



Letter from Canada's Disability Groups Opposing Euthanasia for Mental Illness

The following letter was signed by 53 organizations and sent to Justice Minister David Lametti, Prime Minister Justin Trudeau, Leader of the Opposition Pierre Poilievre, Leader of the NDP Jasmeet Singh, Yves-Francois Blanchet, Leader of the Bloc Québécois and Elizabeth May, Leader of the Green Party.

We, the undersigned disability and human rights organizations are writing to express our concern and opposition to the legalization of Medical Assistance in Dying (MAiD) for mental illness and to the already-legal practise of euthanizing people with disabilities who are not terminally ill.

The legalization of MAiD for mental illness is a discriminatory process that is made worse by systematic poverty, a national housing crisis, and inadequate access to support in the community. We know, as do you, that the existing law is not working and has not worked, and that people with disabilities have been dying by MAiD due to their life circumstances and oppression. To legalize MAiD for mental illness would pour gas on a fire that is already out of control.

Over two million Canadians over the age of 15 have a mental health-related disability. The majority are women, non-binary, and gender non-conforming people. Four out of five have at least one other type of disability. The majority have experienced assault. Persons living in poverty and those who are homeless are over-represented, as are indigenous people who, as noted in both Expert Panel's reports, have not been meaningfully consulted or engaged in relation to MAiD.

As a country we cannot provide state-assisted death to people who are not terminally ill, without ensuring a legislated right to a decent life for all. The current MAiD law has chipped away at the constitutional protections of Canadians. The very existence of the current law is a threat to the lives of people with disabilities and their families.

We call on the government to take the necessary steps to not just delay MAiD for mental illness but to fully roll back the sunset clause and to repeal track two MAiD (for persons not terminally ill) as introduced under Bill C-7. We cannot allow systematic discrimination of this magnitude and risk to continue. The government's ill-considered, trial-and-error experiment on the lives of persons with disabilities is failing. It is time to ensure protection for all, including people with disabilities.

Thank you for considering our concerns, and we expect to see meaningful action taken on this critical issue.

Sincerely,

53 disability and human rights organizations



Québec Euthanasia Deaths Increase by 51% in 2021-2022 Report

A Discrepancy of 289 Deaths

By Amy E. Hasbrouck, Executive Director of Toujours Vivant – Not Dead Yet
& Past President of the Euthanasia Prevention Coalition

The [seventh annual report](#) from Québec's Commission on end-of-life care was filed in Québec's National Assembly on December 9, 2022. The report covers the period (April 1, 2021 to March 31, 2022).

The Commission reported 3,663 euthanasia deaths declared by doctors during the fiscal year while the number of euthanasia deaths reported by facilities (3,629) and the Collège des Médecins du Québec (323) totalled 3,952 a discrepancy of 289 deaths.

Unlike the rest of Canada, Québec has more than one data stream for counting euthanasia deaths, but the totals have never come out even. In every annual report there has been a sizeable discrepancy between the figures for the two data streams. While the Commission acknowledges the inconsistency, it makes no effort to explain it, except to say that some of the excess is due to duplicate reports.

The report uses the figure of 3,663 from the doctors' reports as the total of euthanasia deaths during the fiscal year. This marks an increase of 51% (1,236 more) over [the previous year] accounting for 5.1% of all deaths in Québec.

The Commission points out that, added to that 2.6% of Québécois died from Continuous Palliative Sedation, nearly 8% of deaths in Québec were due to life-ending acts. The number of people who [were] euthanized in Québec since the MAiD law went into effect in 2015 surpassed the 10,000 mark, at 10,786 deaths. In "Findings and Concerns" the Commission points out that Québec's euthanasia rate is higher than Ontario, Canada and Belgium."

Information about the number of MAiD requests that resulted in euthanasia comes from the institutional data stream (reports from hospitals, hospices, long-term care facilities, and the College of physicians). The Commission said that 5,321 requests for MAiD were received, 3,629 (68%) of which resulted in euthanasia and 1,614 (30%) which did not end in euthanasia (p. 25). Readers



Amy Hasbrouck with Gordon Friesen

will note that 5,321 (MAiD requests) minus 3,629 (euthanasia) minus 1,614 (MAiD not administered) leaves 78 people whose MAiD requests are not accounted for.

Table C6, "Reported number of MAiD requests formulated, MAiD granted and MAiD not administered according to the institution and the Collège des médecins du Québec shows five facilities that reported fewer than ten MAiD, which nevertheless does not account for the discrepancy. As well, on page 28 in the notes for Table 4.1, we learn that, "The total number of MAiD requests not administered (by reason for non-administration) declared by the facilities (n=1,525) does not correspond with the number of requests that did not end in euthanasia (n=1614) reported by institutions," (a difference of 89 people). The Commission explains that, "the reasons for non-administration were not available for certain institutions." The Commission also reminds us, in note 25 and in the notes for Table C6, of the 323 euthanasia reported by the College of physicians, which do not appear to enter into these calculations.

In light of the discrepancy (289 deaths) between the number of euthanasia reported in doctors' declaration forms (3,663) and the facilities'/ College reports (3,952), and the unaccounted requests that did not end in euthanasia (78 people),

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The Harms of Assisted Death Are Not Just a “Disabled Thing”

By Gordon Friesen, President, Euthanasia Prevention Coalition

Published in *Psychiatric Times* on December 19, 2022

Gordon is a disabled individual who has followed the euthanasia issue closely since the early 1990s.

This article is in response to the series, “[MAID and the Disabled](#)” by Douglas W. Heinrichs, MD.

I believe that to usefully discuss MAID at the present time, we must stipulate a wider context; for this is how MAID is now increasingly defined and practised.

