

## PHYSICIAN-ASSISTED SUICIDE LEGALIZED



**According to the assisted suicide decision, all that is required to permit it, is that the person consent to it...**

The trendy Supreme Court of Canada, as is its custom, has picked up and imposed on us another current fad—assisted suicide.

This same issue was raised in Parliament on nine occasions since 1993, and has been the subject of six separate votes—all of which upheld the law against assisted suicide. These decisions were made with the support of all the political parties. But the Supreme Court of Canada did not seem at all concerned about the opinion of a democratically elected Parliament, which supposedly represents the views of the population.

According to the assisted suicide decision, all that is required to permit it, is that the person consent to it, providing he/she has a “grievous and irremediable medical condition including illness, disease and disability”. What definition could be broader than that?

The opinion by the Supreme Court of Canada is particularly disingenuous when it declares that, “Nothing in this declaration would compel physicians to provide assistance in dying.” How long will it take before future decisions by the Supreme Court of Canada modify this statement? Where is the Court’s concern about the rights of other medical personnel, such as those of nurses, hospital staff and those working in the fields of psychology and counselling? What about the rights of hospital chaplains, or the rights of paramedics responding to an attempted suicide? What about teachers, priests and pastors—will they be reprimanded or disciplined if they counsel against someone wanting to end their life? Clearly, the Court has not thought through the implications of its decision.

The Court struck down the prohibition of physician-assisted suicide (S.241) in the Criminal Code on the grounds that the provision was “overbroad”, i.e. too wide in that it failed to provide for the wish to die by a competent adult who has a grievous and irremediable medical condition, including disease and disability. The patient doesn’t even have to be terminally ill. How more overbroad and far-reaching was this definition by a hypocritical Supreme Court? Does the expression “irremediable medical condition” include



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assisted suicide for those with chronic bronchitis or those suffering every day pain from chronic arthritis? Would it apply also to the demoralized, depressed and bewildered, who will die before their time because their distressing symptoms have not been medically dealt with? Why does society wage such a war against suicide for some, but encourage death as a legitimate choice for others who are experiencing difficulties?

The Supreme Court of Canada has left Canadians with the most permissible assisted suicide law in the world. It undermines the right to life of many in Canada with severe disabilities, illnesses or advanced age, who will be encouraged or feel obliged to end their lives for the convenience of others, not themselves. In effect, a higher value than life itself—that is, the immediate right to death, has been found by the court. Once the absolute ban on killing others has been removed from the law, those with disabilities as a class of people, will be provided with less protection and benefit of the law, in regard to the homicide provisions of the Criminal Code, than able-bodied Canadians, because the absolute value, dignity and protection of the disabled, as human beings, has been eroded.

Physician-assisted suicide is bad medicine, as the sick don't get more choices for their care, only fewer. It is a cheap and easy option—a simple, irrevocable, one size fits all remedy that deprives the patient of his/her doctor's professional skills, which differ with each patient and the illness.

### WHAT WILL HAPPEN NOW?

It is certain that the Conservative Government will not invoke the Notwithstanding Clause (S.33 of the Charter), which permits a government to overturn a ruling of the Court for a five-year period. If the Conservative Government were to invoke the Notwithstanding Clause over assisted suicide, this would, to the media, be like throwing red meat to a hungry dog. The media would relish the opportunity to attack the Conservative Government

during the forthcoming election campaign, thoroughly enjoying attacking it, supposedly as dictatorial, undemocratic, etc. The mainstream media have been desperately looking for an issue on which to pin Mr. Harper to the wall, but it is unlikely that Mr. Harper will give the media this opportunity by invoking the Notwithstanding Clause.

### TWELVE MONTHS TO REGULATE ASSISTED SUICIDE

The Supreme Court has given the government twelve months in which to develop a regulatory procedure to carry out assisted suicide within the parameters set by the Court. The difficulty is that this is a federal election year with the election, presumably, to take place on October 19, 2015. Parliament, however, recesses in the middle of June (which is just four months from the date the decision was handed down) and will not resume sitting until after the election, probably near the middle of November. Parliament will then recess again for Christmas, in the middle of December, and not return until near the end of January, 2016. This means that there are only about 5 Parliamentary months in which the Government has an opportunity to deal with the Court's decision.

The Minister of Justice, Peter MacKay, has stated that he intends to consult widely on this issue before putting forward any regulatory procedures. This cannot be done within the five month period available. It is likely, therefore, that Mr. MacKay will request an extension of time from the Court because of the extenuating circumstances of the election.

