

Good News! Québec Committee Rejects Extending Euthanasia for Mental Illness Alone

A report from a Québec committee of elected officials who examined further expansions of euthanasia supported extending it to incompetent people who made an advanced request but not for mental illness alone. [*The Canadian Press* reported on December 8:](#)

A Québec committee of elected officials says anyone diagnosed with Alzheimer's disease should be able to sign an advance request for medical aid in dying.

That is the main recommendation in a multi-party committee report tabled Wednesday looking at expanding the province's law on end-of-life care, one that is expected to revive a debate that has divided politicians and the public.

If euthanasia is extended to incompetent people who requested death in an advanced directive, then the people who are killed by lethal injection (euthanasia) will not be required to consent at the time of death. People write an advanced directive when they are competent but before they are sick; these people will lose the right to change their mind.

Further, euthanasia is sold to the culture based on the concept of freedom of choice for consenting adults. Clearly, euthanasia based on advanced directives undercuts the concept of choice for consenting adults.

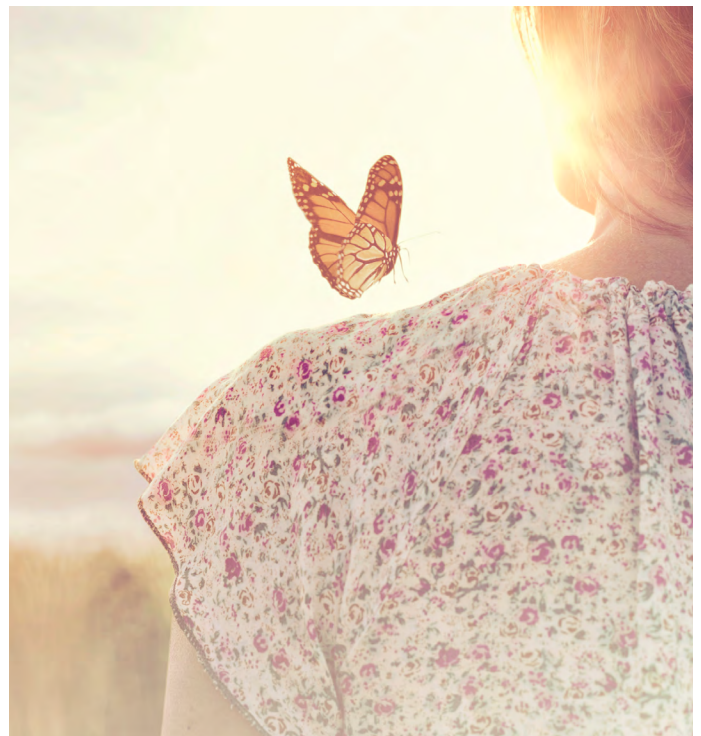
The Québec committee did not approve euthanasia for mental illness alone.

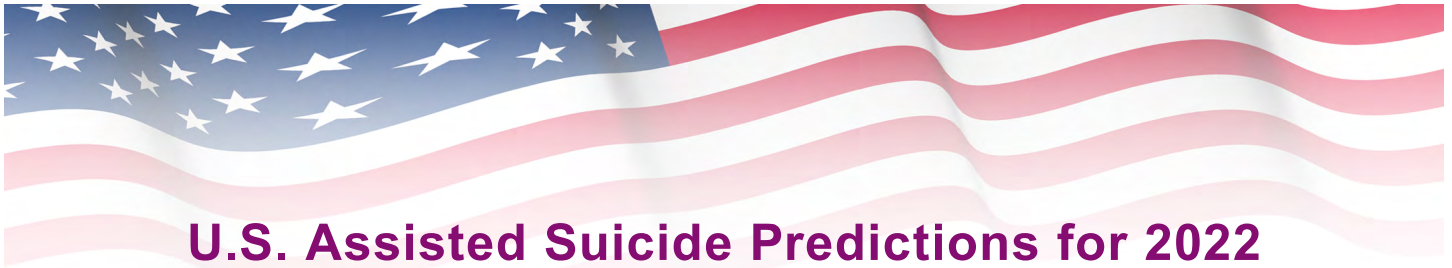
From *The Canadian Press* article:

[...] the committee did not recommend expanding access to those whose only medical problem is a mental disorder. It says experts testified that in many cases with mental illness, it can be difficult to make the proper diagnosis.

