



Canada: Euthanasia Deaths Increase by More Than 50% in 2018

The Canadian euthanasia and assisted suicide (known as MAiD) data is missing. We have received multiple inquiries asking how many Canadians have died by MAiD; we have some data, but not from the government.

On March 15, 2019, Jocelyn Downie, Canada's leading "academic" pro-euthanasia activist spoke at a lecture for The Royal Society of Canada in Ottawa. In her presentation, she stated that 7949 people reportedly died by MAiD in Canada as of December 31, 2018.

The [Third Interim report on MAiD](#) indicated there were 3714 reported assisted deaths up until December 31, 2017. Downie's data suggests there were 4235 assisted deaths in 2018, up from 2704 reported assisted deaths in 2017 and 1010 reported assisted deaths (December 2015 - December 31, 2016).

Based on Downie's data, in 2018 the number of reported assisted deaths increased by more than 50% and assisted deaths now represent more than 1.5% of all deaths.

We refer to reported assisted deaths because there have been [142 unaccounted assisted deaths in Québec](#) and approximately [23% of the Netherlands assisted deaths](#) are not reported.

Last December, [Québec published euthanasia data](#) indicating that 1664 people died by MAiD from December 2015 to March 31, 2018. The data also indicated that there were 171 missing reports and 142 assisted deaths that were unaccounted.

Downie also stated that 99% of the assisted deaths are euthanasia, 1% assisted suicide, 95% are done by physicians, 42% occur at home and 41% in a hospital.

She said no ineligible persons have died by MAiD. She must not have read the Québec Interim report:

3% (19 cases) did not comply with the eligibility criteria and safeguards, including: 5 cases – Person did not have a "serious and incurable illness"; 2 cases – The person was not at the end of life.

Similar to the Netherlands and Belgium, nearly all of the assisted deaths in Canada are done by lethal injection (euthanasia) rather than lethal prescription (assisted suicide).



Terrible Decision by Ontario Court in Food and Fluids Case

The Euthanasia Prevention Coalition (EPC) was granted limited intervention standing in the *Cement case*, which was heard by the Ontario Consent and Capacity Board. This board is a judicial body established under the Ontario Health Care Consent Act to determine the course of treatment when a substitute decision maker disagrees with the course of treatment proposed by a health care provider. The EPC was granted standing based on our concerns related to the definition of food and fluids being medical treatment.

Hannah Cement is a 62 year-old Orthodox Jewish woman with Down Syndrome and dementia. Her substitute decision makers – her family – refused to consent to a "treatment plan" that would withdraw all treatment and care, including food and fluids, and provide only comfort care.

Her substitute decision makers were willing to negotiate her level of care but did not consent to the withdrawal of nutrition, hydration or ventilation.

This is the decision by Judge Lora Patton:

- No further antibiotics will be offered in the event of and for the treatment of aspirations although these may be offered as required for comfort measures to relieve discomfort;
- No dialysis will be offered;
- No vasopressors will be offered;
- No CPR and no mechanical ventilation will be offered;
- Feeding will cease if any of the above treatments are required but for the operation of this order.
- All investigations and other interventions will cease.
- Comfort measures consisting of the administration

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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.

Cathy Ludlum: “We Will Be the Collateral Damage” of Assisted Suicide

Cathy Ludlum is from the disability rights group Second Thoughts Connecticut. She provided this testimony to the Connecticut Public Health Committee on March 18, 2019 opposing assisted suicide bill HB 5898.

My name is Cathy Ludlum. I am one of the leaders of Second Thoughts Connecticut, a group of people with disabilities and allies who are working to prevent the legalization of assisted suicide. I am here to oppose HB 5898.

Let me start by explaining why the disability community is working so hard across the country to stop legislation of this type.

Nobody wants people to be in pain, desperate, and feeling that they have no control over what is happening in their lives. Believe me, those of us with disabilities know what it is to feel like you have no control.

But the harsh reality is that we will be the collateral damage in any formalized death-by-choice system. Many of us with severe and obvious disabilities are already too frequently thought of by medical practitioners as having reached a final stage, where death might be expected in the near future.

If we go to the hospital, we bring friends. We have to.

This will be even more true now that the Connecticut State Medical Society has dropped its opposition to assisted suicide. The last thing we need is for practitioners to have in the back of their minds, “Maybe it’s time for ‘Aid in Dying.’” If the CSMS will not advocate for good medical practice, who will?

It is reasonable to ask why a disabled person would choose a doctor who does not seem willing to fight for his or her life and health. Unfortunately, people are not always in a position to choose their own doctor. Private insurance often requires that the patient see a doctor in their network, or pay for the privilege of going out-of-network. Not every physician

accepts Medicare or Medicaid, so again, choices can be limited.

