

Eagle Forum Report

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Man-MAiD Disaster

KILLING THEM SOFTLY WITH A LAW

by Wesley J. Smith, an author and a senior fellow at the Discovery Institute's Center on Human Exceptionalism. @theWesleyJSmith

Once killing the sufferer becomes a societally acceptable means for ending suffering, there becomes no end to the “suffering” that justifies human termination. We can see this phenomenon most vividly in Canada, because it is happening there more quickly than in other cultures.

A recent poll found that 27% of Canadians polled strongly or moderately agree that euthanasia is acceptable for suffering caused by “poverty” and 28% strongly or moderately agree that killing by doctors is acceptable for suffering caused by *homelessness*.

Euthanasia mutates a society's soul. I can't imagine that being true ten years ago before euthanasia became legal.

This kind of abandoned thinking finds enthusiastic expression among some secular bioethicists. In fact, two Canadian bioethicists (Kayla Wiebe and Amy Mullin from the University of Toronto) just published a paper in the *British Journal of Medical Ethics* arguing that “unjust social conditions” justify lethal jabs (euphemistically called MAiD, for “medical assistance in dying”). The argument claims that killing is a form of “harm reduction.”

The authors even admit such

cases have already occurred legally in Canada.

In 2022, an individual in Canada, who had been diagnosed with multiple chemical sensitivities (MCS), received MAiD. However, by their own description, their decision to choose MAiD was driven primarily by the fact that they were unable to access affordable housing compatible with MCS. While it was true that they suffered from an illness, disease or disability that caused ‘enduring physical or psychological suffering that is intolerable to them and cannot be relieved under conditions that they consider acceptable’ as specified under the eligibility criteria of Bill C-14 [that recently expanded eligibility beyond death being “reasonably foreseeable”], the primary source of their suffering was an inability to find appropriate housing, not the condition itself. Another person, also with MCS, writes: ‘I’ve applied for MAiD essentially because of abject poverty’.

Good grief. The patient in question is dead — not because of their medical conditions but because of their housing conditions. The doctors used the physical issues as pretext for justifying the killing as within the law!

The authors approve of allowing euthanasia for reasons of social injustice as a means of “harm reduction,” which includes killing patients who would not want to die if they could access proper treatment:



Wesley Smith

“In the case of the availability of MAiD in Canada to people who not only might but have explicitly said they would choose differently if they had access to the options they preferred, we argue that the least harmful way forward is to allow MAiD to be available.”

The advocates justify the killings because of the failure of the Canadian health care system: “Access to healthcare across nearly all dimensions continues to deteriorate in the wake of the pandemic even outside of long-term and palliative care, from basic care, to surgical backlogs, to a general consensus that the system is in a state of collapse. In this context, refusing options to people who autonomously pursue MAiD amounts to perpetuating their suffering, hoping that this will ultimately lead to a better, more ‘just’ world. This is a world that cur-

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rently does not exist and is unlikely to emerge in the near future. Even if it did, it is unfortunately even more unlikely that the people whose current suffering has led them to request MAiD will realise its benefits.”


So, socialized medicine fails, and a splendid answer to the problem for patients in need is euthanasia. Do you see now why I call euthanasia/assisted suicide “abandonment?”

The article concludes “Those who request and receive MAiD are unlikely examples of people whose reduced opportunities have led them to lose all hope and motivation for pursuing

personally meaningful courses of action. Moreover, neither a reduction of opportunities in itself, nor the existence of oppressive ableist norms, is sufficient to directly undermine autonomy...Restricting an autonomous choice to pursue MAiD due to the injustice of current non-ideal circumstances causes more harm than allowing the choice to pursue MAiD, even though that choice is deeply tragic.”

The “ethics” in bioethics is growing increasingly monstrous. These so-called “experts” exert tremendous influence on our laws and regulations, in court rulings, over the attitudes of

journalists, among the purveyors of popular culture, and, ultimately, upon public attitudes.

Canada is our closest cultural cousin. If such a crass death-embracing attitude developed there so quickly with the legalization of euthanasia, it will happen here too — and, indeed, almost all state laws allowing doctor-prescribed death already expanded their guidelines. Which is why, if we want to follow the truly compassionate course, it is a matter of great urgency that we reject all further legalization of assisted suicide in the United States. 

SIX MONTHS LEFT TO LIVE?

by Chuck Donovan, LifeNews, is a 50-year veteran of the national debate over the right to life and served from 1981-89 as a writer in the Reagan White House. He is the former Executive Vice President of Family Research Council.

Last December, Illinois Governor J.B. Pritzker (D) signed into law a bill that makes his state the 13th jurisdiction in the nation to permit physician-assisted suicide, euphemistically referred to as medical assistance in dying, or MAiD. Assisted suicide is already lawful in 11 other states and the District of Columbia. As a nation with a concentration of liberal public policies on its West and East coasts, the United States now has its first heartland state to embrace a practice that is unfortunately spreading around the world.

