

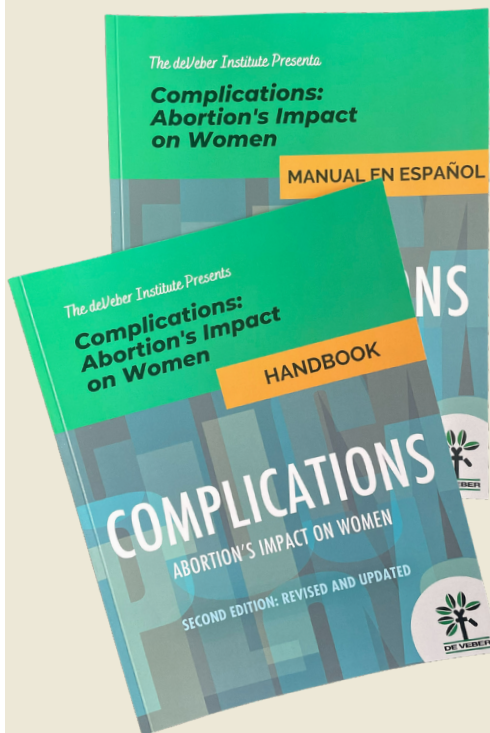


PERSPECTIVES

The deVeber Institute for Bioethics and Social Research

2022

Research and Scholarship for an Informed Social Response to Human Life Questions



New Release: *Complications* Handbook

The 48-page illustrated Handbook featuring summaries of all research findings and women's narratives is now available to pre-order

The deVeber Institute's publication *Complications: Abortion's Impact on Women* is the most comprehensive review of the global research on abortion, including over 600 studies on abortion's physical and emotional effects on women's health, relationships and society.

In 2021, we partnered with a translator to conduct an extensive Spanish translation of *Complications* including all chapter summaries, key research findings, and women's narratives, in addition to several complete chapters of *Complications*.

We have used these translations to create both a Spanish and English *Complications* Handbook. Pregnancy care centres have been in contact with the Institute requesting materials such as these for many years. They have specifically detailed the need for accessible, brief, and research-driven resources that can be shared with women.

These Handbooks are the ideal companion to the complete *Complications* publication and as an independent reference for anyone curious about the impact of abortion on women.

\$14.99
plus shipping

Use the enclosed flyer or email us to pre-order your copy for only \$14.99. Visit www.deveber.org/handbook for more information.



In celebration of the deVeber Institute's 40th anniversary, we have included attestations from individuals impacted by the Institute's work. Please visit our website to read more.

"I value the deVeber Institute as a place which draws people together to address issues affecting healthcare in our communities; locally and globally. Our work is based on evidence, practical application and built on a foundation of caring and compassion."

— Bob Parke, bioethicist

The deVeber Institute for Bioethics and Social Research, originally known as the Human Life Research Institute, was founded in 1982 with a mission to research and publish studies for an informed social response to human life questions.

Now, in our 40th year, we have a reputation for scrupulous academic integrity and working to fill gaps in medical and social research.

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CAPÍTULO 19

VIOLENCIA EN UNA RELACIÓN ÍNTIMA Y ABORTO

PUNTOS CLAVE



CHAPTER 5

INFORMED CONSENT:
A WOMAN'S RIGHT

SUMMARY

The concept of informed consent is a longstanding legal principle that patients may not be subjected to medical procedures without receiving full disclosure of risks and giving their consent. Though disclosure is now an ethical and legal obligation throughout most of the Western world, its application to abortion cases has been controversial. This is due in part to dispute over the risks of abortion, and in part to the difficulty of enforcing informed consent.

Both the American and Canadian Medical Associations require their members to provide patients with information concerning risks and alternatives before asking them to consent to a medical procedure. However, punishment for not doing so is unclear. Failure to inform a patient of risks or possible alternatives constitutes neither an injury in itself, nor professional misconduct. Thus, it is difficult to prosecute a physician for failing to obtain a patient's informed consent to a medical procedure, particularly abortion.

