

One Year After Being Pressured by Doctors to Die by Euthanasia, Candice is Much Better

Last month, Candice Lewis' mother received a disappointing response from the local hospital after sending an official complaint about being pressured by doctors who wanted Candice to die by euthanasia.

An article by Stephen Roberts that was published in the *Northern Pen* newspaper on August 28 explains that Candice is doing much better after receiving excellent care from a hospital in St. John's Newfoundland.

The article reported:

According to her mom, Sheila Elson, Candice hasn't been having any seizures, is now able to feed herself, walk with assistance, use her iPad, and is more alert, energetic and communicative since her stay in St. John's.

"She's back to about where she was five or six years ago," says Elson.

After a two-week hospital stay, Candice, along with her mother, walked her sister Glennis down the aisle at her wedding in Dildo in August.



Candice Lewis

She's been able to do all this despite the fact that in 2016, doctors suggested that Candice might be dying.

In September of that year, a doctor at Charles S. Curtis Memorial Hospital in St. Anthony had also suggested to Elson that physician-assisted death could be an option for Candice.

What is satisfying her these days is her daughter's health.

Since returning to St. Anthony

earlier this month, Candice hasn't required a visit to the hospital.

Elson believes Candice's condition has improved because she is now on fewer medications.

Legalizing euthanasia (MAiD) gives physicians the right in law to lethally inject their patients. The doctors' attitudes toward Candice's "quality of life" were based on negative and discriminatory attitudes towards the lives of people with disabilities. The doctors thought that Candice was better off dead.

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Medical Error is the Third Leading Cause of Death

Should Legal Euthanasia Concern You?

Recent studies indicate that in the United States, [medical errors](#) have become the third leading cause of death.

An article in *Mondaq* by lawyer Meghan Hull Jacquin points out that one in 18 patients in Canadian hospitals will experience a potentially avoidable harmful event:

Unfortunately, surgical and medical errors happen, and they can cause patients injury, disability, or even death. One recent study found that one in 18 people admitted to Canadian hospitals each year—138,000 patients—experienced a harmful event that was potentially preventable. Of those patients, 30,000 faced more than one preventable harmful event. Some statistics suggest these hospital errors may be the third leading cause of avoidable death.

Now that euthanasia is legal in Canada and assisted suicide is legal in several US states, the reality is that medical errors will lead to death by euthanasia or assisted suicide.

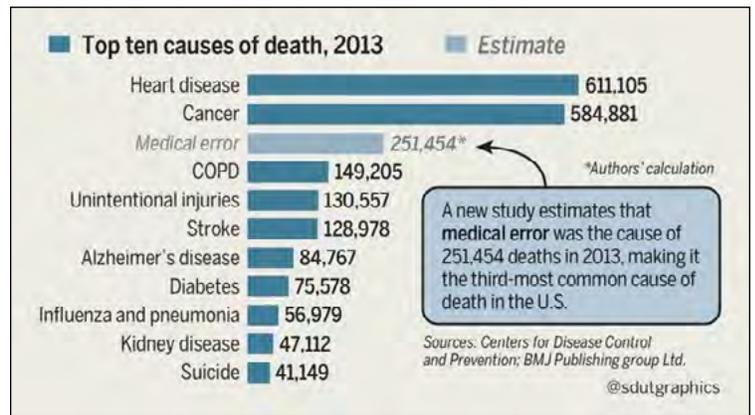
The Canadian law permits euthanasia (lethal injection) if a person has a *grievous and irremediable medical condition* meaning:

- the person has a serious and incurable illness, disease, or disability;
- the person is in an advanced state of irreversible decline in capability;
- the illness, disease, or state of disability, or the state of decline causes enduring physical or psychological suffering that is intolerable and cannot be relieved under conditions that the person considers acceptable; and
- natural death has become reasonably foreseeable taking into account all of the medical circumstances, although a prognosis as to the specific length of time remaining is not necessary.

Since a grievous and irremediable medical condition or disability can be caused by medical error, medical errors will lead to deaths by euthanasia.

