Killed with Kindness.

How Socialized Medicine Weaponizes

Susan Riggs

Having lived with the reality of socialized medicine throughout most of my adult life, I assure you, it kills with the softest of touches:

In Feb. 2019, I awakened to a Canadian radio host interviewing a hospital spokesman and a relative of a patient who had chosen to die at the hands of Canada's Medical Assistance in Dying Law (M.A.I.D. for short and, yes, they really call it that). The spokesman explained how these patients are treated with, "the highest priority," and receive the "best death possible." Upon receiving a positive response from the family member, he quipped, "it sounds as if the system worked for you!"

Worked for us?

In April 2021, armed forces entered Ontario's (teaching) hospitals, which had been "overwhelmed"—a word (along with "triaged") that our media uses frequently to describe hospitals across Canada.

As Covid raged, the President of M.A.I.D. sent letters to every regulatory college in Canada warning that assisted dying is now proclaimed an "essential [healthcare] service" by the Health Authority and must not be neglected in a national emergency.

Granted, no system does well in a pandemic, but "ringing for the M.A.I.D" must seem odd to U.S. readers living within an entrepreneurial system that still has the capacity for a nuanced conversation about "end of life" issues.

Throughout Covid, many Canadians were lost to the disease: senior citizens in Canada living in long-term care homes formed (at least) *80 percent of Canadian deaths* in 2020, a death rate that vastly overshadows *the 30 percent of such elderly deaths* that took place in American nursing homes (a number cited by Dr. Anthony Fauci on CNN).

As the United States created stellar new treatments to counter Covid, Canadian innovation lollygagged in the death-grip of national entitlement and the lack of competitiveness that implies. With only limited capacity to manufacture its own vaccines, (Canada's early partner, China, was a non-starter), my country has been forced to wait its turn in the Peter against Paul vaccination bidding wars.

Waiting, however, is not new to Canadians, who have labored since the 1960s under a fully government-run healthcare system that, under the 1982 Canada Health Act, outlaws private medicine for major medical care in a system often compared to those of North Korea and Cuba.

Capacity in these systems is hit and miss, hence: "caveat emptor." While American hospitals routinely operate below capacity, Canadian hospitals typically operate over

capacity in optimal times.True, we have good, talented doctors (and bad ones) in our system, but few are called to meaningful account.

Drugs may be cheaper here but there can be supply shortages. (In March of 2021, Ontario was urged to set up a lottery for a key drug used on Covid-19 patients.)

To understand *how* these government-run systems survive, consider the Netherlands, an early flagship for socialized medicine that today boasts an annual, "real" kill rate of 25 percent of its population if, as the *Guardian News* suggests, you include patients who are allowed to die while allegedly undergoing palliative care.

Deep in their hearts, Canadians know that the family pet receives medical attention more quickly than they do. In one poll, "nearly three quarters of Canadians [felt] the system would not offer the 'comfort and support' they want when facing a life-threatening illness or death."

Nonetheless, socialized medicine is locked into the Canadian DNA —a cobbled together patchwork quilt of systems, loosely managed both federally and provincially, spawning mediocrity at best and necessitated state-run death at worst, nurtured and meticulously cultivated in the rank, hothouse environment of down at the heels,

state-run medicine.

A Canadian intern once observed that every Canadian patient is a "potential liability." (No potential about it). You grow older, sicker, developing something that the system has not heard of, making everyone feel bad, occasionally forcing a trip to the U.S. if you are very lucky and most are not). The final doomsday bell rings in accord with one unalterable number: your age.

JMI Early Warning

(In articles published in The James Madison Institute Journal, I have warned about the dehumanizing Canadian healthcare system in which patients and their doctors compete for facilities, often-derelict technology, bad or misapplied drugs. Add to this an astounding lack of transparency and a domino effect of incompetence that patients discover, too often, in times of crisis.

Euthanasia was enshrined into Canadian law in 2016, but its compelling presence haunted our medical system well prior to its legalization. Having accompanied my mother through our system over a decade of pre-M.A.I.D. years, I bore witness as to how coerced death is always the elephant in the room, the dark shadow self of the system, lurking within the long wait lines, wandering the half-empty corridors of once-thriving hospitals, now part-ghost towns. (Lots of space but little funding to manage it.) No one worries about fudging wait lists, (as occurred with veterans in the United States a few years ago): your loved one might walk into a hospital upright, articulate, and prepared to heal, (as my mother did on several occasions). Instead, we heard pro-death claptrap—requests to lower her "number" from a 4 to a 3, which would deny her a full roster of treatment options. My fully alert, insightful (reasonably healthy) mother stood proudly, listening to it all. Story after story from friends, relatives, and neighbors, parallel my own eyewitness account which testifies to the unholy price Canada has paid to maintain a system that may not bankrupt individuals but, in the final analysis, "bankrupts itself.")

