The Provincial Organization for Educational Pro-Life Groups Across Ontario

26 Norfolk Street, Guelph, Ontario, N1H 4H8 · Ph. 519-824-7797 · Fax. 519-836-2716 · Email: aflo@mgl.ca · www.allianceforlife.org

Special Joint Committee on Physician- Assisted Dying (Suicide)

"When someone asks for euthanasia or turns to suicide, I believe in almost every case someone, or ***society as a whole, has failed that person****. To suggest that such an act should be legalized* ***is to offer a negative and dangerous answer to problems*** *which should be solved by better means…It is aggressive, it is invasive, it is ruthlessly final."*[i]

Requests for suicide and euthanasia mean Canada has failed

Alliance for Life Ontario is the umbrella coordinating body for 55 educational pro-life groups active across the province of Ontario. Our association has made numerous presentations at every level of government since 1991 regarding assisted suicide and euthanasia. We have made our opinion known on powers of attorney for health care, health care and patients' rights as well as addressing consent issues.

We will be perfectly blunt with the language we use throughout this brief. We refuse to use language that disguises what we are discussing which is state sanctioning of physicians to aid and abet patients to commit suicide or just killing patients at their request. We believe that the terms physician aid in dying or medical aid in dying are confusing and deceptive terms and we will not use them in our comments

End of life care or just plain ending life?

End-of-life care for us does not mean "ending life" nor does it include medical personnel killing a person or aiding and abetting them to commit suicide. The end of life care that we envisage is universal palliative and hospice care in Canada regardless of where this care is received. Killing is not and should never be regarded as part of health care.

We began with a quote from Dr Cecily Saunders who was considered the mother of palliative and hospice care and her framework for caring for the dying was a model which has been universally adapted. Dame Cecily regarded a society to have failed, if someone within it requested euthanasia or turned to suicide.

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We would say that Canada has certainly failed the chronically and terminally ill by having access to palliative and hospice care only available to a minority of its citizens. We have a dearth of pain management consultants, our physicians apparently have less than 10 hours of end of life education during their training and hospice and palliative care is only available to 15%-30% of Canadians.

Granting access to assisted suicide and euthanasia is negative and dangerous

However, it seems we are ready to "offer a negative and dangerous answer" one might say the final solution, to the problems which arise because of our failure. Help the patient commit suicide or kill him at his request!

*"..if the physician presumes to take into consideration in his work **whether or not a life has value or not, the consequences are boundless** and the physician becomes the most dangerous man in the state.."*[ii]

Quality of Life considerations instead of inviolable nature of human life

During the last few years we have seen a gradual change in ethics regarding patient care. Somewhere along the way, the medical profession has lost sight of its sacred duty of do no harm and began considering the "quality of life" of its patients. We have only to look at the horrendous rates of termination of children, living with Trisomy 18,13 or 21, in the womb as an example. If this attitude of "life not worthy to be lived" appears already to be in place then it becomes a simple activity to transfer it to the chronically or terminally ill, the aged or disabled. It is exactly because physicians and other health professionals are trusted at our most vulnerable times that they should not be given a state license to kill.

Doctors should never be licensed to kill their patients

For thousands of years our medical profession has served human life and not taken it. The respect accorded human life is referenced in both the classical Hippocratic Oath and the Modern version

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Hippocratic Oath: Classical Version

I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect.[iii]

Hippocratic Oath: Modern Version

I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.....Most especially must I tread with care in matters of life and death. If it is given me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play at God....I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm.[iv]

<u>Medically assisted suicide and euthanasia for those living with disabilities but not for the able-bodied</u>

"*When words create an image of people with disabilities as* ***being totally different from everyone else, our basic humanity may not be recognized****. This can then become the justification for the denial of basic human and civil rights, including the right to medical care and even life, itself.*"[v]

The above quote contains many of our fears. We know that this committee has heard from voices on all sides which have provided a mountain of information to be considered. Our brief addition to this information is basic and simple. Legalizing assisted suicide and euthanasia for people who are suffering or living with disabilities is indeed treating them and seeing them differently from able bodied human beings is discrimination with fatal and final consequences. Anyone who directly and intentionally plans to take the life of another person in Canada currently commits homicide. This committee is being asked to set up a system which will allow killing, not of those with ability though but for those with disabilities! What message is that sending to Canadians living with disability in Canada? Later in our brief we have included the voice of one such person, Steven Passmore.

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Canada a democracy or totalitarian regime?

