



## Canada's Justice Minister: Euthanasia May Be Expanded to Include People with Mental Illness

Justice Minister David Lametti told *CBC Radio One's The House* that — based on the recent online euthanasia consultation questionnaire — Canadians want more access to euthanasia (MAID).

“There does seem to be a clear tendency that Canadians are largely in agreement that we ought to expand the possibility for medical assistance in dying beyond the end-of-life scenario,” Lametti said.

“Obviously there are some voices that don't agree. People living with disabilities can see this as a threat, even an existential threat, and we're trying to achieve the right balance there to not stigmatize people in that context.”

The *CBC Radio One* report explained that the law may be expanded to include people with mental illness:

[...] But Lametti said one possible result of making these changes to the law will be to extend MAID to people whose sole underlying medical condition is a mental disorder.

“That is certainly a possibility that's raised by this expansion,” he said.

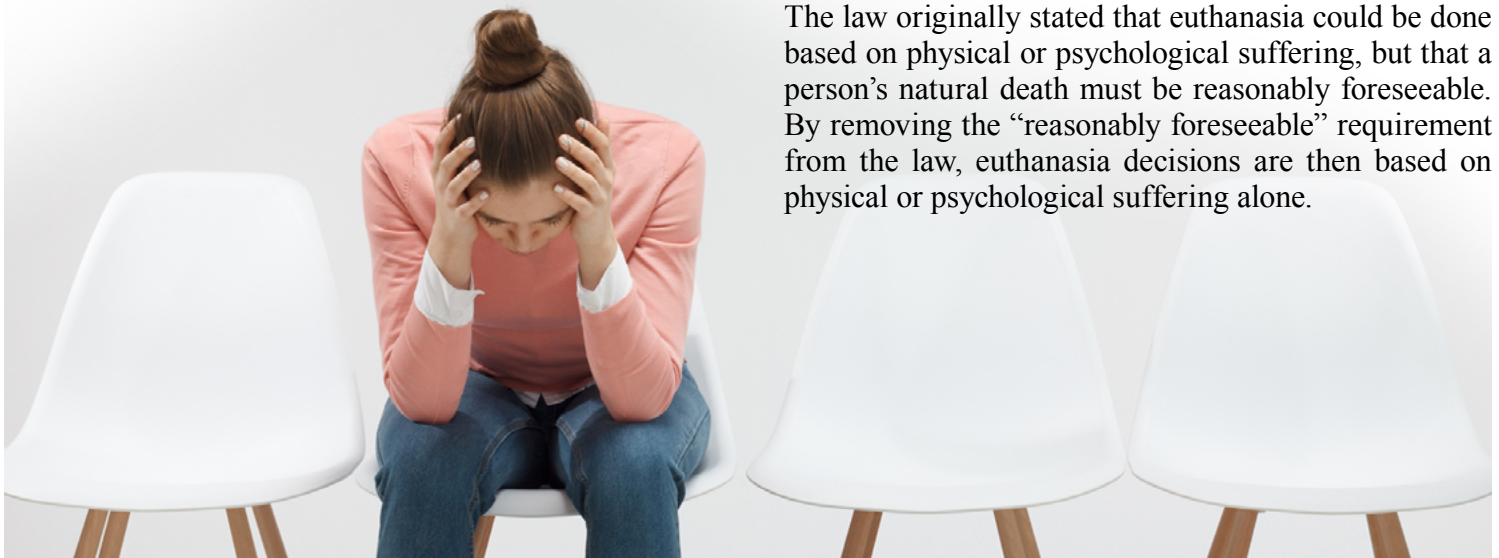
Canada's online euthanasia consultation questionnaire was a sham and the data is unreliable. Some of the questions assumed that the participant supported euthanasia. The questionnaire did not limit people to participating once.

*CBC Radio One* then interviewed Jocelyn Downie, a long-time pro-euthanasia activist academic who explained that when the Québec court struck down the “terminal illness” requirement in the law, this enabled access to euthanasia for mental conditions.

“When you remove ‘reasonable foreseeability’ from the Criminal Code, as the judge in Québec did for Québec, one of the things that happens is that more people with mental disorders as their sole underlying medical condition will now be eligible for MAID,” said Downie, a Dalhousie University law professor who served on the Council of Canadian Academies expert panel that studied MAID.

Sadly, I agree with Downie; when the Québec court struck down the terminal illness requirement in the law this meant that euthanasia would also be permitted for psychological reasons or mental illness.

The law originally stated that euthanasia could be done based on physical or psychological suffering, but that a person's natural death must be reasonably foreseeable. By removing the “reasonably foreseeable” requirement from the law, euthanasia decisions are then based on physical or psychological suffering alone.



