



We Need Your Help in the Court Case to Prevent a Wrongful Euthanasia Death

By Alex Schadenberg

Several weeks ago, the Euthanasia Prevention Coalition (EPC) received a call from a Nova Scotia woman who was upset that her husband of 48 years had been approved for MAiD (euthanasia) even though he was not seriously ill or dying. Her husband has COPD (chronic obstructive pulmonary disease) and a few other health concerns that are not uncommon for an older man. She was also concerned because her husband claims to have other health issues but there is no proof that these conditions exist.

Her husband was first rejected for MAiD in April. More recently, he was approved for MAiD on a first assessment, rejected on a second assessment and approved on a third. Doctor shopping is common; the law only requires two approvals.

This woman spoke to the person who was arranging her husband's death, stating that her husband did not qualify for MAiD and that she would take legal action against those who cause her husband's death. This led to a decision to re-assess her husband.

EPC gave her the contact information for Hugh Scher, a lawyer who agreed to represent her as she attempted to get an injunction to prevent the death of her husband. The legal proceedings were filed on July 31, 2020, and a temporary injunction was granted until a trial judge could decide the outcome. The pre-trial occurred on August 7; the court rejected the injunction application. Scher filed for an appeal of the decision and [a hearing seeking leave for appeal was on August 26. The trial date for the injunction has been set for September 24.](#)

This is a precedent-setting case. No one has tried to get an injunction challenging a MAiD assessment. Canada's law provides no mechanism for challenging errors in assessments or approvals.

The request for an injunction was based on a recent assessment by a local physician, an affidavit from another physician who has known her husband for many years, and her affidavit. The affidavits agree that the husband is not seriously ill and that he has "delusional" beliefs concerning medical conditions that he does not have.

The EPC needs your help! This woman could not have carried out the legal proceedings and/or file an appeal without the financial support of the EPC.

We agreed to pay for the legal bills, but in turn, we need your financial support.
Thank you for your consideration.



What Will Happen to Bill C-7 Now That Parliament is Prorogued?

Canada's Prime Minister Justin Trudeau has prorogued parliament with the government returning on September 23 with a throne speech and a new direction. Technically, proroguing parliament "kills" the legislation that has not yet passed. Canadian tradition permits the government, after prorogation, to receive approval to return legislation to the track that it was on before. The government may abandon certain legislation that they decide does not fit within their legislative direction. As [reported by Charlie Pinkerton for iPolitics](#), Bill C-7 will return as a government bill after the September 23rd throne speech.

In September 2019, Québec Justice Baudouin [struck down the requirement in Canada's euthanasia law that a "person's natural death must be reasonably foreseeable."](#) The federal government did not appeal the decision.

On February 24, Canada's federal government introduced Bill C-7 to expand the euthanasia law. Bill C-7 goes much farther than the Superior Court of Québec's decision. The bill removes the requirement in the law that a person's natural death be reasonably foreseeable to qualify for assisted death. Bill C-7 would permit a doctor or nurse practitioner to lethally inject a person who is incapable of consenting, if that person was previously approved. This contravenes the Supreme Court of Canada *Carter* decision which stated that only competent people could die by euthanasia. The bill also waives the ten-day waiting period if a person's natural death is deemed to be reasonably foreseeable.

Statistics from the [First Annual Report on Medical Assistance in Dying in Canada 2019](#) indicate that in 65.7% of MAID deaths, the ten day waiting period was followed. In the 34.3% of MAID deaths where the waiting period was shortened, most practitioners (84.4%) cited imminent loss of the patient's capacity to consent as the primary reason, with imminent death cited in 45.4% of these cases.

The law already allows the doctor or nurse practitioner to waive the ten day waiting period.

Bill C-7 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 deemed to not be reasonably foreseeable

would have a 90 day waiting period. This provision in the law will be challenged in court.

Bill C-7 falsely claims to prevent euthanasia for people with mental illness. The euthanasia law permits MAiD for people who are physically or psychologically suffering that is intolerable to the person and that cannot be relieved in a way that the person considers acceptable.

The Canadian government must reject Bill C-7 and begin the promised five year review of the euthanasia law with an open view to what is actually happening rather than expanding euthanasia to make Canada the most permissive euthanasia regime in the world.

Woman Asks for Assisted Suicide Based on COVID-19 Isolation

Rob Munro reported for the [Kelowna InfoNews](#) that a British Columbia woman, Shirley Turton (78), has asked her family to arrange an assisted suicide death because she feels, "locked into a long term care prison" due to COVID-19.

Munro reported that Turton's daughter said that her mother is not terminally ill but she has become "depressed, not interested in eating and can't even put a glass of water to her lips but, most of all she is lonely."

Turton has a caring family:

Prior to the COVID-19 lockdown in March, the family had a private care aide who would take Turton on outings, get her hair cut and such things three days a week. Family members visited regularly and took her to Molgat's farm, the beach to watch the grandchildren playing in the water or feed her home cooked meals.

After the family was excluded, they tried Zoom meetings but Turton couldn't hold

the iPad. A care aide would drop it in her lap and leave the room. Turton would look up at the ceiling or around her room to try to figure out where the voices were coming from.

