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BC Health Minister Orders Delta Hospice to Provide Euthanasia by February 3

An article by Sandor Gyarmati for the *Delta Optimist* reported that Adrian Dix, BC Minister of Health, ordered the Delta Hospice Society to do euthanasia (MAiD) by February 3 or it may lose its provincial funding.

On December 2, we reported that the Board of the Delta BC Hospice Society that operates the Irene Thomas Hospice in Ladner BC, renewed its position opposing euthanasia (MAiD) while supporting excellent care. The board stated that:

> MAiD is not compatible with the Delta Hospice Society purposes stated in the society's constitution, and therefore, will not be performed at the Irene Thomas Hospice.

Fraser Health, the government agency that allocates health funding in that region, reacted to the Delta Hospice Society by ordering them to provide MAiD (euthanasia).

The position of the Delta Hospice is not new. In February 2018, the Delta Hospice was ordered by Fraser Health to provide euthanasia. The Delta Hospice did not comply with the edict from Fraser Health at that time.

Recently, the Canadian Hospice Palliative Care Association (CHPCA) and the Canadian Society of Palliative Care Physicians released a joint statement maintaining that hospice palliative care is not compatible with MAiD (euthanasia). They stated:

> Healthcare articles and the general media continue to conflate and thus misrepresent these two fundamentally different practices. MAiD is not part of hospice palliative care; it is not an "extension" of palliative care nor is it one of the tools "in the palliative care basket". National and international hospice palliative care organizations are unified in the position that MAiD is not part of the practice of hospice palliative care.
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> Hospice palliative care and MAiD substantially differ in multiple areas including in philosophy, intention and approach. Hospice palliative care focuses on improving quality of life and symptom management through holistic person-centered care for those living with life threatening conditions. Hospice palliative care sees dying as a normal part of life and helps people to live and die well. Hospice palliative care does not seek to hasten death or intentionally end life.

The Euthanasia Prevention Coalition has organized an online and paper petition to Adrian Dix, the BC Minister of Health, telling him that **hospice palliative care organizations must not be coerced to do euthanasia (MAiD). It is not part of palliative care.**

There is a copy of the paper petition included with this newsletter mailing.

If the Delta Hospice is coerced to do euthanasia, then all Canadian hospice palliative care groups may be coerced to do it as well.

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.

Euthanasia is Not Consistent with Hospice Palliative Care

On December 17, President of the CSPCP, Dr. Leonie Herx, sent a letter to the BC Minister of Health, Adrian Dix, supporting the Delta Hospice Society's refusal to do euthanasia (MAiD). Herx stated:

The Canadian Society of Palliative Care Physicians (CSPCP) is concerned that palliative care centres in Fraser Health, such as some hospices, might be mandated to provide Medical Assistance in Dying (MAiD) on site. While we appreciate the requirement for MAiD to be available, requiring it to be provided in hospices and palliative care units poses risk for potential harm. The risks were outlined in our submission to the Special Joint Committee.

The Canadian Hospice Palliative Care Association (CHPCA) and CSPCP recently released a Joint Statement on Hospice Palliative Care and MAiD which further outlines that MAiD is not consistent with the philosophy, intent, or approach of hospice palliative care which supports dying as a natural process and does not hasten death.

The Canadian Medical Association (CMA) also recognizes the distinct nature of these practices in the unanimously passed General Council Resolution DM 5-63 which states: The Canadian Medical Association recognizes that the practice of assisted death as defined by the Supreme Court of Canada is distinct from the practice of palliative care.

… For over 40 years we have been trying to educate the public and health care professionals that Hospice Palliative Care neither hastens nor prolongs the natural process of dying.

The core philosophy of hospice care is to provide a culture of caring that enables persons to live fully until they die a natural death and to minimize the symptoms and fears of the dying process, but never to intentionally hasten death.

Insisting that MAiD be provided in all palliative care centres and hospices has the potential to undermine the last 40 years of education about and advocacy for Hospice Palliative Care and goes against the core, foundational principles of hospice care. It also removes choice for those who want a natural death supported by high quality hospice palliative care without fear their life will be shortened.

