



Final Exit Network Seeks to Overturn Minnesota Assisted Suicide Law AGAIN!

By Attorney Sara Buscher, Chair, Euthanasia Prevention Coalition USA (www.epc-usa.org)

The Final Exit Network (FEN) is an association of groups and individuals who assist the suicides of others by counseling, providing advice and providing the means for suicide.

In 2015, [a jury found the FEN guilty of assisted suicide](#) in the suicide of Doreen Dunn (57) in 2007, who was depressed but not terminally ill. The group was [sentenced on August 24, 2015](#). FEN appealed to the Minnesota Court of Appeals, the Minnesota Supreme Court and the U.S. Supreme Court to no avail. They argued the Minnesota assisted suicide statute violated the free speech protections of the U.S. Constitution.

The statute, § 609.215 Subd. 1 says: “Whoever intentionally advises, encourages, or assists another in taking the other’s own life may be sentenced to imprisonment for not more than 15 years or to payment of a fine of not more than \$30,000, or both.” In [unrelated litigation](#) the words “advise” and “encourages” (but not “assists”) were removed from the statute as unconstitutional on free speech grounds.

After exhausting their appeals of the 2015 jury verdict, FEN filed a federal lawsuit in the Minnesota District Court in 2018 seeking to have the Minnesota assisted suicide

law ruled unconstitutional on free speech grounds. The District Court [dismissed the case in 2019](#) because it was simply a repeat of the state appellate case they had lost. Once a decision is final, you do not get “overs” under the legal doctrine of collateral estoppel.

In May 2021 FEN filed [a new federal lawsuit](#) with the Minnesota District Court seeking to invalidate the assisted suicide statute on free speech grounds. The legal arguments are the same as those in the 2018 suit that was dismissed, but the facts are different. No one has been charged or indicted. The suit seeks a court order to stop that from happening.

According to FEN’s [complaint](#), the plaintiffs are FEN Exit Guides who visited the Minnesota home of an Exit Guide participant in May. Sheriff’s deputies arrived at the

home minutes after the Guides had arrived, stating they had received a call about an “assisted suicide” that was to take place. They seized the bags of the Exit Guides. According to FEN, no suicide was attempted and the conversation between the Exit Guides and persons in the home were an exchange of pleasantries.

Since then, deputies have refused to return the bags and have confirmed they obtained search warrants and searched the bags. They also confirmed they obtained warrants to conduct a forensic examination of a laptop in the backpack and an iPad in the travel bag.

FEN claims no assisted suicide was attempted and only protected speech occurred. If I were to bet on an outcome, I would say this will be dismissed for being filed too early.



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.

Parliamentary Speech Supporting Conscience Rights for Medical Professionals

Given by Kelly Block (MP) Carlton Trail – Eagle Creek in the House of Commons on May 27, 2021 (edited for length)

Madam Speaker, I am proud to rise today to begin the debate on my private member's bill, [Bill C-268, the *Protection of Freedom of Conscience Act*](#).

[...] Experts throughout Canada provided information and advice, while thousands of Canadians have voiced their support for protecting our fundamental freedoms.

...Bill C-268 is straightforward as it seeks to enshrine in law a minimum national standard of conscience protections for medical professionals while respecting the jurisdiction of my provincial colleagues to expand on it. It is a response to calls from disability rights groups, First Nations, the Ontario Medical Association and many hundreds of medical and mental health professionals to protect conscience rights.

It would ensure the medical professionals who choose to not take part in, or refer a patient for medical assistance in dying would never be forced by violence, threats, coercion or loss of employment to violate the freedoms protected in section 2(a) of the Charter. This bill also serves to protect the rights of patients to receive a second opinion, and by doing so, would protect our health care system.

In my consultations, I spoke with disability rights advocate Heidi Janz. She told me about being born in the Soviet Union. Doctors told her parents that Heidi would never walk, talk or think and that she would be dependent on others for the rest of her short life. They told her parents to put her into an institution and forget they ever had her. Heidi Janz has severe cerebral palsy.

Her parents did not listen to the dominant narrative of their day. They loved their daughter and believed her life had value. Eventually, they found the support they needed. Today, Dr Heidi Janz holds a PhD and is an adjunct professor of ethics at the University of Alberta. In her spare time, she is a playwright and author, and somehow, despite how busy her life is, she also serves as the chair of the Ending of Life Ethics Committee for the Council of Canadians with Disabilities.

