



**Preamble by Tribunal Judges
MAiD – Medical Assistance in Dying**

Canada's expanded **MAiD – Medical Assistance in Dying** program established through Bills C-7 on 14 June 2016, follows on the back of totalitarian behavior by all levels of Government in Canada to deal with unlawful Covid mandates is a stark reminder to Canada's eugenics policies of the past.

The truth about Adolf Hitler's and the NAZI final solution is that Hitler's NAZI Germany only continued and expanded the eugenics policies adopted throughout

North America starting in the 1920's. In 1928, the Alberta, Canada government passed the Sexual Sterilization Act and in 1937 the Act was amended removing the need for informed consent. In 1942, the Act was again altered to include candidates who had not been institutionalized. It was not until 1972 under the government of Peter Lougheed that this draconian legislation was repealed. Having the former waffen SS officer, Yaroslav Hunka appear in the Canadian Parliament on September 22, 2023 was a needed reminder through the unanimous applaud of our Members of Parliament that Canada is capable of another kind of eugenics mentality and equivalent policies.

MAiD – Medical Assistance in Dying’s surge in record deaths, with over 500 applications per month and inclusion of persons with treatable conditions, reflects not a compassionate and dignified end to one’s life but a stepping stone towards unchecked and self-regulated population reduction of the weakest and poorest in our society. Human Rights, the Criminal Code of Canada and numerous other codes and Acts in Quebec were modified in a surprisingly short period of time to make this process appear legal and legitimate. The rapid expansion of eligible participants seems to know no limits and little oversight or effective remediation is included.

This is why the Natural and Common Law Tribunal For Public Health And Justice is making Canada's **MAiD – Medical Assistance in Dying** program a priority and issuing an immediate Cease and Desist Order before it is too late.

Natural and Common Law Tribunal For Public Health and Justice

<http://www.Peaceinspace.org>

**Cease & Desist Order, Emergency Injunction & Writ Of Mandamus
Immediately and Permanently Banning
Any and All**

MAiD – Medical Assistance in Dying Programs, Legislation, Regulations, Authorizations, Mandates, Funding, Medical Care, Medical Assistance and Medical Providers, Medical Programs, and MAiD-related Activities In Canada

CO-DEFENDANTS

- **The Federal Parliament and Courts of Canada**
- **The Provincial Parliaments and Courts of Canada**
- **The Municipal Parliaments and Courts of Canada**
 - **The Federal Government Of Canada;**
 - **The Government Of A Province Or Territory Of Canada;**
 - **The Government of Any Municipality or Government Authority;**
- **Any and All Federal, Provincial, Municipal, Private Health Authorities, Health Organizations, Hospitals, Clinics, Retirement Homes, Hospice;**
- **Any and all Organizations, Sole Proprietorships, Partnerships, Corporations;**

- **Any and All Health Care and Pharmacy Providers in Canada including and not limited to**
 - **Doctors of Medicine;**
 - **Nurse Practitioners;**
 - **Pharmacists;**
 - **Psychiatrists;**
 - **Counsellors;**
 - **Mental Health Providers;**
 - **and Any Living Person**

**From Authorizing, Funding, or in any manner Providing
MAiD – Medical Assistance in Dying as defined herein,**

**As Constituting Genocide And Crimes Against Humanity
Under Articles 6 & 7 Of
The International Criminal Court Statute,
Which Canada along with 123 Nations Have Ratified.**

1. This Tribunal Order To Cease & Desist and Emergency Injunction Immediately Halts CO-DEFENDANTS From Authorizing, Funding, or in any manner Providing MAiD – Medical Assistance in Dying as defined herein, as Genocide and Crimes against Humanity Under Natural Law, Common Law, Treaty Law, 18 U.S. Code § 1091 – Genocide, Articles 6 & 7 of the International Criminal Court Statute¹, the Nuremberg Code², the Geneva Conventions³, the United Nations Declaration of Human Rights⁴, United Nations Declaration on the Rights of Indigenous Peoples⁵, the Final Judgment of the Natural and Common Law Tribunal for Public Health and Justice at www.Peaceinspace.org⁶.

2. The Tribunal finds that CODEFENDANTS Authorizing, Funding, or in any manner Providing MAiD – Medical Assistance in Dying as defined herein, to constitute Genocide and Crimes against Humanity, in violation of Articles 6 and 7 of the International Criminal Code Statue, namely:⁷

Article 6 Genocide

For the purpose of this Statute, "genocide" means any of the following acts committed with intent to destroy, in whole or in part, a national, ethnical, racial or religious group, as such:

- (a) Killing members of the group;
- (b) Causing serious bodily or mental harm to members of the group;

¹ https://www.icc-cpi.int/NR/rdonlyres/EA9AEFF7-5752-4F84-BE94-0A655EB30E16/0/Rome_Statute_English.pdf

² <https://history.nih.gov/display/history/Nuremberg+Code>

³ <https://www.icrc.org/en/doc/war-and-law/treaties-customary-law/geneva-conventions/overview-geneva-conventions.htm>

⁴ <https://www.un.org/en/about-us/universal-declaration-of-human-rights>

⁵ https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf

⁶ https://exopolitics.blogs.com/international_criminal_co/2020/12/judgment-of-the-tribunal-in-the-matter-of-genocidal-technologies-pandemic-on-the-indictment-genocide-crimes-against-human.html#more

⁷ <https://www.icc-cpi.int/sites/default/files/RS-Eng.pdf>

- (c) Deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part;
- (d) Imposing measures intended to prevent births within the group;
- (e) Forcibly transferring children of the group to another group.