Canada exemplifies how socialized medicine devastates on multiple fronts, driving a formerly noble nation, (that helped to unfold insulin and the Salk polio vaccine), to the unholy shrine of nationally—in incentivized death—*morally eviscerating our once-respected judiciary, rendering government impotent and creating a compliant and fearful citizenry—all through the sheer heft of a medical leviathan whose earthquake presence rattles the very foundations of our nation.*

The Judiciary: Laying the Foundation for M.A.I.D.

On *Feb. 6, 2015,* our Supreme Court accepted the inevitable and slipped its judicial glove seamlessly over the *steel fist of fiscal demand in the face of a failing healthcare system*. It struck down forever the long-standing prohibition against physician-assisted suicide, specifically, Section 241 of the Criminal Code forbidding the aiding, abetting, or consenting to suicide. [9]

The vote was 9-0.

Not one judicial voice rose in support of Canada's long-standing respect for the traditional "slippery slope" argument that had always worked to protect our society's most

vulnerable.

Worse, the Court spoke with its sledgehammer "one voice," "generally reserved for *cases in which the Court wants to emphasize its unanimity,*" a sharp departure from a 1993 euthanasia case in Canada (Rodriguez), which, although equally as heart-rending, ultimately rejected the state-run killing of patients.

The 2015 pro-death ruling was overturned by a B.C. Superior Court in 2013 on the grounds of *stare decisis* (the original finding must stand), sending pro-death advocates scurrying to the Supreme Court for a reversal.

Two Significant Influences

That 2015 Supreme Court entered its deliberations shouldering the weight of an earlier healthcare decision in a case involving the pervasive and deadly issue of wait lines for health care. Predictably, this ruling failed to accomplish its objectives, but its impact on the thinking of that later Supreme Court injected a bizarre, black swan component into the 2015 proceedings—one that spoke volumes about the motivation of that Court.

Secondly, unlike the 1993 case where the plaintiff was present throughout the proceedings, *directly-affected complainants in the 2015 case had passed away prior to the hearing* and in their stead stood an eclectic medley of pro euthanasia enthusiasts: The British Columbia Civil Liberties Association (BCCLA), family members [of the departed] and medical representation—together forming an amorphous collective that left that Court free to wax eloquent without the inconvenience of a live patient.

Essentially, the Court cast about for a *new reason* that would invalidate the *stare decisis*, agreeing with the trial judge on most issues and concluding that the 1993 finding was "overbroad", favoring a pro-life majority against a pro-death minority—hardly a

new observation since, in 1993, the patient was legally restricted in deference to the public good.

Nevertheless, "overbreadth" was the blunt tool with which the Court ripped asunder the 1993 decision, claiming it did not address the right to life (as if refusal to allow state killing were anything *but* addressing that right.)

Overall, the Court focused on facts supporting the death right, while ignoring cautionary evidence: the Court acknowledged that "evidence on safeguards was weak" in socialized systems and noted that "palliative care actually improved post-legalization [of killing]." Ignored were the implications of this: do fewer patients mean better treatment for some? Might the healthcare system benefit from the death of patients?

Similarly, the Court skimmed over Oregon's assisted death law, ignoring its requirement for a terminal condition and its censure of direct, doctor-performed killing. (Nothing in Canada's Supreme Court decision requires a terminal condition, only one that is *"grievous and irremediable, (including an illness, disease or disability) that causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition."*As for method, lethal injection is legal in Canada.)

Fighting these skewed judicial

gymnastics was Canada's federal Conservative government led by Prime Minister Stephen Harper, who, along with the handicapped and other groups, presented fresh evidence from abroad of the rampant abuse associated with euthanasia. The Court was having none of it, insisting that "*coercion, undue influence, and ambivalence could all be reliably assessed*".

(Really? When Mum arrived at the hospital—upright, articulate, and ready to heal—an unknown doctor ushered me into her office, aware that we had (again) refused to "lower" Mum's number. Irate, the specialist ran away screaming "GOD CALLS EVERYONE HOME!!!")

The Court lodged its death decision in Section 7 of *Canada's Charter of Rights and Freedoms* that guarantees the right to "life, liberty and *security of person,*" rationalizing that killing patients saves them from fear of future incapacity, leading to suicide sooner rather than later. While this rationale is tragically understandable from the perspective of a patient or family member, it is bogus argumentation, ignoring the fact that *most desperate people want to live.*

Ironically, a decade earlier, that same Court had worked to save life, not end it:

The Court's Camelot Moment

In 2005, the Supreme Court had addressed the deadly problem of wait lines in the Province of Quebec (but it could have been any province), declaring that "*timely healthcare*" was important and that "*access to a waiting list is not access to healthcare,*" even granting the request for use of a private insurer when needed.