Informed consent cases generally fall under the category of negligence—the failure to provide due care to patients (rather than an intentional action that violates the patient's bodily integrity). In order to sue successfully, the patient must demonstrate five elements of negligence: duty (that the physician actually had the duty to inform, breach of duty (that the physician did not inform), decision-causation (that the patient would have made a different decision had she been informed), injury (that the patient suffered resulting physical injury), and injury-causation (that the patient suffered a risk of which she was not informed or that an undisclosed alternative would have prevented injury). Each is addressed by jurisdictional laws, such as "Right to Know" laws that make physicians legally liable for failing to provide their abortion patients with alternatives, ultrasounds, and other information.

However, the enforcement of these laws often requires the individual to sue. Unfortunately, this route is not often pursued by individuals for reasons such as guilt surrounding the abortion, lack of knowledge of legal rights, and financial constraints. Consequently, physicians have little incentive to inform their patients of the risks of induced abortion. Lawsuits based on failure to disclose the risks of abortion are rare in both the US and Canada. Recently, however, several suits have been brought against Planned Parenthood for failing to secure informed consent before performing an abortion.

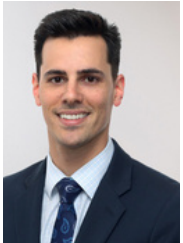
WATCH ONLINE

These phenomenal lecture presentations are all available on our website. www.deveber.org

Please view and share them!

SPEAKER SPOTLIGHT

The March Lecture Series speakers (from upper right): Dr. Margaret Cottle, David Shannon, Dylan McGuinty Jr, Dr. Leonie Herx, Dr. Thomas Bouchard, Dr. Paul Zeni, John Maher, and Dr. Sephora Tang.



In Review: March Lecture Series on Palliative Care and MAID

On three nights in March we were treated to the finest talks from eight caring practitioners of medicine and law. These lectures address palliative care, disability, and mental health in the face of Medical Assistance in Dying (MAID) and balance information, critique and inspiration. Each lecture is a gem and is free! ★★★★★
— Martha Crean, President of the Board



"Dignity Conserving Care is the way everyone can make a difference in the life of a seriously ill person. Some key questions to create deep dialogue together: 'What are your hopes for your loved ones? What's the worst part of this for you?' The answers will often surprise you! As Dr. F. Peabody said, 'The secret of the care of a patient, is caring for the patient.'"
— Dr. Margaret Cottle

"Having a disability now makes one a candidate for Assisted Suicide. At the time of my accident, it took me over a year to begin to adjust to this life-altering injury ... The United Nations has condemned Canada's MAID law saying 'disability should never be a ground to end someone's life directly or indirectly.'"
— David Shannon

"Prioritizing the *radical autonomy* of some people to have their life ended on request comes at the expense of the vulnerable who are not provided adequate support — social, medical, or financial. For those 'have nots' MAID becomes their first available 'option.'"
— Dylan McGuinty Jr.

"Expressing a desire for death is a normal expression of grief and loss. Almost all MAID deaths in Canada are from FEAR — of dying, of suffering, of loniless or of being a burden, but NOT because of pain. So this is about care. We all can help create communities of compassion."
— Dr. Leonie Herx

"How can we show the frail elderly person they are not a 'burden'? How do we respond if that person requests MAID? Have an open mind and explore 'Where is this coming from'? We must be willing to have these conversations: maybe no one else will listen and ensure this person of their continuing value."
— Dr. Thomas Bouchard

"Palliative care is walking with the person through the journey of their disease. Remove our coat, sit at their side and honour these patients: body, mind and spirit."
— Dr. Paul Zeni

"Most people are surprised when they learn how wide the door has opened in less than 10 years in Canada. MAID is a right. Palliative care, mental health treatment, alleviation of poverty and housing are not legal rights. As a psychiatrist I know treatment for mental health works — but it takes time."
— Dr. John Maher

"1/5 of Canadians will suffer mental illness in any given year, and in 2023 it will become a criteria for MAID. Hope and meaning in life are essential to us all: I recommend reading Viktor Frankl's *Man's Search for Meaning* and Marsha Linehan's *Building a Life Worth Living*. Your presence in another person's life can make the difference between life and death."
— Dr. Sephora Tang



Dignity in Death: A doctor's own experience of palliative care

Dr. Margaret Cottle is a palliative care physician in Vancouver, BC. She shared this story of a dear friend who found true dignity in his last days.

