



## Veterans Affairs Canada Worker Advocates Euthanasia for PTSD

**M**ercedes Stephenson and Sean Boynton [reported for Global News on August 16](#) that a Veterans Affairs Canada employee advocated (MAiD) euthanasia for a veteran who is dealing with post-traumatic stress disorder (PTSD) and a traumatic brain injury:

A [Canadian Forces](#) veteran seeking treatment for post-traumatic stress disorder and a traumatic brain injury was shocked when he was unexpectedly and casually offered [medical assistance in dying](#) by a [Veterans Affairs Canada \(VAC\)](#) employee, sources tell *Global News*.

Sources say a VAC service agent brought up medical assistance in dying, or MAiD, unprompted in the conversation with the veteran. *Global News* is not identifying the veteran who was seeking treatment.

According to the report, the veteran did not bring up MAiD and was disturbed by the suggestion:

[...] Sources close to the veteran say he and his family were disgusted by the conversation, and feel betrayed by the agency mandated to assist veterans. The sources said the veteran was seeking services to recover from injuries suffered in the line of duty, and had been experiencing positive improvements in his mental and physical health. **They say the unprompted offer of MAiD disrupted his progress and has been harmful to the veteran's progress and his family's wellbeing.**

A [further report by Stephenson and Boynton](#) interviewed experts who care for veterans with PTSD and brain injuries, who stated that veterans living with these conditions often experience suicidal thoughts. The report quotes retired Sgt. Tobias Miller, who was injured while serving in Afghanistan:

[...] “(My fear is) can somebody who’s on a razor’s edge be pushed in the wrong direction or negatively impacted by a suggestion...of something like medical assistance in dying?”

“When you have to fight daily against your own brain telling you things that you don’t want to hear, I sort of question how a department whose sole job is to care for us and to help us heal would step in and...make an offering that could see veterans harm themselves.”

Stephenson and Boynton interviewed Scott Maxwell, Executive Director of Wounded Warriors Canada, who said that advocating for MAiD among veterans living with PTSD is, “flat out wrong.”

Sgt. Miller told the authors that he had sustained a traumatic brain injury from a roadside bomb in Afghanistan and suffers from PTSD. He said, “... he personally experienced hearing negative and even suicidal ‘voices’ in his head before learning how to ‘fight that voice and ignore it.’”

Veterans Affairs Minister Lawrence MacAulay told *Global News* that this will never happen again. This is one of many stories proving that euthanasia (MAiD) is out of control in Canada.



# Canadian 2021 Euthanasia Report

*More than 10,000 Deaths Representing 3.3% of all Deaths*

---

Health Canada recently released the [\*Third Annual Report on Medical Assistance in Dying in Canada \(2021\)\*](#). The data is gathered from the reports submitted by the medical or nurse practitioner who carried out the euthanasia death. There is no requirement that a third party or neutral person submit the reports to ensure their accuracy.

The third report states that there were 10,064 assisted deaths in 2021, up from 7603 in 2020, 5661 in 2019, 4480 in 2018, 2838 in 2017 and 1018 in 2016. The report indicates that the number of assisted deaths increased by 32.4% representing 3.3% of all deaths in 2021.

When all data sources are considered, the total number of reported euthanasia (MAiD) deaths in Canada from legalization to December 31, 2021 is 31,664.

The report indicates that euthanasia represented 3.3% of all deaths, up from 2.5% in 2020. There is a big difference in the percentage of euthanasia deaths between provinces. The percentage of all deaths that were euthanasia increased in all provinces. Notably, British Columbia: 4.8% in 2021 up from 3.8% in 2020, Québec: 4.7% in 2021 up from 3.0% in 2020, Prince Edward Island: 2.9% in 2021 up from 2.8% in 2020, Ontario: 2.7% in 2021 up from 2.1% in 2020, and Newfoundland: 1.2% in 2021 up from 0.9% in 2020.

