



A MESSAGE FROM THE ARCHBISHOP

You Are Not Alone

It is obvious that many people are suffering with profound feelings of isolation and loneliness. Our seniors and single adults have been particularly affected in this last year with the shutdowns and stay at home orders. Our culture, despite all our digital resources and social media apps, is facing a crisis of loneliness. The theme for this year's National March for Life is particularly relevant: "You Are Not Alone."

Behind many of the prolife issues lies the spectre of abandonment. Some think, for example, abortion is their only choice because they have no-one to turn to for help facing a life changing event. We know some contemplate euthanasia and assisted suicide out of fear of facing the end of their lives in pain and isolation. Feeling alone and unloved is a crisis in our time.

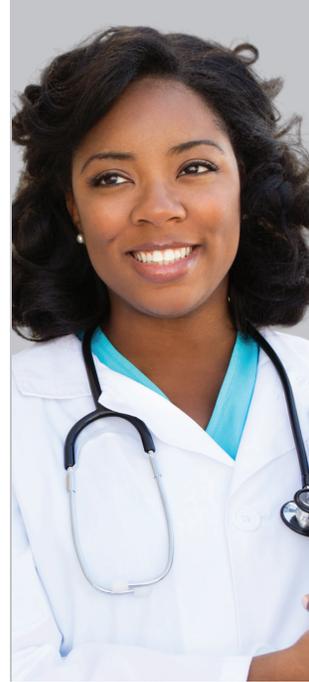
As Christians, we know the value of each human life because regardless of its circumstances, every human being reflects the image of God. In September 2019, Pope Francis said in a meeting with Italian surgeons and dentists: "a man or a woman should be accompanied with conscience, intelligence and heart, especially in the most serious situations." What Canadians need is more assistance in living with compassion and adequate support with chronic conditions, disabilities, mental health illnesses or a terminal diagnosis. Instead, there is mounting pressure to coerce our trusted medical practitioners to be the means of ending human life. We must avoid this devastating outcome and instead offer a compassionate, caring and competent palliative care.

Please pray for our country, for our doctors and medical professionals who wish to heal not harm, for those who are afraid and suffering, contemplating abortion or euthanasia in fear of facing these challenges alone. Let us lobby our politicians so all Canadians have access to pregnancy support at the beginning of life and palliative care in the last stage of life. May our Lady of Guadalupe intercede for us and may God bless you and all who seek to witness to the Gospel of Life.

Msgr. Marcel Damphousse, Archbishop of Ottawa-Cornwall



204-1695 Bank Street, Ottawa, On K1V 7Z3
Telephone: 613.798.4494 | Fax: 613.798.4496
info@actionlife.org | www.actionlife.org

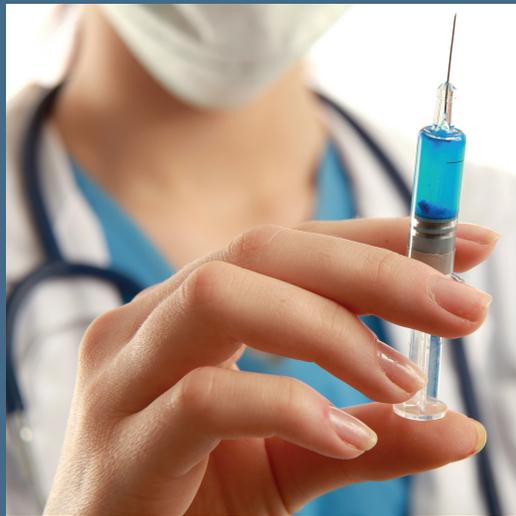


PROTECTING everyone from euthanasia



Medical Assistance in Dying means euthanasia.

Euthanasia was legalized in Canada in June 2016. It is euphemistically referred to as medical assistance in dying or MAID. Essentially, an exemption from prosecution for homicide was carved out in the criminal code to allow physicians and nurse practitioners to intentionally cause the death of patients if certain criteria were met. Most euthanasia deaths are done by lethal injection.



When you hear talk of MAID or medical assistance in dying, know that this means euthanasia. Killing is never medical treatment. The legality of a particular practice does not make it moral or ethical.

EXPANSION OF THE EUTHANASIA LAW

The passage of Bill C-7 on March 17th, 2021 expands access to euthanasia by allowing it for persons with disabilities and in two years, for persons suffering from mental illness. This new law also repeals the previous criteria that natural death be reasonably foreseeable in order to be eligible for euthanasia. Another amendment permits in some cases, a lethal injection for a person who loses the capacity to consent following approval of his/her euthanasia request. Formerly the law required that a person be competent and able to give final consent prior to the administration of the injection. It was presented as a safeguard against involuntary euthanasia, giving the patient the opportunity to withdraw their request.

This new expansion adds to concerns expressed about the 2016 law, mainly that it was broadly interpreted and that euthanasia was suggested to patients who had not requested it. Consider the following cases from media reports:

- A Newfoundland mother recounted how on the second day after her 24 year old disabled daughter's admission to hospital for a medical emergency, a doctor offered assisted suicide. I told him "I wasn't interested in anything to do with assisted suicide. He told me I was being selfish and he said he wanted to assist me in doing this and I said I'm not interested." Her daughter's condition improved and she later returned home.
- A family in British Columbia is asking how their 61 year old brother could have been approved for euthanasia when his chief medical condition was a history of chronic depression. Their desperate attempts to stop the euthanasia of their brother were not successful.

- A 42 year old man living with disabilities was twice approached by hospital staff to discuss euthanasia. The patient recorded the conversations which were reported on CTV News. The patient said he was offered assisted-dying when what he wants is assisted living.
- The Quebec Commission responsible for reporting on euthanasia deaths in the province mentioned in its report for April 2018-March 2019 that 13 of the deaths did not meet the requirements of the law of which 3 were for hip fractures.

Euthanasia is presented as a question of autonomy and being able to decide when you die. However when the physician or nurse practitioner brings up the subject, there is a risk of subtle coercion of a vulnerable patient who may receive it as a judgment that he-she would be better off dead.

Hospices are being pressured to allow euthanasia (MAID) on site in spite of their opposition to the practice. A hospice in British Columbia has had its assets seized and staff fired by the provincial government because of its refusal to permit euthanasia on its premises. This hospice will no longer be a euthanasia free zone. A hospice in North Bay was also pressured by four euthanasia doctors to offer the service in its facility. Euthanasia advocates are demanding that all publicly funded institutions including faith based institutions provide euthanasia in their facilities. Equally of concern, is the referral policy of the College of Physicians and Surgeons of Ontario which requires that physicians with a conscientious objection to euthanasia make an effective referral for that purpose. It is a grievous violation of the right to freedom of conscience and religion of medical professionals.

Palliative care and hospice should not be confused with euthanasia (MAID). Hospice palliative care will help you to live until you die a natural death. There is no intention to prolong life or hasten death.

Only 30 % of Canadians who need palliative care have access to it. Meanwhile the number of euthanasia deaths has increased every year. Approximately, 20,000 euthanasia deaths have taken place from December 2015 to December 2020.

Historically, we have recognized a request for death as a cry for help. The person may be experiencing depression, hopelessness and despair. Some individuals who request euthanasia do so out of genuine fear: fear of losing control, fear of being a burden on family and friends, fear of future pain and the fear of being alone in their last days. Euthanasia effectively abandons the patient and death is the solution provided.

What should our response be? True compassion and caring which addresses the symptoms and needs the patient: physical, psychological and spiritual. If we are to be a people of life, we must be a presence at the bedside of those who need us, reaffirming the human dignity inherent to every person regardless of age, disability or illness.