Hospices and PC units should be able to make their own local arrangements for patients who request MAiD that allows patients access to this procedure and also maintains the integrity and availability of Hospice Palliative Care.

We kindly ask for you to consider the risk of harm and to help provide good access to high quality hospice palliative care.

Lethal Cocktails Experimented on Humans?

This article by Charlie Butts was published by *One News Now* on December 20, 2019 (edited)

An anti-euthanasia group says it isn't ethical for medical personnel to perform lethal experiments on human beings, especially to expand the practice of assisted suicide.

Washington and Oregon are conducting experiments in an effort to find a lethal cocktail of drugs that is inexpensive yet effective enough to kill a patient who qualifies for assisted suicide.

"What's important about this issue is twofold," begins Alex Schadenberg of the Euthanasia Prevention Coalition. "One, of course, is it's a lie to say that this is a safe and easy death. In fact, it's not. Assisted suicide is often horrific, painful, and usually it takes a long time."

Secondly, medical personnel have been doing the experiments on other human beings.

"So these are what you call human experiments. This is unethical, and if the US federal government, under the Controlled Substances Act, realized what was going on, they would probably shut it down. You can't be doing human experiments and having failures like this."

The first two sets of drug combinations failed, with victims experiencing burning throats and painful deaths, or the death took long periods of time before the lethal cocktail did its job. Still, a third lethal cocktail has been developed, and medical personnel are beginning to experiment with it on human beings.

Loneliness: An Epidemic Among Seniors Requiring a Caring Response

Loneliness is an important topic since all of us are affected by it. Seniors and people with disabilities are more susceptible to it because they often have issues with health and mobility.

We are concerned with cultural loneliness because lonely and depressed people are more likely to die by suicide, assisted suicide, or euthanasia.

The *Grand Island Independent* (Nebraska) published an editorial, "Loneliness an epidemic among seniors" that provides some practical advice:

> According to the U.S. Census Bureau, 12.5 million older adults live in one-person households, representing 28% of people age 65+. The National Poll on Healthy Aging reported earlier this year that 1 in 3 senior citizens suffer from loneliness.
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> "Research shows that chronic loneliness can impact older adults' memory, physical well-being, mental health and life expectancy," write the authors of the report sponsored by AARP.
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> … More than a third of seniors in the poll said they felt a lack of companionship at least some of the time. Almost 30% said they socialized with friends, family or neighbors once a week or less.

The editorial offers some practical advice:

> Those of us who live near elderly people can help out with tasks such as clearing snow from sidewalks and carrying groceries in from the car. At the same time, we can stop in to say hi and spend some time talking.
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> It's important that we all look for ways to make connections with the people who have been so important to our communities in the past, but now may be struggling with the effects of aging and becoming more isolated. There is great value in their life experiences and we can all continue to contribute well into our 80s and 90s …

Compassionate Community Care (CCC) has a Visiting Training Program for visiting those who are lonely and socially isolated. CCC exists to provide advice and direction concerning issues related to end of life and euthanasia prevention as well as training volunteers to visit people. The CCC helpline is 1-855-675-8749.

Belgium Euthanasia Death Linked to Loneliness

Brecht Paumen, who was paralyzed for 12 years after a swimming accident, died by euthanasia in Belgium on December 27. The Belgian media emphasized his disability and pain but a closer read links his death to loneliness and isolation.

An article by Marco Mariotti published by *HLN* on January 2 quotes Paumen's mother (Google-translated):

> "For four years he lived alone. He hoped that friends would come to visit him … that did not happen. The home nurse, all adapted devices, you name it. Only the loneliness can hardly cope when the environment drops out. We suggested coming home again, but he refused. And he felt a burden to his parents. Often humiliating circumstances. Then he cried so often."

In the past year he was trying to regain his ability to walk with assistance, but the article states that he had a setback in November and December.