Coincidence or not, the assisted suicide debate is taking place against a background of soaring health care costs and governments operating at historically high deficits. Illinois has a projected budget deficit of \$267 million in 2026 that could rise as high as \$2 billion in fiscal year 2027. Much of the deficit is attributed to spiking pension costs for retirees. The fertility rate in Illinois is in the range of 1.50 to 1.59 children per woman. Its law imposes no limits of substance on abortion.

The pressure under the new MAiD law to choose death over life is likely to be intense.

Assisted suicide is also being debated in the United Kingdom with strong resistance from disability groups and medical institutions. The House of Lords has mounted serious opposition to an aid-in-dying bill. The leading figure in advocacy for the revolutionary bill is Lord Charles Leslie Falconer, a 74-year-old member of the Labour Party who has served in a variety of high positions in the British government.

The Terminally Ill Adults (End of Life) bill is pending in the Committee Stage. During this stage, bills are scrutinized line by line, and lords may offer amendments as they see fit. As of December 19, the peers had introduced more than 1,000 amendments to the bill, leading to the prospect that the traditionally required debates and

votes on the amendments would forestall any vote on final passage. If that occurs, the clock would run out on the bill in this session of Parliament, and it would be defeated. The situation has been likened to a filibuster, and it has prompted some members of the lords who oppose the bill to urge that a final vote be allowed to occur out of concern that a tactical defeat of the bill by the unelected House of Lords would



put that body at risk of severe reform or even abolition.

However, the amendments being offered concern serious topics that were left unaddressed when the House of Commons passed the bill last June by the relatively narrow margin of 314 to 291. One persistent theme is the long record of assisted suicide bills threatening the lives of the poor, the disabled, and other vulnerable members of society.

On December 19, Baroness Sue

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Gray, former chief of staff to the current and very liberal Labour Prime Minister Keir Starmer, criticized the bill sharply as a menace to the vulnerable, saying there was “nothing in the Bill that would stop a person accessing an assisted death for reasons that were nothing to do with their illness but simply because they had been too worn down for too long by problems that could have been solved with the right care, attention and funding.”

Supporters of the assisted suicide measure broadly contend that 90% or more of the amendments being discussed are not substantive and many are designed merely to deter movement through the Committee Stage. At this point, the amendments’ substance is debated but no individual votes are held on them. Supporting groups like Humanists UK and My Death, My Decision are striving to convert the arguments from the content of the bill to the procedures involved in reaching a final vote. The House of Lords has already scheduled up to 10 Friday debates on the bill in 2026, which will carry the fight to the threshold of the March deadline for passage or expiration.

Opponents of assisted suicide are determined to defeat the bill and they have garnered support from an array of forces that is difficult to stereotype. Care, Not Killing is an alliance of individuals and groups that champion the disabled and human rights, including health care providers and faith-based organizations. They have focused on research- and policy-based arguments against the assisted suicide bill. They state, “The pressure people will feel to end their lives if assisted suicide or euthanasia is legalised will be greatly accentuated at this time of economic recession with families and health budgets under pressure. Elder abuse and neglect by families, carers and institutions are real and danger-


ous and this is why strong laws are necessary.”

Lord David Alton, a lifelong advocate for the right to life of the unborn (an issue where further liberalization of the law is also being pursued), notes the pressure and coercion that can be imposed on patients. He quotes the late Baroness Warnock’s statement that “if you’re demented, you’re wasting people’s lives — your family’s lives — and you’re wasting the resources of the National Health Service. ... Maybe it has to come down to saying: ‘Okay, they can stay alive, but the family will have to pay for it.’ Otherwise, it will be an awful drain on public resources.” Baroness Warnock, who passed away in 2019, gained worldwide fame over her involvement in establishing the British policy on embryo research that created the 14-day rule, a construct under which new human life could be subjected to experimentation and destruction up to two weeks after fertilization.

Other key amendments to be debated and voted on in the House of Lords deal with vital matters like the scope of eligibility for assisted suicide, how and when the subject may be broached with patients who have not raised it, the value of the six-month-left-to-live rule, the conscience rights of objecting health care personnel and institutions. For example, the bill defines a terminal illness as a patient that “(a) has been diagnosed by a registered medical practitioner as having an inevitably progressive condition which cannot be reversed by treatment (‘a terminal illness’); and (b) as a consequence of that terminal illness, is reasonably expected to die within six months.” Clauses like this are widely cited but deserve far deeper scrutiny. Examples of patients outliving their diagnosis are numerous, and there is the

related question of how a given diagnosis may inhibit treatments that may be expensive or that come into being during this “reasonable” six-month interval.