The report indicated that due to the passing of Bill C-7 in March 2021, 2.2% of the assisted deaths were people whose natural death was not reasonably foreseeable. The data indicates that there were 12,286 written requests for MAiD in 2021 representing an increase of 27.7% over the number in 2020. The majority of written requests (9950 or 81.0%) resulted in an assisted death. There must be some missing reports; the data states that 9950 written requests resulted in euthanasia but there were 10,064 reported euthanasia deaths.

There were 2336 requests (19.0%) that resulted in an outcome other than MAiD: 231 people withdrew

their request (1.9% of written requests), 487 people were deemed ineligible (4.0% of written requests) and 1618 people died prior to receiving MAiD (13.2% of written requests).

It is concerning that only 4% of the written requests were deemed ineligible. The Netherlands and Belgium have higher rates of written requests being deemed ineligible.

The three top reasons for requesting euthanasia were: (1) The loss of ability to engage in meaningful activities (86.3%), (2) The loss of ability to perform activities of daily living (83.4%) and (3) Inadequate control of pain, or concern about controlling pain (57.6%).

It is concerning that approximately 1740 people (17.3%) died by euthanasia based on loneliness and isolation. Many people with significant medical conditions live with loneliness and isolation. Social isolation and loneliness require a compassionate caring community, not death by lethal injection.

Inadequate control of pain or concern about controlling pain were reasons for 57.6% of the requests for euthanasia, yet the report states that 80.7% of the people who requested euthanasia were “receiving palliative care.” Being enrolled in palliative care and receiving palliative care are two different things. A study needs to be done to determine how many people who died by euthanasia were actually receiving palliative care.

The federal euthanasia report essentially provides basic data that is not analysed. Québec is the only province that provides an analysis of the euthanasia reports, and has a multiple-reporting system that may uncover discrepancies in the reports.

Recent stories indicate that Canadians are now dying by euthanasia for reasons of [poverty](#), [disability](#), and [mental illness](#). We have hope that Canadians will recognize that the slope we have chosen is in fact slippery and the direction needs reversing, not accelerating.

# “Abandoning People”: Canada’s Broadening Euthanasia Law is Dangerous for the Vulnerable

By Alex Schadenberg

*The Epoch Times* published an investigative report on August 24, 2022, by Peter Wilson, concerning Canada’s broadening euthanasia law titled, “[Abandoning People](#)”. Wilson states:

Canada’s broadening medical assistance in dying (MAiD) law has already harmed the country’s most vulnerable and will continue to do so unless amended, say critics of the legislation.

Wilson interviewed Dr. Ramona Coelho, a family physician who cares for people with disabilities.

Dr. Coelho told *The Epoch Times* about 71-year-old Ernest McNeill, who was admitted to a hospital after a fall. He was isolated from his family for a long time due to COVID-19 restrictions and contracted an infectious diarrheal illness while in hospital.

“The staff made very inappropriate comments about him,” said Dr. Coelho, adding that McNeill “felt quite sad about it and he was in a lot of pain.”

“Someone on the [hospital] team raised the idea [of] medical assistance in dying [and] that he would qualify and told him all about it.”

The health-care staff quickly diagnosed McNeill with a severe case of bronchitis, called chronic obstructive pulmonary disease (COPD), which Coelho said McNeill didn’t know he had.

“But he trusted them,” Coelho said. “So he basically accepted his death based on a diagnosis of COPD when he was acutely sick and feeling terrible.”

Dr. Coelho spoke about McNeill to the House of Commons Special Joint Committee on MAiD last May:

“Was MAiD raised because his admission was longer than expected as a result of his being a victim of ageism?” asked Coelho.

“Did he choose MAiD because his acute care team made him feel horrible? His family believes so.”

Wilson writes about Roger Foley, a man who was urged by medical staff to consider euthanasia:

...Roger Foley, a London, Ont., man who in his early 40s was offered MAiD by hospital staff without having requested it and was even told he would pay extraordinary hospital fees if he continued his long hospital stay.

