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Infant Euthanasia Proposed by the Québec College of Physicians

A presentation by Dr Louis Roy from the Québec College of Physicians to the Special Joint Committee on MAiD on Friday, September 7 urged Canada's federal government to adopt a Netherlands' Groningen-style protocol to permit infant euthanasia. Dr Roy suggested that this should only be allowed in rare circumstances, such as a newborn who is unlikely to survive. Infant euthanasia opens the door to a new justification for killing since the baby lacks competence and the ability to autonomously choose to be killed. It is a form of eugenics whereby protocols will determine which lives are worth living.

Euthanasia was sold to Canadians under the guise of competent adults freely choosing to have their lives ended based on terminal illness or unremittent suffering. Bill C-7, passed in March 2021, among other things, extended the reason for killing from terminal illness to chronic illness or disability.

Since infant euthanasia creates the precedent that someone else, such as a power of attorney, can request that a person be killed, if approved it may lead to the approval of euthanasia for people with dementia who never requested or indicated an interest in it.

The Euthanasia Prevention Coalition opposes all forms of euthanasia and assisted suicide; nonetheless, it is clear that expanding killing to babies negates the "safeguard" that only people who can capably request to die can be approved for death.

With this newsletter we have included a postcard opposing infant euthanasia to send to your Member of Parliament. If you would like more, email office@epcc.ca or call 1-877-439-3348.


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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.

Toronto Star: Canada is Going Too Far with (MAiD) Euthanasia

By Alex Schadenberg, Executive Director of the Euthanasia Prevention Coalition (EPC)

An article titled, "Canada is going too far with medical assistance in dying. The danger of abuse is becoming ever more apparent." would not be a surprise if it were published by the EPC, but on October 14 the *Toronto Star* published this article written by Andrew Phillips.

The *Toronto Star* has been one of the more prolific promoters of euthanasia. Phillips writes his article in response to the presentation by Dr Louis Roy, representing the Québec College of Physicians, to the Special Joint Committee on MAiD urging Canada's federal government to expand euthanasia to infants. But Phillips does not limit his criticism to infant euthanasia. Philips writes:

> How does the unthinkable become not only thinkable, but seemingly inevitable? How do we normalize things we recently considered not just abnormal, but horrifying?

> The question arises because a major Canadian medical organization is pushing the idea of allowing doctors to do something that's long been considered unthinkable and abnormal: killing infants who are born with conditions that make survival impossible.

Phillips continues by expressing his support for euthanasia while stating how the law has expanded:

> Now, Canada's laws on MAID have long been stretched far beyond the original (and praiseworthy) concept of sparing terminally ill people from unnecessary agony at the end of their lives, allowing a so-called "death with dignity." When the law was passed in 2016 it didn't specify that a person must be terminally ill to qualify for a medically assisted death, and last year it was amended to remove the requirement that death be "reasonably foreseeable."
>
> The system is about to be expanded even more. In March, the rules are to be changed to allow a person to qualify for MAID if they're suffering from a mental illness alone. And the debate on extending it to those "mature minors" is an active one. The prospect of a badly depressed 16-year-old being euthanized in this country can no longer be dismissed as just the nightmare of those "slippery slope" thinkers who always feared that MAID would turn into death on demand.

He expresses caution with the direction of the law:

> The government seems to be swept along by this logic, unable or unwilling to find a reason to draw a line anywhere. But as the law is widened, the danger of abuse is becoming ever more apparent.
>
> Extending MAID to those with mental illnesses carries obvious risks, given that suicidal thoughts can be part and parcel of some psychological conditions. Advocates for the disabled warn that widening the MAID criteria makes their lives seem more disposable than others, and worry people with disabilities will feel pressure to go that route.

Phillips wrote about the 51-year-old woman with MCS who died by euthanasia based on poverty and Les Landry who has asked to be killed by euthanasia because of poverty. He explains that euthanasia is not rare with the 2021 statistics indicating that 10,064 Canadians reportedly died by euthanasia representing 5% of all deaths in the provinces of Québec and British Columbia.

Phillips concludes by stating:

> To state the obvious, or what ought to be obvious: we should not have a system that kills people because they're desperate or disposable or too costly to keep alive. But right now we're heading toward something like that, and it seems we don't know how to stop.

Don't Let Doctors Kill Sick Patients for Their Organs

By Wesley J. Smith, published by *The Epoch Times* on October 17, 2022

Because of long transplant waiting lists, the bioethics and medical establishments are bent on increasing the source of organs. It has gotten so bad that some of the most influential policy advocates in bioethics now urge that doctors be allowed to do what was once considered unthinkable—kill would-be donors for their organs.

Harvesting vital organs from living patients is illegal under what is known as the "dead donor rule". The DDR not only prevents removing livers, lungs, hearts, both kidneys, and the like from living people, but its corollary forbids killing patients for the purpose of obtaining them—even if they consent.

In recent years, the commitment of organized medicine to the DDR has become so badly frayed that many influential voices are calling for the rule to be repealed altogether. The most recent example was just published in the influential *Journal of Medical Ethics*. Authored by University of Utah bioethicist Anthony P. Smith (no relation), it urges that doctors be allowed to harvest the vital organs of cognitively disabled people like the late Terri Schiavo—while they are still alive.