Further, if a person lands in the hospital, he or she will be treated by doctors unfamiliar with the individual’s situation. This is what happened to my colleague, William Peace. He was hospitalized with a deep and grossly infected pressure sore. As a paraplegic, both his life and his quality of life were in serious jeopardy. A doctor spoke to him about devastation he would face as a result of this pressure sore: loss of job, bankruptcy, at least six months and probably more than a year in bed, and complete dependence on others, most likely in a nursing home. The doctor offered Bill the choice of refusing antibiotics, promising to make him “comfortable.” Bill refused. Many of those terrible things did happen, but eventually Bill recovered and resumed his life as a college professor. Assisted suicide was not an option in that state at that time, but the story demonstrates that the doctor believed Bill would be better off dead. [1](#)

Any physician will tell you that medical science is inexact, at best. Sometimes predictions are slightly off, but sometimes they are off by decades.

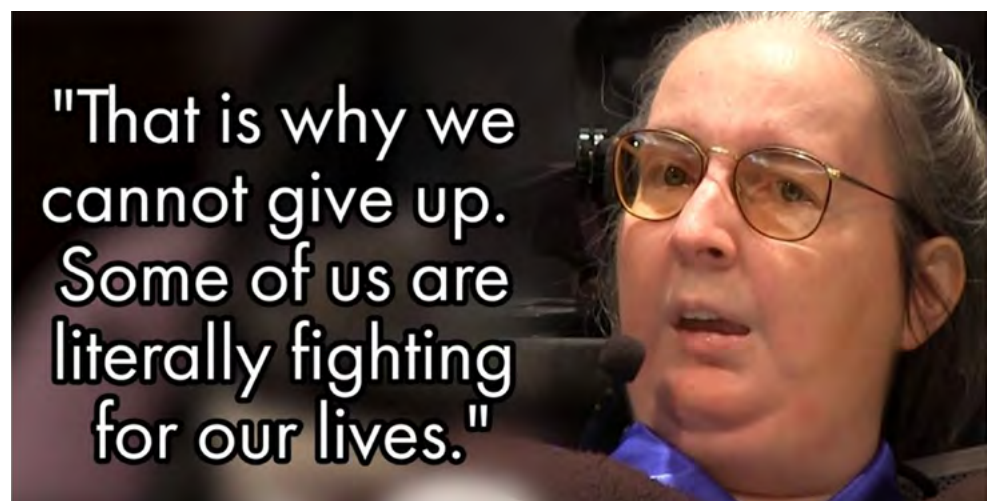
Look at the case of John Norton, a member of Second Thoughts Massachusetts. He was diagnosed with ALS when he was 18 years old. The diagnosis was verified by the prestigious Mayo Clinic. For some reason the progression of his disability stopped, and he was 74 when he submitted testimony to a Canadian court in opposition to assisted suicide. By then, he had a wife and children, and was retired from a successful career. Yet he testified that if assisted suicide was available in the 1950s, he would have taken advantage of it. Think of all he would have missed based on what was a reasonable prognosis for his condition. [2](#)

We can spend time talking about problems with the proposed legislation.

- Believe it or not, I would qualify as terminal under the definition given in Section 1, 19:

“Terminal illness” means the final stage of an incurable and irreversible medical condition that an attending physician anticipates, within reasonable medical judgment, will produce a patient’s death within six months.

Nowhere does it say “with or without treatment.” Most people



assume this legislation is for people who have exhausted all their treatment options, but that is not what it says. I eat with a feeding tube and use respiratory support when I am sleeping. Without these treatments, I would not last six months. I would probably not last six days. What is to prevent someone like me from showing up at a doctor's office and saying, "I have had enough. I will be stopping all my treatment"? While the typical population would receive suicide prevention services at that point, this person would be more likely to get compassionate nods of approval. **3**

- "Competent" is defined as allowing a third party to speak for a patient with a communication disability if that person claims to be "familiar with a patient's manner of communicating." What is to protect a patient with very difficult communication from having an exhausted caregiver misrepresent his or her wishes?
- The proposed legislation says the prescription "may" be self-administered, not that it "shall be." There is no language preventing another person from administering the prescription.

Unfortunately, adjusting the legislative language does not help. Proponents say that with adequate safeguards, no one is at risk. But in reality, no package of safeguards has ever or CAN ever be developed that will provide 100% protection from misdiagnosis, incorrect prognosis, coercion, or the devaluation of the lives of disabled people.

Finally, proponents' repeated statements that there have been no problems with the Oregon and Washington State assisted suicide systems are false. There may be times when everything goes the way it is supposed to, but with over 1500 people dying under the law, it is hard for me to believe that no one died under questionable circumstances.

Even Dr. Katrina Hedberg of the Oregon Department of Human Services (who is a supporter of the state's Death with Dignity law) said, "We are not given the resources to investigate [assisted-suicide cases] and not only do we not have the resources to do it, but we do not have any legal authority to insert ourselves." Those words may be comforting to people who want total privacy, but they send chills up my spine. We as a society cannot just set this in motion without any mechanism to protect people who will inevitably be taken advantage of. Privacy is certainly important, but so is balance, and there is no balance in this legislation.

The Disability Rights Education and Defense Fund has

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Great News! Connecticut Defeats Assisted Suicide Again

There are many people who have worked for years to continue defeating assisted suicide in Connecticut. A special "shout out" goes to the efforts of the disability rights group, Second Thoughts Connecticut.

