

LAW UPHELD BANNING ASSISTED SUICIDE

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The B.C. Court of Appeal handed down a decision in October, 2013, upholding Section 241 of the Criminal Code which prohibits physician assisted suicide.

In a 2 to 1 decision, the Appeal Court overruled the lower court decision by Madam Justice Lynn Smith, a feminist, who, before her appointment to the Bench, was the former president of the legal arm of the feminist movement, The Legal Education Action Fund (LEAF).

In overturning the law on assisted suicide, Madam Justice Smith, tossed overboard fundamental legal principles, proper legal analysis, as well as common sense. She was like a captain of a ship ploughing through the waters, ignoring legal reasoning and precedents, treating them as mere flotsam and jetsam, while keeping her eyes on her objective of changing the law. As a result, the majority of judges in the B.C. Appeal Court were obliged to shred her decision in most aspects.

Madame Justice Lynn Smith, had concluded in her judgment that safeguards could be put into place to protect against the risks associated with physician-assisted dying; that the evidence did not support an increased risk for elderly individuals; and that the risks inherent in permitting physician-assisted death could be,

“very substantially minimized through a carefully-designed system imposing stringent limits that are scrupulously monitored and enforced”.

In her opinion, it was a denial of fundamental justice to deny disabled individuals access to physician assistance to commit suicide, when able-bodied individuals experienced no such legal impediment to doing so.

The majority of appeal judges, Madam Justice Newbury and Madam Justice Saunders, thoroughly disagreed with Madam Justice Smith, and upheld the law on assisted suicide, stating that those who have limited abilities have no less a right to life than persons who are able-bodied and fully

competent. They concluded that to understand the right to life as including a right to be killed would expand charter protections far beyond what the law can guarantee.

They further concluded that the law prohibiting assisted suicide showed society’s concern for preserving life and protecting the vulnerable against abuse, which requires a blanket prohibition against assisted suicide.

The majority also found that Madam Justice Lynn Smith had made an egregious error in concluding that she was not bound by a previous decision on assisted suicide, made by the Supreme Court of Canada in the 1993, in the *Sue Rodriguez* case. By refusing to follow the *Rodriguez* case, Madam Justice Smith had ignored the fundamental legal principle, known as *stare decisis*, which requires that all courts render decisions that are consistent with previous decisions by higher courts. That is, lower courts are bound by Supreme Court decisions, such as the *Rodriguez* case, and only the Supreme Court can overrule its decisions. This important legal principle was carefully reviewed and explained in the legal challenge in the *Bedford* case, which attempted to overthrow the prostitution law. In that case the Ontario Court of Appeal made clear that lower courts are bound to follow the decisions of higher courts. The Ontario Court had stated:

on controversial matters, the evidence and legislative facts will continue to evolve as will values, attitudes and perspectives, but this evolution alone is not sufficient to trigger a reconsideration of the law in the lower courts. Such an approach according to the court would yield not a vibrant living tree, but a garden of annuals to be regularly uprooted and replaced.

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In its decision on assisted suicide, the majority of the appeal court judges stated that, although the laws had evolved since the 1993 *Rodriguez* case, they had not changed enough to set aside or undermine that ruling. That is, Madame Justice Smith had ignored a basic principle of law when she overturned the law on assisted suicide.

In its decision, the B.C. Court of Appeal did state that a “constitutional exemption” for assisted suicide for those who are “clear-minded, supported in their life expectancy by medical opinion, rational and without outside influence, might not undermine the intention of the legislation”, to protect human life. The Court was concerned that the law prohibiting assisted suicide could in extraordinary cases have a cruel effect on a small number of individuals, and a constitutional exemption

might be acceptable in those few cases to protect human life.

The reason the Court made this suggestion was that it would be a preferable solution to the dangers that would arise if the Supreme Court of Canada should ultimately decide to strike down entirely the assisted suicide prohibition, leaving vulnerable individuals unprotected. The Court did state, however, that its comments in regard to a constitutional exemption were only given in order to make a contribution to the discussion if the 1993 decision in the *Rodriguez* case is struck down by the Supreme Court of Canada, and that in no way should their comments be considered binding.

Hopefully, the Supreme Court of Canada will uphold its former ruling in the *Rodriguez* case and continue to ban assisted suicide. †

THE GOOD NEWS FILE

It seems, sometimes, that the world (the Western part of it anyway) has gone stark raving mad. Continuous attacks on religious belief never cease. Through all the madness of passing fads, such as today’s homosexuality “rights”, pro-life/family workers have continued to faithfully labour to promote the truth. Gradually, their efforts will turn the tables as they have already done in some areas, denting the armour of the politically correct.