Further to that, medical misdiagnosis has led to death by euthanasia or assisted suicide. Laws permitting assisted death require the approval of two doctors (in Canada a nurse practitioner can approve euthanasia), but none of the laws require both doctors to examine the patient to ensure that a proper diagnosis has been made.

For instance, in April 2013, Pietro D'Amico [died at a Swiss assisted suicide clinic, after receiving a wrong](#)



[diagnosis](#). An article published in the Swiss news service, *The Local*, stated:

...lawyer Michele Roccisano told Italian newspaper *Corriere della Sera*.

An autopsy carried out by the University of Basel's Institute of Forensic Medicine found that D'Amico was not suffering from a life-threatening illness at the time of his death.

Roccisano has called on the Italian and Swiss authorities to examine D'Amico's medical records to determine what went wrong.

Death by euthanasia and assisted suicide also enables unscrupulous doctors to cover-up their medical errors.

It is too late to discover a medical misdiagnosis after the death.

Is Euthanasia Corrupting Transplant Medical Ethics?

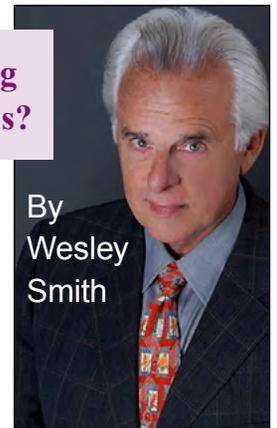
In my very first anti-euthanasia column, [published by Newsweek in 1993](#), I worried that once medicalized killing became accepted, it would soon be joined by "organ harvesting as a plum to society."

"Alarmist!" I was called. "Slippery slope arguer!" It will never happen, I was assured.

Until it did.

Now in both Netherlands and Belgium, mentally ill and disabled patients are voluntarily euthanized and their organs harvested after being killed. Canada is discussing joining the infamous duo.

I have waited for the organ transplant community to rise up and reject conjoining killing and organ donation. It has been a wait mostly in vain.



By
Wesley
Smith

Indeed, a [letter in the current *Journal of the American Medical Association*](#) merely warns against haste in widely instituting such a policy due to safety concerns:

I urge caution before this practice is widely accepted. First, only short-term functional outcomes immediately after transplantation and at 6 months are available. Second, warm ischemia, an inevitable consequence of organ donation after cardiac death, results in greater risk for transplanted organs...

There is a need to study long-term outcomes of transplanted organs resulting from euthanasia so that truly informed consent can be obtained.

How starkly utilitarian can you get?

If all that matters is *consent*—the clear implication of this letter—why would donors have to be suffering sufficiently to qualify for euthanasia?

Indeed, why not let healthy people who simply want to die and believe others—who want to live—have a greater claim on their livers and hearts volunteer to be killed and harvested?

The authors of the original article make in an equally bloodless, technocratic reply:

Euthanasia is performed according to local protocol by injection of a drug to induce coma, followed by a muscle relaxant. After circulatory arrest, a waiting time of 5 minutes is respected before the patient is transferred to the operating room for organ removal.

Compared with other donations after cardiac death, the process of dying is short (often less than 10-15 minutes), and death is not preceded by medical deterioration in the intensive care unit.

Euthanasia donors are, on average, younger than other cardiac death donors. Better transplant results may therefore occur in organ donation after euthanasia compared with donation after other causes of cardiac death, but additional studies are required.

Where are we as a society that killing and harvesting are respectfully discussed in one of the world's most respected medical journals—and no one brings up crucial issues of right and wrong?

As just one quick example: What could be more dangerous than letting despairing people believe that their deaths could have greater value than their lives? Becoming a donor could be the final factor that induces them to opt for euthanasia or assisted suicide.

For that matter, how dangerous would it be if society ever came to accept that the hastened deaths of the despairing could offer a “plum?”

Euthanasia corrupts everything it touches—including, it would seem, the ethics of organ transplant medicine.