The key then is who will form the government after the October 19<sup>th</sup> federal election? If it is the Conservatives, then there is some hope that this dangerous decision on assisted suicide can be narrowed so as to include the conscience rights of all medical personnel and narrow down the circumstances in which assisted suicide may take place, etc.

If the NDP or the Liberals form the next Government, all bets are off. One cannot predict what they will do about the assisted suicide decision. †

## THE LEFTIST-ACTIVIST SUPREME COURT OF CANADA

**This decision of the Supreme Court of Canada on assisted suicide means that all Canadians are now vulnerable to the idiosyncratic personal views of the nine appointed judges on the Supreme Court.**

Canadians are saddled with a leftist-activist Supreme Court which has neither common sense nor restraint. A court that interprets S.7 of the Charter, which provides that "Everyone has the right to life, liberty and security of the person", as meaning that everyone has a "right to death", as the court did in February in the legalized physician-assisted

suicide case, has gone completely off the rails. In a similar, incredible interpretation of the Charter by the Supreme Court of Canada, in January, 2015 in the case *Saskatchewan Federation of Labour v. Saskatchewan*, it held that public service workers had a constitutional right to strike because S.2 of the Charter provided for "freedom of association". How the court found this right in the freedom of association provision of the Charter is a mind-boggling example of its irrationality. As a result of this latter decision, the province of Saskatchewan and all other provinces, as well as the federal government, may no longer be able to restrict strikes by essential service employees, such as police, nurses, correctional officers, health care workers, border security guards, airline traffic controllers,

etc., where unions have a monopoly on these services which are necessary to protect the public's safety. In effect, back to work legislation by the government, will now be difficult to enact. The Supreme Court has endangered all of us.

These two decisions are just part of a long list of landmark decisions made by the Supreme Court over the years, which have fundamentally changed Canada. The law on abortion, prostitution, drug injection sites, marriage, homosexual rights and religious freedom, to name a few issues, have all been fundamentally changed by the Supreme Court of Canada.

The court has made these decisions arbitrarily without regard to the views of the Canadian public or of Parliament. In fact, the court has become, quite literally, a law unto itself. We are now prey to appointed, unaccountable judges who believe they know better than anyone else what is good for us.

In 2014, the Supreme Court handed down ten separate decisions that fundamentally affect the way Canadian democracy functions. For example, it threw out Senate and Supreme Court of Canada reforms, which now lock in or entrench a system of government that is virtually untouchable. The court also rejected the appointment of Mr. Justice Nadon to the Supreme Court of Canada—why interrupt a progressive court by the presence of a conservative judge—by interpreting the relevant act in a way that can only be described as highly “innovative”, or

“capricious”. Only in one of these ten decisions last year, did the court support the federal government's legislation. The court seems to view the vision of the Conservative government as unacceptable, and has substituted its own vision of Canada for Canadians.

Any hope that the Supreme Court judges would restrain themselves was utterly shattered in their physician-assisted suicide case, when the court threw out the legal principle of *stare decisis*. Under this long standing principle of law, a court is bound by its previous decisions. Instead, the Court abandoned *stare decisis* and ventured into new territory by declaring that all that is required to change previous legal precedents is that new legal issues be raised, or that there be a change in circumstances or evidence. This certainly gives the Court wide leeway to decide any future case because every case before it will have new legal arguments or new evidence. So, why bother to bring the legal challenge in the first place?

This decision of the Supreme Court of Canada on assisted suicide means that all Canadians are now vulnerable to the idiosyncratic personal views of the nine appointed judges on the Supreme Court.

It is not surprising that the Macdonald-Laurier Institute recognized the Supreme Court of Canada as the “Policy Maker of the Year” in 2014. This recognition was well deserved. †

## HEALTH RISKS AND HARMS OF MARIJUANA

In October 2014, the House of Commons Standing Committee on Health released its study of the scientific evidence related to the health risks and harms associated with the use of marijuana.

The review uncovered some shocking facts:

- Marijuana is the most commonly used illicit drug in Canada. In 2012, 10.2 percent of the Canadian population reported using marijuana in the past year.
- Approximately ¼ of Canadians who used marijuana in the last three months are chronic users, smoking it on a daily basis.
- 17.7 percent of marijuana users in the past year did so for supposedly medical reasons, despite the fact there is no definitive scientific evidence that marijuana has medical value.
- The rate of marijuana use among youth is twice that of adults, with 20.3 % of youths reporting using it in 2012.
- The average age of youths' initiation to marijuana is 15 years of age.
- A recent UNICEF study found that Canadian youth, between 11 to 15 years of age, are among the highest users of marijuana in the developed world.
- The potency of marijuana has increased substantially from 1 percent THC in the 1980's to approximately 10 to 11 percent today.