Some examples:

- A growing number of closures of abortion clinics in the U.S. are taking place, despite the U.S. Supreme Court decision in 1973, *Roe v. Wade*, granting access to unrestricted abortion. According to an analysis by [Huffington Post](#), at least 54 abortion clinics across 27 U.S. states have shut down since 2010. However, on September 3, 2013 Bloomberg’s International News revised this to report that there are now 58 abortion clinics—almost one in ten—shut down since 2011.

These closures have been brought about by state laws which now require strict health standards for these clinics. They require physicians working in abortion clinics to

be affiliated to local hospitals, require a 72-hour waiting period before an abortion may be performed, require that women see an ultrasound of the unborn child before an abortion is performed, and that women be provided with information on the development of their unborn child, etc. These state laws and others have checked the exploitation of women and unborn babies by profit-making abortion clinics, which have led to the closure of many of them.

- Legislation in support of abortion swept through many countries during the last decades of the twentieth century. These laws are now being reversed in many areas of the world. Russia and Spain have both recently announced that they will be bringing forward legislation this fall to restrict abortions. In June, 2013, Lithuania passed legislation to limit abortion to circumstances of incest and a threat to the life of the mother. Poland, Hungary and Romania have included the right to life of the unborn child in their constitutions.

There are still backward countries, such as Canada and the UK, that are performing vast numbers of abortions, but those countries will inevitably have to face the collateral damage being caused by abortion, socially, economically and demographically. They will have to allow this terrible loss of life, it will destroy their countries’ futures. The liberal, unscientific myth, that abortion is merely a woman’s “private choice”, is destructive in the extreme.

- Despite decades of pressure at the UN from Western countries, such as the U.S. and the European Union, and powerful, wealthy U.S. foundations, to create an international right to abortion, this has not been achieved. The expression “reproductive rights” has been introduced into some UN documents, but the expression has not been officially interpreted to include abortion. This is



› This cartoon first appeared in [The Ottawa Citizen](#) on September 4, 2013.

despite the egregious claims, made in 2010 by then U.S. Secretary of State Hillary Clinton, that abortion was, in fact, included in the expression “reproductive rights”. The UN, to date, because of pro-life efforts, has refused to include abortion in the term “reproductive rights”. This expression was most recently soundly rejected at the UN Conference on Sustainable Development in Rio de Janeiro in 2012. This propaganda expression is now regarded as a twisted, tainted term by many state members of the UN who instantly regard it as a red flag during UN debates. Then these countries hasten to reject it, regardless of its interpretation.

- Maternal and child mortality and morbidity have been curtailed world-wide. Since 1990, child mortality around the world has been cut in half, dropping from 12.6 million deaths per year in 1990 to 6.6 million in 2012 for children under the age of five.

According to UNICEF, the deaths of children were primarily caused by pneumonia, diarrhea and malaria. However, access to medicines, vaccines, insecticide-treated bed nets, and oral rehydration salts and zinc have currently prevented many of these deaths.

Between 1990 and 2010 the number of women, worldwide, who have died from complications of childbirth has fallen by 47%.

Evidence based studies of maternal health care have identified the main problem as an absence of skilled birth attendants, unsanitary medical environments and a lack or insufficiency of emergency medical and surgical facilities and supplies, including antibiotics and surgical gloves. Consequently, many maternal deaths have been prevented by the provision of basic health care.

Thus, International Planned Parenthood and other anti-life organizations, world-wide, including those in Canada, such as the organization called Action Canada for Population and Development, which is solely funded by foreign sources, i.e. U.S. population control foundations, have consistently argued that access to abortion is necessary to protect women and children’s lives and well-being. This has proven to be absolutely false.

Prime Minister Stephen Harper was correct when he insisted that the \$1.1 billion provided by Canada for maternal health care, during the G-8 meeting in Toronto in 2010, should not include abortion. Rather, he stipulated that the funds be directed towards training health care workers and nourishment for women and children, clean water, inoculations, sanitation, etc. rather than the killing of unborn children. This sensible approach has saved countless lives.

Mr. Harper has remained steadfast in this approach. Following a United Nations event, entitled “*Women’s and Children’s Health: The Unfinished Agenda of the Millennium Development Goals*”, held on September 24, 2013,

Mr. Harper announced a contribution of \$203.55 million (part of a \$2.85 billion total commitment) to help increase immunizations against disease, the delivery of primary health care to women and children, and the establishment of community-based services to reduce deaths related to childbirth and pregnancy.