Article 7

Crimes against humanity

1. For the purpose of this Statute, "crime against humanity" means any of the following acts when committed as part of a widespread or systematic attack directed against any civilian population, with knowledge of the attack:

- (a) Murder;
- (b) Extermination;
- (c) Enslavement;
- (d) Deportation or forcible transfer of population;
- (e) Imprisonment or other severe deprivation of physical liberty in violation of fundamental rules of international law;
- (f) Torture;
- (g) Rape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilization, or any other form of sexual violence of comparable gravity;
- (h) Persecution against any identifiable group or collectivity on political, racial, national, ethnic, cultural, religious, gender as defined in paragraph 3, or other grounds that are universally recognized as impermissible under international law, in connection with any act referred to in this paragraph or any crime within the jurisdiction of the Court;
- (i) Enforced disappearance of persons;
- (j) The crime of apartheid;
- (k) Other inhumane acts of a similar character intentionally causing great suffering, or serious injury to body or to mental or physical health.

1 Paragraph 2 of article 5 ("The Court shall exercise jurisdiction over the crime of aggression once a provision is adopted in accordance with articles 121 and 123 defining the crime and setting out the conditions under which the Court shall exercise jurisdiction with respect to this crime. Such a provision shall be consistent with the relevant provisions of the Charter of the United Nations.") was deleted in accordance with RC/Res.6, annex I, of 11 June 2010.

2. For the purpose of paragraph 1:

- (a) "Attack directed against any civilian population" means a course of conduct involving the multiple commission of acts referred to in paragraph 1 against any civilian population, pursuant to or in furtherance of a State or organizational policy to commit such attack;
- (b) "Extermination" includes the intentional infliction of conditions of life, inter alia the deprivation of access to food and medicine, calculated to bring about the destruction of part of a population;
- (c) "Enslavement" means the exercise of any or all of the powers attaching to the right of ownership over a person and includes the exercise of such power in the course of trafficking in persons, in particular women and children;
- (d) "Deportation or forcible transfer of population" means forced displacement of the persons

concerned by expulsion or other coercive acts from the area in which they are lawfully present, without grounds permitted under international law;

(e) "Torture" means the intentional infliction of severe pain or suffering, whether physical or mental, upon a person in the custody or under the control of the accused; except that torture shall not include pain or suffering arising only from, inherent in or incidental to, lawful sanctions;

(f) "Forced pregnancy" means the unlawful confinement of a woman forcibly made pregnant, with the intent of affecting the ethnic composition of any population or carrying out other grave violations of international law. This definition shall not in any way be interpreted as affecting national laws relating to pregnancy;

(g) "Persecution" means the intentional and severe deprivation of fundamental rights contrary to international law by reason of the identity of the group or collectivity;

(h) "The crime of apartheid" means inhumane acts of a character similar to those referred to in paragraph

1, committed in the context of an institutionalized regime of systematic oppression and domination by one racial group over any other racial group or groups and committed with the intention of maintaining that regime;

(i) "Enforced disappearance of persons" means the arrest, detention or abduction of persons by, or with the authorization, support or acquiescence of, a State or a political organization, followed by a refusal to acknowledge that deprivation of freedom or to give information on the fate or whereabouts of those persons, with the intention of removing them from the protection of the law for a prolonged period of time.

3. For the purpose of this Statute, it is understood that the term "gender" refers to the two sexes, male and female, within the context of society. The term "gender" does not indicate any meaning different from the above.

3. The Tribunal takes Judicial Notice that the Federal Government is attempting to launch a Genocide of the population of Canada in furtherance of Geocidal Technologies Pandemic with the aid of genocidal institutions such as the WHO World Health Authority, and World Economic Forum [WEF], which have groomed Justin Trudeau, the current Prime Minister of Canada, and Chrystia Freeland, the current Deputy Prime Minister, to implement its genocidal goals and missions.

In November 2020, the WHO World Health Authority, The World Economic Forum [WEF], the Government of Canada, and Prime Minister Justin Trudeau, and Chrystia Freeland, the current Deputy Prime Minister, were all Indicted and Convicted by the Tribunal for Genocide and Crimes Against Humanity as perpetrators of a Genocidal Technologies Pandemic against the people of Canada.

SEE:

Judgment of the Tribunal in the matter of Genocidal Technologies Pandemic On the Indictment: Genocide & Crimes against Humanity by 5G-Pandemic Perpetrators

Final Judgment: [Download FINAL JUDGMENT - NATURAL AND COMMON LAW TRIBUNAL- November 29 2020](#)

<https://exopolitics.blogs.com/files/final-judgment---natural-and-common-law-tribunal--november-29-2020-1.pdf>

Indictment: [Download INDICTMENT - TRIBUNAL.PUBLIC.HEALTH.JUSTICE-FINAL VER 1-11.15](#)

<https://exopolitics.blogs.com/files/indictment---tribunal.public.health.justice-final-ver-1-11.15.pdf>

Tribunal Judge Gina Goad's Evidentiary Presentation on MAiD (Medical Assistance in Dying)
October 1, 2023

Purpose: to investigate the issue of **MAiD (Medical Assistance in Dying)** including Quebec's surge forward, and to see if the intervention of the International Tribunal of Conscience is required.

