



Pressure to Die by an Assisted Death

By Alex Schadenberg

Recently, Candice Lewis died a natural death at home with her family. In August 2016, Candice, 25 at the time, was pressured by a doctor to “request” an assisted death while receiving treatment at the hospital. She was very sick at the time, but as Candice’s mother told *CBC News*, the doctor pressured her to request physician-assisted death:

“His words were ‘assisted suicide death was legal in Canada.’ I was shocked, and said, ‘Well, I’m not really interested,’ and he told me I was being selfish.”

Kevin Dunn interviewed Candice and her mother Sheila for the film *Fatal Flaws: Legalizing Assisted Death* (2018):

“Not once did she say to them, ‘I want to end my life.’ The doctor came in the next day after he told me about assisted suicide, stuck his face down in Candice’s and said, ‘Do you know how sick you are?’ When I got his eye contact we went out in the hallway and I told him, ‘Don’t you EVER pull something like that again.’”

How many situations similar to Candice’s have occurred in Canada with the person either dying by lethal injection or so shocked by the experience that they do not speak about it?

I have received emails and calls about people being pressured to die by MAiD. Recently I received this email from a care-giver stating:

Several weeks ago, in the space of a two week time period, I was made aware of four instances in which nursing staff [in hospitals] ... seemed to be initiating discussion of MAiD with family/friends, and, in the last instance, a patient, without any apparent prior reference to MAiD on the part of the patient.

During my Vancouver Island speaking tour, a man told the group how his mother, who required dialysis, was urged by healthcare “professionals” to ask for MAiD



Sheila, Candice and Kevin Dunn behind the scenes of *Fatal Flaws*

(euthanasia). He said that if he had not spoken to his mother, she may have died by euthanasia.

At the next talk, a woman came up afterwards and shared that her father, who had significant health issues, was urged by healthcare “professionals” on several occasions to consider MAiD.

It appears that many doctors and nurses are urging patients to ask for MAiD.

This type of pressure, at the most vulnerable time in a person’s life, will mislead some people who would never have otherwise considered death by lethal injection. It is likely that many people have died by euthanasia after being urged by a doctor or a nurse to do so.

If you have a story or concern, please share it. Spreading awareness of the facts will help others to resist euthanasia when they are pressured.

We urge you to be involved in the lives of those you know and care about. When someone is pressured by a doctor or nurse to ask for an assisted death, you can make a difference in their lives by saying, “NO! I care for you; I will not abandon you.”

Euthanasia is never the answer.

COVID-19 Protocols, Guidelines and Nursing Home Deaths

Nursing home residents with COVID-19 may be experiencing discrimination by being denied beneficial life-saving treatment. It appears that some nursing homes are not transferring residents to the hospital, even when treatment is available. Some of these decisions are elder abuse.

The disability movement is also concerned that persons with disabilities are being denied medical treatment.

There are times when a person is nearing death and it is not reasonable to transfer them to the hospital. There are times when the hospital lacks the treatment capacity to accept an elderly person. We are concerned that the elderly who could benefit from treatment are not receiving it even when there is treatment capacity.

Alex Schadenberg was interviewed by *OneNewsNow* about an article he wrote (Mar 30, on www.epcblog.org) concerning the COVID-19 triage guidelines developed by Dr. James Downar, the former chair of the Clinicians Advisory Council for Dying with Dignity Canada, a euthanasia lobby group.

... “Basically if a hospital, due to the COVID-19 crisis, [if] the ICU is full, then anybody who... has a medical condition [and] is less likely to recover, or they’re over a certain age, they would simply not be given medical treatment,” Schadenberg explains.

But hospitals with a less populated ICU would treat them, and hospitals who are full could transfer patients to facilities that have beds available.

... “What we’ve seen based on these triage protocols is that the decision is not to transfer these people to a hospital, even if they have [COVID-19], and even if it’s treatable,” he reports.

... He says that means they are more likely to die.

On April 14, Chris Aung-Thwin reported for *The National Post* that Theresa Tam, Canada’s chief public

health officer said (quoting the article), “the spread of the virus in care homes has been at the root of half of the more than 700 deaths across the country.” COVID-19 deaths at nursing homes is a national problem. Adrian Humphreys reported on April 13 for *The National Post*:

[...] In Quebec, a police investigation is underway after 31 residents at a care home in Dorval died under what Quebec Premier Francois Legault alleged was “gross negligence.”

Pinecrest Nursing Home in Bobcaygeon, Ontario, saw 29 COVID-19 linked deaths in its 65-bed home. In Toronto, 22 residents with COVID-19 died at Seven Oaks.

Eighteen residents at Lynn Valley Care Centre in North Vancouver died with COVID-19; 10 at Almonte Country Haven in Ottawa.

Some would suggest that the large number of COVID-19 deaths in nursing homes is due to advanced age or other health conditions. We can see that there are other factors.

Many nursing home residents or their families have stated in a health care directive that they would not want treatment or that they would not want to be sent to the hospital for treatment and that they would only want “comfort care” measures. The *Life-Protecting Power of Attorney for Personal Care from Euthanasia Prevention Coalition* can help to protect your life.

It is likely that some of the nursing home residents who died by COVID-19 may have survived with treatment. This denial of treatment is a form of discrimination, ageism and elder abuse.

Elderly people need advocates. **If your parent needs beneficial life-saving treatment that could enable recovery, then you need to demand equal treatment.**

These are life or death decisions!



