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Patients Rights Council

# Update

## Legalized euthanasia/assisted suicide leads to normalized medical killing

**G**lobally, in jurisdictions where euthanasia and/or doctor-assisted suicide have been legalized, the normalization of medical killing soon follows. Here are a few examples.

### The Netherlands

According to the latest Dutch statistics on reported 2018 euthanasia and assisted-suicide deaths, there were 6,126 lives ended, amounting to 4% of all Dutch deaths in 2018. Included in the euthanasia deaths are 18 cases (9 couples) where lethal drugs were administered simultaneously to the spouses or partners (referred to as a “double euthanasia”), 144 early-stage dementia patients, 2 “very” advanced dementia patients, 3 minors between the age of 12-17, and 7 patients who were euthanized and their organs harvested for transplantation. [Regional Euthanasia Review Committees, *Annual Report 2019*, 4/19]

Dr. Theo de Boer, a former euthanasia advocate and member of one of

the five Dutch Regional Euthanasia Review Committees, observed that the categories of patients, deemed eligible to have their lives ended, kept expanding over the years. He suggested that “once euthanasia has become established, it becomes a normal treatment.” [Mercatornet, 3/30/16]

Since the Dutch euthanasia law took effect in 2002, the number of lives intentionally ended by health care providers has steadily increased. However, for the first time, the number of cases slipped slightly between 2017 and 2018. But that is not expected to continue. Dr. Steven Pleiter, head of the Expertisecentrum Euthanasie (formerly called the End-of-Life Clinic, a place that specializes in ending patients’ lives), recently predicted that the number of euthanasia deaths will double within eight years to 12,000 annually because of an increase in “old people.” [dutchnews.nl, 9/11/20]

### Luxembourg

Euthanasia and assisted suicide laws were enacted in the small country of Luxembourg on March 16, 2009. Between 2009 and 2018, there were 71 medically assisted deaths and more than 3,000 people have signed “end of life provision” forms stating that they want to be euthanized if they are no longer competent to make that choice themselves. The induced-death practices have become so normalized that, on July 11, 2019, the Luxembourg Cabinet adopted a bill that establishes euthanasia or assisted suicide as a natural cause of death. As Minister of Health Étienne Schneider explained, “The bill proposes to equate the death of a person who died as a result of euthanasia or assisted suicide to a natural death.” [Chronicle Luxembourg, 7/11/19]

### Canada

Canada is a relative newcomer to legalized euthanasia and doctor-assisted  
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## Disability & assisted dying: When living doesn't seem an option

**L**ow-income people with disabilities in Ontario, Canada, are becoming desperate because they are not able to survive on their public assistance allotments. Many feel abandoned and ignored. Some have even applied for euthanasia under the Medical Assistance in Dying (MAID) law because their disabilities make it impossible for them to work, and their monthly assistance checks from the Ontario Disability Support Program (ODSP) don't stretch until the end of the month.

In Ontario, a person with disabilities can receive a maximum of \$1,169 a month from the ODSP. Kim, who was born with a digestive condition and had to have most of her intestines removed, needs a feeding tube to sur-

vive. But her rent alone is \$1,000 a month for a 300-square foot RV in a trailer park. Now, her landlord plans to evict her, telling her that he could get an additional \$400 a month on AirBNB. She cannot pay that and has to move, but even shelters are full, she said.

Another woman applied for MAID because she “can no longer afford to live, nor can I afford the food and medicine I need to get better.” Yet another said that she only had \$4.00 left after paying her bills this month. “This is because I chose [to buy] my medication which I cannot live without for mental health issues.”

Kim said she personally knows of 50 people who have opted for MAID. “They don't want to  
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## Courts bent on death for an 83-year-old husband with COPD and dementia

A precedent-setting, medical aid and dying (MAID) lawsuit is currently making its way through the courts in the Canadian province of Nova Scotia. It involves a couple, in their 80s, who have known each other for 62 years and been married for 48 years. Court documents refer to the spouses anonymously as X and Y.

The husband (X) wants a medically induced death and was deemed eligible earlier this year. He was even scheduled to die on July 20, but his wife (Y) filed suit and obtained a temporary injunction to prevent his death. The husband has been diagnosed with stage 3 Chronic Obstructive Pulmonary Disease (COPD), hypochondria, and dementia. He says he is at the end of his life and his con-

dition is incredibly stressful. His wife, however, says X is excessively anxious, delusional, and not of sound mind to qualify for MAID.

