



## Québec Doctor Testifies that COVID Patients Were Euthanized Rather than Treated

By Alex Schadenberg

A Québec inquest into COVID-related deaths has uncovered more disturbing facts. In September, an article in *The Globe and Mail* reported that an auxiliary nurse testified that many of the COVID-19 deaths in nursing homes were caused by abuse and neglect (“Herron long-term care residents died of thirst, malnourishment, Québec coroner’s inquest told”). A Québec doctor told the inquest that many treatable patients actually died by euthanasia.

An [article by Clara Descurninges for The Canadian Press](#) (“Investigation into COVID-19 in CHSLDs [residential and long-term care centres]: ‘euthanized’ patients, according to a doctor”) reported on the testimony from Dr Vinh-Kim Nguyen who worked in the emergency room at the Jewish General Hospital during the first wave of the COVID-19 pandemic. Dr Nguyen had previously managed the Ebola pandemic for Doctors Without Borders. He told the inquiry:

Patients who arrived from CHSLDs with heavy cases of COVID-19 were, according to him, “surprisingly well after a day or two of infusions or oxygen”. “By hydrating these patients, they recovered very easily,”

Dr Nguyen was sent to CHSLDs to work with their COVID-19 patients. He testified that he found himself in a very different situation. Descurninges states:

Wanting to transfer patients to the hospital, he quickly discovered “the many obstacles” put in his way, while public health guidelines recommended

keeping residents there.

For patients stuck in CHSLDs, the only measures available were often end-of-life respiratory distress protocols, or strong cocktails of drugs used to reduce suffering, he testified. “These are protocols that lead to death. [...] It was in fact euthanasia,” he insisted.

“What really traumatized me was that I saw patients who didn’t have to go there; they could have been treated.”

Descurninges also reported on the testimony from Dr Réjean Hébert who told the inquest that 10% of patients at CHSLDs died of COVID-19 during this period. Dr Hébert, a specialist in gerontology and a professor in health policy evaluation at the University of Montréal, testified that these deaths represented a “massacre” by “systematic ageism”. He referred to the management of healthcare in Québec as “administrative monsters” with reference to what he referred to as the six hierarchical levels of management.

The Québec inquest was established to investigate why, from February 25 to July 11, 2020, Québécois aged 70 and over accounted for 92% of deaths from COVID-19.

I believe that, in varying degrees, the same abuse, neglect and euthanasia that occurred in Québec COVID-19 deaths also happened elsewhere. The only difference is that Québec has established an inquest into these COVID-19-related deaths.



## The U.S. Assisted Suicide Lobby Plans for Expanding Assisted Suicide Laws

The U.S. assisted suicide lobby is expanding assisted suicide laws by eliminating waiting periods, eliminating the six-month terminal prognosis requirement, allowing other medical providers to approve and participate in assisted suicide, eliminating residency requirements, and allowing euthanasia (death by lethal injection rather than lethal prescription).

In [July 2019](#), [Oregon Governor Kate Brown](#) expanded the assisted suicide law by signing SB 0579 into law. This bill essentially eliminates the 15-day waiting period to die by assisted suicide, a safeguard that was designed to assure that a person has an opportunity to change their mind. Proponents of the bill argued that the bill only applies to people with less than 15 days to live, and yet, it is difficult to know how long someone will live.

This year, [New Mexico passed assisted suicide House Bill \(HB\) 47](#) further codifying the assisted suicide lobby's expansion plans. HB 47 did not require a 15-day waiting period but only 48-hours that can be waived if the health care provider believes that the person may be imminently dying. Therefore, HB 47 technically allows a same day death. HB 47 also expanded who could prescribe and participate in assisted suicide by allowing non-physicians defined as "health care providers" to approve and prescribe lethal drugs. "Health care providers" includes physicians, licensed physician assistants, osteopathic physicians, or nurses registered in advanced practice. The assisted suicide lobby is expanding who can prescribe and participate since very few physicians are willing to assist a suicide.

Recently, California passed SB 380, which enabled the waiting period to be waived when a person is nearing death. In August, we reported that the assisted death lobby is [supporting a court case](#) to expand assisted suicide to euthanasia in California. The case argues that some people with disabilities are unable to self-administer the lethal assisted suicide drugs. Therefore, based on the Americans with Disabilities Act, the court is being asked to permit euthanasia (doctor administered death) in these cases. In September, a [California judge rejected the preliminary injunction](#) to permit the plaintiffs in the case to die by euthanasia before the trial is heard. The court case continues but the plaintiffs cannot die by lethal injection before the court decision is final. Permitting euthanasia is not an extension of the state assisted suicide law but rather it requires the court to legislate a new law, that being legalizing euthanasia, which is a form of homicide. The assisted suicide lobby recognize that elected officials are not willing to legalize euthanasia by creating an exception to homicide so they are trying to legalize it via the court.

In late October, an assisted suicide lobby group and an assisted suicide doctor [launched a court case to challenge the Oregon assisted suicide law residency requirement](#). The lawsuit, which has been filed in the federal court, claims that the residency requirement is unconstitutional. If this case were successful then the law would apply to every American; this court case directly affects every state that protects people from assisted suicide.

What is needed is a greater effort to expose and stop assisted suicide in America.



## Portugal's President Vetoes Euthanasia Bill

The *Associated Press* reported that Portugal's president, Marcelo Rebelo de Sousa, vetoed the second euthanasia bill that was passed by Portugal's parliament in early November.

