

Good day, Honourable Judge, I would like to confirm that I have an hour to speak initially.

The Amicus Curiae Meaghan McHanon told me that she spoke with you via e-mail and I was granted permission to speak that long. She later told me via the phone that it was opposing counsel that she spoke with, and that they had no objection. I emailed parties about this, but received no response thus far.

I have never self-represented in Court before, I have ADHD and I am an ongoing victim of Satanic Ritual Abuse as well as No-Touch Torture, details of the which can be found on my website REYNEN.ca and People Against Covert Torture and Surveillance's website PACTSNTL.org. While I do not make a blanket endorsement of all of the content on their website, their resources and help have been a great support for me, and I truly appreciate them.

During the hearing, I may ask permission for a recess to get some fresh air and have a cigarette, and if things get difficult and I require help regulating my emotions and thoughts I may don my noise cancelling headphones and listen to some music in order to calm down. I hope this is agreeable, Your Honour. It is a healthy coping mechanism, and I have Williams Syndrome, so music has always been a key part of my life and in regulating my emotions.

Before I begin my oral arguments about Sections 21, 35, and 36 of the Health Care Consent Act specifically, there are additional arguments that are directly related that must be addressed now that I am finally standing before this Honourable Court. And, some of them address rationale provided by the Consent and Capacity Board in the Reasons for Decision. I am not appealing the involuntary patient status. I tried to file a notice of abandonment but it was blocked by the Courts. I sometimes wrestle with loss of control of my body (not a sensation or feeling that I have, but actual loss of control), including my speech, and I am unsure whether to attribute it to Satanic Ritual Abuse, No-Touch Torture, or Dissociative Identity Disorder. I understand why others would see the need until the matter is resolved,

for me to stay in a place where no one could possibly be harmed by my body being manipulated, and I will not object to this. In fact if there is an alternative treatment that isn't sin and has proven to be effective I would welcome it wholeheartedly. I have been placing my faith and trust in God Almighty, my Abba, Christ Jesus, and The Holy Spirit to stop my enemies from using me to hurt someone. Despite the fact that I have been threatened, hit, spit on, sexually harassed, and both emotionally and psychologically abused by both patients and staff at The Royal, as well as repeatedly illegally injected with psychotropics, I have not once been violent with anyone, by God's grace. Even when one patient, who twice prior had threatened to kill me, confronted me and accused me of being a child molester (he called me a "goof"), in front of witnesses, and I want to point out that I am no better than even a child molester as I am saved by grace through faith in Christ alone, while I did get in his face and shouted at him, by God's grace and because of the fruit of the Holy Spirit of Self-control, I was able to resist the urge to hit him and ultimately walk away. There was no further escalation and no code white was called, and the situation calmed down. He later apologized, as did I, and we were able to move forward. So, after all of these experiences I am not fearful that I will harm anyone else, barring one exception.

In the event the ongoing abuse by staff and patients escalates to rape, Jonathan Vant The Royal's Client & Family Relations Team manager informed me that I have a right to defend myself. I abhor violence and consider it to be sin, and have been turning the other cheek by God's grace as best I can, but as a childhood rape victim, especially given the well understood physiological fight and flight response, it literally terrifies me what I might do if a fellow patient or staff member raped me, or made a serious attempt to. I hope I never have to find out what I would do as an adult, rather than a completely helpless child. Should that occur, I will be sure to point to this very hearing.

I informed staff at both The Ottawa Hospital: Civic Campus and The Royal right away that I considered psychotropics to be sin, and of my advance directive. (Please see the 14 page document "Mental Health Admission" on pages 148-161 of Exhibit #1. While there are many factual inaccuracies contained therein, it proves that as of February 25, 2025, the day of my admission at The Royal, staff at The Royal, were made aware of my religious beliefs and of my wish also known as an advance directive). This made any treatment they provided to me thus far illegal, and I think it should even be considered a hate crime in addition to torture. One of the times I was injected with sin at The Civic one of the security guards even yelled "Fuck Jesus", and Dr. Rogers has told me that she, and I quote "dances with the devil", and twice has flashed the 666 hand gesture, as well as referred to her current body as her glorified body. She also believes I am delusional to believe I have a special relationship with God, and that he uses his Word, the Bible, to speak with me, and these are standard parts of the Christian faith. She does not however deny that I am a Christian.