As the reader may recall, my principal argument (which Dr Heinrichs has not attempted to refute) concerns the inherently harmful effect of decriminalizing assisted suicide and euthanasia upon the disabled and chronically ill.

This decriminalization requires the selective removal of otherwise universal criminal code protections.¹ The mere legalization of MAID creates a serious and discriminatory danger. That the danger is serious, we must certainly agree. Otherwise, we would have no prohibition, and no need for an exception. That the danger is discriminatory appears in the fact that its burden falls upon one group alone.

I have made a second claim: that this danger has been imposed upon the members of that group, *against their will*. It is instructive, in this light, to review the recently successful passage, in Canada, of Bill C-7 (2021),² enacted to extend euthanasia to individuals not at the end of life.

Every testimony and brief introduced before the Parliamentary Committee,³ by disabled individuals and their organizations, was opposed to the expansion [of MAiD]. Moreover, in an open letter,⁴ the Vulnerable Persons Standard⁵ presented the signatures of no less than 147 nationally representative disabled organizations (and their allies) in opposition to the Bill.

If informed and engaged opinion are to be our guide, it can be confidently stated that the “disabled community” is unconditionally opposed to euthanasia eligibility for its members. And yet this legislation was carried, 213 votes to 106.⁶

What can possibly explain these facts?

Many of my disabled friends would point to the concept of ableism,⁷ a highly developed social theory of injustice based upon systemic discriminatory oppression. Others prefer to remain within the bounds of common language in identifying an extremely negative exterior perception of disabled life.

Whatever explanation is chosen, the essential harm suffered by individual patients (faced with the unbridled subjectivity of individual doctors as noted by Susan Stefan, JD, in her article, “[Medical Aid in Dying: Not a Medical Choice, but a Personal One](#)” from Dec 8, 2022) results from the unfortunate expression of such prejudices under the cloak of legitimate medical care.

Sadly, we must also remember that [this is not just a disabled thing](#).⁸ All of the above-noted concerns apply with equal force to assisted death at the end of life:

1. Mere legalization creates a discriminatory danger for the non-suicidal patient.
2. This poisoned privilege is provided contrary to majority desire. Even in the Netherlands, among terminal cancer patients—who account for 70% of all euthanasia in that country—less than one in ten will consent to die in that manner.
3. The push to “inform” all eligible patients is a clear reflection of projected prejudice towards imperfect life.

[...I will] conclude by reaffirming my own conviction that those who insist it is somehow appropriate for one class of persons to be deprived of criminal protections enjoyed by everyone else (and this against their clearly expressed collective wishes), would seem to have a fairly settled opinion as to the pertinence of continuing such lives; an opinion, I must add, which is very different from that of the people who are actually living them.

New Mexico Doctors Launch Conscience Rights Court Case

A New Mexico (NM) doctor has [launched a court case](#) to protect the conscience rights of physicians who oppose assisted suicide. New Mexico legalized assisted suicide in 2021 by passing House Bill 47 with the law coming into effect on June 18, 2021. The NM assisted suicide law forces doctors who oppose assisted suicide to be complicit in the act.

The conscience rights case was launched by Alliance Defending Freedom (ADF) on behalf of Dr Mark Lacy and Christian Medical & Dental Associations (“CMDA”) on December 13, 2022.

The legal complaint states in the Introduction:

[...] 6. The Act purports to protect physicians who object to assisted suicide for reasons of conscience, saying they will not be required to “participate.” But that promise rings hollow. The Act does not define the word “participate,” requires conscientious objectors to facilitate suicide in material ways, and expressly prohibits professional associations like CMDA from taking action to ensure that their members advance—rather than undermine—their mission and message.

[...] 10. The State of New Mexico thus compels objecting health care professionals to speak a certain message about assisted suicide, and forces them to provide proximate, formal, and material cooperation in an unethical and sinful act.

11. If physicians refuse to inform patients about assisted suicide or refuse to refer patients to providers and entities who are able and willing to participate, they violate the Act and face substantial civil, administrative, and professional liability. They also risk losing their medical licenses.

In other words, the NM assisted suicide law requires doctors to provide information and to refer patients to physicians or organizations who are willing to assist suicides. These requirements violate the conscience rights of physicians.

On February 28, 2022, [a similar conscience rights court case was filed in California by a group of doctors who oppose assisted suicide](#). The California legislature had passed assisted suicide expansion bill SB 380 which forced doctors who oppose assisted suicide to be complicit in the act. In [September 2022, U.S. district judge Honorable Fernando Lazo Aenlle-Rocha](#) from the Central District of California ruled that SB 380 violates the First Amendment rights of doctors by requiring them to participate in assisted suicide. Aenlle-Rocha also granted a preliminary injunction barring the state from compelling health care providers to document a patient’s request for assisted suicide. The Euthanasia Prevention Coalition (EPC) and EPC-USA hope that a similar decision will be made in New Mexico to protect the conscience rights of physicians who oppose intentionally ending lives by assisted suicide.

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it is hard to take seriously the Commission’s claim that 99.6% of the euthanasia deaths complied with the law.

Following its review of the doctors’ declarations, the Commission found 15 euthanasia deaths that did not conform to the law. Ten people who were euthanized were ineligible; six because they did not have a “serious and incurable” medical condition, three because they were not capable to consent, and one person who was not insured under Québec’s assurance maladie. The Commission found procedural violations in five cases; four people whose request form was signed by a non-medical or social service professional, and one request which was not approved by a second doctor. Half of the people were euthanized within ten days of making the request, and more than half (54%) of euthanasia were in hospitals.

On page 32, the Commission volunteers its opinions that [it] supports a bill before Québec’s legislature to allow people to make advance requests for euthanasia and that hospices may only exclude MAID from the care they provide if authorized by the Minister.