Rejecting euthanasia for mental illness alone is good, but Bill C-7, passed by the federal government in March 2021, permits euthanasia for mental illness alone. A few months ago, the federal government appointed a committee to determine the protocols for approving euthanasia for mental illness alone. It is likely that the Québec committee decided to leave this contentious issue alone simply because the federal government had technically legalized it already.

Nonetheless, we give the Québec euthanasia committee credit for listening to all perspectives on these issues. The federal government committee is stacked with Members of Parliament who support expanding euthanasia and who appear unwilling to examine the abuse associated with the current law.





U.S. Assisted Suicide Predictions for 2022

By Alex Schadenberg, Executive Director of the Euthanasia Prevention Coalition

I predict that 2022 will be a very active year for assisted suicide bills in the U.S., especially in the east. The assisted suicide lobby are sponsoring bills in many states, but they are focusing on New York and Massachusetts. I predict that they will also focus on bills in Connecticut and Maryland. The assisted suicide lobby have invested significant money into 2022 campaigns, as they fear that they may lose supportive seats in the November 2022 mid-term elections.

I predict that in many states, the bill debated will be similar to the New Mexico bill (HB 47) that passed in 2021. [This is the most extreme assisted suicide law in America](#). HB 47 expanded who can approve and prescribe assisted suicide by creating the term “health care provider” which includes advanced nurses, and other non-physicians. It required a 48-hour waiting period (rather than 15 days) that could be waived if the person is nearing death. The bill waives approval by a second health care provider if the person is enrolled in a hospice program. It also tramples on conscience rights for medical professionals.

Assisted Suicide Expansion Laws

Legislatures pass assisted suicide laws with “safeguards” that are designed to sell legalization.

In 2022, the assisted suicide lobby will continue to support bills to expand current assisted suicide laws. In 2021, California, Hawaii, Vermont and Washington State had bills to expand their current assisted suicide regimes; only the California bill passed. Assisted suicide expansion bills in Hawaii, Vermont, Oregon and Washington State will be pushed in 2022. Most of these bills concern lessening or waiving waiting periods, expanding who can approve assisted suicide and trampling on conscience rights.

There are several court cases to legalize or expand assisted suicide laws in the U.S. The assisted suicide

lobby has launched court cases to expand assisted suicide and euthanasia because other jurisdictions, [such as Canada](#), have legalized and expanded euthanasia through the courts.

[The case in California](#) (*Shavelson*) states that people with disabilities, due to their physical abilities, experience discrimination under the assisted suicide law. *Shavelson et al* argues that the law must permit death by lethal injection (euthanasia) to enable equality. *Shavelson* is not asking the court to expand the law, it is asking the court to legalize euthanasia, which is a form of homicide. If an activist judge agrees with *Shavelson*, the door to euthanasia in every state that permits assisted suicide will be opened.

[The case in Oregon](#) (*Gideonse*) is challenging the residency requirement in Oregon’s assisted suicide law. *Gideonse* is arguing that a patient, who lives in the State of Washington, should be permitted to die by assisted suicide in Oregon. If an activist judge agrees with *Gideonse et al*, then every American will be able to die by assisted suicide in Oregon.

[The case in Massachusetts](#) (*Kligler*) claims that prosecuting doctors for prescribing lethal assisted suicide drugs violates the Constitution of Massachusetts. I believe that even though *Kligler* focuses on the Constitution, it may be used to challenge the Supreme Court 1997 *Glucksberg* decision that found there was no right to assisted suicide.

[The case in Minnesota](#) involving a right to die advocacy group is a continuation of previous cases challenging the Minnesota law prohibiting assisted suicide based on free speech statutes. I think that this case will fail again.

Assisted suicide laws are not about choice or autonomy but abandonment and physician control. America needs a society that cares for, not kills, its citizens.

Maine Inmate Requests Assisted Suicide

Maine abolished capital punishment in 1887.

Present day: Larry Smith, a 52-year-old inmate in Maine being treated for throat cancer has requested a lethal assisted suicide drug cocktail. Smith is housed at the Hancock County Jail on charges of attempted murder and robbery.

On January 5, Jennifer Osborn reported for The Ellsworth American that Steven Juskewitch, the attorney representing Smith, stated:

“Larry will be entering a plea later this week and will be sentenced; I guess we’re going to test the Death with Dignity Act and the Department of Corrections’ policy with it.”