X's condition was assessed by seven medical experts. The majority ultimately found the husband eligible for MAID, even though they identified mental problems including depression, anxiety, and dementia. One expert said X did not have the capacity to choose MAID and his condition was not grievous and irremediable as required by law. Another expert, a respiratory specialist, wrote, "I do not see that [he] will die from his lungs in the next year."

In spite of those mixed expert opinions, Nova Scotia Supreme Court Judge Peter Rosinski ruled in the husband's favor on August 18 and denied the permanent injunction requested by the wife. Her lawyers appealed the ruling immediately. On September 4, Nova Scotia Court of Appeals Justice Elizabeth Van den Eynde upheld the lower court ruling and removed any legal barriers to X's medically assisted death. She ruled that the husband would suffer more harm than the wife if the injunction to stop his death were granted. The judge, however, scheduled a full hearing on the case for September 24, but, if X plans his death before that date, the case will be moot.

Hugh Scher, the wife's lawyer, said, given the conflicting expert opinions on X's medical condition, the safeguards contained in the Canadian MAID law are completely meaningless. [CBC News, 8/19/20 & 9/4/20; CTV News, 8/21/20; Global News, 9/4/20] ■

### Disability & assisted dying, continued from p. 1

live this way anymore," she explained. "There is no safety net at all for people that are disabled." Asked about her own life on ODSP, Kim said, "I have no dignity left. I don't like to go anywhere or have anyone see me.... I don't feel like I'm worth anything to anyone anymore." [City News (Toronto), 9/2/20]

Some with disabilities have conditions that would be considered "terminal" without proper medication and treatment, qualifying them for MAID. Moreover, the Canadian government is currently planning to ease eligibility requirements for someone whose natural death is not foreseeable—making even more people with disabilities eligible for MAID. ■

### Legalized euthanasia/assisted suicide leads to normalized medical killing, continued from p. 1

suicide (practices that are referred to as Medical Aid in Dying or MAID for short). The country has so enthusiastically embraced the death practices as normal medical care that, since the MAID law was enacted in June 2016, almost 14,000 (13,946) patients reportedly had their lives intentionally ended by doctors or nurse practitioners—in just three and a half years. According to the official reports, there was a staggering 57% increase in MAID deaths between 2017 and 2018, and a 26% jump between 2018 and 2019. Increases were reported in all of Canada's provinces. [Health Canada, *Medical Assistance in Dying in Canada 2019*, 7/20]

With the normalization of medical killing in Canada and the resultant notion that access to MAID is every qualified patient's right, pressure is now being exerted to force hospices and faith-based hospitals to provide MAID services even though they conscientiously object, which is allowed under the law. Pressure is also being applied to force individual doctors to engage in MAID or else leave their practice or field of medicine. [Practical Ethics Podcast, Univ.

of Oxford, 6/1/20; *National Review*, 1/24/20]

#### Victoria, Australia

Another newcomer to medical killing is the Australian State of Victoria. Victoria's Voluntary Assisted Dying (VAD) law took effect just last year, and it is already apparent that death practices are gaining popularity. Victoria issues official VAD reports every six months. In the first report, covering June to December 2019, 137 patients applied for VAD. In the second report, 211 patients applied for VAD between January and June 2020. That is a 54% increase in people requesting death. In total, 124 died in the first year, with 46 deaths in the first six months and 78 in the second. [Victoria VAD Review Board, Report of Operations, January-June 2020] The death count is more than 10 times the official estimate of deaths given prior to the law being passed.

In an article, published in the *Medical Journal of Australia*, a veteran palliative care physician wrote about her experience with VAD normalization. "I have seen this in my workplace, as those of us who ex-

press objection to VAD are challenged as uncaring, dogmatic, and confrontational, as our views as conscientious objectors are not respected," she explained. "I have seen it in the documentation of 'consider VAD if appropriate' in a clinical note on a patient with recurrent cancer.... That note was written by a junior inexperienced doctor, but it echoes the growing sentiment of normalization and acceptance of this practice for the relief of suffering." [Odette Spruijt, *Med. Journal of Australia*, 8/3/20]

#### US states where assisted suicide is legal

In the eight states where doctor-prescribed suicide is legal, the increasing number of deaths annually being reported by state health departments is a sign that induced death is being normalized. The assisted-suicide activist group Compassion & Choices wants normalization and has been working hard to increase the number of deaths by promoting more access for minorities and rural communities. The group is also trying to eliminate protective provisions in assisted-suicide laws, arguing that they are now burdensome barriers to death access for severely ill patients. ■



## Time to End Solitary Confinement in Nursing Homes

By Rita L. Marker

As 2020 began, the shutdown of our cities and the lockdowns of businesses would have been unthinkable. But, as early as March, when cities were shut down and businesses were closed, few would have imagined the deaths and the changes to health and wellbeing that would still be taking place as summertime is ending.