"…Euthanasia constitutes a major breach against laws of humanity. It could in fact signify abandoning the very concept of democracy and relegate us to a new world and society which will be totalitarian… A society in which people may dispose of the very lives of others, where you have to be declared fit by others to receive from society the right to live…"[vi]

The sickest and most vulnerable among us use the most health dollars!

The aforementioned quote ask some very real questions of our society. In a climate where our health care system is extremely financially overloaded what are we to do? Possibly, the real question is what we will not do? On January 11th 2016 a research paper was published in the Canadian Medical Association Journal, regarding "A three year study of high cost users of health care in Ontario. Basically, it found that the sickest of us use the most health care dollars, well that is a hardly a revelation – so why raise it?

A 3-year study of high-cost users of health care

1. Walter P. Wodchis,
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1. Walter Wodchis, E-mail walter.wodchis@utoronto.ca

Abstract

Background: Characterizing high-cost users of health care resources is essential for the development of appropriate interventions to improve the management of these patients. We sought to determine the concentration of health care spending, characterize

demographic characteristics and clinical diagnoses of high-cost users and examine the consistency of their health care consumption over time.

Methods: We conducted a retrospective analysis of all residents of Ontario, Canada, who were eligible for publicly funded health care between 2009 and 2011. We estimated the total attributable government health care spending for every individual in all health care sectors.

Results: More than $30 billion in annual health expenditures, representing 75% of total government health care spending, was attributed to individual costs. One-third of high-cost users (individuals with the highest 5% of costs) in 2009 remained in this category in the subsequent 2 years. Most spending among high-cost users was for institutional care, in contrast to lower-cost users, among whom spending was predominantly for ambulatory care services. Costs were far more concentrated among children than among older adults. The most common reasons for hospital admissions among high-cost users were chronic diseases, infections, acute events and palliative care.

Interpretation: Although high health care costs were concentrated in a small minority of the population, these related to a diverse set of patient health care needs and were incurred in a wide array of health care settings**. Improving the sustainability of the health care system through better management of high-cost users will require different tactics for different high-cost populations**. [vii]

A colleague in the United States had read through this research and related the following which we believe sums it up.

"Years ago I went to a talk by the director of HHS's Medicare program. He was asked about the finding that some very high percentage of health care dollars was spent on people in the last weeks of life. In response he told a story: The British government was very concerned about the high death rate from train accidents in the UK, and it appointed a commission to study the problem. After long research and deliberation the commission found that most of the deaths from British train accidents were among people who had been riding in the last car of the train. ***The solution, they concluded, was obvious: Remove the last car.***

Everybody laughed, and he remarked: That's what these figures are like. OF COURSE we spend most health care dollars on the sickest people, including people with life-threatening illnesses. And if you somehow take them out of the system, we will be spending most of our

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health care dollars on the NEXT most seriously ill people, because now they will be the last car. Amazingly enough, people who are well don't need expensive medical treatment!

This was MANY years ago. I suspect this is no longer recognized by many of our health policymakers as a joke. ***They want to remove the last car.***"

"..better management of high-cost users will require different tactics for different high-cost populations"

Will this translate into our most sick and most vulnerable being offered assisted suicide or euthanasia so that we can "remove the last car"?

The Supreme Court of Canada has no jurisdiction to devalue human life or to bully the Canadian government into setting up a system for state sanctioned medical killing.

The Supreme Court of Canada has taken the unprecedented step of devaluing human life a step which is totally outside of its jurisdiction. Every human life has an "inalienable right to life," a sacrosanct or sacred nature purely because he or she is human. No Court, government, or organization indeed no committee special or otherwise may determine by law, guideline or policy that an innocent human being may be killed or aided or abetted to commit suicide. Human life is an objective good and it is out of the jurisdiction of any of the aforementioned to devalue human life making it subjective to some arbitrary delineation.

The Universal Declaration of Human Rights ensures this, and the Preamble to the Canadian Constitution/Charter of Rights and Freedoms recognize the "Supremacy of God." Therefore from a human rights and faith perspective innocent human life must be upheld as to own an inviolable nature.

Universal declaration on Human Rights 1947

Preamble "*Whereas recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world,….Now, Therefore THE GENERAL ASSEMBLY proclaims THIS UNIVERSAL DECLARATION OF HUMAN RIGHTS as a common standard of achievement for all peoples and all nations, to the end that every individual and every organ of society, keeping this Declaration constantly in mind, shall strive by teaching and education to promote respect*

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for these rights and freedoms and by progressive measures, national and international, to secure their universal and effective recognition and observance, both among the peoples of Member States themselves and among the peoples of territories under their jurisdiction..

