



## Euthanasia Symposium at European Parliament



**T**he Euthanasia Prevention Coalition (EPC) co-sponsored the first ever symposium on euthanasia at the European Parliament in Brussels on November 16.

The event featured three Members of the European Parliament, Helmund Geuking, Bert-Jan Ruisen and Margarita de la Pisa Carrion, who also sponsored the event. Other notable speakers included: Dr. Manuel Martinez-Selles, President of the Spanish College of Physicians; Carlo Belleini, Associate Professor of Pediatrics, University of Siena; Kevin Yuill, Professor emeritus, University of Sunderland, UK; and Dr. Leopold van Bellingen, lawyer at the European

Institute of Bioethics, and more.

Alex Schadenberg, Executive Director of the EPC, provided an overview of the issue by explaining the current laws and situation with euthanasia and assisted suicide world-wide and specifically in Europe.

In the past few years, several European countries have legalized euthanasia or assisted suicide, including Spain and Austria, while Germany and Italy are dealing with activist court decisions that permit assisted suicide. Portugal's parliament has legalized euthanasia twice; both times the president vetoed the bill.



*Merry Christmas!*



## Canadian Senate Bill S-248 Would Permit Involuntary Euthanasia by Advanced Directive

Senator Pamela Wallin, who strongly supports euthanasia (Medical Aid in Dying, or “MAiD” in Canada), introduced [Bill S-248: An Act to amend the Criminal Code \(medical assistance in dying\)](#), to permit involuntary euthanasia (MAiD) by advanced directive when a person is not capable of consenting to be killed.

S-248 amends the *Criminal Code* to:

- (a) permit an individual whose death is not reasonably foreseeable to enter into a written arrangement to receive medical assistance in dying on a specified day if they lose the capacity to consent to receiving medical assistance in dying prior to that day; and
- (b) permit an individual who has been diagnosed with a serious and incurable illness, disease or disability to make a written declaration to waive the requirement for final consent when receiving medical assistance in dying if they lose the capacity to consent to receive medical assistance in dying, are suffering from symptoms outlined in the written declaration and have met all other relevant safeguards outlined in the *Criminal Code*.

When Canada legalized euthanasia (Bill C-14) in 2016 it specifically created an exception to homicide in the *Criminal Code*. S-248 would amend the *Criminal Code* by creating another exception enabling a person to sign a contract so that, if a person loses the ability to request or consent, a medical or nurse practitioner can still, “administer a substance to a person to cause their death”. Bill S-248 also enables the person to include in the contract a specific date and time to be administered the substance.

Senator Wallin includes a

proviso. S-248 states under subsection (3.4), “Advance consent invalidated”:

Once a person demonstrates, by words, sounds or gestures, in accordance with subsection (3.2), refusal to have the substance administered or resistance to its administration, medical assistance in dying can no longer be provided to them on the basis of subsections (3.21) or (3.22).

Subsection (3.4) refers to the Netherlands’ coffee euthanasia death whereby a woman with dementia, who had requested euthanasia in her advanced directive, resisted when the euthanasia doctor was trying to kill her. The doctor put sedatives in her coffee but she continued to resist. The doctor then had the family hold the woman down to enable the euthanasia to be completed.

S-248 contravenes the Supreme Court of Canada *Carter* decision which limited MAiD to competent people. Bill C-7 already permitted most of what S-248 is trying to permit, with the exception of enabling the advanced request to be made within a five-year time frame.

Bill S-248 undermines that a person needs to be able to request or consent to euthanasia.



**How can you respond?** Contact the [Senators](#) and your [Member of Parliament](#). Tell them that Canada has expanded MAiD beyond what was approved by the Supreme Court of Canada *Carter* decision and that euthanasia by advanced directive and without consent is too dangerous and beyond tolerable. You can add that you oppose the extension of MAiD to infants, and the extension of MAiD to people with dementia or other cognitive issues, all of whom cannot consent.

# Assisted Suicide Activist Promotes Oregon for Suicide Tourism

By Alex Schadenberg

In his recent [presentation in Ohio](#), where assisted suicide is prohibited, Thaddeus Pope, a long-time promoter of euthanasia and assisted suicide, argued that Ohio physicians should inform patients that may qualify that death by assisted suicide is an option in Oregon.

Recently the [Journal of General Internal Medicine \(JGIM\)](#) published an article by Thaddeus Pope et al concerning Oregon withdrawing its residency requirement for assisted suicide. In his JGIM article Pope explains:

In *Gideonse v. Brown*, an Oregon physician challenged the constitutionality of Oregon's residency requirement in federal court. Rather than defend its law, Oregon settled the case with a promise to eliminate the requirement, thus making MAiD [Medical Aid in Dying] available to patients anywhere in the USA or the world.

Pope explains the crux of the case:

Dr. Gideonse claimed that the residency requirement "prevents him from providing his non-resident patients with care consistent with his best medical judgment at one of the most important moments in their lives." He also noted that MAiD was "the only medical procedure in [his] day to day practice where a patient's lack of Oregon residency status categorically denies the otherwise appropriate care he can provide them.

