



## Canadian Prime Minister's Priority: More Euthanasia

Canada's Liberal government has announced that one of their first priorities will be more death by lethal injection (euthanasia) also known as Medical Aid in Dying.

*The Canadian Press* reported that:

Even before he swears in his new cabinet, Justin Trudeau is being urged to ask his new justice minister to move swiftly to make Canada's assisted-dying law less restrictive.

The prime minister has said he'll comply with a September court ruling that struck down as unconstitutional the requirement that only those near death can qualify for medical help to end their suffering.

The euthanasia lobby is also demanding that the government remove the requirement that a person be capable of consenting at the time of lethal injection.

All of this is based on the fact that the [government did not appeal a Québec court decision that struck down the section of the euthanasia law requiring that natural death must be reasonably foreseeable.](#)

The double speak is concerning. Last spring the government announced that no changes will happen to the law until after the completion of a five-year review to begin in June 2020. [Why are restrictions in the law being eliminated prior to the consultation?](#)

The data from Québec shows that there were [1331 euthanasia deaths from April 1, 2018 to March 31, 2019.](#) Thirteen deaths did not fulfill the qualifications of the law, [including three for hip fractures.](#)

The Canadian government is planning to expand euthanasia while the law is already being abused.



Dan Williams

## Alberta Conscience Rights' Bill Died After Disinformation Campaign

Mr. Dan Williams (UCP) MLA pulled his conscience rights bill after it was defeated 8 to 2 in committee.

Bill 207 passed its first vote on November 7 along party lines with 36 UCP members supporting the bill and 15 NDP opposition members voting against the bill. It was referred to the Standing Committee on Private Bills and Private Members' Public Bills.

[The committee voted 8 to 2 against Bill 207](#) even though the majority of committee members are Conservatives.

Bill 207 faced a massive disinformation campaign by the death lobby who garnered more than 21,000 signatures on a petition claiming that it would prevent Albertans from receiving certain healthcare options.

The death lobby campaign was based on a lie. Bill 207 did not prevent Albertans from receiving controversial legal health services.

Mr. Williams stated the following in an article by [Shaughn Butts for Postmedia news:](#)

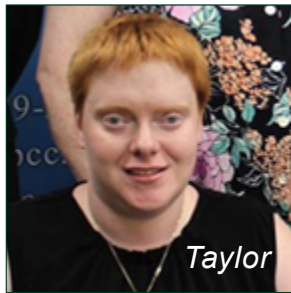
"Let me be clear, this bill not only protects freedom of

...see **Alberta Conscience** on page 04

Merry Christmas  
and  
Happy 2020!!

# Ontario Doctor Witnesses Abuse of MAiD (Euthanasia) Law

By Amy Hasbrouck and Taylor Hyatt  
Toujours Vivant – Not Dead Yet



Recently, Taylor Hyatt attended a conference for medical students where a few lectures on euthanasia were presented.

Taylor was moved by the talk given by Dr. David D'Souza, a chronic pain specialist in Toronto. His talk focused on eligibility for euthanasia, and he included the stories of three people considering euthanasia whom he had seen in his practice. Dr. D'Souza expressed concern that the safeguards around euthanasia eligibility were being flouted in all three cases.

The first case happened when visiting a nursing home where Dr. D'Souza met an elderly lady with dementia. Her condition had progressed "to the point where she [couldn't] recognize her own family and [had limited] communication abilities." Her family asked to meet with the doctor, and requested that she be euthanized. They brought a will that she had written 10 years before, while in the early stages of her dementia, which stated that she would want to be euthanized. Dr. D'Souza told the family that she was not a candidate for euthanasia. According to the eligibility criteria, the person must request MAiD themselves; no one can do it on their behalf. He also told them that the law requires the person be able to give consent at the time of the procedure, which she was not competent to do. He pointed out that, "she may have sufficient quality of life that she still enjoys."