Dr Janz is a remarkable woman. While some might pity her, she will have none of it. She says that everyone

talks about how bad it must be to have a disability, but that she chooses daily to live in opposition to that narrative. She also says that disabled people can be so much more than their diagnosis, and that she is proof of that fact.

If it had been up to the dominant view of her day, she would never have had the chance to disprove that narrative. If her parents did not have the option to find the help they wanted to get—that crucial second opinion—none of my colleagues in this place would be hearing about this marvellous woman. This is not just a theoretical story.

In a similar vein, earlier this year the Minister of Crown-Indigenous Relations, who is a doctor herself, wrote to her constituents about her experience of ageism in our health care system as it related to her 93-year-old father. I will just quote the last two sentences of her story:

My Dad got better without needing the ICU, but I remember thinking that as an MD I had been able to firmly take a stand. I worried that other families wouldn't have been able to question the clear ageism in the choices being put in front of them.

The Minister's father and all Canadians have the right to find a doctor who will offer them hope, offer them another choice, offer them a second opinion. All Canadians deserve that same right.

Now, this is anything but a guarantee in Canada. We have passed laws that have the unintended consequence of forcing doctors and medical professionals to provide patients death, regardless of whether they believe it is in their patient's best interest. Bill C-14 and Bill C-7 create a federal standard for medical assistance in dying but not for conscience protections. Despite the claims of some, it is patently absurd to argue that a conscience rights bill would somehow interfere with the role of the provinces while the legalization of medical assistance in dying does not.

We are speaking of the very first fundamental freedom laid out in the Charter. Ensuring that conscience

rights are protected is the responsibility of Parliament and of the Government of Canada, which is why I introduced this bill and why it should be passed. Above all, it is the right thing to do for patients and medical professionals.

...Health care is fundamentally about the doctor-patient relationship. Take the case of a psychiatrist who supports MAID in certain circumstances, but who has spent 15 years counselling a patient who suffers from bouts of depression and suicidality. For 15 years, they have built up an understanding and trust. What would happen if that patient, suffering from a bout of suicidality, should demand assisted suicide? Under the current law, that psychiatrist would be forced to refer the patient to someone else so that the patient could die. The psychiatrist must do this, despite knowing that the suicidal thoughts are temporary, that otherwise the patient is joyful and loves life, and that ending that life is wrong. The psychiatrist's hands are tied. Is that what passes for medical care?

Some might claim that there are safeguards in place to prevent such tragedies, but I ask, are Members completely sure? With the passage of Bill C-7, many of the safeguards have been removed. We are talking about ending a human life. There is no room for "maybe" when a life hangs in the balance. Should the first line of safeguards not be the expertise of the medical professionals who know best? If they do not believe death is the answer, should we not at least consider if they are right? This is, after all, a matter of life and death.

Medical assistance in dying is readily available throughout all of Canada. There are information phone lines, hospitals staffed with willing medical professionals, even email addresses to help set up appointments. In a word, MAID is becoming the status quo. To claim that protecting the conscience rights of medical professionals will somehow block access for those who truly want it is both misleading and nothing but baseless fearmongering.

The Canadian Medical Association stated clearly that conscience protections would not affect access, because there were more than enough physicians willing to offer MAID.

...I believe it is no accident that former Prime Minister, Pierre Trudeau, placed conscience rights as the first of the enumerated rights in our Charter.

It is an acknowledgement that the state cannot and should not attempt to force any one of us to do what we believe is immoral.

Dozens of First Nation's leaders wrote to every MP and senator. They said that, "Given our history with the negative consequences of colonialism and the involuntary imposition of cultural values and ideas, we believe that people should not be compelled to provide or facilitate in the provision of MAID."

...Ellen Warner, an oncologist who has served her patients for 30 years, told me about her experiences:

I think it will shock Canadians to hear of healthcare providers being coerced into participating in MAID, yet such coercion has been happening frequently. A brilliant colleague of mine was bullied into becoming the physician legally responsible for MAID on his hospital ward. It was a great loss to us when he left for a different position. Two other co-workers told me that, despite strong, moral objections, they would carry out MAID if asked to do so for fear of losing their jobs. At one of our staff meetings, a psychiatrist stood up and announced that any physician who does not actively support MAID should not be working at our hospital.