Background:

- Legal – The Criminal Code of Canada (CCC), was enacted and made into law IAW S 91(27) of the Constitution Act of 1867 which gives the Federal Government the power to make criminal laws, suicide was decriminalized in 1972
- suicide was considered an illegal act and was defined in the Criminal Code of Canada (CCC) under S 241 Counselling or Aiding suicide and is considered an indictable offence with punishment of up to 14 years in prison;
- suicide was decriminalized in 1972

CCC - Counselling or aiding suicide

- **241 (1)** Everyone is guilty of an indictable offence and liable to imprisonment for a term of not more than 14 years who, whether suicide ensues or not,
 - **(a)** counsels a person to die by suicide or abets a person in dying by suicide; or
 - **(b)** aids a person to die by suicide.
- **Marginal note: Exemption for medical assistance in dying**

(2) No medical practitioner or nurse practitioner commits an offence under paragraph (1)(b) if they provide a person with medical assistance in dying in accordance with section 241.2.
- **Marginal note: Exemption for person aiding practitioner**

(3) No person is a party to an offence under paragraph (1)(b) if they do anything for the purpose of aiding a medical practitioner or nurse practitioner to provide a person with medical assistance in dying in accordance with section 241.2.
- **Marginal note: Exemption for pharmacist**

(4) No pharmacist who dispenses a substance to a person other than a medical practitioner or nurse practitioner commits an offence under paragraph (1)(b) if the pharmacist dispenses the substance further to a prescription that is written by such a practitioner in providing medical assistance in dying in accordance with section 241.2.
- **Marginal note: Exemption for person aiding patient**

(5) No person commits an offence under paragraph (1)(b) if they do anything, at another person's explicit request, for the purpose of aiding that other person to self-administer a

substance that has been prescribed for that other person as part of the provision of medical assistance in dying in accordance with section 241.2.

- **Marginal note: Clarification**

(5.1) For greater certainty, no social worker, psychologist, psychiatrist, therapist, medical practitioner, nurse practitioner or other health care professional commits an offence if they provide information to a person on the lawful provision of medical assistance in dying.

- **Marginal note: Reasonable but mistaken belief**

(6) For greater certainty, the exemption set out in any of subsections (2) to (5) applies even if the person invoking the exemption has a reasonable but mistaken belief about any fact that is an element of the exemption.

- **Marginal note: Definitions**

(7) In this section, *medical assistance in dying*, *medical practitioner*, *nurse practitioner* and *pharmacist* have the same meanings as in section 241.1.

- R.S., 1985, c. C-46, s. 241
- R.S., 1985, c. 27 (1st Supp.), s. 7
- 2016, c. 3, s. 3

- Bill C-14 was passed in June 2016, included a provision that the MAiD law undergo a five year review beginning in June 2020, further expansions of the law are premature since the government has not completed the legislated five year review; (<https://www.justice.gc.ca/eng/rp-pr/other-autre/addend/index.html>)
- Apr 21, 2016 · Bill C-14 amends section 241 of the Criminal Code and introduces a new section 227 to allow MAID (both voluntary euthanasia and assisted suicide) if a number of conditions.... [Legislative Summary of Bill C-14: An Act to amend the Criminal Code and to make related amendments to other Acts \(medical assistance in dying\) \(parl.ca\)](#)
- MAiD was introduced through Bill C-7 on 24 Feb 2020, an act to expand the law (CCC) to permit anyone who considers their physical or psychological suffering to be intolerable, to qualify for death by lethal injection, even if effective medical treatments for their condition exists (Analysis of Bill C-7, Euthanasia Prevention Coalition PDF), (<https://www.ourcommons.ca>);
- Bill C-7 was the result of a Quebec Superior Court *Truchon* decision, a precedent setting decision that the federal government did not appeal but it extends the law in a much wider manner than *Truchon vs Attorney General of Canada* required and changed the criterion in the CCC and Quebec's Act respecting end of life care;
- Concern that Bill C-7 continues to use the phrase "*natural death is reasonably foreseeable*" lacks effective meaning and decisions become subjective and unequally applied;

- the Constitution of Canada (despite being unsigned) was further rewritten to allow for suicide to be legal

Background – Suicide

- suicide was decriminalized in 1972
- **Deaths and hospitalizations** statistics state clearly that at least 4500 people annually commit suicide in Canada,
 - Approximately 12 people die by suicide each day
 - Approximately 4,500 deaths by suicide per year
 - Suicide rates are approximately 3 times higher among men compared to women
 - Suicide is the second leading cause of death among youth and young adults (15-34 years) [Suicide in Canada: Key Statistics \(infographic\) - Canada.ca](#)
 - **Behaviours related to suicide Thoughts**
 - 12% had thoughts of suicide in their lifetime
 - 2.6% had thoughts of suicide in the past year
 - **Plans**
 - 4.2% had planned suicide in their lifetime
 - 0.8% had planned suicide in the past year
 - **Attempts**
 - 3.1% had attempted suicide in their lifetime
 - 0.3% had attempted suicide in the past year
 - Published data may underestimate the total number of reported deaths, attempts, plans, and thoughts of suicide due to stigma and other factors.
 - [‘Darker side’: Canada’s euthanasia laws a threat to disabled, experts say - National | Globalnews.ca](#) In Canada, the two options are referred to as medical assistance in dying, though more than 99.9% of such deaths are euthanasia. There were more than 10,000 deaths by euthanasia last year, an increase of about a third from the previous year.

Before and Since Implementation of MAiD (Medical Assistance in Dying)

On at least 1 occasion, a person in Quebec was executed not euthanized IAW Bill C-7/14;([Alan Nichols has been making headlines](#) his brother is quoted as saying “Alan was basically put to death,” in 2019 his brother Gary Nichols said. [‘Disturbing’: Experts troubled by Canada’s euthanasia laws | AP News](#),

- Equally troubling, advocates say, are instances in which people have sought to be killed because they weren’t getting adequate government support to live. Canada is

set to expand euthanasia access next year, but these advocates say the system warrants further scrutiny now. Euthanasia “cannot be a default for Canada’s failure to fulfill its human rights obligations,” said Marie-Claude Landry, the head of its Human Rights Commission. Landry said she shares the “grave concern” voiced last year by three U.N. human rights experts, [who wrote](#) that Canada’s euthanasia law appeared to violate the agency’s Universal Declaration of Human Rights. They said the law had a “discriminatory impact” on disabled people and was inconsistent with Canada’s obligations to uphold international human rights standards. Tim Stainton, director of the Canadian Institute for Inclusion and Citizenship at the University of British Columbia, described Canada’s law as “probably the biggest existential threat to disabled people since the Nazis’ program in Germany in the 1930s.” During his recent trip to Canada, Pope Francis blasted what he has labeled the culture of waste that considers elderly and disabled people disposable. “We need to learn how to listen to the pain” of the poor and most marginalized, Francis said, lamenting the “patients who, in place of affection, are administered death.”