The second case took place "shortly after euthanasia was legalized" in 2016. A middle-aged man who spent two months on a waiting list for palliative care came to Dr. D'Souza. He was a wheelchair user and amputee, and he was on dialysis. The man only had his wife for support, and had "[decided] to discontinue dialysis completely." By the time the man saw Dr. D'Souza, he hadn't had dialysis for over three weeks, and so had "nausea, fatigue...uncontrolled pain, [and] shortness

of breath." He also reported a "low mood" along with feelings of hopelessness. The man had submitted a request for euthanasia.

His first words to the doctor were, "Are you here to relieve my pain? Are you here to relieve my suffering?" Dr. D'Souza said yes. Then the man asked him whether he was "here to end my life." Upon hearing no, he asked, "Why not? Isn't that part of your job? I heard about this MAiD thing on TV...isn't that what you do?" Dr. D'Souza provided palliative care for the man, who then withdrew his MAiD request. Dr. D'Souza reported that "although he chose to decline further dialysis sessions, he later died peacefully and comfortably, and of natural causes, with the assistance of genuine palliative care."

The last case was about a man in his 70's who was concerned about hardness in his abdomen. Early tests suggested gastrointestinal cancer as a possible cause. The first thing he said after receiving these test results was "I want to be euthanized." Dr. D'Souza "tried to steer the conversation in a different direction and said to him 'You don't qualify for that. You don't even have a diagnosis. Let's first figure out the diagnosis and we can talk about all that later.'" He was then sent for the scan.

A few weeks later, Dr. D'Souza received a report from the hospital: the patient had gone there the day after his initial appointment and "demanded to be euthanized." He was admitted but "refused further testing;" he also turned down meetings with a surgeon, oncologist, and psychiatrist. Instead, he met with the euthanasia team, including a nurse practitioner and a physician. They determined that he met the eligibility requirements for MAiD.

Dr. D'Souza visited him on the day he was euthanized. Dr. D'Souza recalled that "he was in no apparent pain [or] distress. He was smiling. He was excited for the big event, and so was his family. His family was surrounding him and they had dressed him up in a very nice suit, and they were very, very excited. He told me he wanted to have a dignified death" not caused by unknown and unpredictable factors.

Dr. D'Souza pointed out eligibility criteria that were disregarded and safeguards that were overlooked when the request for euthanasia was approved:

First, the person must "have a serious and incurable illness, disease, or disability." He did not have a definitive diagnosis. "He refused investigations and specialist assessments; therefore, he did not know if he had an incurable illness."

Next, the person must "be in an advanced state of

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irreversible decline.” Not knowing his condition, it was impossible to know whether it was in decline. Even if further tests confirmed that he had cancer, his prognosis “would depend on a number of [factors, including] the primary source of cancer, presence of metastases, [and] type of tumour. These factors would then [suggest treatment] options, such as chemotherapy and/or surgery.”

The person must also have “physical or psychological suffering that is intolerable to them.” The MAiD team reported “that he was in no pain, but he was deemed to be in intolerable suffering.”

Dr. D’Souza also mentioned that this man did not see a psychiatrist, so it is impossible to know whether emotional issues may have played a role in his decision to request euthanasia. Asking to die while refusing to obtain an accurate diagnosis suggests an impulsive and emotional choice, or that he was already prone to

suicidal feelings. The doctor also believed the 10-day waiting period is arbitrary and inadequate. He doesn’t know “any physician who has been able to completely cure anxiety or depression in 10 days.”

These potential violations were discovered by someone with extensive experience in the medical field and knowledge of the Canadian euthanasia program, who took the time to share his insights. These cases give us a glimpse into how the MAiD program works on the ground. Multiply Dr. D’Souza’s experience by the number of practitioners performing MAiD, and a frightening picture emerges. It also raises some troubling questions:

Was the man’s euthanasia (case three) seen as compliant with the law upon review by the designated authorities?

How many ineligible people are being euthanized when MAiD evaluation teams don’t completely grasp or strictly apply the eligibility criteria and safeguards?

If this isn’t a slippery slope, what is?

## Montréal Man Says Psychologist Urged Him to Kill His Wife



This article was published by [Choice is an Illusion](#) on November 4, 2019.

