



## Physically Healthy Man with Chronic Depression Dies by Euthanasia in B.C.

Avis Favaro, Medical Correspondent with *CTV News* produced an excellent news report concerning the euthanasia death of Alan Nichols. Favaro interviewed several people about Alan's death.

The *CTV News* report published on September 24 states:

A British Columbia man who struggled with depression and showed no signs of facing an imminent demise was given a medically-assisted death despite desperate pleas from his loved ones...

Alan Nichols was admitted to Chilliwack General Hospital in June, at age 61, after he was found dehydrated and malnourished. One month later, he died by injection.

Days before his death, family members begged Nichols, a former school janitor who lived alone and struggled with depression, not to go through with the procedure. They still don't know why doctors approved the life-ending procedure and insist that Nichols did not fit the government criteria of facing an "imminent death."

"He didn't have a life-threatening disease. He was capable of getting around. He was capable of doing almost anything that you had to do to survive," his brother, Gary Nichols, told *CTV News*. "I didn't think he had a sound mind at all."

The family has asked the RCMP to investigate the case.

Favaro describes Alan's health condition in the following manner:

Alan Nichols was 12 when he first underwent brain surgery for a non-malignant tumour. Over time he lost his hearing in both ears and had a cochlear implant.



Alan (left) with his brother Gary

But he finished school and worked much of his life. He developed depression but his family said he was doing well on medications.

Nichols relied on his father to manage his day-to-day life. But when his father died in 2004, Nichols' life went into a tailspin. He stopped taking the antidepressant and often became angry, said his family.

Nichols wanted to live on his own, so his brother Wayne would visit him once a week, for groceries and banking. A neighbour would help out as well.

But family members and the neighbour say Nichols would isolate himself. He got rid of all his furniture except for a chair and a bed. Family members said if something upset him, he would stop eating. Yet he refused to see a doctor or take his medications.

"He would have maybe a period, a year, he would be very easy to deal with and make some decent changes. But then he would fall back into a very depressed state," said his brother Gary Nichols. "Not going out in public, not seeing anybody, not eating properly."

The family was concerned about Alan and they unsuccessfully sought guardianship for his care. They said that he did not fit the criterion for euthanasia. Favaro reported:

As soon as Nichols' family found out that he was in hospital, brothers Wayne and Gary went to see him. They say that, at first, Nichols wanted to leave the hospital, but the family agreed with police that he needed medical help.

"We thought this would be the best place for him to get back on track," Gary said. "We would never have

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## Québec Court Expands Canada's Euthanasia Law by Striking the Terminal Illness Requirement

On September 11, the Québec Superior Court struck down the requirement that a person be terminally ill before they qualify for euthanasia in Canada. *The Canadian Press* reported:

The Québec Superior Court has invalidated parts of the federal and Québec laws ... declaring them too restrictive and therefore unconstitutional.

A judge found the “reasonably foreseeable natural death” requirement of the Criminal Code, which prevents some people from accessing medical assistance in dying, invalid.

The federal government had 30 days to appeal the decision. This decision may extend euthanasia to people for psychological reasons. [Canada's euthanasia law](#) states that a person qualifies if the, “illness, disease or disability or that state of decline causes them enduring physical or psychological suffering that is intolerable to them and that cannot be relieved under conditions that they consider acceptable”.

A person could not qualify for euthanasia based on psychological reasons alone since the law required that their “natural death be reasonably foreseeable”. Now the Québec court has struck down this safeguard.

A [CBC report](#) by [Steve Rukavina](#) stated that disability rights groups oppose the court decision:

“Basically this decision is saying that as far as society is concerned, it's better to be dead than disabled,” Amy Hasbrouck, with the group Not Dead Yet, told *CBC* Wednesday.

Hasbrouck said that rather than making medically assisted dying easier to access, governments should be working to improve services for people with severe disabilities, so they can have a good quality of life and continue to live in their own homes.

The *Associated Press* continued:

The case was brought by two Quebecers—Nicole Gladu and Jean Truchon—who did not meet the criteria and had their requests for assisted death turned down by doctors.