The Constitution Act, 1982

Citation: *The Constitution Act, 1982*, being Schedule B to the *Canada Act 1982* (UK), 1982, c11

PART I
CANADIAN CHARTER OF RIGHTS AND FREEDOMS

" Whereas Canada is founded upon principles that recognize the supremacy of God and the rule of law: ……"

The first duty of any government is to protect its people

"Government is not reason, it is not eloquence, it is force, like fire, a troublesome servant and a fearful master. Never for a moment should it be left to irresponsible action.[viii]

It is our contention that it is an "irresponsible action " by this Government to endeavor to design guidelines to implement medical killing in Canada . State sanctioning and abetting of suicide or medical killing is wrong. A government's first duty is to protect its people and while the Supreme Court appears to have performed legal gymnastics to find a right to die within the right to life – this government does not have to be bullied into action.

The most basic duty of a government is to protect its people.[ix]

The central purpose of government in a democracy is to be the role model for, and protector of, equality and freedom and our associated human rights. For the first, government leaders are social servants, since through completing their specific responsibilities they serve society and the people. But above and beyond this they must set an ethical standard, for the people to emulate. For the second, the legal system and associated regulation are the basic means to such protection, along with the institutions of the military, for defense against foreign threats, and the police.[x]

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We find it difficult to see how our government will continue to "*be the role model*" or *"set an ethical standard for people to emulate"* should it succumb to, what we perceive to be, an irrational pressure from the Supreme Court. The Supreme Court even overturned its own precedent in Rodrigues(1993) to insist that the Canadian Government legislate for these exemptions- a request which devalues every Canadian human life and we believe is outside its jurisdiction.

Use the "notwithstanding clause"

We have a mechanism, the notwithstanding clause" which would provide 5 years for Canada to properly reflect on whether killing people is indeed a Canadian value. An elected Government makes the laws that rule Canada not the Supreme Court. It is apparent that most people do not understanding the precipice we now stand upon.

Every Canadian's rights are in jeopardy

Importantly, each of our lives has been devalued by the Supreme Court decision in Carter. Also, by allowing "exemptions" for some, to request assisted suicide or euthanasia, all Canadians have had their rights compromised. The physicians and indeed other health professionals, such as pharmacists, nurses, physician assistants, who have ethical, conscience and religious rights, not to be involved in medical killing, are being forced by threaten of sanction to be involved. Lawyers who may not wish to represent a client requesting exemption may also be under pressure. Judges ,who may not wish to rule in these cases, will be forced to do so. Institutions both religious and secular will be mandated to participate and of course all of us will be forced to support medical killing with our tax dollars. While many decry the idea of a "slippery slope" one has only to look at other jurisdictions to know the precipice we face in Canada.

In 1988 The British Medical Association stated;

"..the deliberate taking of human life should remain a crime..this rejection of a change in law is not just subordination of individual well-being to social policy. It is instead, an affirmation of the supreme value of the individual, no matter how worthless and hopeless that individual may feel."[xi]

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Does palliative care include killing a person?- Not according to the World Health Organization

Palliative Care for us does not include assisting in suicide or euthanasia and we are glad that the WHO organization agrees.

WHO Definition of Palliative Care

Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. Palliative care:

- *provides relief from pain and other distressing symptoms;*
- *affirms life and regards dying as a normal process;*
- ***intends neither to hasten or postpone death;***
- *integrates the psychological and spiritual aspects of patient care;*
- *offers a support system to help patients live as actively as possible until death;*
- *offers a support system to help the family cope during the patients illness and in their own bereavement;*
- *uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;*
- *will enhance quality of life, and may also positively influence the course of illness;*
- *is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.*[xii]

Does Canadian Hospice care include suicide or killing? It did not used to but now…?

Sadly, the revised definition of Hospice Palliative care, which follows, bears no resemblance to the 1997 document which strongly supported human life and totally opposed euthanasia and assisted suicide. However, if we understand words as they were intended to be read and adopt their true to meaning, then assisted suicide and euthanasia will never be a part of hospice palliative care in Canada.

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The Canadian Hospice Palliative Care Association

The CHPCA is the national voice for Hospice Palliative Care in Canada. Advancing and advocating for quality end-of-life/hospice palliative care in Canada, its work includes public policy, public education and awareness.

Established in 1991, its volunteer Board of Directors is composed of hospice palliative care workers and volunteers from Canadian provinces and territories as well as members-at-large.

What is Hospice Palliative Care?

The following definition was taken from the Canadian Hospice Palliative Care Norms of Practice following extensive national consultation.

