



Great News! Connecticut Assisted Suicide Bill is Defeated Again

Connecticut assisted suicide Senate Bill (SB) 88 was defeated again, representing the tenth assisted suicide bill to be defeated in Connecticut.

In March, SB 88 passed in the Connecticut Public Health Committee but the Judiciary Committee once again defeated the bill. The assisted suicide lobby tried to prevent the bill from going to the Judiciary Committee since this committee defeated previous assisted suicide bills.

There are many groups and individuals who, year after year, have worked to defeat assisted suicide bills in Connecticut. Notably, disability rights group Second Thoughts Connecticut has maintained a focussed and consistent opposition to assisted suicide. Cathy Ludlum with Second Thoughts testified that, based on her health and COVID, she has been fighting for her life. Assisted suicide threatens her life.

SB 88 was different than previous assisted suicide bills. It changed the language to hide the reality of the bill and to cover up that it still required falsification of the death certificate.

Stephen Mendolsohn from Second Thoughts Connecticut stated in his testimony:

No amount of change in bill language can change the fact that some people will suffer prolonged and agonizing deaths from the experimental lethal drug cocktails, with some even regaining consciousness only to die of their terminal illness. Nothing can change the fact that the currently most widely used lethal compound burns the throat. Medical science cannot guarantee the peaceful death proponents claim. If lethal injections administered for

capital punishment have resulted in inhumane deaths, oral ingestion of lethal drug compounds is far more likely to do so. We may put our pets down without their consent and for bad reasons—because they are unwanted or have behavior problems—but at least we do not make them ingest these experimental lethal compounds and make them suffer even more in the process.

No change in language can change the deadly mix between assisted suicide and a broken healthcare system. As the cheapest “treatment,” assisted suicide diminishes choice, and especially so for people of color, disabled people, and others who have been historically marginalized in our healthcare system.

No change in language can change the problem of misdiagnosis or the unreliability of terminal prognosis. Jeanette Hall, John Norton, and Rahamim Melamed-Cohen have outlived ostensibly terminal prognoses by decades. All three became staunch opponents of assisted suicide.

No change in language alters the fact that offering suicide prevention to most people while offering suicide assistance (redefined as “aid in dying”) to an ever-widening subset of disabled people is lethal disability discrimination.

The changes that have been made in the bill from previous years are ineffective and do nothing to protect against mistakes, coercion, and abuse.

Thank you to everyone who helped to once again defeat assisted suicide in Connecticut.

Abbotsford Police Investigating Euthanasia Death

Avis Favaro, *CTV National News Medical Correspondent*, [reported on April 26](#) that Abbotsford police are investigating the euthanasia death of Donna Duncan (61). Favaro reported:

The case involves Donna Duncan, a nurse and mother who died on Oct. 29, 2021. It appears to be among the first assisted-death cases being reviewed by a police unit in Canada, although federal officials don't keep statistics on when such cases are reported to police.

Her daughters, Alicia and Christie Duncan, say they requested a police investigation after what they claim were troubling circumstances around their mother's case that raise questions about why she was approved for medical assistance in dying (MAiD).

Duncan's daughters told Favaro that they never want what happened to their mother to happen again. Favaro reported:

On Feb. 25, 2020, Duncan was in a car accident, near her home in Abbotsford. The following day at a walk-in clinic, she was diagnosed with a concussion.

But as COVID-19 restrictions were implemented across Canada, her daughters say her medical care and rehabilitation were curtailed.

"It was March and that's when the COVID shutdown happened. So she didn't have treatment for months and months," said Christie.

Medical documents obtained by the sisters and shared with CTV News also show that Duncan complained about headaches, bright lights, and difficulty concentrating, watching TV, or using a computer. In July 2020, she was identified as having post-concussion syndrome. Her daughters suspect the problems were compounded by stay-at-home orders during the pandemic.

Doctors did not treat Duncan's health problems but approved her for MAiD. Favaro reported:

In early October, a psychiatrist in Abbotsford,

Dr. Shah Khan, saw Donna and reported in medical records that while the source of her physical problems was unclear, a somatic disorder was likely part of the picture. This condition causes an extreme focus on physical symptoms such as pain that cause emotional distress. Treatments include therapy, antidepressants, and treatment by a specialist in mental health, [according to the Cleveland Clinic](#).

Duncan asked Dr. Parin Patel for MAiD but he refused and noted that she needed treatment for her mental health. She then asked Fraser Health for MAiD. Favaro reported:

Alicia and Christie say they didn't learn of their mom's plans for a medically-assisted death until Oct. 22, when Duncan texted them to say she had been assessed and approved by one MAiD practitioner with Fraser Health... The second approval was [on Oct. 24] from [another practitioner with] Fraser Health.

MAiD laws in Canada require two health practitioners to approve someone for a medically-assisted death. There are criteria doctors or nurse practitioners must follow, including discussion of whether other measures to treat the patient's illness have been taken.

With the two signatures, Duncan's death was scheduled for two days later, on Oct. 26.

