

## Euthanasia and assisted suicide laws lead to an increasing number of deaths

Netherlands: Deaths rose 15% from 2012-2013

Oregon: Deaths have risen 430% between 1998 and 2013.

Belgium: The percentage of euthanasia deaths rose from 1.9 in 2007 to 4.6% of all deaths in 2013 an increase of 242%.

Washington State: Deaths rose from 64 in 2009 to 159 in 2013

Quebec: No euthanasia deaths as of December 10th 2015, and yet by July 2016 there have been 252 requests for euthanasia in Québec and 166 people have died by euthanasia. Another 249 people were given terminal palliative sedation.<sup>14</sup>

### Pushing the Boundaries

*The British Columbia Civil Liberties Association*

*filed a Constitutional Challenge on June 27, 2016, to the new assisted dying law [Bill C-14], a restrictive federal law that violates the rights of suffering Canadians because the law states that a person's death must be foreseeable.*

The CMA says 70 per cent of Canadians have no access to palliative services that would ease patients' fears of dying in pain, alone or becoming a burden to their families — concerns that motivate calls for physicians to speed their death with medication.<sup>16</sup>

***Equal protection is not a mindless bumper-sticker slogan. It is a pillar of state and federal constitutions and must not be corrupted. Under the law, equal protection must apply not only to the healthy and able but to the most vulnerable—the unhealthy, the disabled, the elderly—and all who might fall victim to those peddling physician-assisted killing.***<sup>17</sup>



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Dignity in old age, disability, unconsciousness and suffering is enhanced, above all, in knowing that you are respected and loved. Surely we can find more constructive ways of demonstrating love and respect than by killing.<sup>1</sup>



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## DON'T BE FOOLED "MEDICAL ASSISTANCE IN DYING" IS ASSISTED SUICIDE OR EUTHANASIA

There are 2 types of medical assistance in dying available to Canadians. They include where a physician or nurse practitioner:

1. *directly administers a substance that causes death, such as an injection of a drug*
  - *this is commonly called voluntary euthanasia*
2. *gives or prescribes a drug that is self-administered to cause death*
  - *this is commonly known as medically-assisted suicide*

### Eligibility

You have to be eligible for health services funded by OHIP (Ontario) at least 18 years-old and mentally competent, have a grievous and irremediable medical condition; make an uncoerced request and give informed consent.

### What is a grievous and irremediable medical condition?

A serious illness, disease or disability which is in an advanced state of decline that cannot be reversed, where you are suffering unbearably and you have reached a point where your natural death has become reasonably foreseeable taking into account all of your medical circumstances.

*You do not need to have a fatal or terminal condition to be eligible for medical assistance in dying...There is not a required time frame before death occurs.*

### What about Mental Illness?

People with a mental illness, who meet "all the conditions" **are eligible**.

You are **not eligible** if you are suffering only from a mental illness; your death is not reasonably foreseeable when considering all the circumstances of your medical condition or your mental illness reduces your ability to make medical decisions.

### Will the criteria or conditions be broadened?

*The new legislation requires the federal government to conduct further studies to examine the legal, medical and ethical questions around these situations.*

Mature minors who have not reached adulthood (18 yrs), people who only suffer from mental illness and requests written in advance.

Mature minors who have not reached adulthood (18yrs) but are considered mature enough to consent to medical care; People who suffer from mental illness only; Requests written in advance for the time when a person can no longer make health care decisions or express their wishes.<sup>2</sup>

### Doctors are against assisted dying

In its 2014 Summer Report, End of Life Care - A National Dialogue, **71.5%** of Canadian Medical Association physician members agreed with the current CMA policy on euthanasia and Physician-Assisted Death; which states, in part, "Canadian physicians should not participate in euthanasia or assisted suicide." 25.8% disagreed with its current position and 2.6% were unsure.

*Supporters of the current CMA position cited the following main reasons for their position:*<sup>3</sup>

- *Legalizing medical aid in dying would negatively affect the trust patients have in physicians and would jeopardize the physician-patient relationship.*

- *The physician role is to heal, not end life.*
- *Legalization is "a slippery slope" and would lead to an increase in the scope of conditions and patient populations for which physician-assisted dying can be applied — especially vulnerable populations.*
- *Legalizing medical aid in dying could be used for economic purposes to save money in the health care system.*

### Will you be at risk when you become vulnerable?

Bill C-14 legalised assisted suicide and euthanasia in Canada based on the principle that some lives are not worth living. This means that some lives are considered of less worth than others.

Before Bill C-14 received Royal Assent Canada's laws protected every born human being's life equally - now we have a two tier-system. When you are fit your life is protected and when you are at your most vulnerable - you may feel pressured to choose death or be killed with or without your explicit request.

### How will giving you a choice to be killed put others at risk?

The fact is that we are all at risk, but for different reasons.

1. The poor are at risk because they're poor (Ontario to stop paying for opioids)<sup>4</sup>
2. The rich and middle class are at risk because they are rich and middle class (heirs, predators)<sup>5</sup>
3. Anyone with a significant medical condition is at risk, especially if they have no family or friends, because bad doctors can use legal assisted suicide/euthanasia to cover malpractice.<sup>6</sup>
4. The occasional health care worker, who just likes to kill people (e.g., a Mike Swango, MD), is also given cover.<sup>7</sup>
5. Prisoners can be targeted, especially if physically healthy or not.<sup>8</sup>

### Could you be killed without giving consent?

Belgium: In 2013 approximately 1,045 (1.7%) patients were euthanased without consent in Belgium.<sup>9</sup>

The author of the 2015 report, Professor Raphael Cohen-Almagor of Hull University, said "*The decision as to which life is no longer 'worth living' is not in the hands of the patient but in the hands of the doctor.*"<sup>10</sup>

The Netherlands: *It's not so much that nine per cent died at the hands of doctors, which is alarming in and of itself. What should raise our cries of outrage is that 4,941 people (four per cent) did not give their consent to being killed. A doctor who operates on someone without their consent can be successfully sued and made to pay huge dollars for having done so. The same should apply for killing a person without their consent.*<sup>11</sup>

More than 500 people in the Netherlands are killed each year without their consent.

### If we had said no to assisted suicide wouldn't people have been left in excruciating pain and suffering?

Of course not, pain can be controlled in the vast majority of cases. We talk a lot about pain but pain is not the main reason people wish to die.

Let's look at Oregon<sup>12</sup>: The three most frequently mentioned end-of-life concerns were: <sup>13</sup>

- *Decreasing ability to participate in activities that made life enjoyable (96.2%)*
- *Loss of autonomy (92.4%)*
- *Loss of dignity (75.4%)*

### Assisted dying kills those who are not dying<sup>13</sup>

Oregon 2013: One in 6 people did not have a terminal illness.

Netherlands 2013: 42 people with psychiatric problems and 97 people with dementia were killed by euthanasia.