



The Canadian Government Requests Another Extension to Expand the Euthanasia Law

On June 11, Canada's Minister of Justice and Attorney General, David Lametti, [filed a motion in the Superior Court of Québec](#) seeking an extension of the *Truchon* ruling until December 18, 2020.

Lametti told the Court that the government did not have time to pass euthanasia bill C-7 because of the unprecedented challenges related to the COVID-19 pandemic.

In September 2019, Justice Baudouin [struck down the requirement in Canada's euthanasia law that a person's natural death be reasonably foreseeable](#) (*Truchon*). The Québec court gave the federal government six months to amend the law in line with their decision. The federal government did not appeal the decision.

On February 17, Minister Lametti asked the Québec Superior Court for a four-month extension to amend Canada's euthanasia law. Justice Baudouin agreed to give the government four more months (July 11).

On February 24, the federal government introduced [Bill C-7](#) in response to the *Truchon* court decision.

What does the bill do? [Bill C-7](#):

- Removes the requirement in the law that a person's natural death be reasonably foreseeable to qualify for assisted death. Therefore, people who are not terminally ill can die by euthanasia. *Truchon* only required this amendment but Bill C-7 goes further.
- Permits a doctor or nurse practitioner to lethally inject a person who is incapable of consenting, if that person was previously approved for assisted death. This contravenes the Supreme Court of Canada *Carter* decision which stated that only competent people could die by euthanasia.
- Waives the ten-day waiting period if a person's natural death is deemed to be reasonably foreseeable. Thus, a person could request death by euthanasia on a "bad day" and die the same day.



Research proves that the "will to live" fluctuates ([Chochinov, 2005](#)).

- Creates a two-track law. A person whose natural death is deemed to be reasonably foreseeable has no waiting period while a person whose natural death is not deemed to be reasonably foreseeable would have 90 days before being killed.
- Falsely claims to prevent euthanasia for people with mental illness. The euthanasia law permits MAiD for people who experience physical or psychological suffering that is intolerable to the person and that cannot be relieved in a way that the person considers acceptable. However, mental illness, which is not defined in the law, is considered a form of psychological suffering.

Bill C-7 goes much further than the Québec Superior Court *Truchon* decision. Whether or not the court grants the extension, the Canadian government needs to reject the bill and begin the promised five-year review of the euthanasia law with an open view to what is actually happening rather than continuing to expand euthanasia.

Claire Freeman Was Told by a Suicide Outreach Clinic to Consider Assisted Suicide

An article published by *Brinkwire* on June 19 tells the story of Claire Freeman (41), a New Zealand woman who was paralysed at the age of 17 after being injured in a car accident. Freeman explains that at one point in her life she became suicidal and was encouraged by the suicide prevention clinic to consider assisted suicide.

New Zealand's parliament passed a euthanasia bill in November 2019 by a vote of 69 to 51. In order to obtain the necessary votes the government agreed to a referendum on the bill. Claire's story is particularly important since the referendum is on September 19, during the New Zealand election.

The *Brinkwire* article tells her story:

In November 1995, aspiring model and PhD student Claire Freeman, now 41, and her sister were being driven by their mother Barbara to Auckland from Whangerei on New Zealand's North Island.

During the two-hour drive Barbara fell asleep at the wheel and the car veered off the road before rolling down a cliff.

Claire was 17 at the time and sustained a severe spinal cord injury, having to be airlifted to Auckland Base Hospital where she was put into an induced coma for two weeks.

For a year she was in and out of hospital where doctors told the family she had just a ten per cent chance of surviving.

Claire not only survived but returned to an active life even though she struggled with depression.

[...] While she was studying design in Christchurch an earthquake hit in both 2010 and 2011 which triggered post-traumatic stress disorder from her accident.

The trauma was so bad she attempted suicide six times within five years, each time falling into a coma.

She was then told to look into assisted suicide overseas.

"I was encouraged by the suicide outreach clinic to 'look into assisted suicide overseas' as the psychiatrist said he 'wouldn't want to live with my disability'," Claire said.

Claire suffered from depression for 15 years and said she often felt disconnected from the outside

Claire's story continues on the next page...



Photo by John Otley

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world and started an Instagram account so she could talk to people.

Claire explains that even though surgery on her neck failed, she achieved success.

[...] “Five years ago, after another neck surgery (this one went terribly wrong) I lost my job as a designer and started my PhD.”

Claire quickly built a following on Instagram and finally felt like she had a sense of purpose.

In February 2018 she was approached by Italian modelling agency Iulia Barton which kick-started her career as a catwalk model.

She has since been on the catwalk in Milan for fashion week.

“The irony of being there didn’t escape me as for so many years, I had hid from people, ashamed of using a wheelchair, yet now, I call myself a survivor and I only feel pride in who I am and where I’ve been,” she said.

... “My body doesn’t end at my flesh, I consider my wheelchair a part of who I am, much like an amputee feels like their prosthesis is a part of their body.

