



Additional Questions and Answers

The following questions were posed during the Emergency Lecture Series and subsequently replied to by the presenters.

How is the assisted suicide issue dealt with in medical school? Is it thoroughly discussed?

It varies across universities. I gave a lecture at a university recently as the students said they only heard about how this was a great therapeutic option without ethics discussed.

I have real concerns about conscience rights of physicians, as Dr Herx noted. How can the physician rights be protected?

Lobby your MPP provincially especially in Ontario. Our CPSO has the most problematic policy.

I've noticed a growing ignorance about other people's pain. In some university setting discussions, there is a focus on "does someone deserve care" instead of "what is in my capacity to care." I think the connection can be re-established when we recognize that we are ALL vulnerable, that what affects others will affect me, and that we're all interdependent (not self-sufficient with entitlements). I think people want to feel entitled NOT to care. There is also fear about taking up responsibility to care. Do you see any similar or different sentiments in your familiar contexts? How can we empower people to care?

Mentorship and example. You can teach virtue in a classroom but it's inspiring to see it lived.

What approach is Disabilities Canada taking to this Bill?

All national disability advocacy groups have condemned this bill.

I'm worried that what happened to Delta Hospice could eventually happen across the country. Did the CMA or Doctors of BC speak up on behalf of the Hospice or stand up to the government in any way? How can we prevent the Delta situation across Canada?

CMA did not and felt the bill was good. Delta was represented at Senate and there was an amendment for conscience of institutions and persons but it was voted down.

Thank you all for speaking so eloquently, about hope and resilience. When accompanying those with such painful suffering, such as the last stages of cancer, how can we speak to the strong urge to want - and even encourage them to die now, based on a sincere compassion not to see



them suffering? In the moment it can be extremely difficult to see how maid would not be the best decision.

Focus on trying to alleviate symptoms and making the moment memorable in any way possible. Focus on moment and not roles ex. soothing behaviours (combing hair and dressing them lovingly can help).

Further answered during the question period in Night Two.

Please describe conversations where you have explored a person's expressed desire for medically administered death to help them turn back from that wish.

I shared a detailed example at the end of my deVeber Institute talk in 2017 which is online. Please see here: https://www.youtube.com/watch?v=1NDO_2ynXGE

Do Canadian physicians take the Hippocratic Oath? If not, when did they stop taking this oath?

They take a watered-down version of the oath and it varies from university to university.

Thank you very much for your presentations and especially, for your good work. The Delta Hospice is just down the street from me, and we feel helpless, seeing assisted suicide forced in. Do you have any suggestions of what we can do to protect this place?

Conscience amendment for institutions and political lobbying against Fraser health.

Does the legislation spell out 'chronic conditions' or will any chronic disabling condition be sufficient?

In fact. The courts have ruled that the diagnosis severity depends on the patient's experience. Therefore, osteoarthritis before the courts have been said to fit the criteria. So, any chronic condition.

Can you explain possibly the subheading in C7 "for greater certainty"? Does this mean that at the last minute if someone indicates nonverbally that they don't want to die can the physician ignore and go ahead with the injection?

It means that the decision to go ahead or not will be based on the physician's subjective perception of whether the patient is resisting or just making involuntary movements.



Working within a pro-life organization we are often faced with limited resources and a desire to address both issues related to euthanasia and abortion and to be as impactful in our community as we can to educate and inform the general public and identified stakeholder groups. Can you provide any guidance or suggestion regarding where to best direct our efforts on the subject of euthanasia in order to make a difference?

Help your members lobby politically as citizens and be a background help to them.

How can we stop this Bill C-7? The government is not listening to the Church leaders in Canada...how do we lobby against Bill C-7 and push for palliative care...if it's every person's right to choose MAiD why is it not every person's right to live through to natural end of life with palliative care?

Lobby your MPP. It's up to citizens to take action. Form letters are not helpful. Meetings and actual letters and making personal connections is much better.

Where are the petitions to sign on this matter - both for Bill C7 and the right to receive Palliative Care under the Canada Health Act?

Petitions are not that helpful as personally lobbying your MP. That said, Garnett Genius and EPC have petitions.

