

Incremental Steps in Canada Illustrate How Assisted Suicide Expands

Assisted suicide and euthanasia criteria **inevitably expand** to include new categories of people, subjecting ever increasing numbers to deadly harm through mistakes, abuse and coercion. A case in point is Canada which legalized assisted suicide and euthanasia in 2016 and has pursued very rapid expansion that occurs incrementally.

It begins as, “assisted suicide and euthanasia are for people with **‘intolerable suffering’**...

Who also have a terminal condition that will cause death in the **‘reasonably foreseeable future’**...

Or instead have some **‘degenerative illness’**...

And we’ll include advanced directives for patients with **‘dementia’**...

In which case it would be discriminatory to leave out people with **‘psychiatric illness’**...

Or those who are **‘isolated, lonely, can’t support themselves’**...”

The Increments

“Reasonably Foreseeable Future”

- Canadian patients seeking euthanasia must have a prognosis of death in the “reasonably foreseeable” future- However, after only four years of legalization, the Quebec Superior Court struck down this vague requirement in favor of a far more expansive one.¹

Degenerative Illness and Dementia

- Although the Canadian law already had incredibly medically imprecise criteria, a consequent 2020 Parliamentary bill seeking to keep up with court decisions would open eligibility to:
 - 1) Persons with degenerative illnesses who could live for decades longer with proper care and support and...
 - 2) Persons with dementia who can direct euthanasia in advance, regardless of what they do or say at the moment the doctor moves to lethally inject them.²

Psychiatric Illness

- The criteria under Canadian law that a person experience “intolerable suffering” has allowed leaders of the Medical Psychiatric Association of Quebec to write a report in support of euthanasia for patients with psychiatric illnesses.*
- Even while they support it, they cannot help but admit that “[f]or some, suffering is entirely subjective,” and suffering can “be caused or amplified both by social injustices and the actual mental disorder,” posing a “massive challenge” to assessment.³
- The 2020 Parliamentary Bill excludes expansion to psychiatric illness, but with steady, drastic expansions after only four years of legalization, that expansion is likely to eventually occur.

Isolated, Lonely, Can’t Support Themselves

- In the 2019 official Canadian report, 13.7% of patients who died by lethal medication reported that isolation or loneliness was the reason for the request.⁴
- To illustrate, as nursing homes fell to understaffing and their residents were isolated due to COVID protective measures, Nancy Russell’s vague interest in assisted suicide laws intensified until she used the law and died by euthanasia, citing isolation as the reason for the request.⁵

In Addition, Cost Savings is an Incentive

- While assisted suicide criteria expand on their own, the health care system also encourages expansion as it saves millions of dollars through the practice. Assisted suicide and euthanasia, “could reduce annual health-care spending across the country by between \$34.7 million and \$136.8 million” according to the Canadian Medical Association Journal.⁶
- To illustrate, Canadian resident Roger Foley had a fatal neurological disorder and was denied independent living services, but offered assisted suicide and euthanasia by his hospital instead. His story is not unusual. Visiting United Nation’s Rapporteur on the Rights of Persons with Disabilities stated that after hearing multiple such complaints, she was “extremely concerned” about the effects of assisted suicide legislation on people with disabilities.⁷

A Snapshot: Canada’s Expansions Already Occur or are Promoted in the United States

- Assisted suicide is already available to persons with chronic or degenerative illnesses if they stop treatment. Diabetes is listed in Oregon as a disease for which patients have received assisted suicide.⁸
- A study intended to find the prevalence of depression and anxiety in patients requesting assisted suicide in Oregon found that 3 of 18 patient participants who died by a lethal dose of drugs met “caseness” criteria for depression or anxiety.⁹
- Leading United States medical and bioethical publications have advocated for euthanasia, abolishing the six-month prognosis criteria and allowing for other expansions.¹⁰
- In one case, The New England Journal of Medicine lauded the story of a doctor who helped his grandfather die. The grandfather wanted to hasten his death because of isolation in an assisted living facility during the COVID epidemic.¹¹
- In the United States, loneliness and isolation are already serious public health risks with 1 in 4 adults over sixty-five considered socially isolated.¹²
- Disability discrimination shapes assisted suicide law. Leading proponents of assisted suicide admit that assisted suicide isn’t about preventing pain, but preventing living with a disability—according to them, a fate worse than death. “If I find myself in a situation where I can’t go to the bathroom on my own, where someone has to change my diapers ... I would then submit, ‘Is that really living?’”¹³
- States which have legalized assisted suicide are submitting new legislation to expand the criteria, eliminate waiting periods, allow more individuals to prescribe lethal drugs and add assisted suicide to advance directives for patients with dementia.

