



## A Woman Who Was Approved for Euthanasia for MCS Has Found a Clean Place to Live

**W**e have great news! A 31-year-old woman who was approved for (MAiD) euthanasia based on her condition (MCS) that causes her to have strong allergic sensitivities to chemicals, has been helped by individual donors who enabled her to move to a location that does not trigger her sensitivities.

On April 30, Avis Favaro, CTV National News Medical Correspondent, reported that a [31-year-old Ontario woman was approved for \(MAiD\) euthanasia for chemical sensitivities](#). Favaro reported that Denise (not her real name) is diagnosed with multiple chemical sensitivity (MCS), which triggers rashes, difficulty breathing, and blinding headaches called hemiplegic migraines that cause her temporary paralysis. Favaro reported:

She desperately wants to move to an apartment that's wheelchair accessible and has cleaner air. But her only income is from Ontario's Disability Support Program (ODSP). She receives a total of \$1,169 a month plus \$50 for a special diet. "I've applied for MAiD essentially... because of abject poverty," she said.

Favaro followed up on this story, [reporting the following on May 28](#):

She told CTV News at the time that she had

spent months trying to secure housing with cleaner air and essentially gave up and was cleared by two doctors as qualifying for an assisted death.

But now she's found a temporary home, is no longer struggling for every breath and her extreme suffering has lessened, her application for MAiD is on pause. However, Denise says she has not cancelled the MAiD application outright as she still has several other pain-causing chronic health issues that haven't been properly addressed.

Favaro reported that:

After the story garnered worldwide attention, supporters set up a GoFundMe campaign that has now amassed over \$65,000 in donations from nearly 1,000 people along with countless emails of encouragement.

The Euthanasia Prevention Coalition recognizes that this is a huge step forward but that Denise has not yet fully decided to live, she has only temporarily put her death on hold. The problem remains that premature death is considered an answer to human problems.

We believe in a society that cares for people like Denise and does not abandon her to death.

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# No Clear Guidelines in Report Concerning Euthanasia (MAiD) for Mental Illness

By Alex Schadenberg

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The [\*Final Report of the Expert Panel on MAiD and Mental Illness\*](#) was submitted to Canada's Minister of Health Jean-Yves Duclos and Minister of Justice David Lametti on May 6, 2022.

Similar to previous "expert" reports, the expert panel offers recommendations but few clear guidelines.

Canada legalized euthanasia and assisted suicide under the term Medical Aid in Dying (MAiD) when the government passed Bill C-14 in June 2016. Previous to that, the Supreme Court of Canada struck down protections in Canadian law that prohibited euthanasia and assisted suicide in its *Carter* decision and euthanasia became legal in Québec in December 2015 with the implementation of Bill 52.

In March 2021, the Canadian government passed Bill C-7 which expanded the MAiD law by permitting euthanasia for people who are not dying, by eliminating the ten-day waiting period for people who are terminally ill, by permitting euthanasia for incompetent people who were previously approved for MAiD and, at the last minute, Bill C-7 was amended to permit euthanasia for people with mental illness.

When passing Bill C-7 the government acknowledged that euthanasia for mental illness was different than other forms of MAiD, so they stated that there would be a two-year moratorium on MAiD for mental illness providing time to develop guidelines. I believe the two-year moratorium is unenforceable making euthanasia for mental illness legal already.

The Euthanasia Prevention Coalition opposes MAiD. We oppose giving doctors and nurses the legal right to kill people. But considering that the recommendations from the Expert Panel on MAiD and Mental Illness concern guidelines for killing people with mental illness, one would

think that the guidelines would offer fixed rules. Yet the 19 recommendations for implementing MAiD for mental illness lack clarity on key recommendations. For instance, recommendation number two concerning establishing incurability, states:

MAiD assessors should establish incurability with reference to treatment attempts made up to that point, outcomes of those treatments, and severity and duration of illness, disease or disability.

It is not possible to provide fixed rules for how many treatment attempts, how many kinds of treatments, and over what period of time as this will vary according to the nature and severity of medical conditions the person has and their overall health status. This must be assessed on a case-by-case basis.

The Panel is of the view that the requester and assessors must come to a shared understanding that the person has a serious and incurable illness, disease or disability. As with many chronic conditions, the incurability of a mental disorder cannot be established in the absence of multiple attempts at interventions with therapeutic aims.

Incurability is a requirement in Canada's MAiD law, and yet the Expert Panel has stated that it is not possible to provide fixed rules concerning treatment.

In the Netherlands, a person requesting euthanasia for mental illness must be willing to try effective treatment. This is not an onerous request considering that the person is requesting to be killed. Similarly, the Expert Panel deals with recommendation three: establishing irreversibility in the same manner. It states:

MAiD assessors should establish irreversibility with reference to interventions tried that are

designed to improve function, including: recognized rehabilitative and supportive measures that have been tried up to that point, outcomes of those interventions, and the duration of decline.

It is not possible to provide fixed rules for how many attempts at interventions, how many types of interventions, and over how much time, as this will vary according to a requester's baseline function as well as life goals. Therefore, this must be assessed on a case-by-case basis.

The Panel is of the view that the requester and assessors must come to a shared understanding that the person is in an advanced state of irreversible decline in capability.

Once again, Canada's MAiD law requires that the person's condition be irreversible and yet the Expert Panel states that it is not possible to provide fixed rules.