Are there any programs which mentor young prospective doctors or nurses, to help form their consciences? So that if Maid comes up, they know what to do.

Canadian Physicians for Life has a mentoring program for medical students and residents.

How do we get governments to provide proper funding for healthcare? COVID has exposed a serious lack of commitment to the elderly and vulnerable - those who could be encouraged toward MAiD- such that it would appear people are not valued and society is unaware or lacklustre in their demand for this to be resolved.

Answered live during the Q&A in Night Two

Why not put your efforts into advocating for improved social services to protect those you described tonight instead of removing an optional service for people who need it? I applaud your desire to relieve the pain and suffering of your patients but when all of your efforts aren't enough and they wish to pursue MAiD why should they not have that right? if the concern is for the vulnerable who are pursuing it for the wrong reasons then fight to actually improve their situations rather than vilifying MAiD.



This is a good point. If both MAiD for death and options to live were both good, then we shouldn't vilify MAiD and just focus on parallel tracks to develop services and help those access what they need.

However, MAiD despite the euphemism is not new. The definition of maid: euthanasia and assisted suicide. We have these practices in the Netherlands and Belgium for those not dying. The evidence is in and it is damning against MAiD.

When we decide to do something that affects society (COVID precautions, speed limits, etc.) we should always consider if the practice will cause more harm than good.

Estimates from studies in the Netherlands suggest that for every four people who die because they want to, 1-2 do not. This is from anon surveys of physicians and nurses. Family pressures, needing the bed for another patient and disagreements over capacity and consent all play into these risks of wrongful death. NNT is 4-5 and the harm is life taken. No other medical procedure would accept that level of harms to others.

This is only going forward because wealthy lobbyists want to die on their own terms. In studies in the Netherlands, people over 80 and with disabilities were five times more likely to be euthanized without consent.

This practice can't be enacted safely and Bill C7 has just thrown out safeguards on top of it and the timeline of 90 days for track 2 is at peak of suicidality for chronic disease and nowhere in the legislation is it specified that MAiD should be a last resort.

I am a disability scholar who does research around access to homecare and community-based supports, and I often hear of folks with disabilities who aren't seniors living in LTC. As you mentioned, these individuals can feel hopeless about their situation. How can we shift the culture so that adults with disabilities aren't being placed into LTC/complex care wards and are instead offered the option to live in community?

I happen to agree strongly with you. I do believe people thrive in the community. We need more home care doctors and teams and better funding programs that allow patients the freedom to choose to live at home.

What is the most effective means of lobbying in your opinion? Petitions, letters, emails, marches, or other means?

Direct communication with the MP or MPP. Petitions have some utility but form letters are almost always useless but make the citizen feel like they've done something.

Given the legal requirements for doctors to bring up MAiD with patients, how does one prevent health care workers from broaching this topic or even promoting it to a patient at a vulnerable moment before offering "supports for living"? Is an advanced directive the vehicle to deal with this? Or perhaps wills?



An advance directive only kicks in when you become incapable of consenting to treatment. If you are deemed capable of consenting to treatment, which should be determined by the MAID assessor, then the advanced directive is over-ridden. The only protection against having a doctor bring this up at a time of vulnerability is to have the requirement to bring it up removed from law and protect conscience rights of doctors to not bring it up unsolicited. It may be necessary in the future if this bill passes with requirement to bring up MAID to request a “stamp” of some sort be placed in the chart ahead of time to “do not mention MAID”, but no such system exists as of yet.

Is it reasonable to say now that some people have a “right to die,” a court will eventually determine that everyone has a right to die and all safeguards and “qualifications” for so-called MAiD will be struck down? In other words, are we on a road that leads to anyone and everyone having a “right” to MAiD no matter their age, physical health, mental health or any other consideration?

You are correct, we are on that road. But the term “right to die” is incorrect since what we are talking about is the right to be killed. That right would mean that the state has to find some agents to do the killing. So far, only 1.2% of physicians have delivered one or more MAiDs, I doubt that many more will volunteer for that so they would have to be forced or a class of technicians be created who would do the killing.

What would you say to people living with disabilities like Truchon and Gladu who want to advocate for MAiD? How can we speak on their behalf without listening to their lived experience?