Ultimately, the entry of the private sector into a fraught, heavily socialized medical system failed— proven in 2019 when an expert witness (in a different case) explained how the 2005 decision had *"created chaos"* in Quebec leaving healthcare "*skewed by market forces.*"

By 2014, that Supreme Court knew of Quebec's still terrible healthcare problems. Why? Quebec had eclipsed the Supreme Court decision on physician assisted suicide by risking all and initiating its own euthanasia law.

Smoothly running systems do not spontaneously pole-vault across the Rubicon to divest of an excessive patient population. So desperate was Quebec healthcare by 2014, there were media rumors that the official record would cite *only the pathological cause of death, in effect concealing such deaths from the public record—proof that even private enterprise could not save these government-run behemoths.*

Desperate Times/Desperate Measures/Pivot to a Kangaroo Court

In 2014, The Toronto Star reported that the Supreme Court off-loaded one of its own "death" cases back to Ontario's Consent and Capacity Board, (CCB), a quasi-legal outlier, seemingly wedged between the justice system and the healthcare system—comprised of non-specialists who make life and death decisions "in a mere 24 hours" (often above the objections of the family), deciding whether patients in the healthcare system should live or die. According to the Toronto Star," *the Supreme Court hail[ed]*

the Consent and Capacity Board as a model … that provided a swift and balanced alternative to the courts at a time when the country [was and still is] facing a tidal wave of aging Baby Boomers."

(*N.B. My mother and I experienced one of these healthcare "courts" —not a death court —but a 20 or so-person "panel" of medical personnel assembled to "justify" a misdiagnosis that had led to a drug error that nearly killed her. We were lured through phone calls to a bad part of town on a Friday night at 5:00 p.m., believing that Mum had a simple appointment with one doctor. Instead, we were directed into a football field-sized room packed with strangers who grilled us for over an hour in what could only be called a Kafkaesque experience.)*

From Kangaroo Courts… to Hobson's Choice

By 2015, that Supreme Court's once-ballyhooed wait list decision must have felt like the Pyrrhic victory it was.

In 2005, the judicial gods had hurled the first thunderbolt to save the patients.

In 2015, they hurled the second to save the system.

Black Swan Moment

In a Hail Mary effort to shore up its shaky rationale for its pro-death finding, (that if the healthcare system did not kill patients, they would kill themselves … or maybe not?), that Supreme Court attempted to align its 2005 and 2015 decisions by suggesting that both cases derived their right from a "lack of timely health care" — ignoring the fact that, as tragic as these death cases are (and they all are in the beginning), *only wait lines, provably, create a "threat of death".*

Did they really believe they could shove the 2005 round peg of a genuine pro-life decision into the square hole of this 2015 pro-death fiasco?

Defeated, the Court pointed the finger at Canada's system of healthcare:

…Concerns about decisional capacity and vulnerability arise in all end-of-life medical decision-making. Logically speaking, there is no reason to think that the injured ill and disabled who have the option to refuse or to request withdrawal of life-saving or life-sustaining treatment, or who seek palliative sedation, are less vulnerable or less susceptible to biased decision-making than those who might seek more active assistance in dying.

Everybody has the problem, so what's the problem? The above also fails to differentiate between palliative care (an intent to improve what life there is) and euthanasia (active intent to kill).

Then —a moment of honesty:

"…the risks [of the slippery slope] that Canada, [the opposition], describes, are already part and parcel of our medical system".

Subtext: we can do nothing.

With those words, reputable jurisprudence was swallowed up in a gulp of pragmatism, rendering vulnerable Canadians *collateral damage and necessitated death just one more thorn on the rose of socialism.*

2016-2021 Legislative Ride to the Bottom

Canada's Supreme Court had driven the coach that delivered the death right to Canadians. An incoming federal Liberal government drove the horses of this apocalypse to its tragic end.

Bill C-14, Medical Assistance in Dying Act (M.A.I.D.) was passed in parliament on June 17, 2016, initially requiring a proviso that death would be "*reasonably foreseeable,*" an ambiguity lifted by 2019. From the beginning, even Canada's normally sedate Senate urged that the new death right include children and the mentally ill: by 2017, the new "right" was extended to a case involving chronic osteo-arthritis; in 2023 mental illness will qualify as well. Last year, Bill C-7 mounted various roadblocks, leaving more Canadians eligible for M.A.I.D. and with easier availability to death as non-physicians, nurse practitioners, and pharmacists all sign on to the death squad.