Dr. Allan W. Daniels had been suffering from chronic kidney disease for some time, and dialysis was no longer working. In addition, he suffered a major cardiac event.

As a doctor himself, he knew all too well the implications of his illness. Rather than continuing to undergo treatments that were ineffective, would force him to move away from his ailing wife, and would possibly hasten his death, he chose to stop dialysis and opt for a palliative approach to his care.

Being ill in a hospital bed was not easy. Indeed, the most commonly cited reason for requesting MAiD in Canada is the loss of ability to engage in meaningful activities. Patients who are facing a serious illness often experience "Total Pain," a term developed by Dame Cicely Saunders who suggested that pain has physical, emotional, spiritual, and psychological components.

In Dr. Daniels' case, his physical pain was under control. However, emotionally, psychologically, and socially he was suffering. As a close friend, Dr. Cottle knew exactly what he needed: a mission.

So, when Dr. Daniels' daughter called asking for help, Dr. Cottle had a message:

"What we really need in our world right now is people who are willing to show that you don't have to have a medical termination in order to have a dignified death. You have an opportunity to show those lovely grandsons of yours what a dignified death looks like. You still have a lot you can pass onto them. So, tell him from me that he's got a mission."

According to Dr. Cottle, "he locked onto that and he did that with a vengeance." She soon received the above picture of Dr. Daniels with his grandsons.

Dr. Daniels is lying in bed with his grandsons on either side, teaching them what it means to be a Daniels. The attentive sincerity on his grandsons' faces as they eagerly take in these final lessons from their grandfather is clear.

Precious moments like these, Dr. Cottle says, would have been lost had his total pain not been treated by reminding him of the wisdom he still had to share.

Dr. Daniels spent his life and career fighting to show that death is not a solution to suffering. He spent his last days showing how beautiful it can be to be loved and to choose to love while dying.

Dr. Cottle shared this story with permission from Dr. Daniels' family. Dr. Daniels' family has also given the deVeber Institute permission to use his real name and photo.

NEW PROJECT

In 2021 we researched access to palliative care and found that:

Over 75% of Canadian would prefer to die at home, but only about 15% have access to palliative care services.

In response to this research, the Institute will create a cross-Canada booklet series. Each booklet will share a palliative care story, such as Dr. Daniels', on a topic relevant to that region, as well as a directory of local palliative care services.

This project will provide resources on the first-hand experiences of patients, families, and medical professionals.

Far too often, a person feels alone, isolated, and ill-prepared when faced with illness and the end-of-life. We hope that by fostering a deeper understanding of palliative care practices and resources, this can change.



The deVeber Institute is excited to welcome back Breanna Tauschek, as lead research intern and author of the cross-Canada palliative care booklet series.

From our family to yours
MERRY CHRISTMAS

With your help, we have successfully completed all of our goals for 2022:

- ✓ A 3-night lecture series on palliative care and MAiD in Canada. Now available online!
- ✓ A Spanish translation of the key research findings and women's stories in *Complications*.
- ✓ Continued in-depth examination of the state of palliative care across Canada.

As the year comes to an end, we want to thank you for your encouragement and generosity. We hope that you will assist us with our ambitious goals for the upcoming year. Together we can:

- Launch the Spanish and English *Complications* Handbooks across North America to ensure that women and organizations have the reliable research they need.
- Create a collection of Canadian palliative care stories and interviews for patients, families, and communities.

We are a very small organization with big goals. To meet these goals we rely on the support of donors - like you. **We have enclosed a donor envelope for your convenience. Donations can also be made online through CanadaHelps.** Remember that every donation makes a difference and is tax-deductable.

*Please donate to ensure 2023 can see the continued accomplishments YOU made possible this year.
Thank you for all you do to further research and discourse on today's human life issues.*

Thank you!



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