A cursory look at new drugs approved by the U.S. Food and Drug Administration in 2025 lists eight with application for cancer treatment out of 41 total approvals year to date. What was reasonable as the year began regarding any particular condition may be obsolete as the year ends. Medical science is providing increased hope and increased options at an unprecedented rate. Assisted suicide ends options and ignores the fact that (and here the contribution of artificial intelligence analysis of mass amounts of data may prove invaluable) we live in an age of exploding medical possibilities.

Assisted suicide represents science and ethics gone off the rails. The tendency of these laws to grow in scope, to expand the idea of terminal conditions, or abandon them altogether, continues. Canada is a mere 16 months away from potentially adding mental illness as a criterion for eligibility for assisted suicide. Data on suicide and mental illnesses in Western nations shows a negative trend that is worrisome even in the absence of a debate over assisted suicide as a solution. The events in Illinois, and another domino about to fall in New York State, show how quickly protections for life can crumble. Today there truly is heartbreak in the heartland. 

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THE VALUE OF LIFE

by Robin Kocerginski, community programs manager for AccessNow.

When I was younger, I believed a meaningful life was one I'd be proud to share in old age, sitting frail but content at a family gathering, surrounded by children and grandchildren.

I had a recipe for a meaningful life: a heavy dose of impact, a dash of adventure, generous helpings of love and relationship, all baked in a base of longevity.

But what if human value isn't something we build over time, but something that exists in a single moment? What if it isn't earned, but inherent?

When my daughter Bree burst into the world like a meteor crashing into my life, everything I thought I knew about meaning was shaken. Bree has a rare genetic condition called Trisomy 13, or Patau Syndrome. There's no cure or treatment. It isn't a disease; it's an imprint, a fundamental part of who she is. She has an extra 13th chromosome tucked into every cell in her body.

The impact of this extra chromosome varies, but in most cases, it brings profound cognitive and physical disabilities. We found out about Bree's diagnosis during pregnancy. We were told she might not make it to birth and if she did, her life expectancy would be measured in weeks.

How do you measure the worth and meaning of a life that might be short and full of medical complexity?

In the very early days of her life, when we lived in the NICU at Mount Sinai Hospital, when every beep of a monitor sent waves of panic through my body, when her fragility felt too much to bear, I believed it was my duty as her father to impose value on her life.

While Bree pushed forward, em-

bracing each new challenge with a quiet resilience, the idea of her death loomed over me. I put immense pressure on myself to solve the question of what her life meant, because I believed I would one day have to justify it. I was already silently writing her eulogy.

I thought I had to be the vessel for her worth. I vowed to become a better person when she was gone. I imagined starting a fundraiser, launching a charity, so the money raised in her name could "do good" in the world. Because if death took her as an infant, I thought meaning had to be made, not simply felt. But Bree didn't die.

There were minor medical procedures and lots of trials to find the right medications to support her. There were new routines developed. There was a blossoming life with Bree.

She kept surviving and exceeding the minimal expectations placed on her. She reshaped the expectations I had for her life.

What changes in how we value her life if she wasn't just a brief shooting star in our life? Not a tragedy I had to redeem, but a full participant in our family's core?

As Bree grew older, and I worked hard to understand the anticipatory grief I was feeling, I began to appreciate Bree for who she was, not what I, or society, expected her to be. She is almost four-years-old now. She has vision loss, low-muscle tone, is on a continuous G-tube feed, is medicated to control her seizures that come out as short myoclonic jerks, requires constant low-flow oxygen, and is monitored 24 hours a day for her safety. She is and will likely always be non-verbal and never be able to be independent in any way.

Yet, Bree has carved out a beautiful existence, one wrapped in love,

insulated from the noise and stress and existential panic the rest of us often live with. She experiences joy through the songs she likes, the textures of her toys in her



Robin Kocerginski and daughter Bree

mouth, the motion of being carried by her mother, the brightness of the sun gracing her face, and the sounds of her big sister's high-pitched voice. She cannot understand the literal meaning of the words "I love you," but she feels the energy behind those words as she displays her love for the world.

Her progress and her potential are not her path towards value. By simply existing and being loved, her life holds complex and very real layers of meaning. She has taught me that presence, connection, and a soft harmonization with the world make a meaningful life.

Bree changed me fundamentally. She expanded my capacity to love. She opened me to fatherhood. She slowed me down and sharpened my focus. She introduced me to a community I would never have found otherwise. Bree has and will likely never say a word, and still she shifts the ground beneath me.

Bree taught me that meaning can live in the intimate and the invisible. In the way I approach other families with disabled children. In the way I've started writing, to stay close to her.

The question is not "Did this person leave a legacy?" But "Were we changed by loving them?"

If the answer is yes, then something important happened. Even if no one else sees it. Even if it didn't last long. 