***Hospice palliative care** aims to relieve suffering and improve the quality of living and dying.*

***Hospice palliative care** strives to help patients and families:*

- *address physical, psychological, social, spiritual and practical issues, and their associated expectations, needs, hopes and fear.*
- *prepare for and manage self-determined life closure and the dying process*
- *Cope with loss and grief during the illness and bereavement.*

***Hospice palliative care** aims to:*

- ***treat** all active issues*
- ***prevent** new issues from occurring*
- ***Promote** opportunities for meaningful and valuable experiences, personal and spiritual growth, and self-actualization.*

***Hospice palliative care** is appropriate for any patient and/or family living with, or at risk of developing, a life-threatening illness due to any diagnosis, with any prognosis, regardless of age, and at any time they have unmet expectations and/or needs, and are prepared to accept care.**Hospice palliative care** may complement and enhance disease-modifying therapy or it may become the total focus of care.**Hospice palliative care** is most effectively delivered by an interdisciplinary team of healthcare providers who are both knowledgeable*

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*and skilled in all aspects of the caring process related to their discipline of practice. These providers are typically trained by schools or organizations that are governed by educational standards. Once licensed, providers are accountable to standards of professional conduct that are set by licensing bodies and/or professional associations***.**

Euthanasia in Canada

There are children who come to mind when we look back over the years. The oxymoronic term "mercy-killing" has been used to soften our response, to the homicides of children such as Katie Lynn Baker, Charles Antoine Blaise, Ryan Wilkinson, Brandy lee Thompson and of course Tracy Lynn Latimer. None of these children appeared to have expressed a wish to die but others around them have ensured their death. These children had two things in common, they died or suffered assault at the hands of their parents and they each lived with disability. The question we asked more than once was, if these children had been able-bodied would society have responded with such disregard at the taking of their young lives?

The following is a letter from a good friend of our association who lives with cerebral palsy in Hamilton Ontario.

"Abandoned, Neglected, brokenhearted I am left crying myself to sleep" - What the ruling of the Supreme Court of Canada in the Carter case has meant to me and many other Canadians.

When I was a child my family placed me in a "home" for kids like me – I had disabilities because of cerebral palsy. Over the course of my six years stay I felt totally abandoned by my family. One question would often fill my thoughts, "does anyone really care?" In the wake of the Supreme Court decision in Carter, decriminalizing euthanasia and physician assisted suicide, I feel that same abandonment and again the question circles my mind after all these years – "does anyone really care?"

I have been abandoned by several key sectors of society - among these are, the Canadian Supreme Court, the Canadian Government, Canadian Law, the Canadian Medical Association, the Church in Canada and the Canadian Media.

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You may ask why this sense of abandonment and this would be my answer. These sectors were the pillars of society on which, I knew as a Canadian living with disabilities, I could depend upon to look after me, uphold my rights, to life, to support, care and protection.

Now with the changes I have lost my confidence in these institutions to protect me. I was told recently, "Stephen you should not go to the doctor alone – make sure you have someone to go with you." So what am I left to do – who will hold my hand? The sense of abandonment, my sense of grief and disappointment is so palpable it is like a yoke on my shoulders. Where do I go now, to whom do I speak? – I want to live even though some people may not find my life worth living. I am grateful to all of the key sectors that I mentioned for the life I have had so far. But when the law allows physicians to kill patients and those with consciences are forced to kill or pressured out of medicine. When people who want to commit suicide are exulted in the media to the point where we change the law and the voice of those of us who wish to live is disregarded and silenced – what am I to think?

Over the last 25 years, I have spoken about three key issues facing people with disabilities, equality, value and acceptance. I have tried to communicate to all Canadians that these three things must be protected under Canadian law to keep us all safe. People like me have always known that we were just tolerated, not really accepted, had no value and no equality in the eyes of many Canadians. You built us ramps to buildings but not to Canadian hearts.

The Supreme Court judgement, added to the betrayal and neutrality of key sectors of society that has reinforced the concept of *out of sight, out of mind,* it is now out of the way!

That is why I feel so deeply abandoned because the Carter decision proves I have no equality no value or acceptance. If my choice to live can be circumvented, in my best interests of course - where is my autonomy? Who gave anyone the right to take away my autonomy? Choices are made for me every day. Where I may live, how much money I receive and now finally, with these changes, when I will die. They will provide various reasons, such as economics, dependency, pain and suffering or quality of life and then they will decide. Society will decide for me, based on what it thinks not what I think. After all Canadian society knows what is best for me – who would want to live like Steven anyway. I

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shout but no one wants to hear. The Carter ruling establishes two types of Canadians, those upon whom we confer equality, value and acceptance and those, like me, to whom they will be withheld.