I have repeatedly tried to get an urgent case conference with the Honourable Judge Michelle Flaherty, to address my many concerns about the situation I find myself in at The Royal, as my ability to self represent, which is my right, is interfered with daily, and staff at The Royal and The Civic have obstructed justice in doing so in many ways, which are documented on my website, Reynen.ca. Not to mention, the various psychotropics they have forced upon me have interfered with my ability to think, which is confirmed by the warnings and side effects of the very poison they have treated me with (see some of the documents I have submitted in evidence or check the websites of the manufacturers themselves). This is why I did not originally want to have this hearing til January, 2026, but since Dr. Rogers and her staff are both willing to and have used emergency chemical restraints illegally, it is in my best interest that these proceedings happen as quickly as possible as each injection takes a toll on my cognition, not to mention the emotional, psychological and spiritual suffering they inflict, and seemingly, no one is answering my cries for help other than my Abba, Christ

Jesus, and the Holy Spirit. I do believe I have brothers and sisters praying for me though, and I thank and praise God for them.

Since the health practitioners were made well aware of my advance directive at both The Civic and at The Royal (even if my SDM was not made aware, that is prior to March, 2025), Section 26 of the Health Care Consent Act made any emergency treatment I received under Sections 25 and 27 of the Health Care Consent Act a crime. Each time I was injected I was either physically or mechanically restrained, having already assumed a non threatening still supine position on my bed of my own volition, verbally reminding staff that I had an advance directive, that their psychotropics were sin, that I did not consent, I was not physically resisting, and posed no physical threat, let alone a serious one.

Section 29 of the Health Care Consent Act protects the health care practitioners from liability, but only if they are acting in good faith. This clearly was not the case in any instance. Even now the psychotropics they illegally injected me against my will with, which I could not resist, are coursing through my body leaving me wrestling with the notion that I have a sinful substance I cannot remove and must wait until January 2026 to be reasonably sure is out of my body which is a temple of the Holy Spirit. This has caused me massive emotional, psychological, and spiritual turmoil, including despair, anguish, moral outrage, rejoicing, various forms of anger, and disgust, since February 2025. Especially since it was supported by my parents, one of whom **professes** to be, but is not, a Christian, and was carried out through legal mechanism by those acting on behalf of my own country, whose highest law recognizes the supremacy of God.

I want to point out that there is a lot of hearsay surrounding the events leading up to my involuntary hospitalization, but I never held a knife against Gordon Reynen's neck and I never threatened to harm either Rhona or Gordon Reynen. This is despite the fact that they, and I, felt threatened due to the distressing circumstances all three of us found ourselves in, including me losing control of my body while simultaneously grappling with the horrors of

Clozapine withdrawal, and repeatedly expressing these concerns to them. Gordon has recently confirmed this in writing in an email between him, Rhona, Dr. Rogers and myself.

My Notice of Constitutional Question was blocked by the Courts, so today I will only focus on the matter at hand, but I was outraged by this. Should this appeal be denied by the Honourable Ontario Superior Court of Justice and I must proceed to the Honourable Ontario Court of Appeal and this appeal is not also blocked like my appeal of my Form A application to the Honourable Superior Court of Justice, I will once again attempt to serve and file my Constitutional Question. I want the record to reflect that the Attorney General of Canada and the Attorneys General of Ontario both provided receipt of having been served my Notice of Constitutional Question.

There are many factual inaccuracies in the documentation surrounding my hospitalizations, treatment, and general circumstance. I even often find direct contradictions. From quoting me for things I never actually said, to claiming I jumped in front of a bus during my last hospitalization, which is ridiculous, to saying I held a knife to my fathers neck and threatened him with it, which my father has since refuted in writing. If they can and will lie about subjects like this, why should any of their charting, documentation, or opinions be taken seriously. Not to mention that the staff have means, motive, and opportunity to want to discredit me since I am living, breathing evidence of their involvement in crimes including torture: the psychotropics I consider to be sin they forced upon me are still coursing through my veins.