The fact I model is somewhat ironic but it’s fun and I feel it’s important for people to see disabled models like myself out there loving life.”

Claire is happy to be alive.

[...] Despite spending 15 years hating her life, at 41 Claire now believes she has lived a “spectacular life”.

“I have lived the most spectacular life in many respects. It has had its dark moments, but they have taught me so much,” she said.

“I feel I am a better person having had this injury. I’m not saying it’s easy, it’s not, but it is rewarding and through studying, I have realised how much work needs to be done regarding society’s perceptions of those with disabilities.”

If Claire had gone to Switzerland to die by assisted suicide, she would not have recovered to experience fulfillment and success.

Massachusetts’ Assisted Suicide Bill may be Fast-Track to a Vote

The Massachusetts’ assisted suicide bill S.1208/H.1926 recently passed in the state legislature’s Joint Committee on Public Health (note that the bill was amended and is now S.2745).

According to Colin Young, whose article was published by *Stoughton Journal* on June 15, the bill may be fast-tracked to a vote. [According to Young:](#)

[...] The committee said the House and Senate versions were each redrafted with the same language and referred back to their respective chambers. The committee’s redraft lays out requirements that must be met before a patient can receive a lethal dose of medication.

[...] Advocacy group Compassion & Choices and other supporters said the legislation should get votes in the House and Senate as quickly as possible.

In January 2020, Massachusetts Superior Court judge Mary K. Ames in *Kligler, et al. v. Healey, et al* found that there was no right to assisted suicide in Massachusetts. In her decision she found:

There is also evidence that the problem of competency is particularly acute at the time at which a patient self-administers the medication because patients may be alone or accompanied by those who support his or her end-of-life decision... In such a situation there is a great risk that temporary anger, depression, a misunderstanding of one’s prognosis, ignorance of alternatives, financial considerations, strain on family members or significant others, or improper persuasion may impact the decision.

I echo the concerns of the disability rights group Second Thoughts Massachusetts that stated in a press release (via www.notdeadyet.org),

“It is wrong to move a bill at a time when those who will be harmed are on lockdown due to COVID-19, depriving us of the opportunity to fully address in person this threat to our health and well-being.”

Decisions to request assisted suicide are made by people who are going through a vulnerable time of their life.

A Case Against Assisted Suicide for Mental Illness

This article was sent by a supporter who wishes to remain anonymous.

The Cracks and the Light

“There is a crack in everything; That’s how the light gets in.” ~ Leonard Cohen

This is not a story about miraculous healing or cure. This is a story about living with my “cracks,” having moments of despair, and living, letting the light in and shining my unique light out to others in their moments of hopelessness. I am a survivor of suicidal ideation, and of living a life that many times I believed was not worth living.

I lived with a mental health condition since childhood. If you want to die; I get it. I am not going to tell you that your feelings are invalid, or that life is always amazing.

“Life is so beautiful and life is so hard.”

~ Kate Bowler

That being said, new legislation proposals around allowing assisted suicide for mental illnesses has prompted huge personal reflection on my part and also [caused] me to plead the case against allowing this to pass. **I hope to give a voice to those who may be unable to write their story.**

I have learned that recovery is not either/or, recovery does not necessarily mean “cure.” We can have chronic illnesses and we can live with meaning at the same time. Although, we cannot do this alone; we need support, and connection with others who can share in this vision of recovery.

Dr. Pat Deegan is a psychologist and she is also someone who lives with schizophrenia. Much of her work has focused on the ideas of mental health recovery;

“Recovery is not the urge to become normal. The goal is to embrace our human vocation of becoming more deeply, more fully human... Living in mental

health recovery is not an end goal...but an ever deepening acceptance of our limitations and the doorway to what we can do and contribute.”

(Pat Deegan)

Recovery includes setbacks and joys. We can live with a chronic, incurable condition, experience intolerable suffering... and not be assisted in our death, even if we may feel we want this when facing despair and emotional pain.

Our feelings and being allowed to “act on it” are different.

I have learned that living with mental illnesses does not mean searching for perfect wellness. It can mean redesigning a life that is meaningful for us which includes all emotions, all experiences. Recovery will mean both moments of hopelessness and moments of peace.

We can both want death sometimes, and not actively pursue it. I have come to a place in my own journey where I am able to not only survive painful emotions and experiences, but also to allow resurrection out of my own suffering to bloom into something positive for others. This has taken a long time and had this legislation been passed years ago, I may not be here writing.

Allowing assisted suicide for mental illness opens the door for us to act [irrationally]. It changes the vision of the “light at the end of the tunnel” to become dreams of death rather than dreams of hope and our continued striving to find what we need to live and thrive with our perhaps “incurable conditions.” Through this legislation we may stop fighting for those who are so close to finding their irreplaceable way of letting the light in through the cracks and shining their very special light out to others.

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