Media Updates

In March of 2021, I awakened to a feature article in a national publication written by a physician enthusiastic about her new responsibilities:

"The discussion [with the patient]
Makes the choreography [of killing] easy for me.
And that is really what it [planning out a death] is:
A choreographed dance, as studied
But as graceful as ballet."

Following the decision, apart from a few rebel doctors and journalists, members of various handicapped groups and others, the most vociferous public questioning arose from the medical profession as to whether doctors could stick the needle in directly to get rid of the patient faster? (You would think that the experience of Oregon, where "nearly one third" of patients who accept these fatal drugs from their physicians never touch them, would warn that people change their minds.)

Today, anti-M.A.I.D. doctors are driven from the profession or forced to refer their patients to an "accommodating" doctor. Worst of all are the pro-M.A.I.D. doctors who flaunt the flimsy safeguards, some bragging to the press about it. If the "flaunters" had been referred to the justice system, (which they were not), the result would have been minimal given the exculpatory nature of M.A.I.D. and its endless "Not more than" clauses severely limiting penalties.

Deep Throat was right: follow the $$$$ (or its lack)

Canada's *National Post* exposed a "study" entitled "Euthanasia may save $139 M," explaining how "M.A.I.D. could reduce annual health spending by $35 million through what it termed "doctor-hastened death," "run[ning] as little as $25, depending on the regimen." (N.B. Cost was a concern for that 2015 Supreme Court as well, inspiring one journalist to lament, "*six pages on costs; three pages on where the hell is all this leading?")*

Forget suing. Canada protects doctors at taxpayer expense and usually wins. One provincial judge called the attitude toward patient rights north of the border "a scorched earth approach."

Will It be M.A.I.D. in America Next?

America would cruise in the wake of its superb free enterprise system for a while—but the reckoning would come.

Socialized medicine insinuates itself into the hallowed halls of any nation gullible enough to sign on.

These systems are doomed by definition—the patient as "liability." When those liabilities add up, you have a brand new "right" to die.

In the case of Canada, that "right" rendered our system of healthcare both villain and victor in an egregious, judicial dog-and-pony show, which left a country in moral tatters and a judiciary so flummoxed by its inability to address ineffective healthcare that its only solution was assisted death.

If a moral discussion about euthanasia were ever possible, it could *only take place within a successful, entrepreneurial system of medical conveyance*—never within the divided kingdom of socialized medicine which depends upon inflicted death for its own survival.

Still tempted by the words "free healthcare?"

Remember our Supreme Court that tried to hoist the flag of patient rights.

Today, all of Canada flies the skull and crossbones—and lives out the fatal equation:

Socialized Medicine = Weaponized Euthanasia.

Addendum

On July 15, 2022, the British Columbia Court for Appeal unanimously upheld a lower court ban against private medicine for necessary medical treatment in B.C. —a case which Canada's Globe and Mail had predicted could "upend the very foundation of Canada's public health care system."

In 2009, legal action was initiated by Dr. Brian Day, an orthopaedic surgeon and businessman who led the plaintiffs. He sought to overturn provisions of *B.C.'s Medicare Protection Act* which, like similar laws across Canada, enforces the tenets of the *Canada Health Act*, including the ban on private treatment. (Because public healthcare is jointly shared by federal and provincial governments, the issues have been argued province by province.) In his claim, Day invoked Section 7 of Canada's Charter of Rights and Freedoms, citing, (as did the 2005 Quebec case), the ongoing threat that waiting lists posed to the "life, liberty and security" of patients.

In 2020, a B.C. Court dismissed Day's constitutional challenge, minimizing the importance of waiting lists, and invoking the "get out of jail free" ending of Section 7 that allows rights to be abrogated in the name of "fundamental justice" —in this case interpreted as protection of Canada's publicly run, no-fee healthcare system.

Despite upholding the ban, the Appeal Court criticized the lower court, claiming it "erred in finding the impugned provisions did not deprive some patients of the right to life."

The plaintiffs intend to plead their case before Canada's Supreme Court.

(Author's comment: Because the Charter does not reference a right to healthcare per se—only, in effect, its own right of inexorable control over the means to healthcare, each subsequent ruling reveals how attention is easily deflected away from core issues via a colossal obfuscation of means and ends. Some might argue that Canada's 1982 Canada Health Act was created to uphold, first and foremost, the political correctness of free medical treatment— the cost of human life notwithstanding—raising the further question as to whether M.A.I.D. , in all its current robust glory, was factored in from the beginning.)

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