



## Canada's Health Care Savings Attributed to Euthanasia

By Alex Schadenberg

Soon after Canada legalized euthanasia, the Canadian Medical Association Journal (CMAJ) published a study by Aaron J. Trachtenberg MD DPhil, and Braden Manns MD MSc titled, “[Cost analysis of medical assistance in dying in Canada](#)” (2017). The researchers suggested that the Canadian health care system will save between 34.7 and 138.8 million dollars per year, depending on the number of euthanasia deaths. Canada has a universal health care system, whereby the financial cost is primarily covered by the government.

At the time, I stated that the social pressure to save money will lead to a form of social responsibility. People will be socially pressured to die.

On October 20, Katie Dangerfield [reporting for Global News](#) stated that:

Since Canada's law on medical assistance in dying came into effect more than four years ago, health-care costs have dropped millions of dollars, according to a Parliamentary Budget Officer (PBO) report released Tuesday.

[The report](#) on assisted dying said since becoming legal on June 17, 2016, Canada's health-care costs have dropped \$86.9 million.

The Parliamentary Budget Officer also projected that Bill C-7, the bill to expand Canada's euthanasia law, will lead to more euthanasia deaths per year and more health care savings. Dangerfield reported:

[...] The budget office estimates the legislation would mean an additional 1,164 medically assisted deaths in Canada in 2021, on top of the 6,465 deaths expected under the current regime.

Provincial health budgets would see a savings of \$149 million next year if the numbers hold true, largely from declines in spending on end-of-life care.

Sadly, some people will point to the cost savings as a positive reason to promote euthanasia. It appears that euthanasia is not about “choice” or “autonomy” but rather killing people at the most vulnerable time of their life.

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*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.*

# Approximately 19,000 Euthanasia Deaths in Canada

By Alex Schadenberg

I estimate that there have been approximately 19,000 deaths by euthanasia and assisted suicide in Canada since legalization in June of 2016. Here is how I come to that number.

The Ontario Office of the Chief Coroner recently released [new MAiD data](#) (euthanasia and assisted suicide deaths). The number of assisted deaths in Ontario continues to increase. From June 17, 2016, to September 30, 2020, there were 6,059 reported assisted deaths with 1,741 in 2020 to date, representing 1,127 in the first six months and 614 in the last three months (July–Sept). [In Ontario there were](#) 1,789 reported assisted deaths in 2019, 1,499 in 2018, 841 in 2017, and 189 in 2016.

In July, Health Canada released the [First Annual Report on MAiD](#) (euthanasia and assisted suicide). The data was gathered from the reports submitted by the medical practitioners who caused the deaths. There is no requirement that a third party submit the euthanasia reports to ensure accuracy. The report provided information on the 2019 Canadian MAiD deaths:

- In 2019, there were 5,631 MAiD deaths reported in Canada, up from 4,467 in 2018, accounting for 2.0% of all deaths.
- The number of cases of MAiD in 2019 represented an increase of 26.1% over 2018 with every province experiencing a steady growth in the number of cases of MAiD since its introduction into law in 2016.
- When all data sources are considered, the total of number of medically assisted deaths reported in Canada from legalization until December 31, 2019 was 13,946.

Based on the fact that Health Canada's report indicated that there were 5,631 reported MAiD deaths in 2019, it is reasonable to estimate that there have been approximately 19,000 assisted deaths in Canada since legalization.

Bill C-7 will lead to more deaths. In September 2019, Québec Superior Court Justice Baudouin [struck down the requirement in Canada's euthanasia law that a person's natural death be reasonably foreseeable](#) (*Truchon*) and the court gave the federal government six months to amend the law. The government

did not appeal the decision. On February 24, the federal government introduced Bill C-7 in [response to the Truchon decision](#). Due to the prorogation of parliament, the bill was re-introduced on October 5.

## What changes does Bill C-7 make to the law?

1. It removes the requirement that a person's natural death must be reasonably foreseeable to qualify for death by lethal injection.
2. It permits 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.
3. It waives the ten-day waiting period when a person is deemed to be "terminally ill."
4. It creates a two-track law. A person who is deemed to be terminally ill would have no waiting period while a person who is not terminally ill would have a 90-day waiting period. If the bill is passed, a future court decision will likely strike down the 90-day waiting period because it would be argued that this provision represents an inequality in the law.
5. It 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 them and which cannot be relieved in a way they consider acceptable. Mental illness, which is not defined in the law, is considered a form of psychological suffering. If the government wants to exclude euthanasia for mental illness, the bill would need to define psychological suffering in a manner that excludes mental illness.

The Canadian government must reject Bill C-7 and begin the five-year review of the euthanasia law with clear vision as to what is actually happening rather than continuing to expand euthanasia.

## Be Careful What You Wish For When You Legalise Assisted Dying

By Professor Theo Boer • Published by the Irish *Independent* on October 4

As early as next week, TDs [Irish Members of Parliament] could be casting a vote on the complicated and emotive issue of assisted suicide and euthanasia.

After euthanasia was legalised in 2002, I supported the Dutch legislation and worked for the authorities, reviewing euthanasia cases between 2005 and 2014.

I was convinced the Dutch had found the proper balance between compassion, respect for human life, and respect for individual liberties. Over the years, however, I have become increasingly concerned.