They were able to visit by looking through a window or a wrought iron fence but, Molgat said, that felt like they were in a prison and, since Turton's voice is so weak and she was 20 feet away, conversation wasn't practical.

"It's cruel, in a way, these visits, because they're so hard on her," Molgat said. "I think a lot of seniors in long term care are in the same boat. They're not able to visit and chit chat and have conversations. They just need to be close to people and have the proximity of their family members. These visits are not appropriate or helpful."

The family believes that the inability to take their mother on trips is crazy:

"It's just crazy to me, and I can't see how it's even legal that they're able to keep these people trapped in their homes," she said. "All my mother would like to do is have us wheel her wheelchair down the road, put her in her private wheelchair van and bring her out to our farm so that she can see the horses and enjoy the sunshine. We would never take her anywhere where it's dangerous. But they won't even look at it. Data appears to indicate that [deaths of despair](#) have increased during the COVID-19 crisis.

How many people have died by MAiD (euthanasia or assisted suicide) in Canada because they became deeply depressed from the COVID-19 isolation?

Nursing Home Lockdowns May be Putting Lives at Risk

A British Columbia (BC) Seniors Advocate is suggesting that COVID-19 nursing home lockdowns need to change as the lives of many seniors are at risk.

Rob Munro with [InfoNews](#) reported that Seniors Advocate, Isobel Mackenzie, is concerned that the health of thousands of BC nursing home residents may be diminished by lockdown rules restricting family visits. Mackenzie has launched an online survey (<https://feedback.engage.gov.bc.ca/688686?lang=en>) to assess the effect of the lockdown on seniors.

Munro reported:

[...] Currently only one visitor is allowed and there is a great variety in how different care homes allow those visitors. That has led to cases where close family members have only been able to visit a relative—who seemed healthy before COVID-19—when they are on their deathbeds.

There have been 125 long-term care residents who have died from COVID-19 in the past seven months, (in BC) Mackenzie said. But there has also been another 2,000 who have died from other causes, some of which may be related to the lockdown and subsequent isolation and loneliness.

Some elderly residents have asked for [assisted death rather than continue living in isolation](#).

Some residents have asked families to help them with assisted suicide because their lives have become unlivable in the isolation they are suffering under since family visits were stopped in March and were only resumed on a very limited basis in July.

Munro reported that Mackenzie is also looking into the protocols.

[...] For example, she's trying to understand why some homes allow visitors once a week in a residents' room versus others that may be once a month and require the visitors to stay two metres away from their loved ones in a common area.

Mackenzie said, "We want to keep people safe from COVID-19 but what are we keeping them safe for if it's not to enjoy the rest of their lives?"



Tasmania's Bill Will Allow Wide-Open Euthanasia

When debating the legalization of euthanasia or assisted suicide, the specific language of the legislation is often overlooked while people debate the concept of assisted death.

The language in Tasmania's 122-page "[End-of-Life Choices Act](#)," which is expected to have its second reading in the Upper House on September 15, allows for a wide-open assisted death regime. This article will focus on the definition of "medical condition" in the bill.

For purposes of the Act, "relevant medical condition" is defined as:

- (1) ...a disease, illness, injury, or medical condition, of the person that is serious, incurable and irreversible.
- (2) Despite subsection (1), a mental illness, within the meaning of the *Mental Health Act 2013*, is not a relevant medical condition for the purposes of this Act.

What does that mean? Unless the request for assisted death is based on mental illness, the person is only required to have a serious, incurable and irreversible medical condition.

The bill states that a person must be suffering intolerably in relation to a relevant medical condition. This is completely subjective since it states that the degree of suffering is determined solely by the person requesting assisted death.

The bill states that a person can be approved for an assisted death based not only on a serious, incurable and irreversible condition, but also on complications that may arise from treatment being received or treatment that may possibly be received. Specifically, the bill states that a person can be approved for an assisted death if they are concerned about:

"...complications that have arisen, or may arise, in relation to the treatment of the relevant medical condition or its treatment or the combination of that treatment with the treatment of other medical conditions of the person."

The bill goes on to state that assisted death is permitted if, in the opinion of the person making the request,

there is no reasonable treatment that will lessen the suffering to an extent that is acceptable to the person.

Therefore a person can be approved for an assisted death based on a fear of suffering related to a possibly effective treatment that the person has not tried. In other words, the person may in fact not only forgo the effective treatment but have never consider it in the first place.

Some people are legitimately delusional or have nosophobia (an irrational fear of having a disease) about their medical condition. As noted above, the language of the bill allows a wide-open assisted death regime.

In summary, the definition of medical condition is completely subjective because it is based on whether the person finds the condition unacceptable, which is impossible for a physician to evaluate.

In other words, this bill gives pro-euthanasia medical practitioners the ability to approve deaths without fear of wrongful deaths leading to legal concerns.

The Tasmanian assisted death bill is 122 pages long. It is a massive spider web of text that appears to have comprehensive safeguards.

In fact, this bill is not designed to protect a vulnerable person, but rather to protect medical practitioners who choose to kill.

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