



## People with Disabilities Oppose the Expansion of Euthanasia

Kathleen Harris, reporting for *CBC News*, stated that people with disabilities are warning that Bill C-7, which expands access to MAiD (euthanasia), devalues the lives of vulnerable people. [Harris reported](#):

Speaking to MPs on the justice committee via Zoom from his hospital bed in London, Ont., Roger Foley pleaded with policymakers to focus on providing more assistance and home care to Canadians with disabilities. He said he has been denied proper care and was “coerced” into choosing MAiD because his acute care needs were too much for hospital staff to handle.

Foley, who suffers from an incurable neurological disorder, said he was told he would have to pay \$1,800 per day in hospital costs or face a forced discharge, even though he couldn’t get the necessary supports to live at home.

“Assisted dying is easier to access than safe and appropriate disability supports to live,” he said.

Harris reported that Krista Carr, the executive vice-president of Inclusion Canada, fears that state-provided suicide will become an acceptable response to disability.

[Carr] said the community of Canadians with disabilities and their families have long feared that

having a disability would become an acceptable reason for “state-provided suicide.”

“Bill C-7 is our worst nightmare,” she said, adding that equating assisted death to an equality right is a “moral affront.”

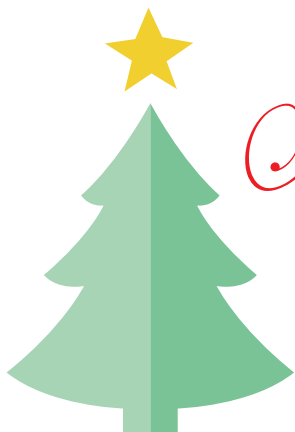
Carr said family members worry their loved ones will choose MAiD to end their suffering because they feel they have no choice. She said that situation would relieve political leaders of their responsibility to provide adequate medical care, housing and income supports.

“The lives of people with disabilities are as necessary to the integrity of the human family as any other dimension of humanity, and this threat to the lives of people with disabilities is a threat to us all,” she said.

Jesse Snyder, [reporting for Post Media](#), wrote that Heidi Janz, Chair of the Ending-of-Life Ethics Committee with the Council of Canadians with Disabilities (CCD) was alarmed by the speed of the committee hearings and called on the government to extend public consultations on Bill C-7. Snyder reported that Taylor Hyatt, a member of the same CCD committee, described her recent experience with pneumonia where the doctor offered her euthanasia.

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We  
wish  
you a



Merry  
Christmas  
and a  
Happy  
New  
Year!

# I Hate to Say That We Were Right: Canada's Law Does Not Prevent Euthanasia for Mental Illness Alone

By Alex Schadenberg



Parliament is [debating Bill C-7](#), a bill to expand Canada's euthanasia law. During the [Bill C-14](#) debate (in 2016) we argued that the lack of definition would allow the law to be continuously expanded by doctors who support unlimited euthanasia.

Joan Bryden published an article on November 22 for *The Canadian Press* titled, "[Exclusion of mental illness in \[Bill C-7\] slammed by psychiatrists](#)". In the article Bryden states:

Vancouver psychiatrist Dr. Derryck Smith, who has personally been involved in two cases where people suffering solely from severe mental disorders received medical help to end their lives. And he says he knows of other similar cases.

...One of the cases Smith took part in involved a woman of about 40 years old who suffered from a "severe, intractable eating disorder" and was intending to starve herself to death if she did not receive medical help to end her life.

"She was approved for assisted dying and received assisted dying just for a psychiatric illness, in this case anorexia nervosa."

When Smith admits to being involved with cases of euthanasia for mental illness, he is admitting that Bill C-14 did not prevent euthanasia for mental illness or even prevent it for a person who was not terminally ill. Since Bill C-14 did not define the phrase "natural death is reasonably foreseeable," and it did not define "psychological suffering," it did not prevent euthanasia for mental illness or limit it to terminally ill people. The same problem exists with Bill C-7, which does not define the parameters of the law. If the government wants to exclude euthanasia for mental illness, C-7

would need to define psychological suffering in a manner that excludes euthanasia for mental illness.

Bill C-7 removes the requirement in the law that a person's natural death be reasonably foreseeable to qualify for MAiD; people who are not terminally ill can be killed by MAiD. Bill C-7 permits a medical practitioner to lethally inject a person who is not capable of consenting, if that person was previously approved for MAiD. The current law requires consent at the time of death. Bill C-7 waives the ten-day waiting period when a person is deemed to be "terminally ill." A person could request death by euthanasia on a "bad day" and die the same day. Bill C-7 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 Bill C-7 is passed, a future court decision likely will strike down the waiting period for people whose natural death is not reasonably foreseeable because this provision represents an inequality in the law. Bill C-7 reduces the number of independent witnesses from two to one. It falsely claims to prevent euthanasia for people with mental illness. The law permits MAiD for people who are physically or psychologically suffering in a manner that is intolerable to the person and that cannot be relieved in a way that the person considers acceptable.

Since mental illness is already considered a form of psychological suffering, and psychological suffering is not defined in the law, therefore Bill C-7 does not prevent euthanasia for mental illness.

