



## I'd be Dead if C-7 was Law Ten Years Ago

By Andrew Lawton (Published in *The Interim* on April 9, 2021)

...Well, this one is personal for me. If Bill C-7 were the law of the land a decade ago, I'd probably be dead.

Bill C-7 is product of the federal Liberal government's efforts to expand access to assisted suicide. Supporters of the bill argue it's necessary after the Superior Court of Québec identified supposed deficiencies in the current assisted suicide regime. While the court's *Truchon* decision did raise issues, it's noteworthy that the federal government opted not to appeal this to the Supreme Court, and has now embraced changes that go far beyond what the court called for.

The most egregious of these is the expansion of assisted suicide access to people suffering solely from mental illnesses. Prohibiting these people from having their deaths facilitated by the state was recognized as an essential safeguard when the existing framework was established nearly five years ago.

Now, this protection is on the way out, along with the mandatory ten-day waiting period and need for two independent witnesses, among other changes.

Inclusion of the mental health provision in C-7 is vile for its own reasons, but all the more so when one looks at the process by which it came to be. The Liberals assured critics it would not be in the bill, which means there was no real study or investigation of it as Bill C-7 made its way through the rigorous committee review stage. It was slipped in by the Liberal-dominated Senate, and summarily accepted by Justin Trudeau's government with the support of the Bloc Québécois, despite united opposition from the Conservatives and NDP.

This is precisely what [was] warned about when Canada was in the process of passing Bill C-14 in 2016, only to be told that concerns about future laxing of the rules amounted to slippery slope paranoia.



Andrew Lawton

As Conservative MP Garnett Genuis said in a recent interview, we're sliding down that slippery slope right now.

In 2010, I nearly succeeded in committing suicide. My battle with depression was worsening, and I was losing. Miraculously, I pulled through: I count my lack of success in that attempt as my happiest failure, for which I'm grateful to God's intervention and a team of dedicated healthcare practitioners.

It is saddening to think that under different circumstances, these practitioners could have been the ones killing me rather than saving me.

C-7 is predicated on the idea that restricting access to assisted suicide is discriminatory. This inherently positions assisted suicide as a right, so it's not unforeseeable that there will be future challenges if doctors start turning down requests from those with mental illness.

My depression was grievous and, while treatable, technically incurable. I have little doubt I could have rationally and clearly conveyed to a doctor that I

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## Doctor Responds to Washington State Assisted Suicide Expansion Bill

**Great news!** The Washington State and Hawaii assisted suicide expansion bills died.

Washington State House Bill (HB) 1141 would have expanded the assisted suicide law by expanding who can prescribe lethal drugs and who can counsel a person for assisted suicide, reducing the 15-day waiting period to 72 hours and eliminating that if the person is deemed to be near to death and allowing the lethal prescription to be obtained through a delivery service.

Dr Sharon Quick was published in the [Tacoma Tribune on April 9](#) urging legislators to kill HB 1141. Quick is a pediatric anesthesiologist/critical care physician with expertise in pain management and care for dying patients. She comments on the [Tribune editorial](#) that questioned the reduction in the waiting period for assisted suicide and points out that all of the provisions in the bill need to be questioned. Quick wrote:

House Bill 1141 would shorten the waiting period to receive lethal drugs from 15 days to 72 hours



Dr. Sharon Quick

and eliminate it when life expectancy is less than 72 hours.

Two professionals perform the initial evaluation, but under this bill, only one provider, even a non-physician, would need to make the complex determination that a patient has 72 hours to live. It would allow the participation of advanced registered nurse practitioners, physician assistants and osteopathic physician assistants.

Physicians, much less those with less experience, cannot reliably make a 72-hour or a six-month prediction. A 72-hour prognosis indicates a person is in the dying process with failing organs and questionable cognitive capacity to make life-ending decisions. Lethal overdoses are unnecessary and ill advised.

Quick comments on the reasons why people seek a hastened death:

Patients requesting a hastened death usually do not cite concerns about pain but about loss of abilities or autonomy—issues experienced by everyone at some point. The disability community knows “new normals” can be embraced when given sufficient time and support.

A physician’s role is to value patients’ inherent dignity, regardless of their condition. This benevolent responsibility turns malevolent when physicians offer lethal drugs to terminally ill patients—who may be in reversible, temporary despair—within a short time frame of 72 hours.

She then comments on depression and the need for mental health counselling:

Depression is expected in 25 to 40 percent of those desiring to hasten death, yet less than five percent are referred for mental health counseling in Washington.

Physicians are likely missing the diagnosis of depression, and patients are inappropriately receiving lethal prescriptions. Yet this bill proposes lowering evaluators’ qualifications?

The article concludes by urging legislators to reject HB 1141 and focus on better options such as improving the deficient oversight of the current law and ensuring good palliative care.

## Psychiatrist and Disability Leaders React to Expansion of Euthanasia

Omar Sachedina and Brooklyn Neustaeter published an article for *CTV News* on March 18 concerning the reaction of proponents and opponents to Canada's Bill C-7, after it passed.

Two interviews were with Jewelles Smith, Chairperson of the Council of Canadians with Disabilities, and Psychiatrist John Maher.

Smith stated that expanding assisted dying in Canada concerns racialized and disabled communities based on inadequate community supports.

“It's a lot cheaper for the government to offer medical aid in dying than to offer the services people with disabilities need to live full lives,”

Dr Maher responded on how Bill C-7 will affect his psychiatric patients.

