

BEFORE THE PARLIAMENT OF CANADA

IN RE PROPOSED
BILL C-14

AFFIDAVIT OF WILLIAM TOFFLER,
MD

I, WILLIAM TOFFLER, declare the following under penalty of perjury.

1. I am a professor of Family Medicine and a practicing physician in Oregon for over 30 years.
2. I write to provide some insight on the issue of physician-assisted suicide, which is legal in Oregon for persons at least 18 years old. I also provide my professional medical judgment as to what constitutes a "grievous and irremediable medical condition," as described in Bill C-14, which I understand is under consideration before this body.

Oregon's law applies to people with chronic conditions such as insulin dependent diabetes

3. Oregon's law applies to "terminal" patients who are predicted to have less than six months to live. Our law defines terminal as follow:

"Terminal disease" means an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, produce death within six months.

Exhibit A, attached hereto.

4. In practice, this definition is interpreted to include

people with chronic conditions such as "chronic lower respiratory disease" and "diabetes mellitus," better known as "diabetes."

5. People with these conditions are "terminal," if without their medications, they have less than six months of live.

6. This is significant when you consider that a typical insulin-dependent 18 year-old-year will live less than a month without insulin. Such persons, *with insulin*, are likely to have decades to live. In fact, most diabetics have a normal life span given appropriate control of their blood sugar. They can live happy, healthy and productive lives.

7. The most recent Oregon government report on our law, listing chronic conditions as an "underlying illness" to justify assisted-suicide, is attached hereto as Exhibit B.

Oregon steers patients to suicide

8. In Oregon, our government health plan (Medicaid) has coverage incentives, which steer patients to suicide: The plan will not cover treatment for cure or to extend life; the plan will cover the person's suicide.

Steerage to suicide does not promote patient autonomy, choice or control

9. Steerage to suicide under Oregon's health plan was first publicized in the media in 2008 with the cases of Barbara Wagner and Randy Stroup, neither of whom saw the situation as a celebration or their autonomy, choice or control. Consider, for

example, this quote by ABC News:

"It was horrible," Wagner told ABCNews.com. I got a letter in the mail that basically said if you want to take the pills, we will help you get that from the doctor and we will stand there and watch you die. But, we won't give you the medication to live."

Exhibit C, page 2.

10. Stroup expressed a similar sentiment:

"What is six months of life worth?" . . .
"To me it's worth a lot. This is my life they're playing with."

Id.

Bill C-14 applies to people with chronic conditions such as insulin dependent diabetes

11. I have been provided with Bill C-14's eligibility criteria for assisted suicide and euthanasia, which is based on having a "grievous and irremediable medical condition," defined as follows:

(2) A person has a grievous and irremediable medical condition if

(a) they have a serious and incurable illness, disease or disability;

(b) they are in an advanced state of irreversible decline in capability;

(c) that illness, disease or disability or that state of decline causes them enduring physical or psychological suffering that is intolerable to them and that cannot be relieved under conditions that they consider acceptable; and

(d) their natural death has become reasonably foreseeable, taking into account all of their medical circumstances, without a prognosis necessarily having been made as to the specific length of time that they have remaining.

Exhibit D, Bill C-14.

12. With this language, chronic conditions such as insulin dependent diabetes fulfill the three objective medical criteria listed above, *i.e.*, Sections 2(a), (b) and (c). In addition, Section 2(c), which is a subjective criteria, can be read as allowing Oregon-style steering in the event coverage for insulin is denied.

13. Insulin dependent diabetes fulfills the three medical criteria, as follows: 2(a), insulin dependent diabetes is an "incurable disease"; 2(b), a person with insulin dependent diabetes is in an advanced state of irreversible decline as to insulin production; and 2(d), without insulin, the person will likely live no more than a month such that natural death is "reasonably foreseeable."

14. Insulin dependent diabetes is not an expensive disease to treat in order for a patient to live a happy, healthy and productive life, with a normal life span.

15. But the cost can be difficult for a low income individual. For this reason, insulin dependent diabetes can fulfill the subjective criteria in Section 2(c), if coverage for treatment is

denied.

16. With coverage denied, an economic inability for an individual diabetic, to consistently obtain insulin and maintain his or her health, can be created, thus opening the door to complications, including blindness, amputation and death. The individual is thereby steered to suicide and euthanasia under Section 2(c), which states:

(2) A person has a grievous and irremediable medical condition if . . .

(c) that illness, disease or disability or that state of decline causes them enduring physical or psychological suffering that is intolerable to them and that cannot be relieved under conditions that they consider acceptable. (Emphasis added).

Exhibit D, attached hereto.

13. Another problem with legalizing assisted suicide and euthanasia is that doctors are not always right. See e.g., Jessica Firger, "12 million Americans misdiagnosed each year," CBS NEWS, 4/17/14

14. In closing, Canada's Bill C-14, if enacted, will steer individuals to their deaths. The bill will encourage people with years to live, to throw away their lives. I urge you to not make Oregon's mistake. I hope that you will say "NO" to assisted suicide and euthanasia.

