

# Assisted Dying

Over reliance on case studies can be problematic, but these three cases of Assisted Dying in Canada have been highlighted by Our Duty of Care and are worth some reflection.

## Alan Nichols

61-year-old Mr Nichols had a history of depression and other medical issues, but none were life-threatening. He lost his hearing after brain surgery at age 12 and suffered a stroke recently, but he could live independently for the most part. In 2019, after being hospitalised over concerns that he might be suicidal, Alan asked his brother to “bust him out” as soon as possible. Within a month, Nichols had been euthanised.

Medical Diagnosis Relevant to Request for Medical Assistance in Dying		
Hearing Loss		
Location at Time of Request		Primary Health Care Provider
<input type="checkbox"/> Home	<input checked="" type="checkbox"/> Facility/Other (specify): Chilliwack General Hospital	Dr.
PROFESSIONAL INTERPRETER (PROVINCIAL LANGUAGE SERVICE OR OTHER)		
Last Name	First Name	ID Number
PATIENT REQUEST		
By initialing and signing below, I confirm that:		
Initials	I am at least 18 years of age and I request medical assistance in dying. I make this request voluntarily and without pressure from others.	
Initials	I have been fully informed of my diagnosis and prognosis and of conditions and treatments, including the potential benefits and risks of each, that may be applicable to my circumstances.	
Initials	I believe that my medical condition is grievous and irremediable, that I consider acceptable, I am in an advanced state of irreversible decline, and I am suffering.	
Initials	I understand the nature and consequences of the medical assistance in dying, including the potential benefits and risks of each, and I consent to be assessed for eligibility and capability by a medical professional.	
Initials	I consent to be assessed for eligibility and capability by a medical professional.	

His application for euthanasia gave only “hearing loss” as the reason for his request. His brother Gary Nichols says, “Alan was basically put to death. He needed some help from us, but he was not so disabled that he qualified for euthanasia.” Alan Nichols’ family say that at the time of his death, Alan was not using the cochlear ear implant that helped him to hear, or Receiving medication he’d been prescribed

His family claim that Alan lacked the mental capacity to understand the euthanasia process and hospital staff had improperly helped him to request euthanasia. The Nichols family lodged complaints with the British Columbia agency that regulates doctors and the Royal Canadian Mounted Police, asking for criminal charges. They also wrote to Canada’s Minister of Justice. The family’s parliamentary representative asked British Columbia’s health minister for a public investigation, calling the death “deeply disturbing.”

However, health minister, Adrian Dix, said the province’s oversight unit reviewed the case and “has not referred it for any further inquiry.” Dix made it clear that Canada’s euthanasia law does NOT allow families to review euthanasia requests or hospitals’ decisions. Equally troubling are instances of disabled Canadians being euthanised in the face of rising bills.

## Sean Tagert

In 2019, 41-year-old Mr Tagert, who had Lou Gehrig's disease, sought euthanasia due to inadequate financial support. Before being euthanised in August 2019, he struggled to get the 24-hour-a-day care he needed. The government provided Tagert with 16 hours of daily care at his home in British Columbia. However, he had to find another 264 Canadian dollars a DAY (£156 a day/£1,092 per week) to cover the additional eight hours. Health authorities wanted Mr Tagert to move into an institution, but he refused, saying he would be too far from his young son. In an interview with the Canadian Broadcasting Corporation, he called the suggestion "a death sentence". He posted a message on Facebook before he was euthanised, which said: "I know I'm asking for change. I just didn't realize that was an unacceptable thing to do."

Before his death, Sean had raised \$16,000 (£9,500) to buy specialised medical equipment he needed to live at home with caretakers. But it turned out that it wasn't enough. Professor Tim Stainton of the University of British Columbia says no Canadian province or territory provides a disability benefit income above the poverty line. In some regions, he said, the monthly payment is as low as \$850 (£504). Heidi Janz, assistant adjunct professor in Disability Ethics at the University of Alberta, said: "... a person with disabilities in Canada has to jump through so many hoops to get support that it can often be enough to tip the scales" and lead them to euthanasia. Other disabled people say the easy availability of euthanasia has led to frightening levels of coercion.

## Roger Foley

Roger Foley, who has a degenerative brain disorder and is hospitalised in London, Ontario, was so alarmed by staff mentioning euthanasia that he began secretly recording some of their conversations. In one recording, the hospital's director of ethics told Foley that for him to remain in the hospital, it would cost "north of \$1,500 a day." Foley said that this felt like coercion and asked what plan there was for his long-term care. "Roger, this is not my show," said the director. "My piece of this was to talk to you, [to see] if you had an interest in assisted dying." Foley said he had never previously mentioned euthanasia. The hospital says there is no prohibition on staff raising the issue.

The Head of Canada's Human Rights Commission, Marie-Claude Landry, is so concerned about MAiD that she has called for social and economic rights to be enshrined in Canadian law to ensure people can get adequate housing, health care and support. Meanwhile, Theresia Degener, a professor of law and disability studies at the Protestant University for Applied Sciences in north-western Germany, noted: "The implication of (Canada's MAiD) law is that a life with a disability is automatically less worth living and that in some cases, death is preferable."