New Zealand Health Committee Report on Euthanasia Does Not Recommend Legalisation



Alex debating Maryan Street in New Zealand (2013)

The [New Zealand Health Committee report](#) that received 22,000 submissions over a two year period and direct input from 1,000 people does not recommend legalizing euthanasia. The Committee was formed based on an all-party agreement in response to a petition from Maryan Street, a former Labour MP.

According to [an article written by Isaac Davison for the *New Zealand Herald*](#), Committee chair Simon O'Connor said the Committee did not make any formal recommendations to the government but provided a summary of the arguments for and against assisted dying. O'Connor said:

“We’ve tried to distill all the arguments and our recommendation to both the Parliament and the people of New Zealand is to read this report and come to a deeper understanding of what’s been asked around assisted suicide and euthanasia.”

“As I look at it myself, the arguments are quite compelling that while we understand why people ask for this, it’s equally an issue for public safety and not a prudent step to make.”

O'Connor stated that, in his personal view, the report did not indicate assisted dying should be legalised.

“It is about actually understanding the arguments for and against and making a decision about which ones are correct.”

“It is very difficult to see how there could be sufficient safeguards to actually protect vulnerable people in New Zealand. And that’s been the experience overseas as well.”

“It probably comes down to the simple question of ‘How many errors would Parliament be willing to accept in this space?’”

And while there were some doctors who supported a change, there was strong opposition from some

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An article by Kelly Grant published in *The Globe and Mail* appeared to pressure governments to pay more money for euthanasia. It insinuates that access to euthanasia has been impeded by the money doctors make to perform lethal injections. The article states:

Dr. Pewarchuk, an internal medicine specialist in Victoria who has presided over 20 assisted deaths, took his name off the list of willing physicians last month after the body that sets doctors' pay in British Columbia approved new fees that he and some of his fellow providers say are so low they could chase away even the most committed physician supporters of assisted dying.

Maclean's published an article by Catherine McIntyre stating that physicians in the Netherlands are paid more money to kill. According to the article:

In the Netherlands, for example, where physician-assisted dying has been legal since 2002, providers are paid a flat rate of about 1,500 euros. That's \$2,200 Canadian dollars and at least five times more than what MAID providers can earn in Canada. On top of that, Dutch physicians are given a paid day off after assisting a death to take care of themselves emotionally.

(Professor Theo Boer sent me a message advising that *Maclean's* was wrong. According to Prof. Boer, doctors in the Netherlands receive 227 euro per euthanasia.)

In *The Globe and Mail* article, Grant explains the B.C. government's fee schedule for euthanasia:

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parts of the medical profession who said it was not compatible with their work.

The report concludes by stating:

“This issue is clearly very complicated, very divisive and extremely contentious. We therefore encourage everyone with an interest in the subject to read the report in full and to draw their conclusions based on the evidence we have presented.”

The *Herald* article concludes by stating that the bill to legalize euthanasia introduced by David Seymour is unlikely to be debated before the next election.



...B.C. physicians will now be paid \$40 for every 15 minutes, up to a maximum of 90 minutes, to conduct the first of two eligibility assessments required by law. Each of the assessments has to be provided by a different clinician. That works out to \$240, a significant increase from the \$100.25 interim assessment fee that has been in place in B.C. since shortly after assisted death became legal.

For second assessments, the time is capped at 75 minutes.

In the case of providing an assisted death, the province has set a flat fee of \$200, plus a home-visit fee of \$113.15.

Therefore, the price on a life in British Columbia is up to \$553.15 (\$240 + \$313.15).

By comparison, if a doctor spent three hours start to finish on an assisted death—excluding the formal eligibility assessment—he or she could bill \$621.60 in Alberta, \$600 in New Brunswick, \$499.80 in Quebec, \$480 in Manitoba and \$465.60 in Saskatchewan. If doctors in those same five provinces billed for two hours, they could still earn more than B.C.'s \$313.15 in every province but Saskatchewan, though not by much.

In January, the *Canadian Medical Association Journal* published an article indicating that the Canadian healthcare system could save up to \$138 million now that euthanasia is legal.

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