- “More people, per capita, are dying with medical assistance (MAID) in Quebec than anywhere else in the world, according to Quebec’s commission on end-of-life care. Since the start of the pandemic, requests for the procedure [have more than doubled](#) — from 1,774 in 2019-2020 to 3,663 in 2021-22. The increase means the percentage of people who chose MAID in Quebec is greater than in Belgium and the Netherlands, where it has been legal for decades. It has been legal in Quebec since 2015.
- People with depression and mental disorders do not qualify however, the intake forms to apply for MAiD include these categories;
- Vague wording allows for misinterpretations;
- Children, ill, elderly and First Nations people were targeted during c o v i d and are members of society requiring the most protection from govt and from Human Rights legislation;
- Military Veterans seeking help for depression, anxiety, PTSD via VA help phone line were offered MAiD by apparently one possibly 2 VA case workers. [Trudeau says medically-assisted dying offers to veterans ‘unacceptable’ as cases mount | Watch \(msn.com\)](#); “Four — perhaps even five — Canadian military veterans were given the option of medically-assisted death (MAID) by a now-suspended Veterans Affairs Canada caseworker, the country’s veterans minister told a House of Commons committee late Thursday. “We remain confident that this is all related to one single employee, and it’s not a widespread or a systemic issue,” he said Veterans Affairs Minister Lawrence MacAulay apologizes for ‘appalling interactions’ [RCMP called to investigate multiple cases of veterans being offered medically assisted death | CBC News](#)
- [Paralympian says she was offered MAID by Veterans Affairs employee | CTV News](#)
A veteran and former Paralympian told a parliamentary committee that a caseworker from the Veterans Affairs Canada (VAC) offered her medical assistance in dying (MAID), a week after the veterans affairs minister confirmed that at least four other veterans were offered the same thing. Retired Cpl. Christine Gauthier, who has been trying to get a wheelchair ramp installed at her home for the past five years, testified

on Thursday that a caseworker told her that they could give her assisted dying, even offering to supply the MAID equipment for her. "I was completely shocked and in despair," she told CTV's Power Play on Friday. "It is remotely just what they're doing: exhausting us to the point of no return." "Well, you know that we can assist you with assisted dying now if you'd like." And I was just shocked because I was like, 'Are you serious?' Like that easy, you're going to be helping me to die but you won't help me to live?" she said. A spokesperson for MacAulay said Veterans Affairs is taking the issue "very seriously," while adding that providing advice on MAID is "not a VAC service." "Our employees have no role or mandate to recommend or raise it. Considerations for MAID are the subject of discussions between a patient and their primary care providers to determine appropriateness in each individual context,"

- Recently a chef from Canada was exporting sodium nitrite to 234 customers around the world of which 88 died of overdosing on it. Investigators have said [Kenneth Law](#) is accused of sending at least 1,200 packages to people in more than 40 countries, including Canada, the United Kingdom, the United States, Australia, New Zealand and Italy. At the time, Law was charged with two counts of counselling or aiding suicide. Law is accused of selling chemical substances online to people potentially at risk of self-harm. [Who is Kenneth Law? What we know as police worldwide investigate Canadian man | Globalnews.ca](#) Lee Cooper, a man from Liverpool, England, told CBC News Wednesday that his 41-year-old brother Gary was found dead last July. Cooper said British police told his family that his brother had consumed sodium nitrite that was mailed from Canada. Gary Cooper, 41, died by suicide in July 2022 after consuming sodium nitrite mailed from Canada. [Ontario man charged in alleged sale of substance linked to 2 Peel deaths, international probe continues | CBC News](#)
- Costs incurred and paid out to doctors for each euthanasia [B.C. brings doctor fees for assisted dying in line with rest of Canada | CBC News](#) Since Canada legalized medically assisted dying in 2016, B.C. has had the [highest rate of people](#) choosing to end their lives with the procedure — but doctors performing the service could only receive a flat fee of \$200, plus an extra \$113.15 for the home visit. It was hundreds of dollars lower than most other provinces, and Green said it was making it hard to recruit the number of physicians needed to meet the demand. Under the new list of fees approved by the Medical Services Commission, physicians will now receive \$280, and can also claim an additional \$125 for medication pick up and return if the death is happening in a place where there is no on-site pharmacy. The government has also added a travel allowance, which Green says will help physicians accept requests from people near the end of life in remote areas who are unable to travel to urban centres.
- As the frequency of medical aid in dying continues to rise in Quebec, the head of the independent body that monitors the practice in the province says he worries doctor-assisted deaths are no longer being seen as a last resort. Quebecers have stopped appreciating MAID as an exceptional procedure for people with incurable illnesses whose suffering is unbearable, Dr. Michel Bureau said in a recent interview. "We're now no longer dealing with an exceptional treatment, but a treatment that is very frequent," said Bureau, head of *Commission sur les soins de*

fin de vie, which reports to the legislature. [Quebecers no longer seeing doctor-assisted deaths as exceptional, says oversight body | CBC News](#)