There is great talk about being more inclusive, a kinder and gentler Canada – is that just rhetoric – or does that really include the elderly, disabled the marginalized? Or have we become so cold that we will no longer provide the essentials of human life, the supports needed like health care and financial aid to those who require such assistance. I feel as though I need to apologize for being born with a disability, as though somehow it is my fault.

Someone recently said that because the government has become our provider it is as though the key sectors of society do not want to look after us anymore. Why give him healthcare? Why provide for or assist him we certainly do not want to extend his future. Is this because I am different, because I need a hand, a lift up?

What we are about to do, allowing physicians to kill patients or helping them to commit suicide, is so dangerous, so horrific, so detrimental to Canadian values.

It is said that how a nation treats its most vulnerable is the measure of that nation. Please speak up for my right to live. Our future as Canadians must include the vulnerable and marginalized. As a man living with disabilities I have no voice, and unless I want to kill myself I am closed out of Canadian media. Please ensure that all Canadians have a future – protect us from those doctors who will kill us, protect us from the media which asks you who would want to live like them? Defend us from the law which has been turned upside down and from a government that refuses to protect our lives.

Whatever happened to Canada the good? I am on a ledge right now will Canada pull me back or push me off? Forever committed to making a stronger and more inclusive Canada

An advocate for the marginalized in Canada.

Yours sincerely,

Steven Passmore

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Our office conducted research

We conducted some research on a cause of death that the World Health Organization Director General describes as "a large public health problem which has been shrouded in taboo...". So important was this issue that WHO called for action all around the world in its first ever report on the subject released in September 2014. Over 800,000 people die of it globally each year - about one person every 40 seconds and it is the leading cause of death in 15-29 year olds around the world and highest globally in people 70 years and older. It is generally estimated that for every death there are twenty people who try to die this way.

75% of these deaths occur in middle to low income countries. In richer nations three times as many men die by it than women and the 50 and over male cohort are the most vulnerable. Women 70 and over are are more than twice as likely to die from it than their 15-29 year old counterparts. The saddest part is that almost everyone agrees that these deaths were preventable, "effective measures can be taken, even just starting at local level and on a small scale.." says Dr Alexandra Fleischmann scientist in the Department of

Mental Health and Substance Abuse at WHO. "Now is the time to act..." echoes Dr Shekhar Saxena Director, Department of Mental Health and Substance Abuse.

In Canada the rate of these deaths is 11.5 per 100,000 people with three times more men than women dying this way. These deaths are found in all age groups but highest in men between 40 and fify nine and are a major cause of preventable death. In just one year in Canada they represented, 100,000 years of life lost. Mental illness has been recognised as the most important risk factor with more than 90% of people having a mental illness or addictive disorder. Aside from mental illness, these deaths are often associated with, break up of relationships, financial hardships, deteriorating physical health, a major loss and/or a lack of social support.These deaths rank second as a leading cause of death for Canadians age 15-34 and single people wer 3.3 times more likely to die this way than those who are married. In the youth community there can often be "clusters' of these deaths, often fuelled by the attention given to the circumstances of the death by the community and the media.

We were of course looking into suicide which is, according to Anthony Dale, President and CEO of the Ontario Hospital Association "an extremely tragic outcome and devastating for the family and friends of the patient, as well as care providers...The safety of patients is the

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first priority of Ontario hospitals, and we are constantly working with them to improve the care provided."

According to the June 26th 2015 press release, regarding the OHA newly established Suicide Prevention Standards Task Force, it has been working with government and other agencies for a number of years and together with the Canadian Patient Safety Institute released guidelines in 2011 on Suicide Risk Assessment.

In May 2015 two students at Garden City Collegiate, Winnipeg, killed themselves within days of each other and the Principal described the situation at the school as "reeling from the loss". In the US plans to prevent "suicide clusters" are implemented especially when several deaths, intentional or not, happen within the youth community in a short space of time. In one instance of these deaths a young man had fallen from a cliff quite unintentionally and within a short time two of his close friends had committed suicide, one of them had witnessed his fall. There is also a sense that a kind of "contagion" can happen with the community response and the media reporting of suicides among young people and this has led to a wariness in how these deaths are covered in the media and dealt with in schools.