Duncan's daughters immediately obtained an injunction pending a psychiatric consult. Duncan received a psychiatric consult on Oct. 26 by Dr. Zia Ui Haque who, according to Favaro, stated that he, "saw no convincing evidence of depression (or) anxiety" and deemed Duncan competent to make the choice "even though she may be making an unwise choice about medical assistance in dying." He also noted that she had "not explored other avenues including pain relief or any other medical intervention".

On October 27, Duncan had another psychiatric assessment by Dr. Khattak, "who found Duncan

...see Abbotsford on page 4



Netherlands 2021 Euthanasia Deaths Rise *115 Deaths for Mental Illness*

D[utchNews.nl](#) reported on March 31 that the number of euthanasia deaths in the Netherlands increased by 10.5% in 2021 to 7666. [Last year's euthanasia report from the Netherlands](#) indicated that there were 6938 reported euthanasia deaths in 2020, up by 9% from 6361 in 2019. Research indicates that [20-23% of the Netherlands euthanasia deaths are not reported](#).

The *DutchNews.nl* report indicated that there were 206 reported euthanasia deaths for early stage dementia, six reported euthanasia deaths for late stage dementia and 115 reported euthanasia deaths

for severe mental illness. The news report also stated that seven reported euthanasia deaths did not fit the legal criteria of the law and yet none of these doctors lost their medical license or were censured in some other manner.

In [December 2021, the Dutch Medical Association \(KNMG\)](#) approved euthanasia for incompetent people who had made an advanced request.

In February 2022, [a member of the euthanasia lobby was arrested in the Netherlands for selling a suicide agent](#) that resulted in at least four deaths.



Belgium 2021 Euthanasia Deaths Rise *At Least 50 Deaths for Mental Illness*

On March 31, the Belgian Commission for the Control and Evaluation of Euthanasia published their 2021 euthanasia data. [The European Institute of Bioethics \(EIB\) reported](#) on the same day that the number of reported euthanasia deaths increased to 2699 from 2444 in 2020. They reported that at least 50 people died by euthanasia for mental illness, more than double from the [2020 report](#). The EIB also reported that studies indicate that [at least 25-35% of the euthanasia deaths are not reported](#) and therefore illegal. Previous studies also indicate that [approximately 2% of all euthanasia](#)

[deaths are done without request or consent](#).

In 2019, [Europe's top human rights court agreed to hear the case of a depressed Belgian woman who died by euthanasia](#). In 2018, [three Belgian doctors were charged in a euthanasia death for psychiatric reasons](#). The doctors were acquitted in the euthanasia death but in September 2020 [a retrial was ordered for one of the doctors in the case](#). The retrial was heard in May 2021. In May 2021, [Belgium's euthanasia law was criticized at the United Nations Human Rights Council](#).

Vermont Legalizes Assisted Suicide by Zoom

By Wesley J. Smith, [published on April 28 by National Review](#)

Remember when we were told that assisted suicide would only be engaged in as part of an intimate and long-term physician-patient relationship? Of course, the laws never required that. And now, Vermont has legalized assisted suicide by Zoom or Skype. The new law also *eliminates the previous requirement that the doctor have examined the patient*. In other words, *the poison-prescribing doctor would seem to never have to actually meet the patient in person*. From the [recently passed and signed S.74](#) (2021):

(a) A physician shall not be subject to any civil or criminal liability or professional disciplinary action if the physician prescribes to a patient with a terminal condition medication to be self-administered for the purpose of hastening the patient's death and the physician affirms by documenting in the patient's medical record that all of the following occurred:

(1) The patient made an oral request to the physician in the physician's physical presence or by telemedicine, if the physician determines the use of telemedicine to be clinically appropriate,

for medication to be self-administered for the purpose of hastening the patient's death.

(2) Not fewer than 15 days after the first oral request, the patient made a second oral request to the physician in the physician's physical presence or by telemedicine, if the physician determines the use of telemedicine to be clinically appropriate, for medication to be self-administered for the purpose of hastening the patient's death.

Strict guidelines protect against abuse! Except they were never strict, and those that do exist are not intended to stick. As soon as people become comfortable with doctors participating in their patients' suicides, the "protections" touted so loudly are suddenly redefined as "obstacles," and "access" to facilitated death "is improved" by making it easier to be made dead.

And cold cynics that assisted-suicide advocates are, they know that by the time their ruse becomes apparent, people won't care anymore. Look Ma. No brakes!

...Abbotsford from page 2

'in distress,' said that her mood was 'depressed' and that she had 'limited insight into her problem.'"

Duncan agreed to be transferred to another hospital where she was given a third psychiatric assessment, declared competent and released. She died that evening by euthanasia.

The family hopes that no other family experiences a similar death. Alicia told Favaro:

"If my mother had not been suffering from mental illness, she would [not have] thought this. She is a two-time cancer survivor. She would have survived this, but she was not in a place mentally to be able to make that decision subjectively".

Abbotsford police, the physician and nurse practitioner who approved the death and the family doctor have all refused to comment on the case. Fraser Health offered condolences.

Sadly this is not the first family who have wondered how a family member was killed by euthanasia in Canada. Canada's law does not provide effective oversight. Someone requesting to be killed does not need to try effective treatments; they only need two medical practitioners to approve their death, the two medical practitioners only have to be "of the opinion" that the person meets the "criteria" of the law and there is no mechanism in the law to challenge a questionable approval.