- Quebec is on track to finish the year with seven per cent of all deaths recorded as doctor-assisted, Bureau said. "That's more than anywhere else in the world: 4.5 times more than Switzerland, three times more than Belgium, more than the Netherlands. It's two times more than Ontario." Earlier this month, Bureau's commission sent a memo to doctors reminding them that only patients who have a serious and incurable disease, who are suffering and who have experienced irreversible decline in their condition can receive MAID. [Memo reminding Quebec doctors to respect new MAID law is intimidating, advocates say | CBC News](#)
- The commission reviews about 500 requests for doctor-assisted death every month, but Bureau says two to three of those monthly applications don't meet provincial guidelines. He says doctors must recognize those cases.
- [Quebec expands law for doctor assisted death, permits advanced consent | CBC News](#) Quebec has adopted a new law that expands access to medical aid in dying and allows advanced consent for the procedure. The law adopted Wednesday will permit people with a serious and incurable disease, such as Alzheimer's, to apply for a doctor-assisted death before their condition deteriorates and prevents them from consenting to one. However, it could take up to two years for such a request to be processed. In its current form, the law would establish a set of guidelines by which a person can provide an advance request for MAID. They must have a serious and incurable illness. People with a serious or incurable neuromotor disability will also become eligible for MAID, but not for an advance request.
- Quebec [Bill 11, An Act to amend the Act respecting end-of-life care and other legislative provisions - National Assembly of Québec \(assnat.qc.ca\)](#) Date of assent: June 7, 2023 EXPLANATORY NOTES The purpose of this bill is mainly to amend the Act respecting end-of-life care as regards eligibility for medical aid in dying. The bill allows persons suffering from a serious and incurable illness leading to incapacity to give consent to care to make an advance request for medical aid in dying so that they can receive such aid once they have become incapable. The bill prescribes the applicable rules regarding the content and form of such advance requests and establishes the responsibilities of the various resources that participate in making or implementing such requests. Furthermore, it determines the criteria to be complied with in order for medical aid in dying to be administered to a person who has become incapable of giving consent to care, in particular the criteria regarding observation of the suffering the person is experiencing. The Commission sur les soins de fin de vie is also given the function of overseeing the application of the requirements specific to advance requests for medical aid in dying. The bill provides that a mental disorder is not considered to be an illness. In addition, it withdraws the end-of-life criterion from the criteria a person must meet to obtain medical aid in dying. The bill makes other adjustments to the Act respecting end-of-life care. In particular, specialized nurse practitioners may administer continuous palliative sedation and medical aid in dying, and palliative care hospices may not exclude medical aid in dying from the care they offer. The bill also amends the composition and mandate of the Commission sur les soins de fin de vie as well as the rules concerning the information that must be

sent to the Commission and how it may use that information. The bill amends the Civil Code and the Public Health Act to allow a nurse who establishes that a death has occurred to draw up an attestation of death and fill out the certificate of death. Lastly, the bill makes consequential amendments to other Acts. 3 LEGISLATION AMENDED BY THIS BILL: – Civil Code of Québec; – Nurses Act (chapter I-8); – Medical Act (chapter M-9); – Coroners Act (chapter R-0.2); – Public Health Act (chapter S-2.2); – Act respecting end-of-life care (chapter S-32.0001

- Current population of Quebec 2021 census 22.98% vs Ontario 38.45% vs 13.52% BC such that Quebec’s record for euthanasia is significant at an estimated 7% in the upcoming year
- [‘Darker side’: Canada’s euthanasia laws a threat to disabled, experts say - National | Globalnews.ca](#) Tim Stainton, director of the Canadian Institute for Inclusion and Citizenship at the University of British Columbia, described Canada’s law as “probably the biggest existential threat to disabled people since the Nazis’ program in Germany in the 1930s.” The resulting 2016 law legalized both euthanasia and assisted suicide for people aged 18 and over provided they met certain conditions: They had to have a serious condition, disease or disability that was in an advanced, irreversible state of decline and enduring “unbearable physical or mental suffering that cannot be relieved under conditions that patients consider acceptable.” Their death also had to be “reasonably foreseeable,” and the request for euthanasia had to be approved by at least two physicians. The law was later amended to allow people who are not terminally ill to choose death, significantly broadening the number of eligible people. Critics say that change removed a key safeguard aimed at protecting people with potentially years or decades of life left. Today, any adult with a serious illness, disease or disability can seek help in dying. Canadian health minister Jean-Yves Duclos said the country’s euthanasia law “recognizes the rights of all persons ... as well as the inherent and equal value of every life.”
 - The countries that allow euthanasia and assisted suicide vary in how they administer and regulate the practices, but Canada has several policies that set it apart from others. For example:
 - _ Unlike Belgium and the Netherlands, where euthanasia has been legal for two decades, Canada doesn’t have monthly commissions to review potentially troubling cases, although it does publish yearly reports of euthanasia trends.
 - _ Canada is the only country that allows nurse practitioners, not just doctors, to end patients’ lives. Medical authorities in its two largest provinces, Ontario and Quebec, explicitly instruct doctors not to indicate on death certificates if people died from euthanasia.
 - _ Belgian doctors are advised to avoid mentioning euthanasia to patients since it could be misinterpreted as medical advice. The Australian state of Victoria forbids doctors from raising euthanasia with patients. There are no such restrictions in Canada. The association of Canadian health professionals who provide euthanasia tells physicians and nurses to inform patients if they might qualify to be killed, as one of their possible “clinical care options.”

