



Parliament Passes Bill C-7 with Amendment Permitting Euthanasia for Mental Illness Alone

On March 11, Canada's Liberal government, with the support of the Bloc Québécois (BQ), forced a closure of debate on Bill C-7 and then [passed the bill](#) with the Senate amendment approving euthanasia for mental illness alone.

[Bill C-7](#) was introduced in February of last year as the government's response to the [Superior Court of Québec's Truchon decision](#) which struck down the part of the law requiring that a person's "natural death be reasonably foreseeable" before they could be killed by euthanasia. The government did not appeal the *Truchon* decision. Bill C-7 goes much further than *Truchon* required. [Parliament passed Bill C-7 in December](#); it then went to the Senate for study and a vote. The [Senate amended the bill](#) to clearly permit euthanasia for people with mental illness and for incompetent people who asked for death by lethal injection in their advanced directive.

The Senate amendments came back to Parliament where Justice Minister David Lametti rejected the

amendment approving euthanasia for incompetent people who asked for it in their advanced directive. [He approved euthanasia for mental illness](#) with the caveat that it be stayed for 24 months to give the government time to develop protocols.

Before it was amended, Bill C-7:

- Removed the requirement that a person's "natural death be reasonably foreseeable" in order to qualify for assisted death. The *Truchon* decision only required this amendment to the law. Bill C-7 goes further.
- Permits a doctor or nurse practitioner to lethally inject a person who is incapable of consenting, if that person was previously approved.
- Creates a two-track law. A person whose "natural death is deemed to be reasonably foreseeable" has no waiting period. A person could request euthanasia on a bad day and die the same day. A person whose natural death is not deemed to be reasonably foreseeable would have a 90-day waiting period before being killed.
- Falsely claimed to prevent euthanasia for people with mental illness. The law permits MAiD for people who are physically or psychologically suffering, and mental illness, which is not defined in the law, is considered a form of psychological suffering. By accepting the Senate amendment, Parliament has specifically approved euthanasia for mental illness.

There is good news. Incredible numbers of Canadians woke up to the reality of what euthanasia for mental illness alone would mean for our country. More than

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Netherlands' Group Opposes Termination of Life (Euthanasia) for Children

Media Release – March 12, 2021

The network 'Bescherm het Kinderleven' (Protect Children's Lives) is making a plea against the Proposal by the Dutch government for active termination of life for children (ages 1 to 12).

On the 13th October 2020 the then Minister of Health, Wellbeing and Sport, Hugo de Jonge (CDA) announced that regulations were coming for active termination of life for seriously ill children (ages 1 to 12). As a reaction to this announcement, a collective of citizens with diverse backgrounds and affiliations have joined forces to initiate the network 'Bescherm het Kinderleven' (BHK). BHK denounces the plan to allow for regulated termination of life for children. In the coming days the network is launching a social media campaign in which they will elaborate on the dangers associated with this plan.

Invest in good palliation

The network BHK calls on authorities to invest in better palliative care. Research has shown that inadequacies persist especially in palliation for minors. These are expressed in the realms of communication, organization, decision making, attention for family and child and symptom relief. A deficit amongst physicians in specific knowledge of child palliation has also been indicated.^{1 2}

BHK is convinced that the Dutch government makes a mistake in regulating for the termination of lives of children while palliation has yet to be optimized. This way we risk removing the incentive to improve palliation.

"We should rather work at limiting suffering within the parameters of life," says Henk Reitsema, spokesperson for BHK.

Vulnerable and incapable of informed consent

The network would like to emphasise the vulnerable position that children have. Informed consent without external influence is very unlikely with children given their dependence on adult caregivers and limited ability to weigh medical decision making. While it is heart-breaking when a child suffers, every child deserves the best possible protection from the law irrespective of their condition. Active termination of life does not fit in with this. Terminating the life of a

child that is impressionable, cannot defend itself and is incapable to express its will is problematic on all scores. Soon decisions will be made about their lives but not by them. They should stay optimally protected in this.

Incremental extension

BHK has good reason to argue the dangers of incremental extension. The Dutch experience so far with the regulation and legalisation of euthanasia has shown that there is an ever increasing number of categories that qualify once the step has been taken. The journey from initially legalising for physical pain and then incrementally including dementia, psychological pain, psychiatric conditions, existential pain and the so called piling of complaints related to aging, has shown how rapidly this develops. We now even have the proposal for a law that would allow those 75 and older to opt for euthanasia even when physical and psychiatric suffering are not at issue.