On January 29, Portugal's parliament passed a first euthanasia bill. On February 19, [President de Sousa did not sign this bill into law](#); he referred it to Portugal's Constitutional Court for evaluation. He thought the bill was, "excessively imprecise, potentially creating a situation of 'legal uncertainty.'" On March 15, the 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,"

President de Sousa has now vetoed the second euthanasia bill because of contradictions in its language. According to the [Associated Press article](#):

This time, the president is returning the reworded law to the national assembly, according to a statement posted on the Portuguese presidency's

website late on Monday, arguing that further clarification is needed in "what appear to be contradictions" regarding the causes that justify resorting to death with medical assistance.

Whereas the original bill required "fatal disease" as a pre-requisite, the president's argument followed, the renewed version mentions "incurable" or "serious" disease in some of its formulation. No longer considering that patients need to be terminally ill means, in de Sousa's opinion, "a considerable change of weighing the values of life and free self-determination in the context of Portuguese society."

In July 2020 [the Portuguese Medical Association informed the government](#) that they will not permit doctors to participate on the euthanasia commission (the commission to approve euthanasia). At the same time, [a group of 15 law professors](#), including Professor Jorge Miranda, known as the father of Portugal's Constitution, stated that the euthanasia bills are unconstitutional.

Parliament is dissolving on December 5. A new bill cannot be debated until after the January 30, 2022 election.

## Belgian Euthanasia Doctor Accused of Unlawful Euthanasia

The veneer of Belgian euthanasia has been peeling off with the publicity of the trials in the [euthanasia death of Tine Neys](#) and the case [launched by Tom Mortier](#) to gain justice in the death of his depressed but otherwise healthy mother. A [court decision to determine if the doctor made a mistake in Tine's death](#) was expected in October but has not yet been promulgated.

Recently, a doctor was arrested after a complaint that he had unlawfully euthanized a 91-year-old man in the AZ Jan Palfijn hospital in Ghent. The hospital suspended him from his duties then withdrew the suspension. According to [Amélie Outters reporting on November 27 for VRT NWS](#):

On Saturday 20 November, after the death of an elderly patient, a "possibly unlawful euthanasia" was reported to the police,... A [judge] was

requested to investigate the exact circumstances of the termination of life and the doctor was arrested and brought to trial. He was released under strict conditions after extensive questioning by the [judge].

[Doctors at the hospital protested](#) that the hospital managers contacted the public prosecutor without first discussing the accusation with the doctor.

A study published in the *New England Journal of Medicine* on March 19, 2015 stated that in the Flanders region of Belgium (2013), [more than 1000 assisted deaths were done without explicit request](#) and [almost half of the assisted deaths were not reported](#).

An independent study produced hard data concerning the lack of oversight with the Belgian euthanasia law while the government evaluation committee claims that there are no problems with the law.

## Canadian Psychiatric Association's Dangerous Position on Euthanasia

The Canadian Psychiatric Association (CPA) promulgated a dangerous position on (MAiD) euthanasia on February 10, 2020. Many leading members of the CPA have stated that this position was not openly debated by the organization's membership.

It is even more concerning now that the federal government passed Bill C-7 allowing euthanasia for mental illness alone. The government appointed a committee to establish protocols for approving euthanasia for mental illness that is comprised of many of the same people who devised the dangerous CPA position on euthanasia for mental illness.

Here are the most concerning parts of the [CPA's statement](#):

2. Patients with a psychiatric illness should not be discriminated against solely on the basis of their disability, and should have available the same options regarding MAiD as available to all patients.

This suggests that patients with a psychiatric illness should have euthanasia made available to them in the same manner as patients with a physical condition or terminal illness. The problem is that there is no evidence that psychiatric illnesses are irremediable.

3. Psychiatrists will be mindful of the medical ethical principles as they relate to MAiD. They

should not allow personal opinion or bias to sway patients who wish to consider MAiD as an option for addressing irremediable conditions.

Number three ignores that patients with mental illness may be asking for death based on suicidal ideation possibly related to their condition. A psychiatrist may not accept that the patient has an irremediable condition, nonetheless, this section prevents the psychiatrist from intervening in the best interests of the patient.

4. While psychiatrists may choose not to be involved with the provision of MAiD, patients requesting MAiD must be provided with information regarding available MAiD resources and the referral process.

Number four overrides the conscience rights of psychiatrists who are not willing to kill their patients, by essentially requiring them to refer patients to a psychiatrist who will kill.

The Canadian Psychiatric Association's [Position Statement on Medical Assistance In Dying](#) fails to mention the importance of suicide prevention, the effects of suicide contagion, and the risk that MAiD for mental illness will pose for marginalized and vulnerable peoples. It shows a profound disregard for the most disadvantaged.

## Christmas Message

Thank you for donating and supporting our work! You enable us to continue informing and protecting people from euthanasia and assisted suicide.

Two thousand twenty one was a particularly difficult year but we still made a difference. Our work is making a difference around the world; euthanasia is being debated everywhere. Groups and individuals worldwide depend on the Euthanasia Prevention Coalition.

We are a people of hope and the world needs to hear the truth. We have many plans for 2022, but first and foremost, we ask you to continue to support us. [Please remember us when making your Christmas donations.](#)

Merry Christmas!



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