Pope further explained that Gideonse argued that the residency requirement in Oregon's law violated the federal constitution in two ways. First that it prevented Gideonse from providing medical care to non-residents but secondly that it restricted interstate commerce. The crux of the issue is the question of whether or not assisted suicide is a medical treatment. I contend that assisted suicide is not a medical act. Assisting a suicide offers no medical benefit and it doesn't require a medical practitioner to participate, even though the Oregon law requires physicians to participate.

Pope then explains the response of the Oregon

Health Authority (OHA).

Rather than respond to the merits of these claims, surprisingly on March 28, 2022, the state of Oregon settled for reasons that have not been reported. The state agreed to "not apply or otherwise enforce the residency requirement in the Act" and that at the next regular legislative session, the [OHA] will submit a "legislative concept that would repeal the residency requirement."

Pope mentions that a similar case was launched on August 26, 2022, challenging Vermont's assisted suicide residency requirement. He continues his article by explaining that even though Oregon has made assisted suicide available to out-of-state persons the issue is not settled. He questions whether states that prohibit assisted suicide might restrict residents from receiving information about assisted suicide or prohibit referrals for assisted suicide.

These states might respond either by using existing criminal prohibitions on assisted suicide to prosecute or by otherwise prohibiting instate activities related to MAiD such as helping the patient travel to Oregon or helping prepare the medications for ingestion upon return from Oregon. States might also prohibit referrals for MAiD or even providing of information about this option.

Pope concludes his article by suggesting that the Supreme Court will need to decide the issue.

I am convinced that the issue hinges on the question of whether or not assisted suicide is a medical treatment. Even if Oregon defines assisted suicide as medical care that does not mean that other states will do the same. If it is not medical care then doctors do not have to inform or refer their patients for assisted suicide in Oregon.

Assisted suicide is prohibited in most states because it constitutes an act to intentionally cause the death of another person. Whether it is legal or not, no one should be forced to participate in killing another person.

## Canadian Doctors Offer Euthanasia before Receiving a Request

Canada's [2021 euthanasia report indicated](#) that there were 10,064 reported euthanasia deaths that year representing 3.3% of all deaths, up from 2.5% in 2020. The data indicates a big difference in the percentage of euthanasia deaths between provinces with euthanasia representing 4.8% of all deaths in BC and 4.7% of all deaths in Québec.

Sharon Kirkey wrote an article for the *National Post* on November 2 that partially explains why euthanasia deaths have increased so quickly. She reports that unlike other jurisdictions, doctors in Canada are introducing the option of euthanasia without waiting for patients to bring it up. Kirkey wrote:

In most jurisdictions in the world with legalized euthanasia, doctors are explicitly prohibited, or strongly discouraged from raising assisted dying with a patient.

The request must come from the person.

But a guidance document produced by Canada's providers of medically assisted death states that doctors have a professional obligation to bring up MAID as an option, when it's "medically relevant" and the person is likely eligible, as part of the informed consent process.

University of Toronto (UofT) bioethicist Kerry Bowman tells Kirkey that this is an ethical problem:

"Some people, no matter how well-handled your conversation, may infer that it's essentially a suggestion," ...

"They would also definitely infer that they have the strong potential to meet eligibility criteria, or you wouldn't be offering it."

Kirkey explains that the Canadian Association of MAiD Assessors and Providers (CAMAP) published a guide in 2019 that supports doctors offering euthanasia rather than waiting for a request.

Canada's assisted dying law states that no health care professional commits an offence "if they provide information to a person on the lawful provision of medical assistance in dying." Canada's MAID providers and assessors said

that there is also no provision in the law that prohibits clinicians from initiating the discussion and raising the possibility of MAID.

While it is absolutely illegal to counsel someone to die by suicide, to "counsel," from a doctor-patient perspective, means to "inform and discuss," the group's guidance reads.

"The clinical perspective of the meaning of the word 'counsel' has no bearing on the legal meaning."

Trudo Lemmens, a professor of health law and policy at UofT told Kirkey that he is concerned about depressed people who are being offered euthanasia.

"You have a person who is severely depressed where the nature of the illness is often accompanied by a desire to die. The person takes a step to go and see a mental health counselor to get help, and is being told, as part of the informed consent procedure, we can have treatment a, b, c, or MAID."

In Canada, in contrast to just about all other jurisdictions, MAID is no longer seen as an exceptional procedure, Lemmens said.

"The fact that this has been presented as, 'This has to be on the table because it's part of informed consent,' reflects, overall, an attitude that has developed in the Canadian context," he said. "It's being sold as a normal medical practice."

[...] In New Zealand and Victoria, Australia, two jurisdictions where assisted dying for the terminally ill was recently legalized, doctors are explicitly prohibited from bringing it up. While it's not explicitly prohibited in Belgium and the Netherlands, "it is generally not considered appropriate," Lemmens said, especially outside the end-of-life context.

"The emphasis is on how the request must come from the patient."

One of the reasons that euthanasia in Canada has expanded so quickly is that doctors are introducing the option without waiting for a request.