Jenna Carlesso from *The CT Mirror* reported that State Rep. Jonathan Steinberg believes it is also unlikely that the assisted suicide bill will pass in the legislative session next year:

"strongly held" religious beliefs among lawmakers, coupled with concerns from people with disabilities, prevented the bill from advancing to the House floor.

The bill's chances of success next year also are low, Steinberg said, since several members are holding firm in their opposition.

"Modifying the bill in and of itself would not necessarily change any votes. So I think we would probably be looking to a new legislature," he said.

Nicole Leonard, reporting for *WNPR*, interviewed Elaine Kolb from the disability rights group Second Thoughts.

Elaine Kolb, of West Haven, testified last month against the bill as an activist for disability rights and a member of Second Thoughts Connecticut, a grassroots organization that views aid-in-dying as assisted suicide.

She spoke on how the legislation could pose a danger to people with disabilities. Specifically, Kolb said patients and medical professionals may be quick to refer to aid-in-dying without acknowledging what someone with a disability is still capable of doing.

Leonard reported that Kolb intends to remain involved with Second Thoughts and opposing assisted suicide for the rest of her life.



Ontario: 78% Increase in Euthanasia Deaths in 2018

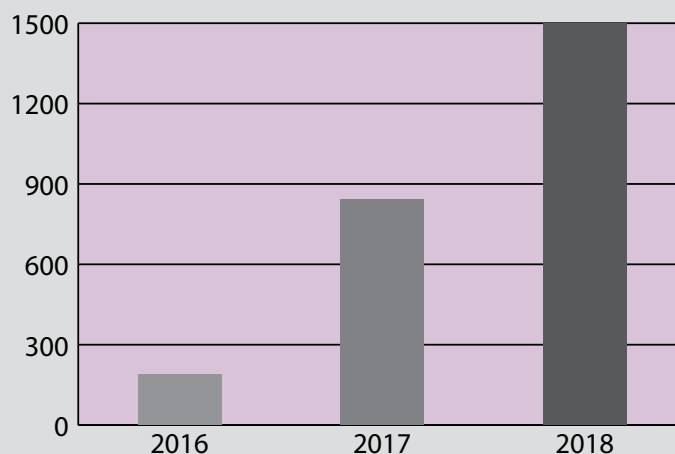
By Alex Schadenberg

Recently I sent emails to the Canadian provinces requesting the “MAiD” data. In response, a Nurse Investigator from the Office of the Chief Coroner in Ontario sent me the data for Ontario.

The 2018 Ontario report states that there were 2529 reported assisted deaths since legalization on June 17, 2016. The 2017 report states there had been 1030 reported assisted deaths since legalization and the first federal government interim report states there were 189 reported assisted deaths in 2016.

Therefore according to the Ontario data there were 1499 reported assisted deaths in 2018, 841 in 2017 and 189 in 2016.

According to the Ontario “MAiD” data, 2528 were done by lethal injection (euthanasia) and one was done by assisted suicide (lethal prescription).



The 2017 data indicates 82% of the assisted deaths were done by a provider who did not have a relationship with the person who died. The 2018 report omits this data.

Since the federal government has been slow in releasing assisted death data, we will continue to request it.

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of medications to ease suffering, pain, shortness of breath, anxiety, nausea, or any other symptoms, including bacterial infections, will be provided.

Patton ordered that the decision be implemented by April 5, 2019.

This undermines the clear wishes of Hannah’s family, it ignores the position of her faith tradition, it will cause her death by dehydration, and it is based on a discriminatory premise that her clear wishes cannot be ascertained because she has Down Syndrome.

This case is precedent-setting concerning the definition and provision of assisted feeding.

In 2014, the EPC intervened in the Bentley spoon feeding case. In February 2015, the BC Supreme Court, in the *Bentley case*, decided that:

Oral nutrition – like spoon feeding – should not be considered health care or medical treatment, but rather seen as basic personal care and support.

The BC Court of Appeal decided not to hear an appeal of the Bentley decision establishing the precedent that spoon feeding is not medical treatment.

If food and fluids are defined as medical treatment, then they can be withdrawn in the same manner as

withdrawing or withholding any type of medical treatment.

For Hannah Cement, the withdrawal of fluids will cause her to die by dehydration.

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written a report showing that the safeguards in the Oregon and Washington State laws have not always been effective, and that assisted suicide does not always result in a peaceful death. [4](#)

Is it acceptable for some lives to be shortened because people are acting on a wrong prognosis, or because they are pressured into making this final move, so that others can exercise what they see as a personal right? The last thing my colleagues and I want is to interfere with anyone’s choice. But when this choice becomes legislation that poses a direct threat to us and to others in our network, we must emphatically say NO.

Even if you support this legislation in concept, there is just no way to avoid having some people die for the wrong reasons.

HB 5898 is bad medicine, bad for people, and bad public policy. Please stop it from moving forward.

All sources are linked here. The original article can be seen on www.notdeadyet.org (March 28, 2019).