It is important that I recite my advance directive, that I made on July 7, 2025.

It is not lengthy, and I would like its entirety to be on record. It also addresses some of the arguments made by Dr. Rogers, opposing counsel, and the Consent and Capacity Board itself.

Were its contents ever read into record just once prior, I think events would have played out differently.

Hi Family and Robert,

I wanted to take the time to write this letter.

As you all know, I have a diagnosis of Schizoaffective Disorder. As well as ADHD Inattentive Type. And, if I am not mistaken, Generalized Anxiety Disorder.

I have a history of substance abuse (primarily marijuana but also alcohol).

I also have a history of suicide attempts and suicidal ideation.

And a long history of things I wish I never did.

Over the past couple years, you guys have been helping me in my journey to get off of the medication (Clozapine, which in turn caused me to take a heart medication and metformin to treat the pre-diabetes). Without your support this would likely never have happened. The withdrawal of this medication is no laughing matter. I am down to 68.75 mg from 250 mg. It will likely take more time to completely get off of it.

As you also all know – I now consider myself to be a Christian. Saved by the grace of God alone – completely unmerited – especially after all I have done.

This doesn't mean I don't make mistakes – I do every day unfortunately. But I am battling my sinful nature and trying to do less of a disservice to God and to the church (the believers in Christ).

But it is important to note that I no longer believe in suicide as an option. Nor do I now believe it is appropriate to commit violence.

The topic of Power of Attorney (PoA) and Substitute Decision Maker (SDM) has recently come up.

I am not going to assign a PoA. But, after my recent appointment with Doctor Baines (Robert was there with me) – where doctor Baines told me I was presently considered mentally

capable - I have thought about the idea of my wishes (also known as an advance directive) should I ever be ruled incapable again according to the Mental Health Care Act.

I am not going to make a lengthy list of things that I wish are adhered to.

Only one thing.

And I will provide my reasoning.

I never, ever, wish to be put on any psychotropic medication (including anti-psychotics, anti-depressants, etc.) ever again. Under any circumstance.

As a human being:

The psychotropics damaged my physical health. They caused me to gain over 200 pounds.

This caused me to develop heart problems and pre-diabetes. I was told that I was at risk for stroke and heart failure. I had to resist more prescriptions than this – which could have resulted in severe polypharmacy.

The psychotropics damaged my cognition. This interfered with my ability to think and do things.

The psychotropics sedated me. This caused me to sleep most of the day away and severely limited my ability to do things.

The psychotropics damaged my ability to feel. This scares me the most. God willing this is not irreversible – and I am experiencing more emotion again presently.

As a Christian:

The scariest piece for me is the dampening of my ability to feel love.

There are so many quotes in the bible stressing the importance of feeling love for one another.

If you don't believe me, just do a quick search.

I am not saved by my capabilities. Most days I am reminded of my failings.

I am saved by what Christ Jesus did for me at Calvary. Period. And I **know** it is unmerited.

All this being said.

This is my only wish I care to state while I am mentally capable.

I never wish to be put on psychotropics **ever** again.

Yours,

Steven

The Board, and Dr. Rogers, failed to take into consideration the notorious withdrawal symptoms of Clozapine specifically, and other potential alternative explanations for some of my symptoms and behaviour like Dissociative Identity Disorder, Satanic Ritual Abuse, and No-Touch Torture, not to mention the turmoil from the torture (forcing a substance upon someone that is against their religion). Dr. Rogers and I disagree about the validity of some of my beliefs, but we can continue to agree to disagree on subject matters without it being an indication of my sanity or even my general well-being. It is not a crime, at least not officially yet in Canada, to be weird, different, intense or hold beliefs contrary to popular opinion. However, looking at my circumstances, and at where Canada is headed with bills like C-2, C-8, and C-9, I fear it won't be long until Canada completely devolves into something out of a dystopian horror movie. Where Dr. Rogers did err was on audio recording made with her explicit advance consent and awareness calling me delusional for standard Christian beliefs. She latter reaffirmed this on record with the Consent and Capacity Board during my recent Form A hearing.