Truchon is quoted as having said: “I think that actually if there were services of 70 hours and more, I would have preferred to stay at home and possibly I would not have had the same wish to die.” <https://nationalpost.com/opinion/barbara-kay-wider-access-to-assisted-dying-in-canada-will-be-catastrophic-for-the-disabled>

This highlights that even for Truchon, the driving motivating factor to die was not the underlying medical illness, but lack of accessible care. This is the point we wish to make. In this debate, we must not overlook the needs of vulnerable Canadians, including Truchon, who are choosing to die because they do not have their care needs taken care of. MAiD can only be a free choice if society has afforded all the necessities for adequate living. Until this is achieved, allowing MAiD without assistance in living is condemning some people to choose a premature death they would not otherwise have chosen. This is not freedom or autonomy as is often touted. One person’s “right” to autonomy in having their lives ended by another should never endanger the lives of another citizen. If society can find a way to allow MAiD without endangering the lives of our most vulnerable members, then so be it. Until then, I don’t think it is just to create a system that inherently discriminates against and treats as disposable the lives of marginalized peoples.

Do families have recourse when they feel their loved one has been coerced into “choosing” assisted death?



Yes, contact Euthanasia Prevention Coalition, they will advise you. Email:
<http://www.euthanasianewsworld.com/contact>

Will Canadians be able to put in their advance directives that they do not want euthanasia under any circumstances, and know that those wishes will be followed?

As long as they themselves do not fall into the temptation of requesting MAID themselves, having a Power of Attorney for medical care who can speak on your behalf, and who knows your wishes for care is probably one of the best provisions you can have. Including a NO MAID request in an advance directive would also be helpful to ensure that your prior wishes are known.

Why do we want doctors to be the executioners, and why how come the Charter does not protect their conscience rights?

The Charter is supposed to protect Conscience Rights of doctors. It's just that governments and regulating colleges don't seem to want to respect this right. However, in the lawsuit against the Ontario College of Physicians and Surgeons who currently violates the freedom of conscience and freedom of religion of doctors by their effective referral policy for MAID, the courts only legislated by saying the policy violates freedom of religion of doctors, they did not actually make a determination or legislate on freedom of CONSCIENCE.

How do we make the federal government accountable for honouring their promise to review MAiD after five years?

Announce your displeasure to your Member of Parliament of the Liberal government's lack of responsibility in this area, and be assured to let them know that at the next election, you will be holding them accountable by voting for an MP who will take these concerns seriously. This may mean voting for a different party. Speak to the representatives of the opposition party as well, whose responsibility is to keep the governing party accountable to their promises.

With reference to the Hippocratic Oath: If Hippocrates were alive today, what would he argue in a presentation to the Senate and House of Commons?

To practice medicine ethically, it is necessary to respect the lives of our patients, and to not harm them, even if they request to have their lives ended. Only when patients can trust that their doctor will not use their knowledge to kill them will trust be established in the doctor patient relationship. Allow patients to choose the type of doctor that they wish to receive care from, either from a doctor whom they know would have no qualms ending their life if they wanted it at a moment of ill-considered desperation, and especially when pressured by a bureaucratic structure (such as regulating colleges), or from a doctor who has committed to never engaging in killing, no matter the circumstances. Allow the patients who wish to be treated by a death-inducing doctor to receive services from doctors known to engage in that practice, and allow the



patients who wish to be treated by a life-affirming doctor to receive care from physicians who have made the public commitment to not engage in inflicting death intentionally. Allow the patient to decide what they want. But then, allow the life-affirming doctors to exist so that they will actually have such a choice.

What about the other issues on the table RE: MAID consent for minors and advance care directives including the provision of MAID?

MAID for minors is still under review, supposedly. Advanced care directives is already being approved in a way, as those who have requested MAID, and whose deaths are reasonably foreseeable, are allowed to received MAID if they have lost their capacity to consent to MAID at the time of the intervention, for example, if they requested MAID on a certain day, and was found to be capable of making that decision at the time of the MAID request, but then loses consciousness, MAID would still proceed on the assigned date, even if the patient can no longer say no or change their mind. It becomes a fait accompli.