A Netherlands' study by Marije L. van der Lee et al found that people who were depressed or had "feelings of hopelessness" were 4.1 times more likely to request euthanasia. This study was significant since van der Lee supported euthanasia and her hypothesis stated, "their clinical impression was that requests for euthanasia were based on well-considered decisions and not depression in the Netherlands."

van der Lee was trying to prove that depression was not connected to requests for euthanasia but instead proved that the opposite is true.

Paumen's story brings up two key points:

1. It was normal for him to feel lonely and experience a loss of purpose. Even if you support euthanasia, loneliness should not be a reason for death by lethal injection.

2. The attitude towards euthanasia of people with disabilities is paternalistic. The article refers to his death as "redeeming" and his mother is "relieved" for her son.

Paumen needed human friendship and support, not death, but death is what he received.

Euthanasia Pushed as 'Boon' to Organ Donation (in Ontario)

This article by Wesley J. Smith was published by the *National Review* on January 6, 2020.

My very first anti-euthanasia column, published in *Newsweek*, warned that societal acceptance of assisted suicide/euthanasia would eventually include organ harvesting "as a plum to society." I was called an alarmist and a fear-monger, but alas, I was right. In Belgium and the Netherlands, mentally ill and disabled people are killed in hospitals at their request, and then, their bodies are harvested—with the success of the procedures written up with all due respect in organ-transplant medical journals.

Our closest cultural cousins in Canada are enthusiastically following the same utilitarian path, not only allowing organ harvesting to be conjoined with euthanasia, but "medically assisted death" is being boosted increasingly as "a boon." Note the celebratory lede in this *Ottawa Citizen* story:

> Ontarians who opt for medically assisted deaths (MAiD) are increasingly saving or improving other people's lives by also including organ and tissue donation as part of their final wishes.
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> In the first 11 months of 2019, MAiD patients in the province accounted for 18 organ and 95 tissue donors, a 14 per cent increase over 2018 and a 109 per cent increase over 2017. (Figures for December 2019 are not yet available.)
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> According to Trillium Gift of Life Network, which oversees organ and tissue donation in Ontario, the 113 MAiD-related donations in 2019 accounted for five per cent of overall donations in Ontario, a share that has also been increasing. In 2018, MAiD-related donations made up 3.6 per cent of the province's total donations, and in 2017 just 2.1 percent.

Many of these killed organ donors *will not have been imminently dying*. They will also *generally not have been provided suicide-prevention services* as the suicidal ill and disabled who ask for euthanasia are increasingly abandoned to the "death with dignity" mindset in Canada.

It doesn't even have to be the patient's idea. Trillium Gift of Life Network, Ontario's donation organization, *actively solicits* the organs of those soon to be killed by doctors!

> Canada decriminalized medically assisted death in 2016, and Ontario, through Trillium, immediately moved to the forefront of organ and tissue donation through MAiD, becoming the first jurisdiction in the world to proactively reach out to those who had been approved for assisted death to discuss donation. When a death is imminent, whether through a hospital or MAiD, Trillium must by law be notified.
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> "And, as part of high-quality end-of life care, we make sure that all patients and families are provided with the information they need and the opportunity to make a decision on whether they wish to make a donation," [Trillium CEO Ronnie] Gavsie says. "That just follows the logical protocol under the law and the humane approach for those who are undergoing medical assistance in dying. And it's the right thing to do for those on the wait list."

The clear message being sent to suicidal ill and disabled Canadians—with the active support of the organ transplant community—is that *their deaths can have greater value to Canada than their lives*. In other words, organ donation as an offshoot of euthanasia has indeed been defined "as a plum to society."

Someday, Canada will probably dispense with the euthanasia part altogether and go straight to killing *by* organ harvesting—already being proposed bioethics and medical journals. That would make for more viable organs, don't you know. Once one gets past what bioethicists denigrate as "the yuck factor," there is indisputable logic to that idea, which we could call fruit from a legally poisonous tree.

Those with eyes to see, let them see.