

November 10, 2020

To: The Committee on Justice and Human Rights

Please accept this as our brief opposing Bill C-7 in expanding Canada's euthanasia law. We also include our story of a MAiD procedure our brother Alan Nichols received on July 26<sup>th</sup>, 2019.

1. Why is our Federal Government willing to proceed with Bill C-7 before allowing the review of the current Bill C-14 and MAiD? It was legislated that no changes would be made to Bill C14 until the 5 year review was complete. Is Bill C-7 is expanding euthanasia in Canada, without this review first? Review Bill C-14 first, to revisit laws and how MAiD has worked in the system for the past five years. If not, then the government should hire an independent board to conduct the review of the past 5 years of MAiD, looking at all cases and history, before adding, adding to or striking any existing legislation in place until such time as review is complete. Honor the original legislation please.
2. There needs to be more safeguards in place to protect our most vulnerable. We have experienced this personally. Please read our story below. Is there no-one overlooking the physicians or MAiD teams for erroneous MAiD approvals? Are all doctors submitting reports for each MAiD? Is there no accountability for the person administering lethal injections for an erroneous MAiD approval?
3. Eliminating the 10 day waiting period would allow too much room for error. How can you possibly consider taking out one of the only two safeguards, other than a reasonably foreseeable death, that are fortunately in place to protect vulnerable or mentally challenged individuals? To approve a lethal injection and receive it the same day that has been requested from a mentally unstable and vulnerable



person without accountability is absolutely unacceptable and appalling that our government would approve of this action against any Canadian citizen. A 90 day waiting period may have prevented the premature death by MAiD in the case of our brother Alan.

This is the short story of Alan Nichols, Chilliwack, BC who received MAiD on July 26, 2019. A detailed in-depth account can be provided upon request.

On **June 16, 2019**, Alan was brought to the Chilliwack General Hospital (CGH) Emergency Department by ambulance, against his will, after Alan's neighbor contacted the RCMP to conduct a wellness check. On this same night, I was with my brother Alan in the CGH Emergency Department (flew in from Edmonton). He was terribly upset and agitated and wanted me to take him back home. At the time, I thought he was in very safe hands and could see he needed medical attention as he had been admitted by RCMP under The Mental Health Act for his own safety. So, I told him no, he needed to stay, to get better. He was vulnerable and in the best hands for immediate care. Shortly after I left the hospital that night, Alan was transferred to Psychiatric Department, unbeknown to us. We learned months later that he was prescribed anti-depressants for the next two days. The Administration Department said they would follow up with us when information on his condition would become available as they told us Alan would now not see anyone, including family. We were concerned, but understood, that this was in his best interest. An assessment that would let us know what the next steps would be for his care. It may be time to have Alan look at assisted living, an option he had not yet considered. We honored and supported his decision to live independently for as long as possible.

It should be noted that Alan was hearing impaired and had been diagnosed with severe depression, anxiety and paranoia that had been left untreated when he stopped taking prescribed medications. This made life difficult for Alan who had weak coping skills and could not handle change. The weeks leading up to June 16, 2019, Alan was upset with everyone because of several changes and events that were unfolding in his life:

1. Safeway where he had shopped was closing their doors for good.



2. The bank where he dealt would not process his property tax payment and homeowner grant as they had done in previous years.
3. His neighbor, who assisted him with his well being, was moving in July.
4. His brother Wayne was leaving for a trip across Canada. Wayne was providing weekly assistance each Wednesday, driving Alan to do his banking and grocery shopping

After only four days that Alan was in the psychiatric department, they transferred him back to the hospital, to Unit 5 Path Ward (Patient Assessment and Transition to Home). Is this when Alan applied for MAiD? We legally followed protocol and requested all medical records, as we are next of kin, from CGH. Unfortunately, they were intercepted by the notary public who prepared Alan's Will on July 12<sup>th</sup> in his hospital room and who is also the Executor of Alan's will. So, a year and a half later, we have yet to see any legal documents on the date he applied, any of Alan's signatures or his medical records and reports from the various doctors who worked on Alan's case.

Our family was left in the dark and inappropriately mislead during the entire time Alan had left the Emergency Department. We had no knowledge of Alan requesting MAiD. We would contact the CGH several times and were finally able to speak with Andrea, a social worker, on July 9<sup>th</sup> about Alan's admittance. She assured us he was doing fine, eating etc. and that when his doctor returned from her holiday, she would have her contact us to discuss our concerns that Alan would need assisted living when he was released.

