

The State Is Promoting Suicide in Canada With Its Assisted Death Law



by Conrad Black

The steady increase in recourse to the Canadian euthanasia program, known as Medical Assistance in Dying (MAID), is attracting increasing attention from supporters, critics, and international observers.

The MAID statute was enacted in 2016, following the decision by the Supreme Court of Canada the previous year in what is known as [the Carter case](#), which determined that Section 7 of the Charter of Rights and Freedoms, which guarantees the right to life, liberty, and security of the person, confers upon “competent adults who seek such assistance as a result of a grievous and irremediable medical condition that causes enduring and intolerable suffering,” the right to seek professional assistance in suicide.

The Supreme Court stated that its ruling was an exception to

the law that protects vulnerable persons from being misled into seeking suicide. It purported to take comfort from the experience of Belgium which has permitted medically assisted suicide since 2002 and where the incidents of such occurrences have not greatly increased. The court rejected a great deal of evidence citing abuse of rights of euthanasia in various jurisdictions, with the somewhat flippant assertion that its decision would be based on law and not on anecdotes.

The Carter decision was not particularly well formulated but that does not mean it was a mistaken decision. This is an issue of life and death somewhat like abortion. As a Christian, I believe that life is a sacred gift, and we have some obligation to retain it as long as we can and facilitate it when we can. But I understand that other people may have other views, and in any case, I do not believe that the state should have the right or aspire to have the right to stigmatize or penalize a person of sound mind who does not wish to continue to live, or to require a woman who does not wish to have a child to give birth to one. By the same reasoning I do not approve of the death penalty; however heinous the crime and however certain the guilt of the accused, murdering the murderer compounds the wrongdoing.

As a practical matter, all but the totally incapacitated possess the ability to commit suicide and as suicides occur, it is reasonable to assure that they are as painless and discrete as possible. Similarly, the real issue in abortions is when the unborn attain the rights of people, and there is room for endless respectable disagreement on this point. But in the meantime, abortions occur and they should be sanitary and unembarrassing to the women who have them. (I dare to specify women because I'm a traditionalist who believes that there are two sexes and that every person should work out their own sexuality without coercion or public indecency.)

Where the MAID program is cause for concern is in its rapid expansion and the official explanations and consequences of

the promotion of it. The total number of deaths under the MAID program has risen by over 30 percent for four consecutive years, and in 2022 MAID deaths accounted for [4.1 percent of all deaths](#) in Canada. The total in that year was 13,241, and the total number of MAID deaths since the inception of the act was 44,958 at the end of 2022, a larger number of deaths than were suffered by the Canadian Armed Forces in the approximately equal time of World War II. If this rate of growth continues for another six years the number will be at 65,000 annually and will account for approximately one-fifth of all deaths in the country.

There are a number of disconcerting implications in these facts, regardless of one's religious opinions. Largely as a result of this program, Canada is [now the global leader](#) in harvesting organs from euthanized patients. This is known as Organ Donation after Euthanasia (ODE), and in 2022 there were 286 instances of ODE in the world and almost half of them were in Canada. Canada is one of only seven countries that has legalized organ transplants after euthanasia and ours is perhaps the most permissive in the world. Patient consent is required and there is no indication that that has been abused, but there is also room for curiosity about whether health-care workers, who are completely unrestricted in encouraging this procedure, may have oversold it, or conceivably even profited from it.

Despite the fact that the Carter decision was an exception to the legal bias against suicide and the law protecting exploitation of vulnerable people to induce suicide, the ruling has been widely misrepresented as an unlimited endorsement. A Quebec lower court has proclaimed medically assisted suicide to be a constitutional right of every Canadian, dispensing with the express condition required by the Supreme Court that the individual seeking this remedy does so because of hopeless and "intolerable suffering" from an "irremediable medical condition."

The 2016 MAID legislation has a good many loopholes that permit zealots to exploit the law and as a result, in these seven years there have been more euthanasia deaths in Canada than have occurred in the Netherlands and Belgium—which

together have about three-quarters of Canada's population—since they legally permitted euthanasia 22 years ago.

In Canada's MAID legislation, physicians self-report, they are not required to provide serious data to anyone, and family members cannot obtain the records of the deceased. The governing criterion of unacceptable suffering is determined solely by the patient, and Canada's MAID law is apparently unique in the world in not requiring that the medical profession and health-care providers ascertain that there are no other options, and there is no bar in the doctors or health-care workers taking the initiative in urging the suicide alternative.

The Carter decision has now been interpreted by Canada's crumbling health-care system to permit non-medical reasons for recourse to MAID, such as lack of money, homelessness, disability, lack of adequate access to medical treatment, and various other complaints stopping far short of the original criterion the court established. Prime Minister Justin Trudeau has falsely stated that the federal government had no alternative than to cooperate with the Truchon case decision from the Quebec Superior Court where the judge, Christine Baudoin, a notorious advocate of unlimited rights of suicide and daughter of one of Canada's leading published authors and advocates on the subject, declared in 2019 that the threshold for recourse to MAID was that death be "[reasonably foreseeable](#)." By that criterion we all qualify from before we are born.

The Dying With Dignity Canada organization was established in 1980 and was granted charitable status in 1982, but this was revoked in 2015 on the basis that it was in fact a political organization and lobby group. However, Justin Trudeau restored its charitable status in 2018 and it has [been a powerful advocate](#) for more generalized euthanasia ever since. As I wrote at the start of this piece, anyone but completely incapacitated persons have the ability to end their lives. But

our existing legislation is very inadequate in preventing self-interested conduct by families and enablers and anyone who stands to gain from the death of the person in question. It has also assaulted the culture of life, has trivialized the end-of-life, and ambitiously commoditized the serviceable organs and body parts of the artificially deceased.

The entire basis of our civilization is to exalt life, prolong it, and make it more agreeable. There is now an aggressive suicide promotion unit at Health Canada and suicide rooms in MAID centres (drop by and drop dead). It is very difficult to escape the belief that the authorities are promoting suicide while lowering our national life expectancy and monetizing the physical remains of euthanasia to mitigate the unsustainable cost of the colossal failure of our health-care system. It is profoundly odious.

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