

America Beware: Canada Expanding Euthanasia to Minors

Read time: 3 minutes 53 seconds

The warnings were there years in advance, but people did not listen to them. Instead, they elected officials who would vote to kill their own citizens and call it compassion.

The proponents of euthanasia called it a slippery slope fallacy that euthanasia would expand to more than just terminally ill patients.

The Toronto Hospital for Sick Children wrote a paper in 2018 discussing exactly that, and how to address the issue of ending a minor's life and avoid the repercussions of it.

"This article explores the ethical challenges of providing Medical Assistance in Dying (MAID) in a pediatric setting," they wrote in the paper's abstract. "More specifically, we focus on the theoretical questions that came to light when we were asked to develop a policy for responding to MAID requests at our tertiary pediatric institution."

They had argued for MAID to pass in 2016 knowing the expansion of it was coming, and knew they had to frame it in a way that people would accept: compassion.

"While MAID is currently available to capable patients in Canada who are 18 years or older—a small but important subsection of the population our hospital serves—we write our policy with an eye to the near future when capable young people may gain access to MAID," the paper said. "By providing a record of our in-progress thinking, we hope to stimulate wider discussion about the issues and questions encountered in

this work.”

The slippery slope was now reality, as the first expansion of MAID occurred in 2021. This changed the eligibility from those whose death was “reasonably foreseeable” to adults with a “serious or incurable condition” and if the condition “cannot be relieved under conditions that they consider acceptable.”

The newest legislation, Bill C-7, would expand the availability further by granting access to Canadians suffering from a mental disorder.

Discussing this topic on “Tucker Carlson Tonight,” Creighton School of Medicine professor Charles Camosy stated that this expansion would also allow “mature minors” to be killed without their parents’ consent.

“We’ve got the homeless, we talked about that last time. The poor. The disabled. Those with chronic pain. And then right before coming on, I researched the physician’s group in Quebec that wants to kill newborn infants. That’s what’s coming next,” he explained.

His assertions were already proven true years ago, within the writings of the paper that the Toronto Hospital for Sick Children released in 2018:

“Usually, the family is intimately involved in this (end-of-life) decision-making process,” the paper said “If, however, a capable patient explicitly indicates that they do not want their family members involved in their decision-making, although health care providers may encourage the patient to reconsider and involve their family, ultimately the wishes of capable patients with respect to confidentiality must be respected.”

Parents would be subjected to the possibility of being notified their child ended their life, if they were notified at all.

The strategy to implement euthanasia is the same way children in America have been subjected to transgenderism.

If the parents do not comply with their demands for puberty blockers and bodily mutilation, they are declared heartless and cruel.

Doctors in the U.S. have pushed children to receiving these life-changing alterations, many in the name of money.

With this expansion of assisted suicide in Canada, doctors would be able to push patients toward this decision in the exact same fashion.

There have already been mishaps within the system when it comes to euthanasia. A veteran of the Canadian Armed Services was offered the option of MAID when he was seeking treatment for his post-traumatic stress disorder (PTSD) in Aug. 2022.

With laws already on the books in nine states that allow for medically assisted suicide, including Washington D.C., Camosy doesn't believe this style of medical treatment will find its way to the U.S., but changes are needed in the system because healthcare is now based on a "cost-benefit analysis."

"What we need to do is support, in whatever way [we] can, health care that is about caring, not killing," Camosy pleaded.

"We have to get off the couch and do something about this for those of us that see the writing on the wall here."

Should activists and medical professionals begin the push for euthanasia within America, residents need only look north to see how a future with these practices could look. {eo}

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