- _ Canadian patients are not required to have exhausted all treatment alternatives before seeking euthanasia, as is the case in Belgium and the Netherlands.
- - Still, Duclos said there were adequate safeguards in place, including “stringent eligibility criteria” to ensure no disabled people were being encouraged or coerced into ending their lives. Government figures show more than 65% of people are being euthanized due to cancer, followed by heart problems, respiratory issues and neurological conditions. Theresia Degener, a professor of law and disability studies at the Protestant University for Applied Sciences in northwestern Germany, said allowing euthanasia based exclusively on disability was a clear human rights violation. “The implication of (Canada’s) law is that a life with disability is automatically less worth living and that in some cases, death is preferable,” said Degener. Trudo Lemmens, chair of health law and policy at the University of Toronto, said it was “astonishing” that authorities concluded Nichols’ death was justified. “This case demonstrates that the rules are too loose and that even when people die who shouldn’t have died, there is almost no way to hold the doctors and hospitals responsible,” he said. Heidi Janz, an 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. Next year, the country is set to allow people to be killed exclusively for mental health reasons. It is also considering extending euthanasia to “mature” minors _ children under 18 who meet the same requirements as adults.
- https://r.search.yahoo.com/_ylt=AwrjczWANfJk6rQM5Q8XFwx.;_ylu=Y29sbwNncTEEcG9zAzIEdnRpZAMEc2VjA3Ny/RV=2/RE=1693623809/RO=10/RU=https%3a%2f%2fbioedge.org%2fend-of-life-issues%2feuthanasia%2fquebec-moving-toward-euthanasia-for-dementia-patients%2f/RK=2/RS=kCt129OjRxwFTnhXDUddYtBe6ms-
- [Medically Assisted Death: Nancy B. v. Hôtel-Dieu de Québec - McGill Law Journal](#) legal cases regarding euthanasia case by case and relating to case law, good for lawyers to understand
- [No ‘euthanasia’ in Quebec care homes during COVID-19, expert tells coroner’s inquest - Montreal | Globalnews.ca](#) using pandemics potentially to euthanize long term care residents
- [Poverty Statistics in Canada for 2023 - Made in CA](#) **Poverty Statistics for Canadians** The overall poverty rate in Canada was 8.1% in 2020. Canadian seniors have the lowest poverty rate (4.7%) while young adults have the highest (14%) among all the age groups. At 11.2% Vancouver had the highest poverty rate among urban centres in 2020. 1% of single-parent, woman-led families with a child under five years old lived in poverty in 2020. Over 10% of all Canadians live on low incomes. The poverty rates are over four points higher among transgender men and women compared to cisgender men and women. Almost 30% of Canadians with a disability live in poverty. Poverty rates among the Indigenous

people have fallen but are still above average. 3% of Chinese people lived in poverty in 2020 compared to 12.4% of Black Canadians and 10.8% of South Asians. The poverty rate among immigrants fell to 9.1% in 2020. Across the provinces, Quebec had the lowest poverty rate, at 6.4% in 2020. It was the only province where the poverty rate was below the national average. Quebec has been able to maintain lower poverty rates because of lower living costs. It also has the best-subsidised childcare, which can be a major financial burden in many other provinces.

- [Did Canada Legalize Euthanasia So Parents Can Kill Children With Disabilities? | Snopes.com](#) On 22 November 2017, the web sites **Neon Nettle** and **YourNewsWire.com** (among **others**) **published reports** about euthanasia and pediatric patients in Canada, claiming that "a controversial new law" now allows parents to end the lives of children with disabilities: Liftsiteneews.com reports: American anti-euthanasia activist Wesley Smith said the results of the survey prove the morally slippery slope that a nation slides down when it agrees that "killing is an acceptable answer to human suffering."

-“Once euthanasia consciousness is unleashed, it never stops expanding,” he wrote in the *National Review*.

“I guess Robert Latimer—a Canadian farmer who murdered his daughter because she had cerebral palsy—was a visionary,” he added.

linking instead to a 26 October 2017 *National Review Online* speculative **editorial**: "Canada Child Euthanasia: A Matter of Time?" That opinion piece *speculated* that legal euthanasia in Canada *could* eventually be available to minors: THIS PIECE IS NO LONGER AVAILABLE ON-LINE

- [The Infants Act, Mature Minor Consent and ... - HealthLink BC](#) [Consent of Minors to Medical Treatment - Siskinds Law Firm](#) A child who is a mature minor may make their own health care decisions independent of their parents' or guardians' wishes. In B.C. there is no set age when a child is considered capable to give consent. www.healthlinkbc.ca/healthlinkbc-files/infants-act-mature-minor-consent-and-immunization; **Is there any circumstance where the health care decision of a capable (mature) minor can be overridden?** At common law, the mature minor doctrine sets out that a minor who is capable of making his or her own health care and treatment decisions cannot be overridden by his or her parents or the *parens patriae*¹³ jurisdiction of the Court.”

Current:

*Since 2016 when the original MAID law was passed, the number of Canadians using the procedure per year has increased ten-fold, to more than 10,000 in 2021. Asked if they consider this a success, that Canadians are now controlling their end-of-life decisions, or a failure, that MAID may be overused or abused, Canadians are more inclined to see value in its availability. More than two-in-five (43%) say this, while one-quarter (25%) disagree and say this trend is a bad thing. [Cardus: Mental Health and MAID: Canadians question looming changes to Canada's assisted-death law - Angus Reid Institute](#) **More Key Findings:***

- Two-thirds (65%) say that potential MAID patients should have to exhaust all treatment options to access the procedure. One-quarter (24%) disagree.
- Asked about different scenarios for MAID eligibility, Canadians hold varying views. Two-thirds say that someone dealing with debilitating chronic pain should be able to request MAID. Support is much lower in scenarios where a person is dealing with mental health challenges such as post-traumatic stress disorder (23%) or severe depression (22%)
- Faith is factor in views of assisted dying. Those who are Religiously Committed (defined by ARI's Spectrum of Spirituality) oppose access to MAID for all criteria. Others along the index, including the Privately Faithful, are more supportive of MAID in instances that do not involve mental health
- More than half of Canadians (55%) say they worry about MAID taking the place of improvements in social service. One-in-three are not concerned (36%)

