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The Government of Canada's MAiD Bill C-7

Permits Euthanasia of Incompetent People

Bill C-7, if passed without amendments, will make Canada's euthanasia law the most permissive in the world.

On February 24, Canada's federal government introduced Bill C-7: An Act to amend the Criminal Code (medical assistance in dying). This is the federal government's response to the Québec court decision that struck down the section of Canada's euthanasia law requiring "natural death be reasonably foreseeable" before a person qualifies for death by euthanasia (lethal injection).

On February 17, Canada's federal government asked the Superior Court of Québec for a four-month extension to amend the euthanasia law, since the Court only gave them until mid-March.

Canada's euthanasia law states that a person qualifies for euthanasia if [Section 241.2 (2)(c)]:

> that 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

Before the Québec court decision, a person did not qualify for euthanasia based on psychological reasons alone since the law required their "natural death be reasonably foreseeable."

Bill C-7 pretends to prevent euthanasia for "mental illness." Section 2.1 states:

> For the purposes of paragraph (2)(a), a mental illness is not considered to be an illness, disease or disability.

This paragraph does not prevent euthanasia for mental illness or psychological reasons, since the law specifically allows it. To prevent euthanasia for "mental illness" they would have to define it and amend the requirements of the current law.

Bill C-7 creates a two-track law where a person who is not terminally ill has a 90-day waiting period while the ten-day waiting period for people who are terminally ill is waived. Therefore a person can make the request and die by lethal injection on the same day. Studies show that the "will to live" fluctuates over time.

The government is wrong to create a two-tier euthanasia law. A future court decision would likely strike down the 90-day waiting period for people who are not terminally ill because this provision represents an inequality within the law.

Bill C-7 allows a person's healthcare provider or care provider to be one of the witnesses. This is a conflict of interest.

Finally, the bill allows doctors and nurse practitioners to lethally inject an incompetent person, so long as that person consented to death by lethal injection before becoming incompetent.

This amendment to the law contravenes the *Carter* decision which required that a person be capable of consenting to be killed.

The goal of the euthanasia lobby was to amend the law to allow "advanced consent" for euthanasia. Canada's Liberal government appears to be working closely with the euthanasia lobby.

The government should slow down and wait before amending the law. In June 2020, the government will begin its review on five years of euthanasia in Canada.

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.

Delta Hospice Will NOT be Coerced Into Doing Euthanasia

By Alex Schadenberg

Sandor Gyarmati reported for the *Delta Optimist* on February 25 that British Columbia Health Minister, Adrian Dix, announced the provincial government will terminate the service agreement with the Delta Hospice Society on February 24, 2021, unless they begin to provide euthanasia at the Irene Thomas Hospice in Ladner BC.

Gyarmati makes it seem like the Delta Hospice has lost their battle with Fraser Health, but I believe this latest edict from Minister Dix is a victory.

Last December, the Delta Hospice Society was ordered by the Fraser Health Authority to provide euthanasia or lose its funding. Soon after, Minister Dix stated that he will force the Hospice to provide euthanasia. He later ordered them to start offering euthanasia by February 3, 2020, or lose their funding.

The Canadian Society of Palliative Care Physicians' President, Dr. Leonie Herx, responded in support of the Delta Hospice Society by explaining to the BC Health Minister that:

> MAiD is not consistent with the philosophy, intent, or approach of hospice palliative care which supports dying as a natural process and does not hasten death.

In their media release on February 26, the Delta Hospice stated:

> […] Forced closure of the facility ignores the fact that this is a privately owned hospice built on land leased from the government, employs more than fifty people and has contributed significantly to BC's public health care system.
>
> "This is an invasion of the historic medical discipline of palliative care. The Canadian model is respected around the world. The government and the health authority are running roughshod over that principle and reputation."

The citizens in Delta BC will continue to have access to excellent care in a no-kill hospice for at least one more year.

The Euthanasia Prevention Coalition (EPC) launched an online petition with over 20,000 people e-mailing the BC Health Minister, telling him hospices must NOT be forced to do euthanasia. EPC also provided paper petitions to our supporters to be sent to Minister Dix.

Join us on April 4th (12 Noon) at the BC Parliament Buildings in Victoria to rally in support of the Delta Hospice!

Delta Hospice Society
comfort, meaning, dignity and hope

Hospice organizations must NOT be forced to do euthanasia.

Training Doctors How to Assist Suicides

By Wesley J. Smith

Published by the *National Review* on February 25, 2020

In California, a death doctor named Lonnie Shavelson is trying to start an assisted suicide specialty. From the *Medscape* story:

> Organizers of the National Clinicians Conference on Medical Aid in Dying (NCCMAID) did not debate the appropriateness of the practice or focus on policy and ethics but rather sought to train and educate clinicians who are willing to participate.
>
> "The most imperative need is physician education and training," said Lonny Shavelson, MD, board chair of the NCCMAID and founder of Bay Area End of Life Options.
>
> "The law makes no provision for medical training; there is no formal system, and I believe that is one of the major barriers and a shortcoming of the law in every state where it is legal," he told the audience.

I know Shavelson. Before California legalized assisted suicide, he was a part-time ER doctor who mostly pursued photo journalism rather than practice medicine. These days, Shavelson devotes himself to death doctoring, for $2000 a pop (as of 2016).

As far as I know, Shavelson is not a certified medical expert in the long-term treatment of serious illnesses like cancer or in the provision of palliative care, hospice, etc.

He has long been a committed pro-assisted suicide ideologue. How committed? As he described in his 1995 book, *A Chosen Death*, Shavelson watched a Hemlock Society leader he called "Sarah" murder a disabled man named Gene who changed his mind about being assisted in suicide.