PRESSURE CURRENTLY FROM HOMOSEXUAL ACTIVISTS

Recently, a bakery in Oregon was closed on the complaint of the homosexual community because the bakery refused to provide a cake for a lesbian ceremony! A Portland, Oregon, bar was fined an incredible \$400,000 because the owner had asked transgender men, dressed like women, to stop meeting in his bar because they were using the women’s rest room which was turning off business.

Why are homosexual activists currently permitted to set the standards for public behaviour, which ignore the rights of all others?

Homosexual activists are assisted in these actions today by human rights tribunals and the courts, which pretend that sexual orientation discrimination is similar to that of racial discrimination. Sexual orientation and gender confusion, however, are matters of behaviour and, therefore, are changeable conditions, quite different from race, which is an unchangeable characteristic and innate to the individual.

For decades, scientists have been searching for some distinguishing cause of homosexuality: they have failed to find one. Studies of identical twins, who grow up apart from each other, have found that they do not necessarily share the same sexual orientation, and that factors other than genetics have led to their orientation. Thousands of heretofore active lesbians and homosexuals now live out their lives seemingly happily as heterosexuals. This testifies to the fact that sexual orientation is not permanent, but can change. The truth is that one never meets an ex-black, but there are a whole lot of ex-gays about.

Homosexual activists, however, will not publicly acknowledge this crucial fact. Working closely with the media, the politically correct, and the frequently unscientific American Psychological Association (APA), these activists have continued to pretend that homosexuality is an “immutable” (unchangeable) characteristic, similar to race, and that any attempt to change it is harmful. However, the APA has recently been forced to back down from this manifest untruth, and is now claiming that there is no scientific consensus on the cause of homosexuality. Despite this, the APA still maintains that counseling to change sexual orientation is a cause of concern and may not be beneficial. For whom? The honest response is that it would not be beneficial for the politics of homosexual activists.

WHY HOMOSEXUALS CONTINUE TO HIDE THE TRUTH

Despite scientific findings that clearly indicate that sexual orientation can be changed, the reason homosexual activists continue to deny it is that the “born that way” concept is critical for the continuing legal and social acceptance of homosexuality. That is, the argument that homosexuals can’t change because they are “born that way”, requires that society reach out to them and accept them as a discriminated against minority group, requiring the protection of the law.

This argument is not based on scientific fact, but, rather, is a crass political tool used to advance the political and legal acceptance of homosexuality.

The distortion of the facts by homosexual activists and their current political pressure will, in time, fade. In the meantime, we must hold firm to the truth by exposing the tragedy of homosexual practices and lifestyle.

CHILDREN MUST BE PROTECTED

[T]he most important responsibilities of a government is to provide legislation to protect vulnerable children.

One of the most important responsibilities of a government is to provide legislation to protect vulnerable children. This is reflected in legislation such as that which prohibits under-age drinking, access to immoral performances, restriction of drivers’ licenses to those over 16 years of age, prohibitions against the use of tobacco, etc.

Protection of children is also reflected in the *Criminal Code*. Some examples include:

- Section 151 prohibits sexual interference with a person under 16 years of age;
- Section 152 prohibits inviting, counselling and inciting a person under 16 years of age to sexual touching;
- Section 153 prohibits sexual exploitation of a person with a mental or physical disability or of a child who is in a relationship of dependency with the adult;
- Section 163.1 prohibits child pornography;
- Section 170 prohibits a parent or guardian from procuring a person under 18 years of age to engage in any sexual activity;
- Section 171 prohibits anyone having control or management of premises from permitting a person under 18 years of age to participate in any sexual activity;
- Section 172 prohibits any person in a home from participating in adultery or sexual immorality or indulging in habitual drunkenness and other forms of vice that endanger the morals of a child. (A child is defined in this Section as a person under 18 years of age).
- Section 172 subsection (1) prohibits the luring of a child

SUMMARY

In the 1970’s, radical feminism swept the Western world, demanding the implementation of feminist policies. This, however, has more or less subsided, although remnants of it still do arise periodically. The next craze was the demand for unrestricted abortion, as a woman’s “right” to her body. This is gradually being curtailed world-wide. At present, intense demands are being made by the international gay lobby, world-wide, for homosexual “rights”, such as same-sex marriage, etc. to the detriment of religious and traditional values. Although this lobby is influential today, it, too, will be diminished in time because of both reality and the efforts of pro-family labourers, who will never accept these demands.

Pro-life, pro-family efforts will continue to make positive changes in the world. †

for sexual purposes by means of a computer.