A similar development took place with the Groningen protocol which allows for infanticide. While initially allowing for the termination of life (ages 0 to 1) on the basis of unbearable physical suffering, now potential future suffering can be included in this evaluation.

The BHK is concerned that the newly proposed regulation will once again lead to new grey areas arising. Henk Reitsema asks: "For who will termination of life be deemed appropriate in 2050?"

Website: www.beschermkinderleven.nl

1 Brouwer M, van der Heide A, Hein I, Maeckelberghe E, Verhagen E, van de Wetering V. Medische beslissingen rond het levenseinde van kinderen (1-12). Groningen, Rotterdam, Amsterdam: UMCG, Erasmus MC, AMC in opdracht van het ministerie van VWS, afdeling Ethiek, namens de Nederlandse Vereniging voor Kindergeneeskunde; 2019.

2 Rapportage patient journeys kinderpalliatieve zorg. Jb Lorenz, Kenniscentrum kinderpalliatieve zorg, PAL kinderpalliatieve expertise: 2018



Bill C-268: Protection of Freedom of Conscience Act

Kelly Block, Member of Parliament for Carlton Trail–Eagle Creek in Saskatchewan, has sponsored Private Members Bill C-268: *An Act to amend the Criminal Code (intimidation of health care professionals)* cited as the *Protection of Freedom of Conscience Act*.

Bill C-268 protects conscience rights for medical professionals by preventing coercion and intimidation to participate in acts and protects their employment for medical professionals who conscientiously object to certain acts.

Bill C-268 adds the following after section 241.4:

241.5 (1) Every person who, for the purpose of compelling a medical practitioner, nurse practitioner, pharmacist or other health care professional to take part, directly or indirectly, in the provision of medical assistance in dying, uses violence or threats of violence, coercion or any other form of intimidation, is guilty...

The bill also adds 241.5 (2):

Every person who refuses to employ, or dismisses from their employment, a medical practitioner, nurse practitioner, pharmacist or other health care professional for the reason only that they refuse



Kelly Block MP

to take part, directly or indirectly, in the provision of medical assistance in dying is guilty...

The Euthanasia Prevention Coalition supports Bill C-268. We will keep you up to date with its progress.

Life Insurance and Canada's Euthanasia Law

The Euthanasia Prevention Coalition (EPC) was recently contacted by a doctor who has a patient who is not terminally ill but wants to die by (MAiD) euthanasia after Bill C-7 has passed. The patient said that he and his wife have medical issues and, if he were to die, his life insurance would pay for the care that his wife requires.

When euthanasia was legalized in Canada, the life insurance industry took the position that legalizing euthanasia would have a minimal effect on life insurance because the law required that a person's "natural death be reasonably foreseeable". People who are terminally ill do not qualify to purchase life insurance. EPC disagreed with this because the phrase "natural death is reasonably foreseeable" was not defined, nonetheless everything changes with Bill C-7.

Bill C-14, the bill that legalized euthanasia in Canada, did not affect insurance contracts. **C-14 stated:**

Whereas it is desirable to have a consistent approach to medical assistance in dying across Canada, while recognizing the provinces' jurisdiction over various matters related to medical assistance in dying, including the delivery of health care services and the regulation of health care professionals, as well

as insurance contracts and coroners and medical examiners;

Bill C-7 eliminates the requirement that a person's "natural death must be reasonably foreseeable", meaning that people who are not dying can be killed by euthanasia. It is possible that a person who intends to die by euthanasia, qualifies for life insurance, even though the policy would likely be rated, nonetheless, a rated policy would be cheap if a person intends to die soon.

What about the two-year suicide restriction that the insurance industry uses for suicide?

Canada's legislation does not define (MAiD) euthanasia as a suicide. Therefore, the two-year suicide restriction used by the insurance industry does not affect (MAiD) euthanasia deaths. We recognize that it would not be common for someone to purchase a life insurance policy knowing that they intend to be killed by (MAiD) euthanasia, nonetheless it is a concern and it would cause an increase in life insurance rates for legitimate life insurance policies.