Will palliative care receive less attention and investment with MAID expanding? Older Canadians are largely unconcerned. More than half of those over the age of 54 say this is not a worry of theirs, while one-quarter express concern that palliative care may suffer. Quebec residents stand out as most supportive of MAID. In 2019 the Superior Court of Québec declared that the “reasonable foreseeability of natural death” provision in the 2016 law was unconstitutional. This challenge pushed the federal government to adopt new criteria in the 2021 law: Safeguards for persons whose natural death is not reasonably foreseeable. The following procedural safeguards apply to persons’ whose natural death is **not** reasonably foreseeable (*indicates safeguards specific to those requests), request for MAID must be made in writing: a written request must be signed by one independent witness, and it must be made after the person is informed that they have a “grievous and irremediable medical condition” (a paid professional personal or health care worker can be an independent witness), two independent doctors or nurse practitioners must provide an assessment and confirm that all of the eligibility requirements are met, *if neither of the

two practitioners who assesses eligibility has expertise in the medical condition that is causing the person's suffering, they must consult with a practitioner who has such expertise

The following salient points to consider:

1. Criminal Code Offenses relating to death to make **MAiD (Medical Assistance in Dying)** "legal" was on the surface easily done,
2. Assisted suicide/euthanasia was initially implemented in June 2016 and was to be revisited 5 years later (2021), this has not happened. By legislating medical death as legal, we make life appear less important especially in light of the lack of resources e.g. Vancouver street drug users and lack of safe injection sites, homeless people, lack of affordable housing, poverty, etc are leading contributors to mental /poor health,
3. Ripe to be abused as the wording is vague and open to interpretation "reasonable foreseeability of natural death" eligibility criteria,
4. Belgian doctors are advised to avoid mentioning euthanasia to patients since it could be misinterpreted as medical advice. The Australian state of Victoria forbids doctors from raising euthanasia with patients. There are no such restrictions in Canada,
5. Legal decision based on Superior Court of Québec's 2019 Truchon decision, in which it found the "reasonable foreseeability of natural death" eligibility criteria in the *Criminal Code*, as well as the "end-of-life" criterion from Québec's *Act Respecting End-of-Life Care*, to be unconstitutional, will this lead to other inconvenient sections being rewritten violating more constitutional rights?
6. Quebec residents stand out as most supportive of MAiD, Quebec man was sad due to his deafness and despite being incapable of deciding for himself, was given a lethal injection without informing or obtaining permission from caregivers and family. The family was not informed and received no support from either police or the hospital. Penalties are laughable. No apparent consequences for falsifying or allowing ineligible persons (with mental illness, or not suffering as per exam etc) to be euthanized In March, Royal Canadian Mounted Police Cpl. Patrick Maisonneuve emailed the relatives to say he had reviewed the documentation and concluded Alan Nichols "met the criteria" for euthanasia,
7. The addition of other conditions for example despite mental health being excluded from current conditions eligible for MAiD, it remains on the application form and talks to add mental health are underway for 2024,
8. Self-regulating system of doctors assessing potential violations of euthanasia AND themselves euthanizing, also allows for nurse practitioners to be the end-of-life medical representative,
9. Government figures show more than 65% of people are being euthanized due to cancer, followed by heart problems, respiratory issues and neurological conditions,
10. Over 10% of all Canadians live on low incomes..... Almost 30% of Canadians with a disability live in poverty,

11. Data collection and monitoring regime. The 2021 revisions to Canada's MAID law enhance data collection and reporting to provide a more comprehensive picture of how MAID is being implemented in Canada, including under the new provisions. The monitoring regime is important to supporting transparency and public trust in how MAID is accessed and delivered. Changes in the new law related to data collection include: allowing for the collection of data on all assessments following a person's request for MAID, and modifying the Minister of Health's regulation-making power to:
 - a. expand data collection related to race, Indigenous identity and disability
 - b. seek to determine the presence of individual or systemic inequality or disadvantage in the context of or delivery of MAID [Canada's medical assistance in dying \(MAID\) law \(justice.gc.ca\)](https://www.justice.gc.ca/eng/maid/maid-law.html)

12. The first two groups in Canada given the "covax engineered death clot shot" were the elderly in nursing homes and First Nations people on reservations, both groups viewed as a "burden" to society. If "burdens" can be legally removed from society then who is next on the list? Handicapped children, single mothers, working poor, drug users, Veterans and all others society has rejected??? Note: our sordid medical past had both retarded and reservation school children sterilized,

13. Children in BC are subject to The Infants Act wherein children under 19 years of age are capable of making their own decisions. We saw how this was applied to the Covax death shot and children without parent's knowledge OR informed consent i.e. full disclosure of a procedure, took the shot and died.

14. Poverty plays a role as well as "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

15. How to protect elders from being euthanized by family members for personal, financial gain despite the rule that that can't happen?

16. New conditions being considered for approval/eligible condition being mental illness potentially by March 2024, what may this eventually lead up to? "Modern medicine" has never found cures for any serious or life-threatening illnesses and have ridiculed alternative medicine and the natural health industry which has provided insight and cures but is not available as a paid option,

17. Worldwide other euthanasia countries report monthly to their respective governments any issues, statistics etc allowing minimal reactionary times for corrective measures. Canadian euthanasia deaths are reported yearly.