On the Alliance of Hope for Suicide Survivors website we read the following;

> *"Sometimes in life, events occur that fracture the very foundation on which we stand. Our life, as we have known it, is forever changed and we find ourselves in an unexpected struggle, first just to survive and then to move forward. The Alliance of Hope for Suicide Survivors provides healing support for people coping with the shock, excruciating grief and complex emotions that accompany the loss of a loved one to suicide."*

On the Survivors of Suicide website it states:

> *"Historian Arnold Toynbee once wrote, "There are always two parties to a death; the person who dies and the survivors who are bereaved." Unfortunately, many survivors of suicide suffer alone and in silence. The silence that surrounds them often complicates the healing that comes from being encouraged to mourn. Because of the social stigma surrounding suicide, survivors feel the pain of the loss, yet may not know how, or where, or if, they should express it. Yet, the only way to heal is to*

mourn. Just like other bereaved persons grieving the loss of someone loved, suicide survivors need to talk, to cry, sometimes to scream, in order to heal.

As a result of fear and misunderstanding, survivors of suicide deaths are often left with a feeling of abandonment at a time when they desperately need unconditional support and understanding. Without a doubt, suicide survivors suffer in a variety of ways: one, because they need to mourn the loss of someone who has died; two, because they have experienced a sudden, typically unexpected traumatic death; and three, because they are often shunned by a society unwilling to enter into the pain of their grief.

The Mission statement of Your Life Counts states the following;

"YOUR LIFE COUNTS (YLC) is a critical front line resource working with youth, families, veterans, serving military personnel and emergency services in the battle against trauma, addictions and overwhelming life situations that may lead to thoughts of suicide. Through our unique outreach tool the "Online Lifeline" and extensive life affirming online and offline resources, YLC is dedicated to preventing suicide and intervening and supporting individuals who may be suicidal, and provides guidance and help to families who have lost a loved one to suicide. YLC saves lives! YLC is also passionate about creating and promoting leading edge, life-affirming strategies to meet the needs of individuals, including, ongoing empathic support, education, research, empowerment, training and advocacy through its resources, alliances, and programs worldwide."

Recent statistics from the Australian Bureau of Statistics indicate that the promotion of suicide techniques has led to many younger people dying by suicide. According the Sydney Morning Herald:

"New data from the national coronial information system shows 120 people died by taking Nembutal .. between July 2000 and December 2012. The deaths included one person under the age of 20, 11 people in their 20s and 14 people in their 30s. Voluntary euthanasia campaigners say the actual number of Nembutal deaths is even higher, as many deaths are not reported to the coroner and people who use the drug to take their lives take steps to make it look like the death is of natural causes."

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We would like now to come to another point regarding suicide with medical assistance, and our Supreme Court of Canada decision in Carter. We are concerned that the most vulnerable people in our communities will feel pressure to forgo medical care to which they are entitled.. Canada is being ruled by what Dr Richard Fenigsen years ago called "rule by propaganda" since the Court has bypassed our elected Canadian Parliament.

G.K Chesterton put it best when he said; "*In an insane world the only thing that the sane can do is continually repeat the obvious*."

If mental illness and addiction effect 90% of those who commit suicide and depression is the most common cause of suicide - 60% suffering from this condition - why when it comes to those who have irremediable illnesses and conditions do we change our response?

If you are otherwise able-bodied and have suicidal ideation we have prevention but if you are terminally or chronically ill, live with a disability or are suffering due to your illness, disease or condition - we now think suicide is a good thing for you.

How can suicide be at once a bad thing and a good thing - we do not consider suicide a good thing for most of us but an absolute boon for others?

If suicide is devastating to communities, families and friends, how will suicide with medical assistance be any different?

Our opinion is that it will be worse because family members will be forced to go along with the charade of celebrating suicide! Physicians who actually believe medicine serves human life will be pressured to become killers. There will be ever increasing arguments for an ever widening group of people to have access.

We have been assured that other jurisdictions have safeguards that work and we should not be worried but we are agreeing to the ultimate indignation – killing a human being. The Supreme Court of Canada has robbed human life of its inviolable nature and made its worth subject to any number of markers.

Canada's law will infer that there is a concept of life not worthy to be lived -your life – should you say so. Canadian society will be made to agree that your life is not worth

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living, and most of us would not wish to be in your shoes ever and so you should kill yourself with medical assistance.