**Contact your MP today and tell them that Bill C-7 is a sham because it does not define the key terms.**



Dr. Mai is a stroke neurologist:

*Something that's always remarkably surprising from the stroke literature...is that people with the most devastating strokes, once they've gotten over that acute phase and they've lived with that disability actually rate their quality of life on par with those who would not have disabilities.*

*...what I perceive as perhaps a very difficult, challenging life because of functional dependence, is a life that is worth living, that has meaning, and brings meaning to those around them as well.*

*The reality is, referral to an assessor for medical assistance in dying (MAiD) gets you to someone who may not be an expert in what it is that you are presenting with in your medical condition. MAiD assessors...see autonomy as the most important value and so if a patient is requesting it, that assessment happens to be: are they able to consent or not. [W]e are seeing such high rates of acceptance for MAiD when there would be real concerns about whether this patient is terminally ill. So I already see exceptions to the law being broken and a clear lack of safeguards.*

*When we're asking MAiD assessors to see these patients, it's easy for them to come up with any sort of reason to say that there is some sort of illness that makes death reasonably foreseeable.*



Dr. Herx is a past President of the Canadian Society of Palliative Care Physicians and Division Chair of Palliative Medicine at Queen's University, Kingston, Ontario.

*...I have 17 years of university experience and I've accompanied thousands of people as they journey through serious illness and often through their death and bereavement; I've accompanied families. And that expertise is dismissed by this forced participation in something that I'm required to do as opposed for me to be able to use my professional judgement and make a recommendation to my patient that I think is in their best interest.*

*...Almost all of the patients I work with in palliative care have a reasonably foreseeable death and so with the new law, the removal of the ten-day waiting period from time of request to receiving MAiD means that my patients, almost all of them if they were to express a desire to die, could be offered MAiD or request MAiD and die that day. So, in essence their worst day becomes their last day without any opportunity for healing.*

*So, without my conscience rights, I cannot do the job that I've been called to do in medicine and be a good physician for my patients.*



*We're in a very difficult situation in Ontario. Our College of Physicians and Surgeons of Ontario has a policy that mandates that we don't follow our conscience, that we make referrals and arrange interviews for medical aid in dying even if we don't feel that this is a good thing for the patient.*

*So the government is saying now that I have to check my conscience at the door, and whatever is legal, I need to offer my patient. However, there are things that are legal now, in Canada, that I do not and cannot ever accept as good for my patient.*

*...My patients who are very vulnerable, you know, there's sometimes an education issue, sometimes they don't have housing, I have homeless patients. They need everything good that I have in my toolbox. They don't need death.*

*...During COVID-19, I went through great lengths, as Public Health asked us to, to protect my patients, and I was happy to do so. But with medical administered death, a lethal injection for my ill and disabled, makes no sense to me in light of the precautions I was taking to try to save their lives.*

*So I continue to put myself out there, but if we don't get our conscience rights with the laws and the expansions and the changes, I don't think that I can continue to do this for my patients.*



## Ninety-Year-Old Dies by (MAiD) Euthanasia Rather than go through Another COVID-19 Lockdown

Even though Bill C-7 is not yet passed, [CTV News Medical Correspondent Avis Favaro](#) reported that Nancy Russell, a 90-year-old long-term care resident who was not chronically ill or dying, died last month by euthanasia (MAiD) to avoid living through another COVID-19 lockdown. Favaro reported:

Across Canada, long-term care homes and retirement homes are seeing rising cases of COVID-19 and deaths yet again, a worrisome trend that is leading to more restrictions for the residents.

But these lockdowns are taking another toll among those who don't get COVID-19.

Residents eat meals in their rooms, have activities and social gatherings cancelled, family visits curtailed or eliminated. Sometimes they are in isolation in their small rooms for days. These measures, aimed at saving lives, can sometimes be detrimental enough to the overall health of residents that they find themselves looking into other options.

Russell, described by her family as exceptionally social and spry, was one such person. Her family says she chose a medically-assisted death (MAiD) after she declined so sharply during lockdown that she didn't want to go through more isolation this winter.

Russell, who was a supporter of euthanasia, was turned down when she first requested "MAiD." The doctor told her that she had "too much to live for." But she was approved after her second request. Favaro reported:

By the time she applied a second time, "more concrete medical health" issues had developed, her daughter said.

This time, doctors approved her. Russell would not have to go through another lockdown in her care home.

"She just truly did not believe that she wanted to try another one of those two-week confinements into her room," her daughter said.

Doctor shopping is a clear concern with Canada's euthanasia law. Russell was probably sent the second time to a doctor who provides euthanasia. Canada's euthanasia law is based on subjective rules.

In August 2020, Rob Munro reported a similar story for the [Kelowna iNFOnews](#). Shirley Turton (78) asked her family to arrange a "MAiD" death because she felt "locked into a long term care prison" due to COVID-19.

Munro reported that Shirley's daughter said that her mother is not terminally ill but she had 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."

Shirley did not die by euthanasia, but it is impossible to know how many Canadians have died by euthanasia based on the COVID-19 lockdown. For instance, the Ontario data does not indicate how many MAiD deaths are based on similar reasons to Nancy Russell's death, but [recent Ontario MAiD statistics](#) indicate that the number of euthanasia deaths is increasing. From June 17, 2016, to October 31, 2020, there were 6266 reported assisted deaths in Ontario. There have been 1948 reported assisted deaths in 2020 alone representing 1127 in the first six months of 2020 and 821 in the last four months (now averaging more than 200 assisted deaths per month) in Ontario.

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Hyatt said her doctor at one point suggested the possibility of medically assisted death, an experience that she worries will be replicated many times over if Bill C-7 passes. She eventually recovered from her illness, and says today that medical professionals overlooked the chances that Hyatt, who is in her 20s, would return to health.

"All the doctor seemed to see, though, was a disabled woman alone, sick, tired and probably tired of living," she said.

Bill C-7 threatens the lives of people with disabilities.