- 7 to 10 percent of marijuana users are addicted to it.

### WHY SUCH HIGH USE OF MARIJUANA IN CANADA?

Why are so many Canadians enthusiastically smoking marijuana? The Committee found that *Canadians have a lack of awareness about the health risks and harms arising from marijuana use*. For example, youth in grades 9 and 10 believe that there are slight or no potential health risks associated with the use of the drug. Hence their willingness to try it. It is significant that US studies indicate that if there is a perception that smoking marijuana is harmful among youth, then the rate of marijuana use decreases.

### EVIDENCE OF HARMFUL EFFECTS OF MARIJUANA

According to emerging scientific evidence, marijuana impairs concentration and decision-making; reaction time; memory and executive functioning; the ability required to safely operate a vehicle, and concentration at school or at work. Evidence also indicates that there is a strong relationship between marijuana use and anxiety and mood disorders, as well as suicidal tendencies. Acute marijuana use can also trigger panic attacks and anxiety. Chronic use is defined as more than one joint per week.

Other problems with marijuana use include impact on the intellectual development of youth. There is a 6 to 8 percent decrease in IQ for adolescents who use marijuana

from an early age. Marijuana use also impacts on the mental development of children whose mothers smoke marijuana during pregnancy. There is also a link between schizophrenia and marijuana (although this is not well understood by scientists). Other effects include respiratory problems, cardiovascular risks and increased motor vehicle accidents. According to evidence provided to the Committee by the RCMP, marijuana use impacts driving impairment between one or two hours after use. Surveys conducted in Canada, Australia and the US indicate that self-reported rates of driving under the influence of marijuana now surpass self-reported rates of drinking and driving. In Canada, one-third of fatally injured drivers from 2000 to 2008 were drug impaired, and the most common drugs were central nervous system depressants, marijuana and stimulants.

### **THE NDP AND LIBERALS ISSUE DISSENTING REPORTS**

Both the NDP and the Liberals have a policy of decriminalizing marijuana. As a result, opposition MP's on the Health Committee didn't much like the report, which

was dominated by Conservative MP's. They, therefore, submitted dissenting reports claiming the report was "unbalanced" since it did not include evidence on the potential "benefits" of marijuana.

The dissenters recommended, instead, that a broad consensus could be reached on marijuana, if Canadians from all walks of life, not just scientists, were consulted on its legislation. That is, every pot smoker across Canada could come to testify! The opposition MP's overlooked the fact that both the House of Commons and the Senate had conducted a review on illegal drug use in 2002, including marijuana. Another review would be redundant.

The dissenting reports by the opposition MP's recommended, not surprisingly, that the Government of Canada should explore a regulatory framework for the legalization of marijuana.

The one, single issue on which the three political parties did agree was that the Government of Canada should develop a campaign to raise public awareness and knowledge about the risks and harms associated with marijuana. We agree with that! †

## **HALLUCINATIONS ON MARIJUANA: UP IN SMOKE**

The proponents of legal marijuana paint a marvellous picture about all the benefits that will arise if marijuana is legalized. They enthusiastically predict large tax revenues from the sale, if it's legal, and increased jobs for those cultivating marijuana—all happily expanding the economy.

This rosy picture, however, has been punctured by the experience in Colorado, where marijuana was legalized for recreational use due to a referendum held in that state in November 2012.

The great new tax revenues predicted from the sale of legal marijuana have not materialized. This is because of a Colorado sales tax of 2.9% and a 10% marijuana sales tax, plus a 15% excise tax on the average market rate of retail marijuana. This adds up to a 27.95% tax on each sale of marijuana. As a result, many smokers still buy on the black market. In fact, an estimated 40% of purchases of marijuana in Colorado are not from legal channels.

Another wrinkle in the dream world of those advocating legalized marijuana has occurred because of the availability of marijuana for medical purposes. The

problem is that medical marijuana is taxed at only 2.9% in Colorado. As a result, it appears that patients are reselling their medical stocks to others, which results in lower taxes collected by the government. This would be a similar problem here if marijuana is legalized, because of a decision in 2000 by the Ontario Court of Appeal, which legalized marijuana for medical purposes. Unfortunately, the progressive Liberal Minister of Health at that time, Allan Rock, was so enthusiastic about the Ontario Appeal Court decision, that he never bothered appealing the case to the Supreme Court of Canada. Consequently, the absurd decision stands.