Even a heavily rated policy is cheap when someone who is not terminally ill purchases life insurance with the intention of being killed by MAiD.

GOOD NEWS! Portugal's Constitutional Court Rejects Euthanasia Law

On March 15, Portugal's Constitutional Court rejected the euthanasia bill that was passed by Parliament on January 29. On February 19, [President Marcelo de Sousa decided not to sign the bill into law](#) but to refer it to the Court for evaluation. President de Sousa stated that the bill was, "excessively imprecise", potentially creating a situation of "legal uncertainty".

The *Portuguese American Journal* reported:

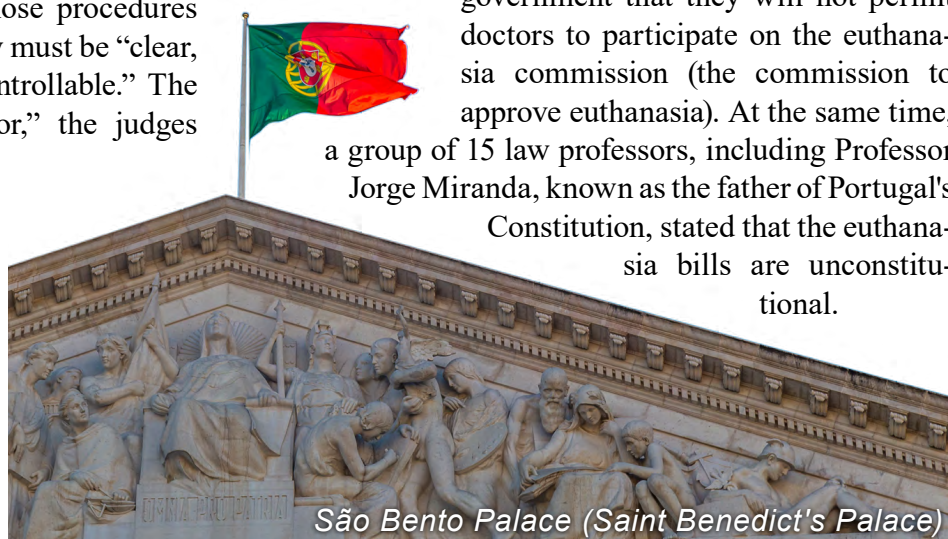
In a statement, the Constitutional Court had deliberated that "the law is imprecise in identifying the circumstances under which those procedures can occur." The court stated the law must be "clear, precise, clearly envisioned and controllable." The law lacks the "indispensable rigor," the judges deliberate.

The *Journal* also reported that the governing Socialist Party stated it will reword the bill and pass it again.

Similar to Canada's euthanasia law, the Portuguese bill allowed euthanasia based on subjective not objective considerations. Even if "suffering" can be alleviated,

euthanasia would be permitted based on whether or not the person considers the treatment acceptable. The term "suffering" included psychiatric suffering, which permits euthanasia for psychiatric conditions, even when the person asking to be killed considers the treatment options unacceptable. The term "permanent injuries" specifically permits euthanasia for people with disabilities.

In July 2020 [we reported](#) that the Portuguese Medical Association, which opposes euthanasia, 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.



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53,000 people signed our petition opposing Bill C-7 and more than 18,000 signed our petition opposing euthanasia for mental illness.

Almost universally, people with disabilities recognize that Bill C-7 directly affects them. Many medical professionals responded to the bill, especially since the law is out of control, without even providing them with effective conscience protections.

The battle is not over. Many people have contacted us feeling tired and down. They cannot believe that Canada's government would permit euthanasia for people with mental illness. I also feel tired, but never down. **The Liberal government, the BQ and the euthanasia lobby have clearly told us where they**

stand. They are not concerned about the lives of persons with disabilities, about those who live with chronic conditions, or people who struggle with mental illness or other psychological conditions, or people who are at a vulnerable time of their life. They are not concerned about honesty and transparency.

More and more our message is accepting the challenge of caring for our family, friends and neighbours. Protecting the life and equality of persons with disabilities and other chronic conditions is about recognizing that we live in solidarity. Each human being has dignity which cannot be recognized by words but by actions.

Death is truly dignified when it is shared with those who care about the person until their natural death.