In August, 2013 Prime Minister Stephen Harper announced plans to further toughen laws against the exploitation of children. This proposed legislation will increase penalties for those who commit sexual offences against children, i.e. no longer will the ludicrous house arrest sentence be permitted; a requirement that sentences for multiple child abuse charges will no longer be served all together in one sentence for the multiple offences, but rather, a separate sentence shall be served for each child sexual offence. It will also provide for the establishment of a child sex offender registry, listing the names of offenders who have sexually assaulted children.

Despite all these provisions in the *Criminal Code* to protect children, there are still howling gaps in our legislation that fail to protect vulnerable children.

The most terrible of these gaps is that of abortion, since it allows for the unrestricted, unlimited destruction of children in the womb. Canada, must not continue to permit this horrendous offence against humanity.

Other abuses include the teaching of homosexuality in our schools, where homosexuality is portrayed only in positive terms, as being equivalent to heterosexual relations, ignoring its negative consequences, such as the physical and psychological harms caused by this risky sexual activity and lifestyle. This is particularly disturbing since the incidence of HIV and other sexually transmitted diseases among men is closely tied to high risk homosexual activity. In order to protect them from disease and save their lives, young people should be instructed **NOT** to engage in homosexual behaviour. Instead, school instruction focusses on affirming gay/lesbian, bisexual and transgendered youth, encouraging them to lead lives that might well culminate in tragedy and death.

According to the American College of Pediatricians, in a document on transgender, dated March 31st, 2010:

Even children with Gender Identity Disorder [“GID”] – when a child desires to be the opposite sex - will typically lose this desire by puberty if the behavior is not reinforced. When parents or others allow or encourage a child to behave and be treated as the opposite sex, the confusion is reinforced and the child is conditioned for a life of unnecessary pain and suffering.

Why are we abusing our children in this way? Why are we allowing same-sex couples to adopt children? These adoptions are for the benefit of the adults, not for the benefit of innocent children who are cruelly deprived of a mother and a father. Why do we permit the display of pro-homosexual propaganda posters in our public schools? Why do we permit children to attend gay pride parades,

where they are exposed to nakedness and lewdness? These latter activities are prohibited under Section 173(2) of the *Criminal Code*, which specifically states that the exposing of genital organs to a person who is under 16 years of age for sexual purposes is an offense. If walking naked down the main street and carrying out lewd acts (simulating sexual intercourse) is not carried out for “sexual purposes” then what else is the purpose?

Homosexual activists and the mainstream media complain vociferously about the Russian Law passed in June, 2013, which protects Russian children, not only from information “promoting non-traditional sexual relationships”, but also prohibits the targeting of children regarding pornography, narcotics, alcohol and tobacco products, among other harmful influences. Do these activists and the media want all children, world-wide, to suffer and risk an early death in order to promote a depraved lifestyle? †

HIV/AIDS—FOR WHOM THE BELL TOLLS



The bells of death and anguish toll endlessly for those carrying the vicious HIV/AIDS virus.

Homosexual activists refuse to hear these bells, believing in the fantasy that AIDS will soon be cured. However, since HIV/AIDS was first identified over thirty years ago, no vaccine to prevent infection has ever been developed. The progression of the disease can only be slowed down with antiretroviral drugs, but it cannot be stopped or reversed.

It is a long and useless wait for a breakthrough because of the ever-changing nature of the virus. Those who are infected either die or live out their lives under very difficult circumstances.

Most new HIV infections occur among men who have sex with men (MSM). For example, in the U.S., although approximately only 2% of the population are MSM, they account for 61% of the new HIV infections.

In Canada, HIV infections are on the rise. In 2011, there were 71,300 Canadians who were HIV positive, up from 64,000 in 2008—an 11.47% increase.

In Canada, MSM continue to comprise the greatest proportion (61.4%) of new infections among adult males. Homosexual and bisexual men, combined, comprise the greatest proportion (46.6%) of all new infections.

PROMISCUITY INTEGRAL PART OF HOMOSEXUAL LIFESTYLE

It is just common sense that the more sexual partners a homosexual has, the greater the chance he will acquire the HIV virus and other unknown pathogens. A study, conducted in 2013 in Australia of 1034 Australian gay-identified men aged

18-39, indicates a high incidence of promiscuity among homosexuals. The study found that 23% have had 2 or more partners during the preceding twelve months, and 44% reported 3 or more partners during that period. It was discouraging too, to learn, according to this study, that 66% of the MSM reported unprotected sex with one or more of their partners.

