recent Québec euthanasia report also uncovers seven violations of the law. The federal euthanasia report only collects data from the reports submitted by the medical practitioner who carries out the death. Only collecting data from those who perform the act does not enable the federal government to uncover possible abuses or under-reporting.

The Québec euthanasia law is somewhat tighter than the federal law. Downie, who strongly promotes euthanasia, is urging Québec euthanasia practitioners to follow the federal and not the Québec guidelines.

Stricter Assisted Suicide Guidelines May Reduce Swiss Suicide Tourism



An article by Kaoru Uda published by *SWI swissinfo.ch* on July 26 explains that Switzerland's new assisted suicide guidelines may lead to fewer suicide tourists. Uda introduces the issue with the story of sixty-eight-year-old Alex Pandolfo who lives in the UK:

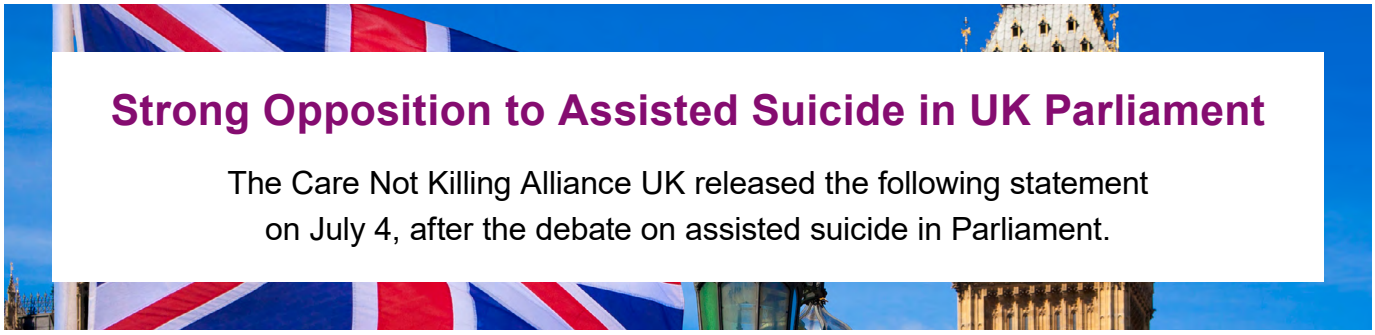
> […] When he was diagnosed with early-onset Alzheimer's disease in 2015, an assisted suicide organisation in [Switzerland] accepted his request for assisted suicide. He plans to go there when "the time has come".
>
> Under the old rules, he would have had to stay in [Switzerland] for just a few days to complete his plan, but the new "two-week-rule" makes it a lot more expensive. "People who don't have enough money will be put off by it," Pandolfo told *SWI swissinfo.ch*

Uda explains that last May, the Swiss Medical Association agreed to a new set of guidelines for assisted suicide:

- The physician must—other than in justified exceptional cases—conduct at least two detailed discussions with the patient separated by an interval of at least two weeks.
- The symptoms of the illness and/or functional impairment must be unbearable, the severity of which is to be substantiated by a legitimate diagnosis and prognosis.
- Assisted suicide for healthy persons is not medically or ethically justifiable.

Previous guidelines did not require a two week interval and they permitted assisted suicide for otherwise healthy people. Swiss assisted suicide groups are opposed to the new guidelines for various reasons.

The Swiss Medical Association appears to be wanting to curtail assisted suicide for people who are not sick or dying and yet the language of the guidelines are open to interpretation. Since the decision is based on "intolerable suffering" which is not objective, assisted suicide for healthy people may continue. The requirement that there be at least two discussions no less than two weeks apart will slow down the assisted suicide approval process, even though the first discussion may be done online.



Strong Opposition to Assisted Suicide in UK Parliament

The Care Not Killing Alliance UK released the following statement on July 4, after the debate on assisted suicide in Parliament.

Care Not Killing is pleased at the "strength and breadth" of opposition from MPs towards the policy of introducing euthanasia and assisted suicide (EAS), in the UK.

During today's Westminster Hall debate, parliamentarians heard about just some of the dangers of introducing so-called "assisted dying", including evidence from Oregon, Canada, and the Netherlands, with vulnerable people feeling pressured into ending their lives prematurely, and the growing link between introducing EAS and increases in a jurisdiction's suicide rate.

Danny Kruger (Con), Chair of the Dying Well All-Party Group, referred to considerations of financial savings in extending euthanasia in Canada beyond terminal illnesses, and the reality of care rationing within the NHS.

Stephen Timms (Lab) described the NHS as his party's greatest achievement, and said its being underfunded was not a reason to give up on seeking achievable, high-quality, equally-accessed palliative care. He said:

> I agree with the organisation Care Not Killing that we want… a funded policy for comprehensive hospice, community and hospital specialist palliative care services across the country, with a duty placed on NHS trusts to ensure these services are made available to all who need them.

As the debate drew to a close, the Minister restated the Government's longstanding position: the ultimate decision is for Parliament, as with other issues of conscience, and "our neutral stance means that this would have to be via private members legislation."

Dr. Gordon Macdonald, Chief Executive of Care Not Killing, commented:

> Doctors' groups such as the Association of Palliative Medicine, disability rights organisations, and all those who oppose the introduction of euthanasia and assisted suicide will be pleased at the strength and breadth of opposition to changing the law in Parliament.
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> […] Some MPs rightly expressed concern at the mission creep we see in countries like Canada, which legalised so called "medical assistance in dying" in 2015. The law was originally limited to those whose natural deaths were "reasonably foreseeable", but in September 2019 the Québec Superior Court struck down that restriction. This followed the case of Alan Nichols, a former school caretaker who was physically healthy, but struggled with depression. His life was ended by lethal injection in July 2019. That same year also saw the chilling case of Roger Foley, who was repeatedly offered the drugs to kill himself, while being denied the social care to live a dignified life, due to the cost.
>
> At the same time, deaths from lethal injection continue to rise in Canada. In 2020, 7595 had their lives ended this way, including 1412 who cited loneliness as a reason for opting to be killed, no doubt this was compounded by COVID. Now the Canadian law has been expanded to include those with chronic conditions, and soon, mental health conditions.
>
> Our current laws protect vulnerable people and do not need changing, instead we need to refocus our attention on how to ensure we provide the very best palliative care to those who need it.