They launched a legal action against the federal and provincial governments, claiming their right to life, liberty and security, guaranteed under the *Charter of Rights and Freedoms*, was infringed.

Gladu and Truchon live with chronic degenerative conditions. They were not dying when the cases were launched.

## Dutch Court Asked to Clarify the Euthanasia Law for People with Dementia

Prosecutors in the Netherlands have asked the Supreme Court to clarify the euthanasia law, after a court in The Hague expanded it by acquitting a doctor who euthanized a woman with dementia who resisted the lethal injection.

Prosecutors are not seeking a different decision but rather clarity in the law. [DutchNews.nl](#) reported:

In particular, officials want clarity about how doctors should deal with patients who are not in a position to confirm their wish to die. The case centres on a 74-year-old woman who had drawn up a living will some years before her admission to the nursing home and had regularly stated that she wanted to die.

Judges in The Hague ruled that the euthanasia was carried out with proper care and that doctor, who has since retired, did not have to verify her patient's wish to die with the patient because she was incapable of responding. In addition, the court said it supported the doctor's decision to put a sedative in the woman's coffee to calm her before euthanasia drugs could be administered because it had made her as comfortable as possible. The sedation took place in the full knowledge of her family.

It is disturbing that the court decided that the doctor did not need to verify the wish of the woman with dementia because she was “incapable” of responding.

The decision of the Dutch Supreme Court will likely affect how the Canadian law evolves.



# St. Martha's Regional Hospital Will NOT Provide Euthanasia On-Site

Recently I wrote about a campaign by Jocelyn Downie, the academic euthanasia activist at Dalhousie University, that resulted in St. Martha's Regional Hospital in Antigonish (Nova Scotia, Canada) being forced to provide MAiD (euthanasia) within the hospital.

Then we received [the press release from St. Martha's Hospital](#) explaining that euthanasia will not be provided by the hospital but at the Antigonish Health and Wellness Centre. The Sisters of St. Martha stated the following in their media release:

...The Nova Scotia Health Authority has assured us that Medical Assistance in Dying (MAiD) will not take place in St. Martha's Regional Hospital.

We do not own St. Martha's Regional Hospital or the building called the Antigonish Health and Wellness Centre.

We continue to uphold the Mission and Values of St. Martha's Regional Hospital for quality compassionate health care...

Downie has not achieved her goal of imposing euthanasia (MAiD) upon a Catholic hospital but will continue to pressure religiously-affiliated healthcare institutions to provide euthanasia. [She stated in a Global News article:](#)

“Governments and health authorities have failed



to insist that faith-influenced, publicly-funded institutions permit MAiD within their walls,”

In December 2018, Downie began her campaign to force St. Martha's Hospital into doing euthanasia with an [article in The Chronicle Herald](#).

In late December, [CBC News](#) featured a program designed to pressure St. Martha's Hospital to euthanize their patients.

The most recent news articles confirm that Downie targeted St. Martha's as a first step in a campaign to force all religiously-affiliated health care institutions to participate in MAiD.

We urge all religiously based healthcare institutions to maintain their ethics and refuse to provide euthanasia.

## Italian Court Opens a Wide Door to Assisted Suicide

Italy's constitutional court opened the door to assisted suicide in its decision on September 24 in the case concerning Fabiano Antoniani, known as DJ Fabo.

In June 2014, Antoniani experienced a spinal cord injury in a serious car accident. His injuries caused him to become blind and live as a person with a tetraplegic condition.

In February 2017, Marco Cappato, a member of Italy's Radical Party, drove Antoniani to Switzerland where he died by assisted suicide.

The extent of the court decision is unclear. [According to The Guardian](#), the court ruled that:

Anyone who “facilitates the suicidal intention...of a patient kept alive by life-support treatments and suffering from an irreversible pathology” should not be punished under certain conditions.

This appears to limit the extent of the decision to people being kept alive on life-support. Further reading suggests that the decision is much wider.

An article in [The Guardian](#) states:

The court said that a patient's condition must be “causing physical and psychological suffering that he or she considers intolerable”.