18. Ensure the mandatory reporting and recording of the deaths of people be public knowledge, allow any and all "errors" to be recorded and investigated and outcomes be publicly published and monitored,

19. Will Canada become the next medical vacation for terminally ill or mentally ill people??

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Canada Regional Health Authorities

<https://primaryhealthcare.wordpress.com/ontario/primary-care-network-sites/>

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 - [Northern Lights Health Region](#)
- **Primary Care Network Websites**
 - [Calgary Foothills Primary Care Network](#)
 - [Calgary West Central Primary Care Network](#)
 - [Chinook Primary Care Network](#)
 - [Edmonton North Primary Care Network](#)
 - [Red Deer Primary Care Network](#)
 - [Rocky Mountain House Primary Care Network](#)
 - [St. Albert – Sturgeon Primary Care Network](#)
 - [Westview Primary Care Network](#)
 - [Wood Buffalo Primary Care Network](#)

British Columbia

- - [Fraser Health Authority Initiatives](#)
 - [Interior Health Authority: Primary Health Care & Chronic Disease Management](#)
 - [Northern Health Authority](#)
 - [Provincial Health Services Authority](#)
 - [Vancouver Coastal Health Authority: Primary Health Care Network \(PHCN\)](#)
 - [Vancouver Island Health Authority: Primary Health Care Strategy](#)

Manitoba

- - [Assiniboine Regional Health Authority](#)
 - [Brandon Regional Health Authority](#)
 - [Burntwood Regional Health Authority](#)
 - [Churchill RHA Inc.](#)
 - [Interlake Regional Health Authority](#)
 - [NOR-MAN Regional Health Authority](#)
 - [North Eastman Health Authority](#)
 - [Parkland Regional Health Authority](#)
 - [Regional Health Authority – Central Manitoba Inc.](#)
 - [South Eastman Health/Santé Sud-Est Inc.](#)
 - [Winnipeg Regional Health Authority](#)

New Brunswick

- Region 1 (New Brunswick health region)
- Region 2 (New Brunswick health region)
- Region 3 (New Brunswick health region)
- Region 4 (New Brunswick health region)
- Region 5 (New Brunswick health region)
- Region 6 (New Brunswick health region)
- Region 7 (New Brunswick health region)

Newfoundland and Labrador

- Grenfell Regional Health Services Board
- Health and Community Services Central Region
- Health and Community Services Eastern Region
- Health and Community Services St. John's Region
- Health and Community Services Western Region
- Health Labrador Corporation

Nova Scotia

- Zone 1
 - South Shore Health
 - South West Health
- Zone 2
 - Annapolis Valley Health
- Zone 3
 - Colchester East Hants Health Authority
 - Cumberland Health Authority
- Zone 4
 - Pictou County Health Authority

- Guysborough Antigonish Strait Health Authority
- Zone 5
 - Cape Breton District Health Authority
- Zone 6
 - Capital Health

Northwest Territories

- Beaufort-Delta HSS Authority
- Sahtu HSS Authority
- Deh Cho HSS Authority
- Tlicho HSS Authority
- Yellowknife HSS Authority
- Stanton Territorial Health Authority
- Hay River HSS Authority
- Fort Smith HSS Authority

Nunavut

- Nunavut Health Region

Ontario

Local Health Integration Networks (LHINs)

- Central
- Central East
- Central West
- Champlain
- Erie St. Clair
- Hamilton Niagara Haldimand Brant
- Mississauga Halton
- North East
- North Simcoe Muskoka
- North West
- South East
- South West
- Toronto Central
- Waterloo Wellington

Prince Edward Island

- East Prince (Prince Edward Island health region)
- Kings (Prince Edward Island health region)
- Queens (Prince Edward Island health region)
- West Prince (Prince Edward Island health region)

Saskatchewan

- - [Athabasca Health Authority](#)
 - [Cypress](#)
 - [Five Hills](#)
 - [Heartland](#)
 - [Keewatin Yatthé](#)
 - [Kelsey Trail](#)
 - [Mamawetan Churchill River](#)
 - [Prairie North](#)
 - [Prince Albert Parkland](#)
 - [Regina Qu'Appelle](#)
 - [Saskatoon](#)
 - [Sun Country](#)
 - [Sunrise](#)

Quebec

- Région de l'Abitibi-Témiscamingue
- Région de l'Estrie
- Région de l'Outaouais
- Région de la Capitale-Nationale
- Région de la Chaudière-Appalaches
- Région de la Côte-Nord
- Région de la Gaspésie-Îles-de-la-Madeleine
- Région de la Mauricie et du Centre-du-Québec
- Région de la Montérégie
- Région de Lanaudière
- Région de Laval
- Région de Montréal-Centre
- Région des Laurentides
- Région des Terres-Cries-de-la-Baie-James
- Région du Bas-Saint-Laurent
- Région du Nord-du-Québec
- Région du Nunavik
- Région du Saguenay – Lac-Saint-Jean

Yukon Territory

- Yukon Territory Health Region

First Nations Health Authority

<https://www.fnha.ca/>

List of Hospitals in Canada

https://en.wikipedia.org/wiki/List_of_hospitals_in_Canada

Physician directory Canada

<https://www.mdselect.ca/physicians-and-surgeons-directory/>

<https://www.cfpc.ca/en/members-list>

WRIT OF MANDAMUS

WRIT OF MANDAMUS TO REMOVE, ARREST, & INCARCERATE CRIMINAL DEFENDANTS FOR GENOCIDE & CRIMES AGAINST HUMANITY

“The lawful term writ of mandamus refers to an order by a court to a lesser government official to perform an act required by law, which he has refused or neglected to do. This type of court order is a remedy that may be sought if a governmental agency, public authority, or corporation in service of the government, fails or refuses to do its public or statutory duty.”

SERVICE OF PROCESS

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SO ORDERED THIS
5th DAY OF OCTOBER, 2023
Natural and Common Law Tribunal
For Public Health and Justice
<http://www.Peaceinspace.org>
Contact: Peace@peaceinspace.org