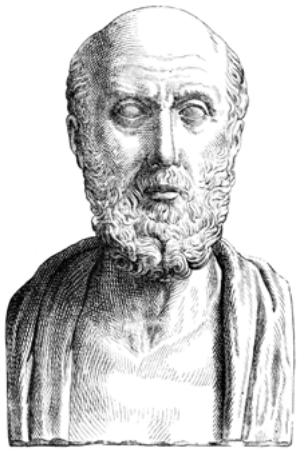
Shavelson was present in Gene's home by invitation as Sarah hands Gene a poisonous brew she prepared, saying, "O.K., toots, here you go," as if she had merely poured him a beer. Gene drank the liquid and began to fall asleep as Sarah put a plastic bag over his head.

But then, suddenly, faced with the prospect of immediate death, Gene screamed, "I'm cold!" and tried to rip the bag off his face. But Sarah wouldn't allow it. From Shavelson's account:

> His good hand flew up to tear off the plastic bag. Sarah's hand caught Gene's wrist and held it. His body thrust upwards. She pulled his arm away and lay across Gene's shoulders. Sarah rocked back and forth, pinning him down, her fingers twisting the bag to seal it tight at his neck as she repeated, "the light, Gene, go toward the light." Gene's body pushed against Sarah's. Then he stopped moving.

From what a reader can determine in his book, Shavelson never tried to stop Sarah and never reported the killing to the police. And we are supposed to trust such a man to become a leading medical figure in assisted suicide?

Also remember, Jack Kevorkian was a pathologist who never treated a living patient after medical school. Which brings up an old joke: What do you call the student who ranks last in medical school? Answer: "Doctor."



Here's the point: Doctors who assist suicides don't need to be specially trained in treating a patient's underlying medical condition. They don't need to be experienced in spotting depression, signs of coercion, or mental illness. They don't even have to be caring human beings.

They just need a license to prescribe lethal drugs and/or otherwise be willing to help suicidal ill people take their own lives. What a disgrace to a venerable profession.

I will give no deadly medicine to anyone if asked, nor suggest any such counsel; ...

The Hippocratic Oath

Assisted Suicide Bills Are Not What They Appear To Be

By Alex Schadenberg

The U.S. assisted suicide lobby has introduced assisted suicide bills in at least 18 states in 2020. All of these bills include "safeguards" that appear to provide oversight of the law.

The "safeguards" are written with loosely-defined language to allow the laws to be redefined over time. They are designed to convince legislators to legalize assisted suicide, while the assisted suicide lobby intends to remove them in time.

For instance, the Hawaii legislature passed an assisted suicide bill in 2018 that came into effect on January 1, 2019. There were 27 assisted suicide deaths in 2019. The assisted suicide lobby is proposing to expand the law after only one year. The Hawaii legislature is debating SB 2582 and HB 2451 to expand the assisted suicide law by permitting nurses to prescribe the lethal drugs, shortening the waiting period in general, and waiving the waiting period when someone is "nearing death."

The Hawaii legislature also debated SB 3047 that would have allowed assisted suicide for incompetent people who requested death in an advanced directive, physicians to waive the counseling requirement, assisted suicide to be approved by "telehealth," and require insurance companies to pay for assisted suicide. It is hard to believe the lobby wants death by "telehealth."

The Washington State legislature is debating Bill 2419, a bill to study the "safeguards" in their assisted suicide law. One of the issues to be studied is allowing euthanasia (lethal injection) rather than limiting it to assisted suicide.

Last year the Oregon legislature expanded their assisted suicide law by waiving the 15-day waiting period.

Our greatest concern is the New York assisted suicide bill. Governor Cuomo stated that he will sign an assisted suicide bill into law. New York Assembly Bill A2694 and Senate Bill S3947 were introduced as the Medical Aid in Dying Act.

As Margaret Dore, President of Choice is an Illusion, stated in her article, "New York: Reject Medical Aid in Dying Act":

> "Aid in Dying" is a euphemism for euthanasia. The Act, however, purports to prohibit euthanasia. On close examination, this prohibition will be unenforceable.
>
> If enacted, the Act will apply to people with years or decades to live. It will also facilitate financial exploitation, especially in the inheritance context. Don't render yourself or someone you care about a sitting duck to heirs and other predators. I urge you to reject the proposed Act.

Assisted suicide is an act whereby one person (usually a physician) provides a prescription for a lethal drug cocktail knowing that the other person intends to use it for suicide. Euthanasia is an act whereby one person (usually a physician) lethally injects another person, usually after a request. Several of the assisted suicide bills have language that can be interpreted to permit euthanasia. Assisted suicide bills are usually designed as an application process for obtaining a lethal dose.

For instance, the Maryland assisted suicide bill HB 0643 may permit euthanasia (homicide) because it does not require the person to self-administer. It does not protect the conscience rights of medical professionals either.

The Massachusetts assisted suicide bill can also be interpreted to permit euthanasia. The New Hampshire assisted suicide bill gives physicians the right to write a lethal prescription but the term "self-ingest" is not found in the main text of the bill. Only within the life insurance section is there a statement that may be construed as limiting the act to assisted suicide where it states:

> Neither shall a qualified patient's act of ingesting medication to end such patient's life in a humane and dignified manner have an effect upon a life, health, or accident insurance or annuity policy.

The New Hampshire bill does not limit how the lethal drugs can be used.

Assisted suicide bills are intentionally written in a deceptive manner so they can be interpreted in a wider manner. The assisted suicide lobby has no intention of maintaining the "safeguards" in these bills. The "safeguards" are simply designed to sell assisted suicide to the legislators. Clearly assisted suicide bills are not what they appear to be.