Healthy individuals have seen their work and social lives curtailed. And many have spoken out about policies that impacted their lives. But there is a huge population who have been devastated by rules and regulations that, rather than protecting their lives, have led to their deaths.

Those deaths are not from Covid-19, but because of Covid-19.

Now is the time to take stock of where we are, where we are going, and what we can do.

Beginning in early March, heart-wrenching policies have been instituted, effectively isolating nursing home patients from their loved ones.

The reason? To protect the health of patients.

But there is more to "health" than just physical health. Protection of physical health has, in many cases, endangered the mental and emotional health of hundreds, if not thousands of people.

**And this has led to what could be described best as an epidemic of loneliness. An epidemic that, although largely unrecognized, is just as deadly as the coronavirus itself.**

In Minnesota, elderly nursing home residents have been quarantined in their rooms to "protect them" from the virus. Those efforts have led to unintended consequences. In fact, the isolation is killing them. According to the death certificates of some patients, *the listed cause of death was "social isolation."*

In Texas, families of nursing home residents are not allowed to have in-person visits. One family member described the situation required by state law that isolates her father in one room. "He is alone, frightened, confused, and most concerning, he is

declining. **This quarantine seems similar to solitary confinement in prison, where lack of contact is part of the punishment."**

States are now looking at the deadly effects of isolation and are easing restrictions. Guidelines for doing so are being issued. Yet, some of those guidelines are draconian.

For example, New Mexico officials issued guidelines, effective on August 10, described as expanding safe visitation at nursing homes. Those guidelines permit one visit per month, by appointment, through an open window or a visit using a plexiglass barrier, between a single family member and a COVID-negative resident. And, even then, it would be up to the facility whether to allow such visits to occur.

On August 21, Governor Henry McMaster of South Carolina called for changes in nursing home policies. In a letter to the state Board of Health and Environmental Control, he acknowledged that "this separation and isolation has caused loneliness, depression, stress and anxiety among residents, and has frustrated those worried about a parent, grandparent or other loved one's well-being...." He further stated, "We are committed to protecting the physical, mental, and emotional health of our elderly and at-risk people—and their loved ones."

Yet, the snail's pace at which new guidelines are being proposed and the fact that it is still up to each facility whether to ease restrictions has led family members and others to change the brutal isolation.

Individuals and groups are proposing the concept of permitting an "essential caregiver" (a family member or a close friend) to visit a person who lives in a nursing home or assisted-living facility. That caregiver could provide vital contact with the outside world. The concept of an "essential caregiver" or "compassionate caregiver" would permit a designated family member or other selected individual to visit regularly with a resident of an elder care center or nursing home. That person would provide familiar contact and help with activities of daily living such as bathing, dressing, and eating that are so desperately needed.

Such innovation by family members can be life-changing and life-protecting.

A shining example of such innovation is that of Florida's 57-year-old Mary Daniel. She is the chief executive of a Jacksonville, Florida company. Steve Daniel, her husband of 24 years has Alzheimer's disease and is in a memory care home in Jacksonville where Mary had been unable to be with him for months.

So, Mary took the step of taking a part time job at the memory care home as a dishwasher where, as a worker at the care home, she was able to visit him.

Her actions brought her to the attention of Governor Ron DeSantis who asked her to be on a state task force on safely reopening nursing homes and long-term care facilities. And her participation in the task force hearings highlighted the problems with state policy. She explained the current policy permits thousands of vendors, nursing home staff and state workers to enter long-term care facilities without proof that they are virus free. Yet, at the same time, it prevents family members from entering—even those who have proof that they are virus-free.

At the first meeting of the task force, she asked, "Why am I allowed to touch my husband as a dishwasher, but I'm not allowed to touch him as his wife?"