Fighting ageism
in health care

Ontario Euthanasia Deaths Increase During COVID-19 Crisis

The Ontario Office of the Chief Coroner has released [new data](#) for MAiD (“medical assistance in dying”). In Ontario there have been 4888 reported assisted deaths since legalization with 199 in March 2020 alone. There were 1789 reported assisted deaths in 2019, 1499 in 2018, 841 in 2017, and 189 in 2016. The new data indicates that there were 570 in the first three months of 2020. The rate is sadly increasing.

Parliament is [currently debating Bill C-7, a bill to expand euthanasia in Canada](#). The bill amends the euthanasia law by eliminating the “terminal illness” requirement, allowing advanced requests for euthanasia, eliminating the ten-day waiting “reflection” period and falsely claims to prohibit euthanasia for mental illness.

If Bill C-7 passes without amendments, it will give Canada the most extreme euthanasia law in the world.

Recently, [Duncan McCue with CBC Radio](#) interviewed Dr. Stefanie Green, president of the Canadian Associa-

tion of MAiD Assessors and Providers, who explained how MAiD can be done on a patient with COVID-19:

“I have provided for MAiD on the same day that I’ve met someone... It’s not common... MAiD is a process that requires rigorous procedure and safeguarding and is meant to be that way.”

Dr. Green then explained that MAiD applications can be expedited if two assessing physicians agree a patient is at “imminent risk” of losing their capacity or life; they can forgo the typical ten-day reflection period required by law:

“If they’re about to die, or we think they’re going to die within 10 days, we actually can go ahead and waive that reflection period and move quicker,” Green explained.

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Dutch Supreme Court Approves Euthanasia for Dementia

Published in the *National Review* online on April 21, 2020



By Wesley J. Smith

More than 20 years ago, the Dutch Supreme Court approved the assisted suicide of a woman in despair because her children had died. So we shouldn’t be surprised that it has now explicitly approved the forced euthanasia of patients with dementia if they asked to be killed before becoming incompetent.

[From Reuters](#) (Apr 21, 2020):

The Dutch Supreme Court on Tuesday ruled that doctors could legally carry out euthanasia on people with

advanced dementia who had earlier put their wishes in writing even if they could no longer confirm them because of their illness.

The ruling is a landmark in Dutch euthanasia legislation which up to now had required patients to confirm euthanasia requests. This had not been considered possible for mentally incapacitated patients like advanced dementia sufferers.

“A doctor can carry out an (earlier) written request for euthanasia from people with advanced dementia,” the Supreme Court said in a summary of its decision.

What the *Reuters’* story failed to mention—and apparently the Supreme Court found to be irrelevant—is that [the case in question](#) involved a woman *who fought against being killed*. Nor does the story mention that the doctor had

drugged the woman before starting to euthanize her, and that the doctor instructed the family to hold the struggling woman down so that she could administer the lethal injection. Moreover, the patient had also stated in her instructions that she wanted to decide “when” the time for death had come—which she never did. The termination “choice” was made by the doctor and/or family in violation of the patient’s advance directive.

But why would the Dutch Supreme Court let inconvenient facts get in the way of furthering the Netherlands’ ever-expanding national killing policy that already permits [infanticide](#), joint geriatric euthanasia of [married couples](#), [termination](#) of the mentally ill, [conjoining](#) euthanasia with organ harvesting, and the lethal injections of people with [disabilities](#)?

Stop Assisted Suicide by Telehealth in the U.S.



Recently we received an email from an assisted suicide lobby group explaining how assisted suicide is being done during the COVID-19 crisis. The email was based on interviews with several leading death lobby activists. It indicated that assisted suicide by telehealth/telemedicine is being implemented in US states where assisted suicide is legal.

This is not a new idea. In 2019 the New Mexico assisted suicide bill included a telehealth provision. The recent bill to expand assisted suicide in Hawaii included a telehealth provision.

On March 26, 2020, the Euthanasia Prevention Coalition reported that a group of death doctors said that during

the COVID-19 crisis, “aid-in-dying” needed to be approved by telehealth. On that same day, an assisted suicide lobby group thanked Congressional leaders for expanding access to telehealth during the crisis. We understand the need to expand telehealth services during the COVID-19 crisis but [assisted suicide is not medical treatment](#).

Approving assisted suicide by telehealth means that a person with difficult health issues who feels like a burden on others, or is experiencing depression or existential distress, could be assessed, approved, and prescribed a lethal drug cocktail by telehealth without ever being examined by a physician.

Considering the problem of medical misdiagnosis, is it reasonable to give physicians the right to prescribe lethal drugs without examining the patient first?

In April 2013, Pietro D’Amico, a 62-year-old magistrate from Calabria Italy, died by assisted suicide at a Swiss assisted suicide clinic. His autopsy revealed that he had been a victim of a [medical misdiagnosis](#).

It is unlikely that the U.S. Department of Health & Human Services (HHS) realizes that the assisted suicide lobby has taken advantage of the COVID-19 crisis to begin approvals of assisted suicide by telehealth.

We urge you to contact Alex Azar, the HHS Secretary: email secretary@hhs.gov or call 202-690-7000. Tell him to stop assisted suicide by telehealth. Assisted suicide is not medical treatment. Regulations must not permit approvals of assisted suicide by telehealth.

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An article by Kelly Grant published in *The Globe and Mail* (Mar 27) stated that the Ottawa and Hamilton regions temporarily stopped providing euthanasia “MAiD services” during the COVID-19 pandemic:

... The Champlain Regional MAiD Network, which serves Ottawa and the surrounding area, issued a notice on Wednesday that it was shutting down the service in hospitals and homes to prevent the transmission of COVID-19 and to conserve health-care resources.

Hamilton Health Sciences, a hospital network with 10 sites, has also stopped providing assisted dying within its walls.

It is possible that the euthanasia data will indicate a slowing trend in April 2020 due to COVID-19.