Foley, who suffered from an incurable brain disorder that practically paralyzed him, recorded audio clips of health-care workers at the hospital offering him MAiD and released them to [CTV News](#) in 2018.

[...] [Foley](#) refused MAiD and was eventually granted his original wish to receive home care. ... Foley’s story is just another example of MAiD causing health-care workers to abandon their patients.

Wilson reports on the military veteran who is living with PTSD who was told he should consider MAiD:

Conservative MP Garnett Genuis said the incident goes to show the inevitable consequences [of] Canada’s MAiD law.

“This is for all the politicians who said the lack of safeguards wasn’t an issue,” Genuis said on Twitter. “You were warned. Repeatedly.”

Health Canada told Wilson that, “Canada has ‘a high bar for accessing MAiD’ through ‘eligibility criteria’ and ‘safeguards’ set forth in the law.”

Wilson ends the article:

“The rise is continuing, whether it continues at that rate or it slows down,” said Schadenberg. “The fact of it is, MAiD is already the sixth-leading cause of death in Canada, and so will it go much higher than that?”

## Britain Debates Euthanasia Based on Canada's Experience

The issue of euthanasia is being debated in Britain. It is interesting how Canada's experience with euthanasia has affected the British debate.

An article by Yuan Yi Zhu [published by UnHerd on Monday August 22](#) challenged Matt Hancock, the former UK Health Minister, who recently stated that he supports euthanasia. Zhu points out that on the day Hancock announced his support for euthanasia, a story was published about a Canadian veteran with PTSD who was not asking for euthanasia, but was told by a Veterans Affairs officer that he should consider (MAiD) euthanasia. Zhu wrote:

On the very same day as Hancock's declaration, it was [reported](#) in Canada that an injured veteran was casually asked if he wanted euthanasia when he was simply trying to obtain healthcare, without him ever having expressed an interest in ending his life. The week prior, the *Associated Press* [reported](#) cases where Canadian patients chose to die due to inadequate income support, and where disabled people who refused euthanasia were called "selfish" and accused of being a drain on resources, in one case by a hospital's director of ethics.

Such reports have been legion ever since Canada legalised euthanasia in 2016, after its Supreme Court struck down the legal prohibition on assisted suicide because it infringed a constitutional right to life. Since then, many have chosen to die because, in the [words](#) of one who applied for it, they "simply cannot afford to keep on living". Poverty itself is not a valid ground for euthanasia, but almost any chronic condition—including hearing loss in at least one case—can be. From 2023, mental illness will be a qualifying ground as well.

No doubt euthanasia's proponents will dismiss Canada's experience as an aberration and argue that it is possible to regulate away the moral hazards associated with the practice. The same argument was made by Canada's judges,

who brazenly [dismissed](#) the experience from the Netherlands, where children as young as 12 can now choose to die, and where a doctor was [acquitted](#) of murder even after admitting to euthanizing an elderly woman despite her persistent protestations that she did not want to die.

This is not the first time that the UK has focused on Canada's experience in their euthanasia debate. During the British parliamentary euthanasia debate last July, Dr. Gordon Macdonald, from [Care Not Killing reported](#):

"Some MPs rightly expressed concern at the mission creep we see in countries like Canada, which legalised so called 'medical assistance in dying' in 2015. The law was originally limited to those whose natural deaths were 'reasonably foreseeable', but in September 2019 the Quebec Superior Court struck down that restriction. This followed the case of Alan Nichols, a former school caretaker who was physically healthy, but struggled with depression. His life was ended by lethal injection in July 2019. That same year also saw the chilling case of Roger Foley, who was repeatedly offered the drugs to kill himself, while being denied the social care to live a dignified life, due to the cost.

Canada's out-of-control euthanasia law is at least causing some jurisdictions to hesitate in following Canada's path. Too bad Australia already has followed Canada's lead.



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](mailto:info@epcc.ca) Website: [www.epcc.ca](http://www.epcc.ca) Blog: [www.epcblog.org](http://www.epcblog.org)    