After an initial stabilisation we saw a dramatic increase in the numbers, which went from 2,000 in 2002 to 6,300 in 2019. In some urban districts in the Netherlands, between 12 and 14 percent of all deaths are the result of assisted dying. The outgoing director of the Euthanasia Expertise Centre—which provides assisted dying to almost 1,000 patients yearly—expects the euthanasia numbers to double again in the near future.

We also saw differences in the way the legal criteria were interpreted. In the pioneering years of Dutch euthanasia, it was found almost exclusively in terminally ill mentally competent adults. After some decades, the practice extended to include those with chronic conditions, disabled people, those with psychiatric problems, and incompetent adults with an advance directive. Expansion is under debate for euthanasia of young children and for elderly persons without a medical diagnosis.

Understandably, Irish advocates of assisted dying argue for a more restricted law than is found in the Low Countries. Here is my prediction: Any law that allows assisted dying will by some be experienced as an injustice and will be challenged in the courts. A year ago the Superior Court of Québec ruled that the condition of a terminal illness in Canadian law



is discriminatory and thus unconstitutional. Why only euthanasia for terminally ill patients, who already have access to an ever-widening array of palliative care, whereas chronic patients may suffer more intensely and much longer? We can envisage the next steps: Why exclude psychiatric patients, many of whom are suffering most heartbreakingly of all? Why only an assisted death for people suffering from a disease, and not for those suffering from meaninglessness, alienation, loneliness, from life itself? The paradox of legalising assisted dying is that what starts out as a welcome opportunity for those who love their self-determination, becomes an invitation to despair for others. I have seen literally hundreds of euthanasia

reports in which the wish to shield one's relatives from the agony of witnessing their suffering and carrying the burden of long-term care was one of the reasons, if not the essential reason, for asking for an assisted death. In a society where assisted dying is available, people are confronted with one of the most dehumanizing choices possible: Do I want to live on, or do I want to effectuate my death?

The logic of many is that assisted dying will bring down the numbers of violent and traumatizing suicides. If true, this would be a powerful argument in favour of changing the law. But the Dutch statistics speak another language. Whereas the percentage of euthanasia of the total mortality went from 1.6% in 2007 to 4.2% in 2019, the suicide numbers also went up: from 8.3 suicides per 100,000 inhabitants in 2007 to 10.5 in 2019, a 15% rise. If we would include the deaths through assisted suicide in patients considered to be at risk of committing suicide (psychiatric patients, people with chronic illnesses, dementia patients, elderly, and lonely people), the total increase

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## The Netherlands to Extend Euthanasia to Children

The Euthanasia Prevention Coalition has launched an [online petition opposing the extension of euthanasia to children](#).

[DutchNews.nl](#) reported that Dutch health minister Hugo de Jonge announced on October 13 that the Dutch government will amend or re-interpret the euthanasia law to permit child euthanasia:

Health minister Hugo de Jonge has told MPs in a briefing that work is progressing on plans to make it possible to help terminally sick children aged between one and 12 to die, in limited circumstances.

The recommendation was made in a report by experts last year, who found that a small group of children may be suffering because doctors are afraid of the consequences of actions that could hasten their deaths.

De Jonge said that he wants to ensure there are 'more legal guarantees for doctors' who take the decision to end the life of a child, as well as transparency for healthcare staff and parents, and protection for the rights of children.

The current Netherlands' euthanasia law permits euthanasia for children as young as 12 when parents or guardians consent; persons over the age of 16 can consent to euthanasia themselves. The [Groningen Protocol](#) already permits euthanasia for newborns in the Netherlands. The proposed change will allow euthanasia for children aged one to 12.

The [NL Times](#) reported on October 13 ("Euthanasia proposal readied for children aged 1 to 12") that the change will be introduced after the March 17 election:

[...] The party said it was inappropriate to push the significant legislation through with less than a half year remaining until the next election. De Jonge said his proposal will protect the interests of children, and will afford more transparency to the "gray area." This in turn makes physicians more accountable to parents, and provides a basis for review and assessment of individual cases, which already exists for euthanasia patients of other ages.

Recent reports indicate that the government may not even debate the issue as they consider amending the

Groningen Protocol to include children between one and 12.

Earlier this year, a bill to extend the Netherlands' euthanasia law to people who are healthy but "tired of living" was submitted by Pia Dykstra (D66 party). An article in the [NL Times](#) from July 17 ("[Submission of euthanasia at 'completed life' law causing strife among coalition parties](#)") reported:

[...] The legislative proposal allows people over the age of 75 who feel that they have come to the end of their life and have a persistent wish to die to ask for euthanasia.

Euthanasia laws seem to naturally expand over time. Once you allow killing for one reason, there becomes many reasons to kill.

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in self-chosen deaths over the past decade would be closer to 50% than to 15%. Meanwhile, in Germany, very similar to the Netherlands in terms of religion, economy, and population, the suicide rates went down by 10%.

So as [Members of Parliament] start to look at this issue, the Netherlands must act as an alarm to what can happen. Look at the Netherlands and you may see Ireland in 2040. Like those currently arguing for a change in the law in Ireland, I once believed it was possible to regulate and restrict killing to terminally ill mentally competent adults with less than six months. (Paradoxically, I doubt whether my country would have legalised assisted dying if we had had the level of palliative care in 1994 that we have now.) Moreover, by taking this bold step I believed we could regulate suicide and death in this way that would curtail those all too familiar cases where someone ends their own life. I was wrong. If not even the most well-regulated and monitored system worldwide cannot guarantee that assisted dying remains a last resort, why would Ireland be more successful?

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