In its final report "Informing the Future: Mental Health Indicators" June 2015, the Mental Health Commission of Canada noted the following:

i) The rate of suicide per 100,000 adults (20-64) was 13.8 and drew a "Red Code" "*indicating significant concerns and/or the indicator is moving in an undesirable direction*"
ii) The rate of suicide per 100,000 youth 15-19 was 9 and also rated a "Red Code" "*given the failure to dramatically reduce youth suicide in Canada*".
iii) The rate of suicide per 100,000 Canadians living in three Canadian territories was 30.9 and drew a Red Code with provisions, "*While the high rate warrants a coding of red…the rate appears to be decreasing*".
iv) The rate of suicide per 100,000 Canadians aged 65 years or older was 10.4. "*given a failure to reduce the seniors' suicide rate over time and alarmingly high rates for older men this indicator is red.*"

In a recent letter concerning California's consideration of assisted suicide legislation Dr Aaron Kheriaty, a psychiatrist and director of the Program in Medical Ethics at the University of California Irvine, stated the following.

"The desire to end one's life, or the request for assisted suicide, is almost always a cry for help," Kheriaty wrote. *"It is a distress signal indicating that something in the patient's situation is not adequately being attended to — an untreated clinical depression, fear or anxiety about the future or about one's medical condition, untreated or under-treated pain, family or relationship strain or conflict, and so on."*

The Oklahoman Editorial Board noted in its article regarding Dr Kheriaty's letter that he quoted

"*that 80percent to 90 percent of suicides are associated with clinical depression or other treatable mental disorders "including for individuals at the end-of-life and individuals with a terminal condition."* In Oregon which has suicide rates 35% higher than the national rates only 5% of individuals who died under Oregon's assisted suicide legislation, were referred to a psychiatrist.

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Lessons from Oregon

"As a cancer doctor (Radiation Oncologist), I have been concerned that the Oregon Health Plan covers the costs related to physician-assisted suicide, yet does not cover the costs of surgery, radiation therapy and chemotherapy in those patients with cancer who have a 5% or less 5-year survival.

That is true even when such treatment may prolong life or alter disease progression. In the financial rationing of healthcare in Oregon, cancer patients with advanced disease are being refused financial coverage for surgery, radiation therapy and chemotherapy; but they do receive financial coverage for physician-assisted suicide.

That is a why we say that legalized physician-assisted suicide is dangerous to vulnerable patients with serious illness. In a way, they are being sacrificed."

Sincerely,

Ken Stevens, April 15, 2008"

Reasons people might believe we need PAS – They may have

- Experienced a tragic death
- Witnessed terrible suffering
- Fear suffering and pain
- Fear loss of control
- Fear being a burden
- Fear loss of "Dignity"
- Be depression at end of life
- **Most important reasons to desire PAS:**
  - wanting control of circumstances of death, dignity, and preferring to die at home
  - concerns about independence, ability for self-care and quality of life

Problems with Oregon

- $0 funding for governmental oversight
- Prescriptions counted by Department of Human Services (DHS)
- Data collected are kept secret

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- Original reports destroyed after annual summary made public by the DHS
- ***No provision for medical record review*** to detect fraudulent reporting
- No requirement for mental health examination
- No requirement for family notification
- No mechanism for reporting pressure on patients or penalty for failure to report undue influence
- No standard of care
- Legal protection for "good faith" lethal prescribing
- Negligence unlikely to be prosecuted (surviving parties may gain financially
- No rights for patients

- Legal protection (civil and criminal) for physicians involved in medical killing
- Independent verification not permitted

  - What if they fail to treat depression?
  - What if the patient is not mentally competent?
  - What about influence of those with financial interest?
  - What about coercion of the patient by family?
- No funding for state validation or enforcement
- The vulnerable are at risk
  - Patients with dementia: **Kate Cheney**
  - Patients with Depression: **Michael Freeland**
- Changing roles of doctors and nurses
  - Doctors give lethal injection: **Clarietta Day**
  - Nurses now getting involved: **Wendy Melcher**
- It doesn't always work
  - Waking up after 5 days: **David Pruitt**

No patient safeguards
No regulatory oversight
No judicial recourse (unique in medicine!)
"Intractable pain" is used as a scare tactic
$$ drives decisions about assisted suicide
Patient care worsens after lethal prescription[xiii]

Oregon; law not safe - wide open

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"*Our law applies to "terminal" patients who are predicted to have less than six months to live. In practice, this idea of terminal has recently been stretched to include people with*

chronic conditions....Persons with these conditions are considered terminal if they are dependent on their medications, such as insulin to live. "Dr William Toffler[xiv]

"*[All] the protections end after the prescription is written. [The proponents] admitted that the provisions in the Oregon law would permit one person to be alone in that room with the patient. And in that situation, there is no guarantee that that medication is take [taken on a volunteer basis] So frankly, any of the studies that come out of that the state of Oregon's experience are invalid because no one who administers that drug...to that patient is going to be turning themselves in for the commission of homicide*.."[xv]

Elder Abuse

In 2007, Statistics Canada reported that the overall rate of police-reported violence against seniors increased by 20 per cent between 1998 and 2005.