The drum beat announcing increased jobs in Colorado hasn't materialized either. However, medical and social costs have increased since marijuana was legalized. This is due in part to the increase in traffic accidents caused by drivers operating under the influence of legally obtained marijuana. The more available the drug, the more it is used.

The hallucinations of those promoting legalized marijuana have gone up in smoke. †

### **MAKING A GIFT UNDER YOUR WILL TO REAL WOMEN OF CANADA**

Making a gift under your Will to REAL Women of Canada is a lasting gift, not just to REAL Women itself, but also to Canada as a whole.

Canada needs strong families, especially now, when the fabric of society is being torn apart by materialism, selfish individualism, and disrespect for human life.

REAL Women's efforts on behalf of the traditional family have never waived. Through turmoil and adversity, we have put forward our voice on behalf of the family in a clear and uncompromising manner. We can only continue this vital work for many generations to come with your help.

When preparing your Will, please consider assisting REAL Women by making a bequest to our organization so that we can continue with our crucial work. †

# THE CRUELTY OF POPULATION CONTROLLERS

Those who promote and implement population control in the developing world are so blinded by their objective that they stop at nothing to achieve it. Deceit, bribes, abuse, threats and trickery are used even when the programs result in harm and sometimes even death to unfortunate individuals. Any problems encountered implementing population control programs are regarded as only small ripples in the water when the “necessary” programs are carried out.

This alarming approach to enforcing birth control programs has occurred over the years in many different third world countries, such as Vietnam, Peru, Indonesia, China, India, etc. There are no penalties for this vile failure to respect the dignity and human rights of others. Obviously, for some, the ends justify the means.

Examples include:

- The US based Melinda and Bill Gates Foundation plans to distribute a version of the dangerous contraceptive Depro Provera, in 69 countries.

This contraceptive can function as an abortifacient, and also has dangerous side effects, such as causing mineral density losses that can lead to osteoporosis and fractures, blood clots, and, according to the British Medical Journal *The Lancet* (January 9, 2015), an increase in the chances of contracting HIV/AIDS; prolonged bleeding causing anemia; and a loss of libido and energy; often creating serious family problems. The impoverished women, however, are not told of these side effects. The Society of Obstetricians and Gynecologists of Canada (SOGC) has warned against the use of this contraceptive in Canada as being too dangerous for women. So why is this contraceptive being foisted on women living in the developing world?

- In the Indian Village of Ultawar, male residents 15 years of age and older, were rounded up in the early morning and forcibly sterilized. No follow-up care was provided and many died from subsequent infections. Over eleven million men and women in India have been sterilized against their will because of the government’s coercive system of sterilization in mass sterilization camps. India has the highest rate of sterilization among women at 37 per cent, sitting ahead of China at 29 per cent.
- In November 2014, at a sterilization camp located at Chhattisgarh, India, 83 women were sterilized by one doctor in 5 hours. The women were lured into being sterilized by the offer of \$23 (two weeks’ salary). Sixty of these women were injured and 14 died. The doctor had used unclean equipment, having cleaned his laparoscope only after completing 5 to 7 surgeries. The women were also given antibiotics containing rat poison, which was manufactured at a local factory. The latter is being investigated by the health authorities.

- 43 women were sterilized in unsanitary and inhumane conditions in the Indian district of Chatra. When the generator failed, the operations continued by flashlight. There were no antiseptics provided and the sterilized women remained overnight without stretchers or beds while waiting for compensation of \$22.70.

What is so disturbing is that these sterilization camps in India are funded by the US based DKT International which receives funds from the US government and US Foundations. The operating revenue for DKT International in 2013 was over \$142 million.

Also, the US international funding agency called the US Agency for International Development (USAID), although restricted from funding family planning programs that are coercive or has targets or quotas, has bypassed this restriction on funding these sterilization camps in India. It has done so by using the unique mechanism known as “performance based disbursements” whereby a dollar value is attached to targeted results, i.e. it pays for achieving “results” not the program itself. A tidy use of semantics is used to achieve the same result.

There is \$14 billion spent each year, world-wide, on population control through governments, UN agencies and by wealthy US billionaire philanthropists.