Mary Daniel has founded the 8,500 member Facebook group called Caregivers for Compromise. Other groups are calling for changes in the "solitary confinement conditions" of nursing homes and long-term care facilities. They include Visitation Saves Lives, California Advocates for Nursing Home Reform, and the National Consumer Voice for Quality Long-Term Care.

Loved ones joining together to call for an end to the deadly solitary confinement can truly save lives. ■

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## News briefs from home & abroad . . .

- **California & Hawaii:** The official annual reports on 2019 doctor-prescribed suicide deaths in California and Hawaii were released this summer. In California, where the assisted-suicide law has been in effect since 2016, 618 patients were prescribed lethal drugs in 2019; 378 took the drugs and died. An additional 27 patients, who had received their prescriptions in previous years, took the drugs in 2019 and died. That brings California's total 2019 body count to 405. While the Golden State has one of the most ethnically diverse populations in the country, the report reveals that those who opted for assisted suicide were not ethnically diverse at all. In fact, 87% were White, only 6% were Asian, 4% were Hispanic, and 1% were Black. (Whites make up just 36% of the state's population, with Asians, Hispanics, and Blacks together comprising 61%.) This is not a new phenomenon. The preponderance of Whites choosing death assistance has been reflected in the statistics on all 1,985 patients who obtained prescriptions and the 1,283 who died since the law was enacted in 2016. Compassion & Choices, the assisted-suicide activist group, has been working hard for years to increase death access, particularly for Hispanics and Blacks. Most recently, they have been running bi-lingual public service ads to try to assuage the natural suspicion these cultures have regarding doctor-prescribed death. [CDPH, *California End of Life Option Act - 2019 Data Report*, 7/20; *The Independent*, 7/9/20]

Hawaii's assisted-suicide law came into force on January 1, 2019. The Hawaiian Department of Health released its first year's report in July 2020, covering all reported prescribed deaths from January to December 2019. Light on meaningful data, the report does reveal that 30 patients were prescribed fatal drugs, and 15 died as a result of ingesting those drugs. Thirteen individual doctors wrote the deadly prescriptions. It appears that Hawaii may have a similar ethnic problem for assisted-suicide promoters as California. According

to Hawaii's report, of the 15 patients who died after taking the drugs, 9 (60%) were White, 3 (33%) were Asian, 1 (11%) was Hispanic, 1 (11%) was Native Hawaiian, 0 were Black, and one patient's race was unknown. [HDH, *Report to the Thirtieth Legislature, State of Hawaii, 2020*, 7/1/20]

- **Czech Republic :** A second parliamentary attempt to legalize euthanasia was blocked by the Czech government on July 27, 2020. The first attempt to legalize the practice was defeated in 2016. This year's bill was introduced by the Ministry of Justice and the chairwoman of the Legislative Council. Opponents of the measure included Czech President Milos Zeman, the Ministry of Health, the Supreme Court, and the Supreme Public Prosecutor's Office, among others. Euthanasia is considered murder in the Czech Republic. Euthanasia opponents argue that it violates the country's Charter of Fundamental Rights and Freedoms that states everyone has the right to life and must not be deprived of that life. [*Brno Daily*, 8/4/20]
- **New Zealand:** For several years, the question of whether euthanasia and/or assisted-suicide should be legalized in New Zealand has been hotly debated, but now that question will soon be determined by voters in a referendum this year on October 17. The End of Life Choice Act was passed by Parliament in November 2019, so the referendum vote would be binding if more than 50% of the voters approve the measure. The voting results will not be immediately known but will be announced by the Electoral Commission on October 30. If the referendum passes, the EOLC Act would take effect in 12 months. [*News Hub*, 7/10/20; ODT, 8/22/20]

The EOLC Act is seriously flawed. There are no independent witnesses required at any time, the patient is not required to be competent when the lethal drugs are administered, and the "protections" against patients being pressured or urged to die are ineffectual. ■

The Patients Rights Council is a human rights group formed to promote and defend the right of all patients to be treated with respect, dignity and compassion and to work with individuals and organizations to resist attitudes, programs and policies which threaten the lives of those who are medically vulnerable. To those ends, the PRC compiles well-documented and up-to-date information on a whole range of end-of-life issues, including health care advance directives, futile care policies, health care reform, and doctor-prescribed death.

The *Update* is available to the general public; suggested minimum donation is \$25.00 [U.S.] a year. Add \$3.00 for foreign postage.

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