Seniors are the least likely demographic to suffer violent crime, but they are most at risk of suffering violence at the hand of a family member.

For those over 65, 47 out of every 100,000 women were violently assaulted by a family member, according to 2005 statistics. For men over the age of 65, the figure was 36 cases per 100,000 population.

The major perpetrators of violence against seniors were adult children (15 per 100,000 cases) or a current or former spouse (13 per 100,000).

"In California, prominent elder abuse cases include; Victorino Norval, whose daughters allegedly instructed doctors to medically kill him so as to obtain quick inheritances..."[xvi]

Will Canadians be offered a poisonous prescription instead of proper health care?

In Oregon patients desiring treatment under the Oregon Health Plan have been denied the treatment and offered assisted suicide instead.

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Concluding thoughts

How can we possibly consider euthanasia and physician assisted suicide on a universal scale when our palliative and hospice care is inaccessible to so many Canadians? The Government has a mechanism which it can call upon in order to give Canada time to assist people in really understanding what this "seismic shift" in our morality will mean. The Government should invoke the notwithstanding clause.

1) No Court, government, committee or individual has the jurisdiction to legislate that an innocent person may be killed even at their request.
2) Human life has an inviolable nature
3) The medical profession has been a noble profession which for hundreds of years has upheld, supported and cared for human life until death.
4) No one, including doctors should be protected from criminal sanction if they kill another human being.
5) Euthanasia and physician assisted suicide are methods of medical killing which do not belong in a civilized and democratic country like Canada.
6) Suicide Prevention should be offered to all human beings especially those who are suffering from chronic or terminal illnesses which cause them suffering.
7) Finding a right to die within the right to life is insanity.
8) Canadian attitudes toward suicide will be greatly affected by our government legitimizing suicide for those with disabilities or chronic and terminal illnesses or conditions.
9) Sadly, we believe that economic and "quality of life" will become the main factors in deciding who will receive ethical medical care and who will not.
10) We have no idea how this acceptance and allowance of suicide for some people will affect our most vulnerable young people

"But in all the polemics about "dignified death" used by the euthanasia movement and now by the courts, we cannot forget that dignity is not recognized by telling the old and infirm or comatose, how "undignified" their condition is, or how they would be better off dead.

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It is not recognized by abandonment. It is certainly not recognized by standing by and watching someone die of thirst and hunger. The "mercy" killer adds the final rejection to the many already heaped upon the sick, invalid and dying by our community.

Dignity in old age, handicap unconsciousness, and suffering is enhanced, above all, in knowing that you are respected and loved. Surely we can find more creative ways of demonstrating love and respect than killing.[xvii]

Respectfully submitted

Mrs Jakki Jeffs

Executive Director

Alliance for Life Ontario

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[i] Dr Cecily Saunders, "Death as a Salesman"
[ii] Dr Christopher Hufeland 1762-1836
[iii] http://www.pbs.org/wgbh/nova/body/hippocratic-oath-today.html

[iv] http://www.pbs.org/wgbh/nova/body/hippocratic-oath-today.html

[v] "Watch your Language – Words shape attitudes" Frances Strong, Center Publications 1989
[vi] Dr Phillip Scheppens, General Secretary of the World Federation of Doctors Who Respect Human Life 1988
[vii] *CMAJ January 11, 2016* First published January 11, 2016, doi: 10.1503/cmaj.150064

[ix] http://www.ehow.com/list_6329186_duties-responsibilities-government.html

[x] **THE RESPONSIBILITIES OF GOVERNMENT** By Roland Watson Lessons in Democracy
http://lessonsindemocracy.org/forum/govtresp.html

[xi] B.M.A Journal Vol 296 page 1408 14th May 1988

[xii] http://www.who.int/cancer/palliative/definition/en/

[xiv] Letter to Editor, William TofflerMD, New Haven Register, February 24, 2014

[xv] Montana State Senator Jeff Essmann Hearing Transcript for Montana Senate Judiciary Committee on SB 167, February 10th 2011, at http://www.margaretdore.com/pdf/senator_essmann_sb_167_001.pdf http://www.pccef.org/resources/presentations.htm

[xvi] http://www.cbc.ca/news/canada/elder-abuse-a-growing-dilemma-in-an-aging-population-1.1050233

[xvii] Society for the Protection of Unborn Children - submission to the House of Lords Select Committee on medical ethics. 1993