These programs are uncaring and serve the purposes of those who want to control the world’s population for their own selfish ends. These controllers have no regard for the dignity of human beings, and regard individuals living in third world countries as no more than feral rats to be exterminated. †

## MESSAGE BOARD

- The date of our National Annual General Meeting is Friday, June 5, 2015, 6:30 pm, at the North York Public Library in Toronto. We are hoping to have a guest speaker this year, TBA. The meeting is open to all members whose annual fees are paid up to 2015.
- Action Item: Write to Prime Minister Stephen Harper, [stephen.harper@parl.gc.ca](mailto:stephen.harper@parl.gc.ca), Justice Minister Peter MacKay, [peter.mackay@parl.gc.ca](mailto:peter.mackay@parl.gc.ca), and to your MP, <http://www.parl.gc.ca/Parliamentarians/en/members?view=List> requesting that, as they draft new legislation to comply with the Supreme Court’s decision to approve physician assisted suicide, they modify the legislation so as to reduce the potentially serious consequences of allowing euthanasia and assisted suicide in Canada.
- Please consider writing an article for REALity. Submit by e-mailing or mailing to our Ottawa address. Articles may be edited for length.

# REAL WOMEN AND THE WORLD-WIDE STATEMENT ON WOMEN



**REAL Women is a participant in the Declaration of 'Women of the World' which ... will share an understanding of 'womanhood' as experienced by most women around the world.**

REAL Women is a participant in the Declaration of "Women of the World", which has been endorsed by over 100 NGO's worldwide. This Statement on Women is to be presented to the European Parliament in Brussels, and the UN meeting on the Committee of the Status of Women in New York, as well as other institutions and to politicians world-wide, to share an understanding of "womanhood" as experienced by most women around the world.

March 8<sup>th</sup>, 2015 is International Women's Day, the day feminists use to promote their ideology and their understanding of women—demanding that women be treated exactly the same as men, but fail to promote the concept that men and women are complementary to each other—different, but equal. This is a perception that is too often ignored.

As a result, this initiative has been taken to promote and assert the role of women in society, their feminine identity, as well as the role of motherhood. This does not mean that women are not equal to men in the labour market—but only that their identity is different from that of men.

The Statement on Women is as follows:

We, the Women of the World, and members of the signing entities below state that:

- I. Women and men need to recover and assert their identity and complementarity in their own interest, the interest of their family, the labour market and society at large.
- II. There is a feminine identity which is developed in its full dimension in complementarity and reciprocity with men.
- III. Women provide a unique contribution to stability in the family, the workforce, society and the common good.
- IV. Women's role in society must be developed in all aspects without discrimination, violence or exploitation, as part of the millennium challenges.
- V. There is a unique value and dignity in motherhood.
- VI. In western countries, women are nowadays discriminated against because of their motherhood.
- VII. Motherhood is an advantage for women in the work place, and profitable for society as a whole.

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PO Box 8813 Station T Ottawa ON K1G 3J1 • Tel 613-236-4001 Fax 613-236-7203  
[www.realwomenofcanada.ca](http://www.realwomenofcanada.ca) • [info@realwomenofcanada.ca](mailto:info@realwomenofcanada.ca)

VIII. Motherhood and women's dedication to the family does not suppress their personal or intellectual development, on the contrary, it consolidates their personality and the development of their feminine identity.

IX. Non-market work and the exclusive or prior dedication to the family is a social and economic value.

X. The authentic emancipation of women entails the freedom to be and live as a woman.

Therefore we demand:

1. Universal recognition and respect of the feminine identity, its dignity and true equality between men and women in their complementarity and reciprocity.
2. International policies in defense of free choice for women, which implies true reconciliation between family and working life.
3. Universal recognition in international legislation of the value of the silent and apparently invisible women's work inside their families and the universal management of the term "exclusive dedication to the family" as a labour group.
4. An international frame of policies of protection for working women who want to have children or are dedicated exclusively or partially to the care and attention of their family and the eradication of any form of discrimination towards them.
5. Universal prohibition of surrogate motherhood. Surrogacy is a violation of the dignity of both the surrogate mother and the child. It is a new form of exploitation of women and human trafficking, making the child the object of a contract. †

## SUPPORT REAL WOMEN OF CANADA

PLEASE MAKE A CONTRIBUTION TO JOIN OUR WORK  
TO DEFEND & PROTECT LIFE & THE FAMILY

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Send online at [www.realwomenofcanada.ca](http://www.realwomenofcanada.ca) or by mail. Thank you.