Assisted suicide and euthanasia criteria inevitably expand to include new categories of people. Patients have already been harmed, and more will be.

1 Quebec court strikes down restriction to medically assisted dying law, calls it unconstitutional, The Globe and Mail, September 11th, 2019, <https://www.theglobeandmail.com/life/health-and-fitness/article-quebec-court-strikes-down-parts-of-laws-on-medically-assisted-death/> • 2 Canada open door to expanding assisted dying, 24th February, 2020, <https://www.bbc.com/news/world-us-canada-51620021> • 3 Access to medical aid in dying for people with mental disorders,” Association des Medecins Psychiatres du Québec, November 2020 <https://ampq.org/wp-content/uploads/2020/12/mpqdoctreflexionammenfinal.pdf> • 4 First Annual Report on: Medical Assistance in Dying in Canada 2019 <https://www.canada.ca/content/dam/hc-sc/documents/services/medical-assistance-dying-annual-report-2019/maid-annual-report-eng.pdf> (page 32) • 5 Facing another retirement home lockdown, 90-year-old chooses medically assisted death, Avis Favaro, CTV News, Pub Thursday, November 19th, 2020: <https://www.ctvnews.ca/health/facing-another-retirement-home-lockdown-90-year-old-chooses-medically-assisted-death-1.5197140> • 6 “Medically assisted death could save millions, Kelly Malone, CBC News <https://www.cbc.ca/news/canada/manitoba/medically-assisted-death-could-save-millions-1.3947481>, published January, 23rd, 2017 • 7 “Barely hanging on to life, Roger Foley shares his fight for home care with UN envoy,” Avis Favaro, CTV News, <https://www.ctvnews.ca/health/barely-hanging-on-to-life-roger-foley-shares-his-fight-for-home-care-with-un-envoy-1.4378334>, Published April 12th, 2019 • 8 Oregon Death with Dignity Report, 2018 data summary: <https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year21.pdf> • 9 Prevalence of depression and anxiety in patients requesting physicians’ aid in dying: cross sectional survey, Linda Ganzini, Elizabeth R Goy, Steven K Dobscha, BMJ, <https://pubmed.ncbi.nlm.nih.gov/18842645/> • 10 The Time Has Come for Aid-in-Dying Statute, Law Journal Editorial Board, <https://www.law.com/njlawjournal/2018/09/03/time-has-come-for-aid-in-dying-statute/?kw=Editorial:TimeHasComeForAid-in-DyingStatute&et=editorial&bu=NewJerseyLawJournal&cn=20180904&src=EMC-Email&pt=AfternoonUpdate&srreturn=20201011150410> • 11 Learning About End-of-Life Care from Grandpa, Scott D. Halpern, M.D., New England Journal of Medicine, https://www.nejm.org/doi/full/10.1056/NEJMp2026629?query=recirc_artType_railA_article • 12 “Loneliness and Social Isolation Linked to Serious Health Conditions,” Center for Disease Control and Prevention, <https://www.cdc.gov/aging/publications/features/lonely-older-adults.html> • 13 Dan Diaz, Washington Post Health and Science, “Death with dignity” laws and the desire to control how one’s life ends.” *The Medical Psychiatric Association of Quebec has not taken an official position, and the report does not speak for it. However, the top two leaders of the association, with all the weight that gives them, are key contributors to the report.