Here's the gist of the argument: What matters most in organ donation isn't the death of the donor, but consent to harvesting, particularly if the living patient has been diagnosed as permanently unconscious. In such cases, killing is not morally wrong because it doesn't harm the patient, who Smith says, no longer has "ultimate interests". He writes, "Without consciousness, a person can have no wants or desires" such as choosing to "buy a house or get married". This means, Smith argues, that "one cannot be harmed because one has no interests to be thwarted or impeded".

...Smith's argument would dehumanize people thought to be unconscious and strip their lives of all meaning. Indeed, it would mean that their beings would not have to be protected—even though there are many cases of the supposedly permanently unconscious unexpectedly awakening or proving to have been misdiagnosed. (One recent study found that one in five patients thought to be unconscious were actually awake.)

[...] We all should [care what bioethicists write in their professional journals]. Bioethical discourse is not akin to bar stool philosophizing. What starts in [these journals] often has real-world impact.

Indeed, such argumentation is often an early step in the creation of public health law. First, "the experts" argue back and forth about policies they would like to see enacted. Once a rough consensus is reached, many of these proposals are legislated into law or imposed bureaucratically via regulation. Sometimes, they become official policy by way of litigation in which bioethicists testify about what "the experts" believe and a judge enacts their ideas in court rulings. As a clear example, this is precisely the process that unleashed the headlong rush to allow transgendered children to have their puberties blocked or be subjected to "gender-affirming" surgeries.

Killing for organs may have already leaped from advocacy to implementation by blurring the line between what is called "brain death" and "heart death." Dead is dead, we might say, but there are two approaches to declaring that a life has ended. The first is commonly known as "brain death," which involves the irreversible cessation of the whole brain and each of its functions. The second method is sometimes called "heart death," meaning irreversible cardiac arrest.

Notice that the key word in declaring death in either case is "irreversible." If the heart stops but can be started again—as happens routinely in open heart surgery—the patient is not dead. If the seemingly inert brain can still recover function, the patient remains alive. In this way, the dead can be declared deceased, but the still-living won't be pushed out of the lifeboat until all hope for survival is lost.

Alas, some transplant surgeons have been blurring these crucial moral boundaries by restarting donors' hearts after a planned cardiac arrest

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Canadian Fashion Company Advertises with Euthanasia

Simons, a Canadian designer and fashion company, produced a three-minute commercial promoting their products with euthanasia (MAiD). The video starts with the statement, "Dying in a hospital is not what's natural, that's not what's soft. In these kinds of moments you need softness." Many people may agree that dying in a hospital is not natural or soft but killing is also not natural or soft.

The words, "The most beautiful exit" then appear on the screen. The video continues with warm scenes of nature and friendship and commentary by the woman who will soon die by (MAiD) euthanasia. The woman says, "It can take dying to figure out what living is all about." What does this message say to someone who lives with suicidal ideation?

We all have a wish to be remembered and to live a full life, with friends, experiences, beauty and joy. Simons has created a concept commercial that sells their products as part of a "complete life" and dying by euthanasia (MAiD) as its fulfillment.

The reality is the opposite.

Euthanasia is about killing. KILLING IS UGLY. Euthanasia is not about living a complete life, it is not about caring for someone; it is about abandoning someone to death. Euthanasia is not about fulfillment but ending life without fulfillment. Euthanasia is not about friendships and closure but it is about ending life without closure.

Before buying products from Simons, pause to remember who you are giving your money to. Maybe it is better to buy from their competitors.

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(when life-sustaining treatment is withdrawn) and clamping off blood flow to the brain to cause brain death so that beating hearts can be harvested.

Known as "normothermic regional perfusion with controlled donation after circulatory death" (NRP-cDCD), the procedure is quietly being tested or implemented across the country.

This is a terrible mistake. If a patient is resuscitated after cardiac arrest, the person is not dead! Cutting off blood flow to the brain to cause brain death thereafter seems awfully close to reviving the patient and then killing him. This is not only immoral—and arguably illegal as a violation of the DDR—but it also represents another in a long series of violations that have bred so much public distrust in institutions.

You know what I mean: A controversial policy is instituted with the assurance by "the experts" that "strict guidelines" will protect against abuse—only for those boundaries to be violated or stretched beyond recognition once the policies are firmly in place. Such public policy promise-breaking has become so ubiquitous that one is tempted to believe that all such assurances are merely ruses to allow "the experts" to do whatever they want. Allowing doctors to restart hearts in order to induce brain death calls into question the sincerity of transplant medical ethics.

Thankfully, some in organized medicine—such as the American College of Physicians—are resisting this new approach to organ gathering. But the process seems to be expanding with new hospitals instituting NRP-cDCD protocols on an ongoing basis. That means it's time for the general public to weigh in and say, "This must stop!"

Some lines should never be crossed. Allowing doctors to kill patients during organ harvesting would not only be an acute threat to the sanctity of life, but I can think of no better way to sow mistrust in our health care system generally—and the lifesaving field of organ transplant medicine specifically. Reducing living patients into so many organ farms ripe for the harvest is not only blatantly immoral, it's also profoundly unwise.