It was **July 22, 2019** when Dr. Alison Henry called me at work and informed me that Alan was to receive MAiD in four days on July 26<sup>th</sup>. We later learned that Alan had been scheduled to receive MAiD a week earlier on July 19<sup>th</sup> but due to negligence of protocol on behalf of CGH (no doctor present, no directive on what to do with his body upon his death, and that no family had been notified) Lisa Helgeson, who was to give the injections (MAiD) that day to Alan, stopped the procedure until the hospital was in compliance with MAiD protocol. Against our pleading and with



limited time to help our brother, Alan received MAiD on July 26<sup>th</sup>, 2019. We were with him, sitting in total disbelief that this was happening and there was nothing we could do to stop it. He was not in any pain, he has no terminal illness, he was eating, drinking, talking, laughing, his vitals were great, he was looking after his own personal hygiene, he was walking the halls with us the night before. Because he was unable to cope with his depression, he would suffer from mental anguish. That makes him vulnerable, mentally ill. How does Alan receive MAiD if he does not meet the required criteria under the existing guidelines of Bill C14 and MAiD? According to Bill C-14, Alan was required to meet **ALL** the criteria in order to be eligible for MAiD.

#### Who is eligible for MAiD under Canadian law?

Under Bill C-14, two independent health care professionals need to evaluate an individual to determine whether he/she qualifies for MAiD. To qualify for MAiD, a person must satisfy **all** of the following eligibility criteria. They must:

1. Be eligible for government-funded health insurance in Canada.
2. Be 18 years of age or older.
3. Have a grievous and irremediable condition, as defined by Section 241.2, para. 2 of the *Criminal Code*.
4. Have made a voluntary request for MAiD that was not made as a result of external pressure; **Alan was hospitalized by RCMP under The Mental Health Act. He was angry, upset, and vulnerable and did not want to get in the ambulance. He was under duress and given anti depressant medication to calm him down.**
5. Give informed consent to receive MAiD after having been informed of the means that are available to relieve their suffering, including palliative care.

In order to have a “**grievous and irremediable medical condition**,” as defined by Bill C-14, **a person must satisfy all of the following requirements:**

1. Have a serious and incurable illness, disease, or disability; **NO, Alan did not have an incurable illness, disease, or disability.**
2. Be in an advanced state of irreversible decline in capability; **NO Alan was not in an advanced state of decline. He was a fully functioning human being.**
3. Endure physical and psychological suffering that is intolerable to them; and **Yes, because he refused to take the medications to relieve this suffering.**
4. Their natural death has become reasonably foreseeable. **NO, with assisted care and medications, Alan would have lived for several years.** I asked his doctor at best guess. She said maybe a couple more years. That's two more years at least. Is that a reasonably foreseeable death? He never received the necessary medical attention for his mental illness.

**Alan did not meet ALL the criteria for MAiD.** This is a clear case where a MAiD eligibility was in question and should not have been approved. In his mind, we feel Alan had convinced himself that it was just easier to die, rather than to go through the hassles of living and adjust to an assisted living lifestyle. This law legally prevented us from helping our brother. This law was even misunderstood by the



hospital and staff that did not follow the MAiD protocols and could have easily taken our brother's life, without us ever knowing about it. Alan's death is a prime example of why Bill C-14 and MAiD laws MUST be reviewed independently, and stronger safeguards put in place to protect our most vulnerable. The loosely legal interpretations of this Bill are a pitfall for precious lives to be snuffed out far before their natural time. There is not enough protection for vulnerable people under the current legislation nor clear medical definitions included such as psychological suffering, which is not defined in the bill.

Fraser Valley Health, acting on behalf of CGH, indicated in their December 30, 2019 letter to address our concerns, that "though Alan had a history of depression, his request for MAiD was not based on this or any other mental health condition." What? That is exactly why he was admitted to the hospital under The Mental Health Act. Mentally unstable, not eating, tired of living. They also noted in this same letter that "The law does not require patients to be dying from a fatal illness or be terminally ill to be eligible for MAiD." There were no safeguards in place for Alan. He was a vulnerable person with untreated mental illness and left completely vulnerable in the hands of a medical facility, behind closed doors, that our family had been assured were taking care of his medical needs. Not one doctor called his family to verify any information on his medical history or background of the years of extra care, time and attention that were necessary to give to Alan so we could honor his desire to live independently. We asked him why he opted to have the MAiD injections, (he hated needles) rather than just simply take the pills to end his life. He said he didn't want to take the pills. He was afraid of the side effects.

Sincerely,

Gary and Trish Nichols



