LIFEWATCH
A QUARTERLY PUBLICATION OF ALLIANCE FOR LIFE INTERNATIONAL
SEPTEMBER 2023

THE EVER EXPANSION OF ASSISTED-SUICIDE

We begin closer to home in California where we saw a 63% increase in assisted-suicide deaths in 2022. The End-of-Life Option Act was initially passed in 2015. It was amended and the changes became effective in 2021. The sharp rise in deaths can be attributed to the changes in the law that made it easier for patients to receive the deadly medication. The waiting period, effectively a cooling-off period between the request and the potential implementation, went from 15 days to 48 hours [1].

In effect, 1270 patients requested the lethal drugs **and 853 used them** to terminate their lives. Just the year prior, requests were at 863 and completed deaths at 522 [2].

Our neighbors to the North continue their expansion. Canada's population (38 million) is comparable to the State of CA (39 million). In Canada, deaths by assisted-suicide were 10,064 in 2021, a 0.8% increase from 2020 [3], and almost 12 times more than in California.

In 2021, Canada made a change to their law initially passed in 2016. The amendment removed the "terminal illness" requirement. Now the law applies to anyone who has an "irremediable" medical condition. After a 90-sday waiting period, a patient suffering from an incurable but not fatal condition can obtain medical aid in dying. A same-day death is possible for a person with a terminal diagnosis [4]. The speed with which the system reacts to such a request is astonishing considering delays in all types of care to cure an illness.

People suffering with disabilities have been particularly affected with the ease of access for an assisted death. They qualify easily based on their chronic diagnosis. However, the reasons they seek to die are due to poverty, homelessness, or lack of home care services [5].

Consider Rose Finlay, a woman suffering from quadriplegia and self-employed for many years until a recent bout of illness. She applied for disability benefits which would require a 6-8 month wait for approval. However, euthanasia request can be obtained in only 90 days. (Cont. p. 2)



ARTICLES IN THIS ISSUE ARE FROM OUR PRESIDENT, LOUISE ALLARD

AN UPDATE FROM UGANDA

Louise is planning her return to Uganda later this month to oversee the Pregnancy Resource Center and its programs:

- **Pregnancy Counseling**
- **Youth Abstinence Education**
- **Teaching of the Billings Ovulation Method**
- **Supervising 3 trainees taking the WOOMB correspondence course in view of becoming Billings teachers**
- **Participating in our weekly radio outreach, *Life Matters,* as a guest speaker**

We are monitoring our Celebration Bakery closely. The staff is working hard to increase sales in the stores and in our new outlet closer to Kampala. We left the previous outlet because it was not well frequented.

The vocational center is progressing well with 3 students. We are thrilled **(cont. p. 3)**

THE EVER EXPANSION OF ASSISTED-SUICIDE (CONT. FROM P. 1)

Living in poverty made her condition unbearable and prompted her decision to request an assisted death [6].

Canada's revised law includes a clause that would allow euthanasia for mental illness alone. There is a two-year delay for that part of the law to become effective [7]. Mental illness is so prevalent and would further cause many more people to die at the hands of health professionals. Like the disabled, the mentally ill often live in poverty, and have great difficulties accessing care [8].

A case in point: Kathrin Mentler, age 37, living with chronic depression, anxiety, and thoughts of suicide, recently visited the Assessment Centre at the Vancouver General Hospital. She was seeking a consult because of suicidal ideation.

The counsellor confessed that "the mental health system was "completely overwhelmed", there were no available beds and the earliest that she could talk to a psychiatrist was in about five months [9]." The counsellor asked Kathrin if she had ever thought of medical assistance in dying [10].

A health professional mentioning assisted-suicide is common. In fact, it is expected as part of informed consent guidelines: letting the patients know all their options up front, even when the patient has never addressed the subject. In Canada, assisted-suicide has become part of medical practice [11]. People are becoming desensitized to it.

In other countries such as New Zealand and Australia, doctors are strictly forbidden to broach the subject. It must come from the patient. Even in Belgium and the Netherlands, countries that have been practicing euthanasia for years, doctors usually address it when discussing end-of-life [12].