Following approval of the decision by a local ethical committee, public health authorities should verify all conditions are met.

Using the language, “causing physical and psychological suffering that he or she considers intolerable” opens assisted suicide to a much wider group of people.

The statement is subjective, similar to the Canadian [Carter](#) court decision, hard to define and nearly impossible to regulate.

Based on Antoniani's injuries and the language of the decision, the Italian court has opened the door to assisted suicide based on killing people with disabilities.

I fear that the language of the decision will lead to wide open assisted suicide unless the government tightly defines the terms and Italian doctors refuse to kill their patients.

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allowed this to happen if we knew the outcome.”

From there, the family says, things became difficult. They say the hospital did not give them much information on Nichols’ case. Staff told the family that he was doing well but he did not want to speak with family.

“I was always led on to believe that he was doing good,” Gary said. “They never informed me of any (medical assistance in dying) application.”

On July 22, they received a shocking phone call from a doctor who said that, in four days’ time, Nichols was scheduled for an assisted death. According to the family, the doctor said they couldn’t provide any other information, including the medical reason for the procedure.

“I started crying,” Gary said. “I was at work and never thought it would get to that; just never thought he would ever be approved even if he applied for it.”

Nichols’ sister-in-law, Trish Nichols, called the doctor to get more information.

“I was appalled by all of it and I said we want this stopped, this can’t happen. Our family doesn’t agree with this,” she said.

“(The doctor) said, ‘Well, you can’t stop this. Alan is the only person who can stop this.’”

The family insisted that Alan was not competent.

At the hospital, the family was told that two doctors had approved Nichols’ application for a medically assisted death, and that a psychologist and psychiatrist were there to assess Nichols’ competence.

The family was not given access to those medical records. They still don’t know what grounds doctors used to approve the application.

Nichols’ death certificate lists MAID, or medically assisted death, as his immediate cause of death. Officials also listed three “antecedent causes” connected to his death including a stroke, seizure disorder and “frailty.”

Other “significant conditions” not directly contributing to his death include the tumour he suffered as a child and a shunt to help relieve pressure on his brain.

Under Canadian law, assisted death can only be offered to patients who are considered as having “a grievous and irremediable medical condition.”

[According to federal guidelines](#), a patient must meet four criteria.

The family urged the hospital to stop the process:

“Alan did not fit the criteria. Alan was capable of talking, he was sitting up, he was eating, he was going to the bathroom, we were laughing, he was out of bed,” Trish said.

“I knew by looking at him that he still had living to do. He was not near the end of his life.”

Family members pressured the hospital to postpone the procedure. They argued that, at one time, Nichols had agreed to look at moving into an assisted-living facility.

But Nichols became angry, the family says, and at one point accused them of not being his “blood family.”

They also say that Nichols told them, “It’s done. It’s going to happen.”

Hospital staff said that the decision was up to Nichols. “We were told we couldn’t stop it,” Trish said.

“I said, listen, I want to see Alan’s signature that he wants this procedure. I want to see the doctors that have signed for this. We have a right to see this information. (The doctor) said the only person that could release that information was Alan. At that point, to me, I knew things were way out of whack ...How can you allow this with Alan, knowing his background of mental anguish and depression?”

Favaro interviewed Michael Bach, the managing director of the Institutes for Research and Development on Inclusion and Society who reviewed the family’s report and said it raises many questions—particularly when it comes to what constitutes an “imminent death.” Bach states:

“This case exposes concerns that a number of legal experts and assisted health professionals have had since the legislation was introduced,” Bach told *CTV’s Your Morning*.

There were 773 medically assisted deaths in B.C. from January 1 to October 31, 2018, compared to 1,211 in Ontario for the same time period.

Bach referred to a B.C.-based advocacy group made up of doctors and lawyers who suggest “the reasonably foreseeable natural death requirement doesn’t mean that you actually have to be at the end of life.”

“And so we’re in a situation where we have a number of health professionals and lawyers which have been advocating for wide-open access with no clarification from the government of Canada,” Bach said.

“All of us should be concerned about this.”

This is the family that EPC has been working with to attain justice.