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travel a little if the opportunity arose. But death had been presented to me as a choice, and in a strange way, it made me take that choice seriously. No, I didn't want to die, thank you very much. I had things to do, friends to see, places to go. I wanted to travel the world.

No sooner had I unpacked my bags from my hospital stay than I repacked them for my first adventure. My daughter and I were headed to Cuba; we have friends in Havana, who are always happy to see us. But this trip felt different. I felt like I was being welcomed back into the land of the living.

A couple of friends in their 80s told me they'd been offered it during hospital visits

My daughter found a little music group in Havana, a kind of informal workshop, and signed us up. She took percussion; I took the piano. I had been a piano teacher for many years, but Cuban music is another world entirely.

The young musicians running the workshop gathered us around and began to explain what makes Cuban music Cuban. It isn't just the instruments or the melodies; it's the rhythm. In Western music, we like everything squarely on the beat. In much Cuban music, they hesitate on the third beat in a bar of four. That tiny pause, that little delay, is what makes your shoulders start to sway without you realizing it. It's that syncopation, that melodic wink, that makes Cuban rhythm so contagious.

My daughter stood there with a maraca in her hands, following the pattern, while I sat at the piano trying to unlearn a lifetime of proper, on the beat playing. When I finally caught it, the whole room lit up.

It's funny to think that not so long ago, a doctor stood over my hospital bed and offered me a way out. It scares me to think what might have happened. In another version of events, perhaps I would have been alone, or more frightened, or more exhausted. Perhaps I would have paused to consider it.

I have a strong Christian faith, and I am not afraid of dying. As lovely as living on Earth is, I know I am going to a better place when my time comes. Every night, I pray the following: "God, you know when you're going to meet me. I am not going to rush. I will come when you say so."

But so many of my fellow Canadians are taking the decision into their own hands. They're not all elderly. Young people are choosing euthanasia, too, and to them I would say the following: Think very, very carefully about what you're giving up. When you're feeling down, life can feel small, but the world is way bigger than you can imagine. The path that you're currently walking on, which has brought you to this point, is not the right path. Seek a new path, and you might be surprised to find that there really is more to life than you thought.

This weekend, ahead of Easter, my daughter and son in law are hosting a gathering where Cuban music will fill their little home. One Cuban friend will bring his guitar, another will sing and play percussion, and I will be on the piano. I've been practicing a famous song called *Lágrimas Negras*—"Black Tears"—trying my best to remember that sly hesitation on the third beat that gives it that swing.

In a strange way, having death offered to me made me want to lean into living. Life is a choice, after all. And I will keep choosing it, offbeat and joyful as it is, for as long as I possibly can. ■

UPCOMING EVENTS

COFFEE & DESSERT EVENING MAY 28, 2026

See event details at the bottom of page 2.

Come and join us to better understand how to support those we care about during their most vulnerable moments. Lets help build a society that offers authentic accompaniment and palliative care.

MINI-LIFE CHAINS

APRIL 24TH/MAY 29TH/JUNE 19TH

RAIN OR SHINE

Time: 7-8 p.m.

Location: Hespeler Road at Dunbar, park on the Mall side.

NATIONAL MARCH FOR LIFE MAY 14, 2026

2 Buses going to Ottawa, Parliament Hill

1. Hamilton - Thursday, May 14 at 6:00 AM.

from the Cathedral Basilica, returning 11:00 PM.

"Free will offering". To book your seat & for more details see hamiltonrighttolife.org.

2. Guelph - Thursday, May 14 at 5:45 AM.

Leaving from the Basilica of Our Lady parking lot.

Goodwill offering. More details at guelphforlife.com.



Cambridge Right to Life • 10 Water St., S., Unit 102 Cambridge, ON N1R 3C5 • 519.623.1850 • cambridgerighttolife@gmail.com • cambridgerighttolife.ca

MAID IN CANADA: A CRISIS OF COMPASSION AND HUMAN DIGNITY

MOST CHRISTIANS OPPOSE ACTIVE euthanasia and assisted suicide. Human life is a sacred gift from God, and no person has the authority to intentionally end an innocent human life, including their own. Based on the belief that human beings are made in God's image and that God is sovereign over life and death, euthanasia is seen as a violation of the Sixth Commandment against murder.

SANCTITY OF HUMAN LIFE

Every person is created in the image and likeness of God (imago Dei). Human dignity is intrinsic and does not depend on health, disability, age, or perceived "quality of life." Every life possesses equal and inviolable worth from conception until natural death.

GOD'S SOVEREIGNTY OVER LIFE AND DEATH

God alone is the author of life. Deliberately ending a human life



through euthanasia is understood as a rejection of God's authority and a violation of the commandment, "You shall not kill."