Emily Campbell with [CTV News](#) reported that a Montréal couple is calling for disciplinary measures against a psychologist they say counselled one of them to kill the other.

When Miranda Edwards was diagnosed with an aggressive form of cancer, she said she was determined to fight it.

“I want to live, I want every medical intervention possible,” she said. “I will fight to the end. I will do every treatment, everything possible to stay alive.”

Her husband, Serge Simard, struggled as his wife’s

health declined and eventually sought the services of a psychologist to help manage the stress.

Simard alleges the psychologist told him to overdose his wife with the morphine she had been prescribed for her pain. He secretly recorded the session on his phone and on the recording the psychologist can be heard saying:

“...at one point it will be a dose too much and she just won’t wake up. It’s the best thing that could happen, really. She won’t be suffering anymore she’ll be in a better place.”

The psychologist cannot be identified as they haven’t been charged with a crime.

Simard said he was horrified by the advice.

“That’s not assisted suicide, that’s murder,” he said. “I will not murder my wife. If Miranda voices anything, I will respect her wishes. Miranda has never voiced that she wanted to pass away.”

Family physician Paul Saba said he feared incidents like this could occur as a result of the legalization of medically assisted suicide...

The couple said they were disappointed that both Montréal and Gatineau police refused to pursue the case and didn’t rule out a civil court case.



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## New Zealand's Euthanasia Bill Passes

### Euthanasia Referendum is Next

I have bad news. The New Zealand parliament passed the euthanasia bill by a vote of 69 to 51 on November 13.

But the battle is not over. On October 23, the [New Zealand First party passed an amendment](#) to the bill requiring a national referendum approve the euthanasia bill before it becomes legal. New Zealand First stated that a referendum was required to gain the support of their party.

The date of the next election and the euthanasia referendum are not yet determined but they are likely to occur in the fall of 2020.

Similar to the Canadian law, the New Zealand "End of Life Choice Bill" legalizes death by lethal injection (euthanasia) and death by lethal prescription (assisted suicide).

If this law passes in the referendum, the experience with the law will likely be similar to Canada's whereby [the latest data from Ontario](#) (Canada's largest jurisdiction) states that there were 3822 assisted deaths from June 17, 2016 to September 30, 2019 with all of the deaths, except one, being euthanasia.

The New Zealand bill passed when several amendments based on political trade-offs were approved. Henry Cooke with [Stuff news reported](#):

The Greens and NZ First both agreed to vote for the bill on-bloc once certain conditions were met.

For the Greens those conditions were more safeguards to make sure only the terminally ill were covered, and could not be coerced.

NZ First referendum on the subject, an amendment entered by a tight vote won 63 to 57.

Now that the referendum will occur, we know that it's necessary to convince the average voter that legalizing euthanasia is either wrong or a dangerous public policy.

The Euthanasia Prevention Coalition will work with New Zealand's organizers to build an effective campaign.

On [November 6, 2012, the Massachusetts' citizens defeated the assisted suicide referendum](#) by a vote of 51.1% to 48.9%. The referendum was defeated by a coalition of diverse people in a state which tends to define itself as progressive.

Cooke reported in *Stuff news* that the issue is not over.

National MP Maggie Barry, [one of the bill's fiercest opponents](#), said her side had lost a battle but the war for the referendum had just begun.

"The most liberal Parliament in New Zealand's history has voted through this dangerous and permissive bill. Now the only hope of stopping euthanasia being legalised is through a referendum at the election," Barry said.

"We are involved in now, a major war to tell the people of New Zealand what this might mean for the vulnerable, for the disabled, for those who fear for their lives."

A referendum victory is not only necessary but it is possible.



### ...Alberta Conscience from page 01

conscience, but it also in no way limits access to healthcare services in the province."

Butts reported that the bill would amend the Alberta Human Rights Act to protect conscientious beliefs as a basis for protection from discrimination or refusal for employment.

The Manitoba legislature unanimously passed a conscience rights bill in November 2017.

The Euthanasia Prevention Coalition encourages the sponsor of the bill to amend Bill 207 to ensure critics that access is not prevented while maintaining conscience protection.