## Consultations on medical assistance in dying (MAID) eligibility criteria and request process

Medical assistance in dying (MAID) became legal in Canada in June 2016. Canada's *Criminal Code* now exempts doctors and nurse practitioners who provide, or help to provide, medical assistance in dying.

### MAID (Euthanasia) Consultation Questionnaire Was a Sham & the Data is Unreliable

By Alex Schadenberg

On January 14, I wrote an article [urging our supporters to participate in the Canadian Department of Justice Medical Assistance in Dying \(MAiD\) online consultation questionnaire](#). I stated:

The language of the consultation questionnaire is not great; nonetheless, the questionnaire does allow you to leave further comments.

On January 15, I [published a guide to answering the questionnaire](#). I am pleased to report that more than 18,000 people used the guide. The consultation is now closed and the Department of Justice has stated that 280,000 Canadians participated. Here is my experience with the process.

#### The questionnaire was a sham.

Many of the questions implied an outcome. It is a sham to ask people to complete a questionnaire when some of the questions are designed to provide a predetermined outcome. For instance, question 2 asked about safeguards. Question 2A asked, "A different reflection period (currently a 10-day reflection period) between the submission of a person's written request for MAID and receiving MAID." The optional answers to this question lacked meaning because they didn't indicate whether it is important to maintain the waiting period, increase, or remove it. In other words, the data is useless. There were other safeguard questions that assumed the participant supports MAID.

The only good part of the questionnaire is that it provided a box (up to 500 characters) enabling the participant to offer their concerns or thoughts.

#### The questionnaire was fraudulent.

After encouraging our supporters to participate, I began to receive e-mails stating that the website kicked them out as they were completing the questionnaire. I simply urged these people to try again.

The second complaint was far more of an issue. Several of our supporters indicated that the website enabled them to complete the questionnaire more than once. One person contacted me stating that they had completed the questionnaire more than 50 times from the same computer.

The Department of Justice stated that 280,000 people completed the questionnaire. Since the website did not prevent people from participating multiple times they have no idea how many people actually participated and the data collected is unreliable.

If the government wanted to do a proper consultation it would have asked clear, unbiased questions. Since some of the questions implied support for euthanasia, many of our supporters refused to participate.

Question 2A concerning the ten-day "reflection period" lacked meaning and is therefore null and void. The government cannot conclude that the questionnaire provided data for a policy to maintain, extend, or remove the waiting period.

Other than the odd story, the media and the government have ignored the failures of Canada's euthanasia law, even though there are several key problems and abuses.

## The U.S. Assisted Suicide Lobby Plans to Eliminate “Safeguards”

### “Safeguards” Are Only an Incremental Assisted Suicide Implementation Strategy

In January 2019, Kim Callinan, CEO of Compassion & Choices, [published an article](#) stating that assisted suicide laws need fewer regulations. From *McKnight's Long-Term Care News*:

[...] If lawmakers want to improve medical aid in dying laws, then let's address the real problem: There are too many regulatory roadblocks already! I am not suggesting changing the eligibility requirements, as our opposition will suggest. I am merely suggesting that we drop some of the regulations that put unnecessary roadblocks in place.

This legislative direction resulted in several state assisted suicide bills including language to: *define assisted suicide as palliative care, deny conscience rights to healthcare professionals, define assisted suicide in language that permits euthanasia* and to *eliminate waiting periods* before dying by assisted suicide.

In 2019 the Oregon legislature expanded their assisted suicide law by [waiving the 15-day waiting period](#). The Washington State legislature is now debating a “study bill” to examine the elimination of “safeguards” in assisted suicide laws. [House Bill 2419](#) states:

- (1) ...The study shall review the extent to which there are barriers to achieving full access to the Washington death with dignity act, including:
  - (a) A lack of awareness of the Washington death with dignity act and its provisions;
  - (b) Burdens for qualified patients to meet the fifteen-day waiting period;
  - (c) Concerns that inhibit the participation of health care providers in the provisions of this chapter;
  - (d) Hospital, medical, hospice, and long-term care providers' policies that restrict the participation in and the distribution of information about the provisions of this chapter;
  - (e) Limited geographic access to compounding pharmacies or other pharmacies that dispense medications under this chapter;
  - (f) Restrictions based on the requirement that the medications under this chapter be self-administered;
  - (g) Lack of insurance coverage for the services and medications necessary to participate in the provisions of this chapter;

(h) The need for improvements to the data collection system; and

(i) Any other barriers identified in the course of performing the study.

Section (1)(f) questions the need to self-administer lethal drugs. If lethal drugs do not need to be self-administered then someone else can administer. Can you say euthanasia/homicide?

The assisted suicide lobby would not ask their friends to do a study if they didn't want to expand access to assisted suicide.