SUFFERING AND CHRISTIAN HOPE

While suffering is not desired, Christians believe it can be united with the suffering of Christ and given spiritual meaning. The proper response to suffering is compassion, presence, and care—not the intentional ending of life.

MORAL REJECTION OF EUTHANASIA

The Church teaches that any act or omission intended to cause death in order to eliminate suffering is morally wrong. This includes both euthanasia and assisted suicide, regardless of motivation.

ORDINARY VS. EXTRAORDINARY CARE

Catholic teaching distinguishes between intentionally causing death and allowing natural death. It is morally permissible to refuse

or withdraw burdensome or disproportionate treatments that offer little benefit or merely prolong dying.

PALLIATIVE CARE AND COMPASSIONATE SUPPORT

True compassion means caring for the whole person. The Church strongly supports palliative care that relieves pain, affirms dignity, and provides emotional and spiritual accompaniment at the end of life.

HUMAN DIGNITY AND ACCOMPANIMENT

No person should ever be abandoned in suffering. Every individual deserves care, dignity, and solidarity until natural death.

OUT OF CONTROL

Medical Assistance in Dying (MAiD) now accounts for approximately 1 in 20 deaths in Canada, making it one of the country's leading causes of death. Canada is frequently described as a global leader in assisted death, with growing concern that eligibility is expanding beyond terminal illness in practice and perception.

Increasingly, public reports and documented cases have raised concerns that some individuals encounter MAiD in contexts involving social vulnerability, rather than strictly end-of-life medical conditions:

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CAMBRIDGE
RIGHT to LIFE

MAY 2026

- Pg. 1 MAiD in Canada: A Crisis of Compassion and Human Dignity
- Pg. 2 What can you do about it?
- Pg. 2 Coffee & Dessert Evening
- Pg. 3-4 Never Kill Yourself
- Pg. 4 Upcoming Events

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- Canadian Paralympian and veteran Christine Gauthier testified that she was reportedly offered MAiD by a Veterans Affairs caseworker while seeking basic accessibility supports such as a wheelchair ramp.
- A 50-year-old Canadian woman received MAiD in February 2022 after reporting she could not secure affordable, safe housing suitable for her severe Multiple

- Chemical Sensitivities.
- A 51-year-old Nova Scotia cancer patient and grandmother told media she was repeatedly asked about MAiD during hospital care, describing the inquiries as “completely inappropriate” and dehumanizing.
- Kiano Vafaeian, a 26-year-old man, died by MAiD in December 2025, raising public discussion about the role of mental health

and vulnerability in eligibility decisions.

- 84-year-old Miriam Lancaster who experienced back pain, was offered euthanasia at a Vancouver hospital. (see her story on page 4).

These cases have contributed to growing concern that Canada is fostering an increasingly permissive culture of death in relation to MAiD. ■

NINE WAYS YOU CAN MAKE A DIFFERENCE!

1. Learn and share the truth

Stay informed about MAiD laws, safeguards, and their real-world application in Canada. Share accurate, respectful information to help others understand the ethical concerns involved. See Euthanasia Prevention Coalition website for up-to-date information: <https://epcc.ca>.

2. The Duty to Care and the Duty to Protect

There is an inherent dignity in being human. Many people recognize this even if they do not believe in God. We all have a responsibility to nurture and protect everyone, regardless of age, sex, race, and ability. We have a responsibility to speak up and advocate for each other, for legislation that supports the dignity of life and our inherent right to live, to contribute to our family, our community, our country, our world. When a country supports euthanasia,

lives are terminated without regard to the lives of those remaining. The ones left behind suffer, society suffers.

3. Support vulnerable people

Reach out to those who are isolated, elderly, disabled, or struggling with illness or poverty. Compassionate presence and practical support can make a profound difference in moments of vulnerability.

4. **Advocate for stronger protections**
Engage with your elected representatives to encourage robust safeguards around MAiD, especially for persons with disabilities, mental health challenges, and those facing social hardship.

5. Promote palliative care

Support policies and organizations that expand access to high-quality palliative and hospice care, ensuring that no one feels euthanasia is their

only option.

6. Support conscience rights in healthcare

Defend the ability of healthcare professionals and institutions to refuse participation in practices that conflict with their moral or religious beliefs.

7. Engage in prayer and pastoral support

For those of faith, pray for the protection of human life, for the sick and suffering, and for wisdom among policymakers and healthcare workers.

8. Be present in your community

Build a culture of life locally through volunteering, visiting the sick, supporting disability services, and fostering relationships that affirm human dignity.