Finally, some have suggested that medical professionals should leave their morality at the door. However, no one truly believes or wants that. As an example, no one would want a doctor to forget their morality if they were offered a bribe to move someone up on a waiting list. If we hold our medical professionals to a higher standard, we cannot then tell them to ignore their personal moral standards. As Dr Warner stated, "In the absence of conscience protection, the group with the most to lose are the patients—the people we are all trying to help,"

This bill protects the doctor-patient relationship by ensuring that doctors and other medical professionals are always able to recommend and provide the care they believe is best for their patient. Canadians need this bill to pass. Canada's medical professionals need this bill to pass. Additionally, they will need individual provincial governments to protect their rights through provincial regulations and legislation.

I encourage all Members in this place to do our part and pass the *Protection of Freedom of Conscience Act*.

US Federal Bills to Expand Telehealth Services

For several years, the assisted suicide lobby has been promoting the use of telehealth for approving lethal drug cocktails. Assisting a suicide is not medical treatment and it is not a form of health care.

On May 19, *Hospice News* reported that (identical) bills to extend the use of telehealth beyond the COVID-19 pandemic were introduced in the House and Senate. The bills are Congress Bill H.R. 2903 and Senate Bill S. 1512. Our primary concerns with the bills relate to the language in Section (101) which is titled, “Expanding the Use of Telehealth through the Waiver of Requirements” and Section (102), “Removing Geographical Requirements for Telehealth Services”.

The language of these bills needs to clearly prohibit assisted suicide by telehealth. If not, they will permit assisted suicide by telehealth in states where assisted suicide is legal and possibly nationally by doctors

approving and prescribing for out-of-state assisted suicides.

Imprecise language within the legislation may enable assisted suicide doctors to do assisted suicide assessments and prescribe lethal assisted suicide drugs, without meeting or physically assessing the person and without examining the patient to confirm the medical diagnosis.

Medical misdiagnosis is an important issue. Data indicates that 12 million Americans are affected by it each year and 40,000 to 80,000 Americans die annually from it.

Healthcare regulation and terminology must not permit approving and/or prescribing assisted suicide by telehealth. Bills H.R. 2903 and S. 1512 must be amended to include clear language preventing assisted suicide by telehealth.

Canadian Euthanasia (MAiD) Deaths Increased by Almost 35% in 2020

Joan Bryden reported for *The Canadian Press* on June 8 that Health Canada official Abby Hoffman told the new parliamentary *Special Joint Committee on Medical Assistance in Dying* that there were 7,595 reported euthanasia (MAiD) deaths in Canada in 2020 representing a 17% increase up from 5,631 in 2019.

Hoffman was wrong: it is a 35% increase. Hoffman correctly stated that the 5,631 MAiD deaths reported in 2019 was a 26% increase from 4,467 in 2018.

The number of reported MAiD deaths in 2020 represents approximately 2.5% of all deaths. According to the Health Canada data, as of December 31, 2020, there were 21,541 reported euthanasia (MAiD) deaths in Canada since legalization.

Bryden also reported that Hoffman said:

Last year, 21 per cent of 9,300 written requests for assisted dying were not carried out, either because the requesters died before being assessed, were deemed ineligible, or withdrew their requests. Of the latter, she said 50 changed their minds immediately before they were to receive the procedure.

Hoffman acknowledged that the data collected by the

government is very general but that Bill C-7 requires Health Canada to collect more data concerning, “the presence of any inequality—including systemic inequality—or disadvantage based on race, Indigenous identity, disability, or other characteristics.”

Bryden reported that Justice Canada official Joanne Klineberg said the number of cases will likely increase again as a result of recently passed legislation that expands access to assisted dying to people who are not nearing the natural end of their lives.

[Bill C-7 was introduced in February 2020](#) as the government’s response to the [Truchon decision](#). It became law on March 17, 2021.

The [Office of the Chief Coroner](#) for Ontario releases data on a monthly basis. The January 2021 data indicated that there were 2,378 reported MAiD deaths in 2020, up by 33% from 1,789 in 2019.

The [April 2021 Ontario euthanasia data](#) indicated that even though Ontario had a strict COVID-19 “lock-down” that April had the highest number of euthanasia deaths ever with 241 reported deaths and 853 reported assisted deaths in the first four months of 2021.