To tell active homosexuals that it would be a good idea to reduce their promiscuity, since it is the most easily correctible factor in reducing infections, doesn't seem to have the slightest effect. This is because homosexuals seem to regard promiscuity as an integral and desirable part of their lifestyle.

HIV AND CANADA'S BLOOD SYSTEM

Canada had one of the few modern transfusion services in the world that did not take immediate action to stop the contamination of its blood system by the HIV virus, in the early 1980's.

In 1993 the federal government established a commission, headed by Mr. Justice Horace Krever of the Ontario Court of Appeal, to investigate Canada's blood transfusion system. According to the inquiry, the Red Cross did not start testing for HIV until 1985, two years after the U.S. The Canadian Red Cross did, eventually, however, establish a policy of refusing donations of blood from men who had had sex with men anytime from 1977. This policy, however, came too late for many, since 14,000 Canadians contracted HIV from our blood transfusion system, the highest reported incidence of contamination in the world, and Canada's worst public health tragedy.

In September, 1998, the Red Cross, under bankruptcy protection due to lawsuits, divested itself of blood collection work and transferred it to a new non-profit agency, the Canadian Blood Services (CBS), which is an incorporated, non-profit agency at arm's length from the government.

Homosexual activists were highly displeased with the policy of excluding them from donating blood if they had had sexual relations since 1977. In 2007, they launched a campaign against this policy, which they claimed was discriminatory in that it unfairly excluded men who had sex with men from donating blood. They preferred to have a donor evaluation and questionnaire based on behaviour—rather than sexual orientation or gender. But, according to the majority of experts in the field, the behaviour based approach is not a viable option. This is due to the fact that behaviour would be hard to prove, and would require a considerable number of questions to be answered at the time of donor evaluation as well as, in some cases, second-hand information, such as, from the donor’s current partner. That is, although potential donors must sign a legal form declaring that all information disclosed is true, the response would be hard to prove if it was based solely on behaviour. According to statistics, since active homosexuals are at highest risk for HIV/AIDS, banning their donations of blood appears to be the sensible option. (It seems, however, that this whole issue, according to homosexual activists, is all about them and their supposed “rights”, rather than public safety.)

Under pressure from activists, the CBS, with the approval of Health Canada, has finally decided, in May, 2013, to change the deferral period for men who have sex with men from a lifetime ban to only a five year period of abstinence from sex. (How could one know for sure?) This new five-year deferral period means that men who have not had sex with men in the past five years are now eligible to donate blood in Canada. A lifetime ban prevails in the U.S.

HOMOSEXUALS UNHAPPY WITH DEFERRAL PERIOD

Homosexual activists regard even this five-year deferral period as only an interim “step” toward “equity”, with fewer restrictions for homosexuals in making blood donations. Ac-

ording to Douglas Elliott, a lawyer for the Canadian Aids Society, “we recognize that you have to take baby steps, and the most important thing to do is make change in the first place”. Eventually, Elliott stated: “It’s important to get a commitment to ongoing reform, and, if we have that, we will be moving towards fewer and fewer restrictions and, before long, asking those behavioural-based questions,” (Globe and Mail, July 22, 2013).

HIV TESTING NOT PERFECT

The decision to reduce the deferral period to five years was made because of technological advances in testing the blood system, according to Health Canada, and there are now rigorous scientific screening processes in place to protect the safety of Canadians. It is not quite that straight-forward.

Although it is true that there have been scientific advances to detect disease-causing agents in blood donations that can be screened and detected rapidly, most HIV tests are antibody tests that measure the antibodies (special proteins the body makes to fight HIV) produced by the body infected by HIV. It can take some time, however, for these antibodies to show up in a test, and this time period can vary from person to person. This time period is commonly referred to as the “window period”. For example, if one had an HIV test within the first three months after possible exposure, one would require another test after those three months have passed, in case the first test occurred during the window period. Ninety-seven percent of people will develop antibodies in the first three months following the time of their infection. In very rare cases, however, it can take up to six months to develop antibodies to HIV and, if blood is given during this period, there is a serious risk of HIV contamination. Consequently, it is still possible to receive a blood transfusion containing the HIV virus, even if the donor tests negative for the HIV virus if risky sexual contact occurred within the past 3 to 6 months. †

MESSAGE BOARD

Quebec Bill 52, “An Act respecting end-of-life care”, passed second reading October 29, 2013. It proposes to legalize euthanasia as “medical aid in dying” as part of palliative care. It will allow people in Quebec with incurable serious illness to be killed by doctors. Please write Justice Minister Peter MacKay to ask him to uphold our federal law that equally protects all Canadians from euthanasia and assisted suicide.

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