9. **Join our Coffee & Dessert Evening**
May 28 at 7:00 pm. See details below.

COFFEE & DESSERT EVENING

MAY 28TH AT 7PM.

St. Ambrose Parish Hall
210 South Street.
(Doors open at 6:45)

Donations gratefully accepted.

Please call the office to
reserve your seat at

519-623-1850



Q & A with Alex Schadenberg,
Euthanasia Prevention Coalition



Screening of the
lifeworthlivingfilm.com

NEVER KILL YOURSELF

By Miriam Lancaster
(reprinted from The Free Press)



Miriam Lancaster, refused MAiD after a spinal fracture. She recovered fully after a month of rehab, and travelled to Guatemala where she climbed the Pacaya Volcano.

MY HUSBAND, JOHN, WAS LYING there, frail but perfectly lucid, with our priest at his side, ready to administer the last rites. Doctors had discovered in him an aggressive form of cancer that had, by that time, spread throughout his body. The priest had communion bread in his hand, and a chalice of wine was sitting on John’s bedside table. There was a kind of quiet, holy stillness in the room. Then a young doctor walked in, looked at the chart, looked at John, looked at me, and delivered this line as though he were reading from a script: “I am required by law to offer you MAiD.”

I had heard of MAiD—medical assistance in dying—once or twice before, but now I was facing it up close. A doctor offered it to John within minutes of his arrival at the hospital, 10 days prior. He had declined it then, and he declined it again, just as calmly: “No, thank you.”

Our priest said nothing, though his brow furrowed slightly. He turned to the work he had come to do: He anointed my husband, said his prayers, and gave him the last rites. John died 48 hours later.

In my home country of Canada, MAiD has grown rapidly since it was legalized in 2016; it represented 4.7 percent of all Canadian deaths in 2023, which translates to about 15,340 lives ended through assisted suicide. After my husband died, I began to see MAiD everywhere I looked. A couple of friends in their 80s told me they’d been offered it during hospital visits. In the local newspaper obituaries, I began to spot euphemisms like “died by her own choice.” We all know what that means now.

Still, I thought John’s passing would be my last personal brush with MAiD. I was wrong.

One morning, nearly a year later, I woke up with an excruciating pain in my lower back. It came completely out of the blue. I hadn’t fallen in the night. I

hadn’t done anything strange. One moment I was asleep, the next I was wide awake, crying out. My daughter, who was living with me at the time, came running in from the next room and, when she saw how much I was suffering, picked up the phone and called an ambulance.

The paramedics took one look at me and agreed the pain warranted a trip to Vancouver General Hospital. Moments after they wheeled me into the emergency ward, a young female doctor approached my bed. After running through the usual questions about what was hurting and how much, she said, as casually as one might offer a cup of tea: “Do you want MAiD?”

She sounded eerily like the doctor who had offered it to my husband—as if she was reading from a script. I said, as firmly as I could manage: “No, thank you.”

She heard my refusal, took one look at my daughter’s and sister’s faces, and swiftly changed the subject. The polite, distinctly Canadian tone of the exchange made the situation seem all the more absurd.

I was stunned. No one had even told me what was wrong with me. All I knew was that I was in tremendous

pain and that a stranger had just suggested I might want to end my life. I didn’t know yet that I had fractured the tiny bone at the base of my spine—the sacrum—which can’t be operated on and must be allowed to mend on its own. After my eventual diagnosis, I was transferred to the University of British Columbia’s hospital, where I rested for three weeks while the bone healed. But as I lay there waiting for answers, I thought of my husband and that line, “required by law.” I later found out doctors in Canada are not required by the Criminal Code to offer MAiD, but the College of Physicians and Surgeons of British Columbia—which sets rules for physicians in the province—expects them to raise it as a legally available option for eligible patients. Given the advanced stage of my husband’s cancer, I understood their reasoning.

What’s disturbing is this was not my only personal brush with MAiD since his death. Just months after John passed, an older cousin of mine, a retired nurse in her 80s, had voluntarily ended her life. I think, with all her medical experience, she knew she wasn’t getting better. Her body was disintegrating. She was in a nursing home, with no immediate family members. I could see how MAiD was appealing to her, but as I lay in my hospital bed having been offered the same thing, I struggled to fully understand. I kept coming back to the same question: Why are we so quick now to ask people if they’d like to die, before we’ve even finished trying to help them live?

I had brushed up against my cousin’s fate—being shuffled, politely and efficiently, off the stage. But being offered MAiD changed something in me. Before, I had assumed that in my 80s I would simply slow down: read my books, watch some television, enjoy time with friends, maybe

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