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# Canadian Transgender Woman Denied Euthanasia Request over Post-Surgical Pain and Regret



A transgender rights activist waves a transgender flag, N.Y., May 24, 2019. (Demetrius Freeman/Reuters)

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At least one transgendered individual has been legally euthanized because of profound regret over transitioning. The killing took place in in Belgium ten years ago. From my piece on the tragedy at NRO, quoting

the *Daily Mail* story about the case:

In the hours before his death he told Belgium’s *Het Laatste Nieuws*: ‘I was ready to celebrate my new birth. But when I looked in the mirror, I was disgusted with myself. ‘My new breasts did not match my expectations and my new penis had symptoms of rejection. I do not want to be... a monster.’...

The “treatment” for that despair? A lethal jab. *Compassion*, right?

Now, there’s a similar story out of Canada. A transgender woman named Lois Cardinal wants to be euthanized because of terrible pain being experienced from—and deep remorse over—having been transitioned surgically. From the *Daily Mail* story:

An indigenous transgender woman has slammed Canada’s healthcare system for rejecting her euthanasia request despite the pain she endures from a surgically-built vagina.

In social media posts, Lois Cardinal, a self-proclaimed ‘sterilized First Nations post-op transsexual’ said regret over her medical transition led her to apply for a lethal injection in January.

Cardinal, who lives on a native reserve near St. Paul, Alberta, posted her

medical records from the request online this week to draw attention to radical gender ideology.

The surgery sounds just awful:

‘It’s taking this psychological burden on me. If I’m not able to access proper medical care, I don’t want to continue to do this.’ Cardinal underwent a vaginoplasty in 2009, but developed complications and quickly regretted the procedure.

She told DailyMail.com that she feels constant pressure, pain and discomfort now, many years after the original surgery. The difficult procedure involves inverting the penis into a neo-vagina. Most recipients suffer pain and discomfort afterward, according to a recent study from the University of Florida.

Pain during intercourse and bladder problems are common. Neo-vaginas must also be dilated regularly to stop them from collapsing.

I find it telling that we don’t hear too much about such severe and chronic post-surgical complications in the debates over “gender-affirming care.” This is another reason why medical conscience laws should apply in this area. Transition surgeries should not be viewed as a “civil right,” if only because they have the potential to cause so much harm to the patient.

Canadian euthanasia license is so liberal, one would think Cardinal would qualify to be killed. After all, the pain and despair caused by the surgery are long-standing, as is Cardinal’s regret.

But the doctor refused, stating that there remain treatment options that could ameliorate Cardinal’s suffering. But that is *almost always the case with euthanasia cases* — and indeed, Canadian law *doesn’t require those who want to be killed to access such care*. To the contrary, “irremediable suffering” is based on the patient’s perspective, not the unavailability of palliative or treatment interventions. (This is also true under US assisted suicide laws.) Indeed, the Canadian Supreme Court’s ruling that conjured euthanasia as a constitutional right expressly stated that the term that includes “psychological pain,” disability, and suffering *that is deemed irremediable only because alleviating treatment is refused by the patient*.

Cardinal believes the euthanasia request was denied because of political and cultural concerns involving the contentious issue of gender ideology:

Her rejection for MAiD amounted to a ‘human rights concern,’ she said. Doctors are more interested in finding out what pronouns she uses than easing her pain, she told DailyMail.com. ‘I’m not getting any better and nor am I experiencing better medical care, or any medical care,’ Cardinal said. ‘It’s so captured by gender ideologies, that they care more about my pronouns.’

Alas, the death doctor remains open to killing the patient:

Unless her referrals to specialists help to ease her pain, she will re-apply for assisted suicide in the coming months, she added. In other social media posts, Cardinal slams the transgender ideas that led to her to bottom surgery 14 years ago. She could be ‘reassessed’ for MAiD in the future if there is a ‘change in clinical status.’ ‘The patient is aware she can contact me again for her ongoing journey for an assisted death,’ added the practitioner.

“Ongoing journey:” We’re talking about a potential homicide! What a load of crapola.

Some would say that this is a case of the guidelines working to protect the vulnerable. I disagree. People have been euthanized in Canada experiencing far less distress than which Cardinal bears. Rather, in my view, euthanasia was denied because the transgender issue is so volatile, and also, because Cardinal is a member of a First Nations tribe. Killing Cardinal, in other words, *would ignite a firestorm that would pose significant challenges to transgender and euthanasia ideologies*, along with emphasizing the difficulties First Nations residents of reserves have accessing good medical care.

Don’t get me wrong. I am very pleased Cardinal isn’t going to be killed (yet). *No one should be euthanized* but greater care always extended to suicidal people to help them remain with us. Indeed, the tragedy here—beyond the awful consequences of the transition surgery—isn’t that Cardinal was refused a lethal jab *but that doctors don’t always refuse such requests*, and instead help patients access care to alleviate their pain and existential suffering so they don’t want to be killed.

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