Osborn reported that Val Lovelace, Executive Director of the assisted suicide lobby group, Death with Dignity, said that the law requires patients to be terminally ill with a six-month prognosis. Lovelace stated:

“There’s no reason he should not have access to this law, if and when that time comes for him,”...“He can have this conversation with a physician at any time.”

Osborn reported that there may be an issue with funding the assisted suicide death. According to Lisa Haberzetti, Deputy Communications Director for the Maine Senate Democratic Office:

The federal Social Security Act prohibits Medicaid coverage for inmates, so medical costs are the responsibility of the jails and prisons.

Prescribing a lethal assisted suicide drug cocktail to an inmate is counter to the prohibition of capital punishment and to the goal of preventing suicide deaths of inmates. Nonetheless, this is one of the many inconsistencies that occur when assisted suicide is legalized.

 *Happy 2022!!*
ARE YOU WITH US?



**Renew your Annual Membership with
the Euthanasia Prevention Coalition:**
Visit www.epcc.ca or call 1-877-439-3348

PRESS STATEMENT: College of Psychiatrists of Ireland Publish Position Paper on Physician-Assisted Suicide and Euthanasia

College Warns Against Introduction of Assisted Dying Legislation in Ireland

Published on www.irishpsychiatry.ie/blog on December 20, 2021

The College of Psychiatrists of Ireland has warned that physician-assisted suicide and euthanasia (PAS-E) is not compatible with good medical care and that its introduction in Ireland could place vulnerable patients at risk.

PAS-E is also known as “assisted dying” and in the new year the issue will be the focus of a Special Oireachtas Committee set up to examine the Dying with Dignity Bill (2020).

The College of Psychiatrists is the professional and training body for psychiatrists in Ireland and represents 1,000 professional psychiatrists (both specialists and trainees) across the country. It has published a position paper today on this issue that sets out some key issues regarding the introduction of assisted dying in Ireland. These include:

- Assisted dying is contrary to the efforts of psychiatrists, other mental health staff and the public to prevent deaths by suicide.
- It is likely to place vulnerable people at risk—many requests for assisted dying stem from issues such as fear of being a burden or fear of death rather than from intractable pain. Improvements in existing services should be deployed to manage these issues.
- While often introduced for patients with terminal illness, once introduced assisted dying is likely to be applied more broadly to other groups, such that the numbers undertaking the procedure grow considerably above expectations;
- The introduction of assisted dying represents a radical change in Irish law and a long-standing tradition of medical practice, as exemplified in the prohibition of deliberate killing in the Irish Medical Council ethics guidelines;

Consultant Liaison Psychiatrist **Dr Eric Kelleher** is a member of the College of Psychiatrists and

contributing author to the position paper on assisted dying.

Speaking today, he said, “We are acutely aware of the sensitivity of this subject, and understand and support the fact that dying with dignity is the goal of all end-of-life care. Strengthening our palliative care and social support networks makes this possible. Not only is assisted dying or euthanasia not necessary for a dignified death, but techniques used to bring about death can themselves result in considerable and protracted suffering. Where assisted dying is available, many requests stem, not from intractable pain, but from such causes as fear, depression, loneliness, and the wish not to burden carers. With adequate resources, including psychiatric care, psychological care, palliative medicine, pain services, and social supports, good end-of-life care is possible.”

Dr Siobhan MacHale, Consultant Liaison Psychiatrist, a member of the College of Psychiatrists and contributing author to the position paper on assisted dying, said, “Once permitted in a jurisdiction, experience has shown that more and more people die from assisted dying. This is usually the result of progressively broadening criteria through legal challenges because, if a right to assisted dying is conceded, there is no logical reason to restrict this to those with a terminal illness. Both sides of this debate support the goal of dying with dignity, but neither the proposed legislation nor the status quo (as evidenced by both clinical experience and the power of this debate) is sufficient. It is imperative for the Irish people to continue to demonstrate leadership as a liberal and compassionate society in working together to achieve this.”

The position paper is available at www.irishpsychiatry.ie/external-affairs-policy/college-papers-submissions-publications/positions-policies-perspective-papers/physician-assisted-suicide-and-euthanasia/

Box 25033 London, ON N6C 6A8 Canada | Box 611309 Port Huron, MI 48061-1309 USA

Tel. 519-439-3348 or toll-free 1-877-439-3348 Fax: 519-439-7053

Email: info@epcc.ca Website: www.epcc.ca Blog: www.epcblog.org    