Fifty disability and human rights groups wrote to Prime Minister Trudeau requesting that euthanasia be not expanded to mentally ill persons or those not suffering from a terminal illness. In December 2022, the Canadian government announced that it was "delaying" the new rules [13].

Even so, the battle is not won. Canada plans to expand the euthanasia law to include *psychological* conditions as of March 17, 2024 [14]. It is disheartening but not surprising that the laws only seek to target more and more vulnerable people and offer them an easy death instead of tangible help.

We can't help but assume that the cost of health care is a strong incentive to offer death instead of medical or social interventions to address the needs of patients living with chronic but not terminal conditions.

The current climate of easy access to assisted-suicide in Canada has given rise to two famous actors providing assistance with suicide. One is a Canadian doctor, Ellen Wiebe, who reports her involvement with over 400 deaths, mostly within the guidelines, although she stretches them at times [15].

Another case in point, but this time (cont. p. 3)

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Every human life, unique and unrepeatable, has value in and of itself, and it is of inestimable value. This must always be proclaimed anew with the courage of the Word and the courage of actions.

It calls us to solidarity and fraternal love for the great human family and for each of its members."

A REPORT FROM UGANDA (cont. from p.1)
to offer young people opportunities to acquire skills that will allow them to support themselves and their families. Our bakery sale staff is composed of four young women with 1, 2, 3, and 5 children under their care. Three are single parents. They are so grateful for a steady job.

We advertise our bakery training on our radio program and in churches. We have several applicants but the majority, being unemployed, are unable to pay the tuition. Would you contribute to our scholarship fund? Every donation counts.

The St Raphael Hospital Project is progressing well. We completed our ten-year strategic plan. It covers the implementation of the children's facilities first and the additional units for a total of 124 beds. We repeated the soil studies and added a topography land study. The Environment and Social Impact Assessment is in progress and should conclude in October. We are working hard to be ready to begin construction in the first quarter of 2024.

The next step is to mobilize the community and engage them in contributing materials and manpower for the foundation. Your participation as a Founding Member will allow us to move together and realize our dreams: a modern teaching hospital that will serve 2.5 million people in western Uganda.

criminal in nature: Canadian Kenneth Law, age 57, has sold online, and in 40 countries, 1200 packages of a legal substance but packaged in lethal doses to assist the buyer in committing suicide. In England, 88 people died after obtaining the kits [16].

Law enforcement was aware for at least two years but had not acted until Tik Tok star, Deaf Immy, or Imogen Nunn, died by suicide this year and her mom pursued the matter [17]. Again, this is an expression of a wide acceptance of suicide worldwide even though when it touches your own family, it is usually devastating.

The Catholic Church has expressed an unequivocal statement in support of human life deserving of protection from conception to natural death. The Declaration on Euthanasia states that: "No one is permitted to ask for this act of killing, either for himself or herself or for another person entrusted to his or her care [18]."

The Church is clear. Assisted-suicide offends human dignity. It is a crime against human life and humanity [19]. Why does the Church hold such a strong view? The Bible says that God created man in His image and likeness [20]. We are valuable as human beings. Our lives are sacred. This informs how the human family shall act toward the sick and destitute. We must act with love and compassion toward those who are inclined to suicide. We must work to restore their hope.

In 2020, Pope Francis made remarks celebrating the 25th Anniversary of Evangelium Vitae, an Encyclical Letter.

His comments are inspiring us to consider that "Every human life , unique and unrepeatable, has value in and of itself, and it is of inestimable value. This must always be proclaimed anew with the courage of the Word and the courage of actions. It calls us to solidarity and fraternal love for the great human family and for each of its members [21]."

Alliance for Life International

Trusting God with Life
September 2023

Alliance for Life International is a Catholic Christian, non-profit educational and charitable organization committed to assist and encourage States in building cultures of life in which preborn children are welcome and the lives of those who are vulnerable are protected. The lack of essential medical care in Uganda is a reflection of health disparities found in socially disadvantaged countries. We are leading and cooperating with church partners to bring modern medical care in Uganda.

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Website: https://www.allianceforlifeinternational.org

Alliance for Life International
P.O. Box 1314
Lake Forest, CA 92609-1314

Shipping Address
555 Street Address
City, State 55555