He told CTV National News that the upcoming rules that could allow medical assistance in dying solely because of a mental illness do not take into account that those suffering from severe illness may not be capable of making the best decision for themselves.

“Last week I had a patient in her 30s who refused treatment who wants MAID. This is a young woman who will get better who literally has—she's in her 30s—at least 50 years of life left,”

The euthanasia lobby claims the expansion of euthanasia is a victory for freedom. People with disabilities and those who live with mental illness, who will die a premature death, do not represent a victory but rather Canada's shame.

## France Did Not Vote on Euthanasia Bill Latvia Rejected Euthanasia

By Michael Cook (Published in *BioEdge* on April 11, 2021)

A bill to legalise euthanasia was smothered by delaying tactics in the French Parliament this week.

The bill was a personal initiative of Olivier Falorni, a deputy for the parliamentary splinter group *Libertes et Territoires* (“Freedom and Territories”). He says that the law would put a stop to a national “hypocrisy” because French residents often travelled to Belgium or Switzerland for assisted suicide. He claims that French doctors are already performing 2,000 to 4,000 euthanasia every year—but secretly.

The bill's opponents filed about 3,000 amendments ahead of the debate which slowed down proceedings and made a vote in the allotted time impossible.

If it had passed, France would have

become the fifth European Union country to permit euthanasia after the Netherlands, Belgium, Luxembourg and Spain. (Switzerland allows assisted suicide, but not euthanasia.)

Neither President Emanuel Macron nor his government have taken sides, although the president said in 2017: “I myself wish to choose the end of my life”.

The [Minister of Health, Olivier Véran](#), said he was not convinced that France should have a large-scale debate during the COVID-19 pandemic.

On March 25, after a long debate, the Latvian Parliament (*Saeima*) rejected a [public petition](#) which had called for the legalisation of euthanasia. A total of 49 members voted for rejection, 38 voted against, and

two abstained.

Opponents emphasised that Latvia needed to get its palliative care system in order first, before considering right-to-die initiatives. [Deputy Vitālijs Orlovs](#), who is a doctor, declared in the debate: “I was taught to fight for patients' lives to the end. I cannot imagine injecting a person with some substance to help them die—not for any amount of money.”

Supporters stressed a need to do away with end-of-life misery. “People think this will open a can of worms,” said [Pēteris Buks](#), the author of the petition, “but Holland has 17 million inhabitants and 6,000 euthanasia cases. This means that in Latvia these could be about 600 cases. We have ten times fewer people.”

## Have You Called an Older Friend or Family Member Today?



There is a cultural epidemic of **loneliness and isolation**. Now that many places have moved back into “lockdown,” will there be more depression and hopelessness based on cultural loneliness?

*CTV News* reported on a group of teens from the Upper Canada College, Bishop Strachan School, Havergal and Bayview Glen who are participating in a virtual pen pal program:

The program, called **Pandemic Pals** or Pan Pals has students connect with seniors in long-term care homes via phone and Zoom calls in an effort to combat loneliness brought on by lockdowns in the province.

“We thought about seniors in long-term care homes who are missing out on this time with their children, grandchildren [and] great grandchildren, along with this all encompassing fear of the unknown virus,” Pan Pal Sam Shulman said... “So we wanted to

bring joy to seniors during these trying times,”

Long-term care resident Irena Caranica told *CTV* what the program means to her:

“Like I was talking to a very good friend from my youth. That’s how nice it was. I was waiting every week for him to call me so I can talk to him,”

“Pan Pal” Sam Shulman said:

“Seniors are obviously much older than we are, but we’re all humans, we’re all similar and it’s another person to talk to you, it’s another person to share how our day was... and that relationship kind of transcends age,”

“Pan Pal” Justin Lee recognized that loneliness and isolation for seniors is not a new problem:

“Senior loneliness isn’t something that became real because of a pandemic, it was something that existed before. It just got amplified.... So I think this idea of connection, interaction and building bonds definitely should continue after the pandemic. If I can bring light to someone’s day, I really want to take that opportunity,”

Compassionate Community Care (CCC) provides a training program for visiting and communicating with people who live in social isolation. Email CCC at [info@beingwith.org](mailto:info@beingwith.org) for more information.

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wanted out. I had certainly convinced myself that my death was the only sensible outcome—my choice was between death or a life of pain. Recovery and hope were not on the menu.

I was wrong. Here I am living a life I never imagined was possible. This is the tricky thing about mental illness—your mind plays tricks on you, and deprives you of a holistic appreciation for what life can offer.

I was always resistant to the “it gets better” platitude, until I learned in my own recovery that it does. At the same time, I won’t trivialize anyone’s struggles, knowing how hard and long the path is, especially for those whose experiences are worse than my own.

What all mental illnesses have in common is that they

exist in the mind. This doesn’t mean they’re not real, but rather that by design they have a way of distorting one’s thinking and sense of reality.

Bill C-7 undermines years of attention and billions of dollars of funding to bolster mental illness treatments and supports, including, ironically, suicide prevention and awareness campaigns and programs.

This bill kills hope and reinforces the flawed belief afflicting those with mental illness, that life is not worth living and that one’s circumstances cannot improve.

This is why lawmakers of all parties previously saw a mental illness exclusion for assisted suicide as not just a good idea, but a given.

Until now, that is.

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