We are concerned that [The Special Joint Committee on Medical Assistance in Dying \(AMAD\)](#) is composed of Senators and MPs who will follow the same direction as the Expert Panel, by offering recommendations but few clear lines.

### **Protections for persons with disabilities.**

The mandate of the Special Joint Committee appears oriented to expanding MAiD in Canada.

The Expert Panel made some good recommendations, such as suggesting that assessments be done by independent experts, increasing the reporting requirements, providing income or housing support where necessary, having consultations with First Nations, Métis, and Inuit peoples, nonetheless, some of these recommendations are too little or too late a response. People have been lethally injected for loneliness, depression, poverty, chemical sensitivities, fear of isolation and more. The Expert Panel appears to be attempting to improve Canada's MAiD law while in reality the fundamental recommendations include no fixed rules.

Remember, the law only requires that a physician or nurse be of the opinion that the person fits the criteria of the law. Therefore, the Report of the Expert Panel on MAiD and Mental illness does not provide any assurances that people who are living

with suicidal ideation will not die by euthanasia.

Sadly, Canada legalized euthanasia by giving doctors and nurses the right in law to kill their patients. It only requires that the assessors and the practitioner who lethally injects their patient be of the opinion that the person who they killed fit the criteria of the law.

Canada has now expanded the killing to people with mental illness alone and this "Expert" Panel suggests that the killing be done without clear rules.

When will people wake up and realize that killing people is not the solution?

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### *...Québec Debates from page 4*

It doesn't matter what the criteria states, the medical professional only needs to be of the opinion that the patient meets the criteria of the law. To be of the opinion means that if a family member or friend launches a complaint that something wrong has happened, the medical professional is protected since they only need to be "of the opinion".

At least the Québec government recognized that someone who changes their mind might resist and indicate that they don't want to die. Bill 38 states at the end of section 29.15, "Any refusal to receive medical aid in dying expressed by a patient must be respected and it is prohibited to disregard it in any manner."

The Euthanasia Prevention Coalition recognizes that Bill 38 does not extend euthanasia to people with mental illness alone, nonetheless, the federal government extended euthanasia to people with mental illness alone with the passage of Bill C-7.

Bill 38 describes the process that the committee examining the euthanasia reports must go through to determine that a euthanasia death did not fit the criteria of the law and yet the medical professional must only be *of the opinion that the person who was killed fit the criteria of the law*. Once again, the law is designed to appear to provide effective oversight. In reality the law lacks any effective oversight.

## Québec Debates Bill to Permit Euthanasia for Incompetent People

The National Assembly of Québec has introduced [Bill 38](#) to expand Québec's euthanasia law. Bill 38 is Québec's response to the [Truchon court decision](#), the federal passage of [Bill C-7](#) in March 2021 and the report of a [Québec government committee that supported euthanasia for incompetent people](#) but not for mental illness.

Bill 38 removes the requirement that a person needs to be at the “end of life” to die by euthanasia, permits euthanasia for incompetent people who requested it in their advanced directive, allows nurse practitioners to perform euthanasia, forces hospices to participate in euthanasia and more. The bill does not permit euthanasia for mental illness alone, as the federal legislation, [Bill C-7, had done](#).

Bill 38 removes conscience protections that were in the original Québec regulations by forcing all hospices to provide MAiD (euthanasia). This change was demanded by the euthanasia lobby.

Bill 38 refers to euthanasia for incompetent people who had requested it in their advanced directive. Permitting euthanasia by advanced consent creates several practical problems. Advanced request creates the problem of deciding on the timing of the lethal injection. Also, since the person is deemed incapable of consenting, it denies the person the right to change their mind. Further to the problems with advanced requests, Bill 38 allows a “third” person to make the request in the presence of the person, when the person is unable to sign and date the request form.

To qualify for an advanced request for euthanasia the patient must:

29.2 With the assistance of that professional, the patient must describe in detail in the request the constant and unbearable physical or psychological suffering which cannot be relieved under conditions the patient considers tolerable that will determine, when the patient has become incapable and when a competent professional finds that the patient is

experiencing such suffering due to their illness, the time from which the patient considers it appropriate to obtain medical aid in dying.

The reasoning for euthanasia is completely subjective. It states that, “the constant and unbearable physical or psychological suffering which cannot be relieved under conditions the patient considers tolerable...” This means that a person who is seeking death simply has to say that the suffering that they are experiencing is intolerable. People are being killed without objective criteria.

The medical professional in 29.3 only needs to, “(1) be of the opinion that the patient meets the criteria set out in section 29.1”

A person is killed and the medical professional is only “of the opinion” that the person meets the criteria of the law. Bill 38 is designed to protect medical professionals from being charged or sued for misconduct rather than ensure that the person who is being killed actually meets the criteria of the law.

The advanced request can be made by one or two trusted “third persons” who would decide when the person, who has become incompetent, should die. Once the request for euthanasia is made the information will be maintained in a register of requests.

Section 29.9 allows a person to withdraw the advanced request at any time. The problem is that the person makes an advanced request because they anticipate that their condition will lead to becoming incompetent. Once a person is incompetent, they cannot legally change their mind.

Section 29.15 states that before administering medical aid in dying following an advance request, the competent professional must, “(1) be of the opinion that the patient meets the following criteria:”

*...see Québec Debates on page 3*