There are at least ten states debating the legalization of assisted suicide in 2020. The state legislatures need to question if they support doctors lethally injecting their patients (euthanasia) because that is what the imprecise language in some of the bills permit and clearly that is what the U.S. assisted suicide lobby wants next.

### New Hampshire “Assisted Suicide” Bill Appears to Permit Euthanasia

Assisted suicide is an act whereby one person, usually a physician, assists another person's suicide, usually by writing a prescription for lethal drugs.

Euthanasia is an act whereby one person, usually a physician, intentionally causes the death of another person, to “end suffering.”

The deceptive language in most assisted suicide bills allows for different interpretations. New Hampshire [Bill 1659](#) is designed as an application process for obtaining a lethal dose. Most assisted suicide bills state that the person must self-administer the lethal dose; some bills say that the person *may* self-administer which can be interpreted to permit euthanasia.

In its Statement of Purpose, House Bill (HB) 1659 states:

*...to provide such patient with a prescription for lethal medication which will allow the patient, if the patient chooses to do so, to self-administer and thus control the time, place, and manner of death.*

The term “self-administer” does not appear anywhere else in HB 1659. The assisted suicide lobby will suggest that the phrase “if the patient chooses to do so” means that they may choose not to take the lethal drugs but this phrase can also mean that the person is not required to self-administer but the drugs can be administered in another manner, such as euthanasia.



## Approximately 5000 Canadians Died by Euthanasia in 2019 & 13,000 Since Legalization

The media is reporting that there have been more than 6700 MAID (euthanasia) deaths in Canada since it was legalized. We estimate that there have been at least 13,000.

The [Fourth Interim Report on Medical Assistance in Dying](#) released by Health Canada on April 25, 2019 stated that there were 6700 assisted deaths up to October 31, 2018. The data from Québec and the three Territories was incomplete. The Québec data was only until March 31, 2018.

The [Health Canada report](#) stated that the number of assisted deaths represented 1.12% of all deaths. The number of reported assisted deaths was divided into the total deaths, but the total number of deaths in Québec from March 31 to October 31 was not removed from the equation.

On March 21, 2019, I reported that there were 7949 assisted deaths in Canada as of December 31, 2018, representing 4235 assisted deaths in 2018, an increase of 50% over 2017, almost 1.5% of all deaths in 2018. This data was obtained from a presentation by Jocelyn Downie, who spoke on March 15, 2019 at a Royal Society of Canada luncheon.

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

We do not have national assisted death statistics for 2019 but we do have accurate data from [Ontario](#), [Manitoba](#) and [Alberta](#). According to the data from the Ontario Office of the Chief Coroner, there were 1789 reported assisted deaths in 2019, 1499 in 2018 and 841 in 2017 representing a nearly 20% increase in Ontario in 2019.

What is more striking about the data is the increase in the second half of 2019 where there were 1015 assisted deaths, up from 774 in the first six months of the year.

[Alberta Health Services](#) updates their data regularly. [Alberta's data indicates](#) there were 377 assisted deaths in 2019, up from 307 in 2018, and 206 in 2017. The data indicates a 23% increase in 2019.

A report by [Marney Blunt for Global News](#) stated that assisted deaths are increasing quickly in Manitoba:

When medically-assisted death first became legal in 2016, 42 people requested the service and 24 received it. That number rose in 2017, when 142 people requested MAiD and 63 people received it.

Those numbers almost doubled in 2018, when 239 requested and 138 received. Last year, 313 people asked for a medically-assisted death, and 177 people received it.

The data indicates a 28% increase in reported assisted deaths in 2019 in Manitoba.

Since Ontario, Alberta and Manitoba had approximately a 20% increase in 2019, I would assume that there were similar increases nationally. Therefore there were approximately 5000 (4235 + 20%) assisted deaths in Canada in 2019 and 13,000 since legalization.

**That is not the whole story.** Canada's data collection system does not account for under-reporting, but Québec employs a multi-report system making it possible to uncover the number of times physicians didn't report an assisted death.

Based on an analysis by Amy Hasbrouck and Taylor Hyatt, the [Québec interim report](#) indicated that from April 1, 2017 to March 31, 2018 there were 142 unaccounted assisted deaths representing 17% of all assisted deaths. The report also indicated that seven did not fit the criteria of the law, 22 did not follow procedural safeguards and in 67 assisted deaths, the physician did not provide enough information to determine if the patient fit the criteria of the law.

Based on the Québec interim report, if we extrapolate the data to all of Canada it would suggest that there may have been more than 2000 (17%) unreported assisted deaths and approximately 60 that did not fit the criteria of the law.

***Canada's assisted death law is out of control.***



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