How can she be trusted as an authority on determining capacity, or making treatment decisions, when she asserts it is delusional for a Christian to believe they have a special relationship with God or that God uses the Holy Bible to speak to his children. These are core parts of the Christian faith. The audio recording and corresponding professional transcript have been submitted in evidence and are available on <https://reynen.ca> and on <https://youtube.com/@stevenreynen>

In my Form A hearing on August 27, 2025 the Board acknowledged that psychiatry is as much of an art as it is a science as well.

If there are other plausible explanations, even if they are not widely socially accepted or viewed as likely, for the exact manifestations of agreed upon symptoms, how is it justifiable to deem someone incapable of consenting to said treatment, if that treatment would have no positive impact should the other plausible explanations be the reality of the situation. Then, the well documented and agreed upon harmful and lethal side effects would be the only reasonably foreseeable impact of the proposed treatment. Shouldn't an inquiry be made into the legitimacy of my claim that I am a victim of childhood sexual assault and extreme satanic ritual abuse? How can it be dismissed outright? Even if I lack sufficient evidence to get police to investigate and cannot substantiate them, how can a doctor, especially without any follow up, assert that my claims are definitely delusions? They were not there, they simply cannot know with certainty.

When my parents left to go to my uncle George's funeral, who died hanging from a tree in a psychiatric prison in Cape Breton when I was three years old, they took my brothers David and Andrew, and left me unsupervised with Melody Gardner. She was my babysitter for years afterwards and often had unsupervised access to me and my brothers, both at my parents home and her home in Metcalfe, Ontario, where she still lives. This was the time my parents sold me into MK ULTRA Human Slavery. A lot can happen in a few days, and I was a defenceless child.

When I was processing some of the associated trauma with the help of my Abba, Christ Jesus, and the Holy Spirit, some memories would come to the surface. One distinct one, was someone threatening me, yelling at me that if I told anyone, and I quote, "WE WILL KILL YOUR WHOLE FUCKING FAMILY".

I was repeatedly brutally raped and made to murder at least one other child, the first one's name being James. This kind of trauma results in a condition known as Dissociative Identity Disorder which is often misdiagnosed as Schizophrenia, and this is a well documented phenomenon. Dr. Rogers and Dr. Baines both dismiss my claims entirely as delusions, but I have submitted my big sister in Christ Fiona Barnett's book entitled Eyes Wide Open as evidence supporting my views. Why should Dr. Rogers and Dr. Baines opinion carry more weight? Especially since Dr. Rogers has hindered me from speaking with a psychologist about Dissociative Identity Disorder. She claims, even though The Royal is one of Canada's leading mental health centres, they do not have an expert on D.I.D. Furthermore, while on the Mood & Crisis unit, I filled out three established screening tools that all support that diagnosis (see the evidence package I submitted for the Form A hearing I had with the CCB on August 27, 2025, which I also have submitted as evidence in this hearing). Perhaps if this appeal requires going to the Court of Appeals an order can be made to permit me to get a second opinion by a professional that I can trust, but this may prove difficult as a result of my still ongoing abuse. Perhaps if an end can be put to the obstruction of justice that I oft face at The Royal, I can try to get Fiona Barnett as an expert witness, should the need arise. Dr. Rogers still interferes with my ability to replace my drivers license and will not permit me to leave the unit. I must turn in my electronics every night and I have no physical security. As a result I have no reliable means of communication or record keeping that can not be interfered with in one fashion or another.

I do not deny that I have what contemporary society would call mental illness. I believe I have Dissociative Identity Disorder, Attention Deficit Hyperactivity Disorder, Generalized Anxiety Disorder and Obsessive Compulsive Disorder tendencies (not a full manifestation). Since I consider psychotropics to be sin, it is imperative that I find ways to manage as best I can, although Dr. Rogers has been unwilling to assist in this, and has gone as far as

confiscating my music players, bibles, theological books, reference and academic texts, and hymn books, all items I have and like to use to help me with my symptoms, and were at least at one point, a part of my care plan.

Taking additional pharmaceuticals to deal with the initial side effects of the alleged treatment results in a well known phenomenon called polypharmacy. It does not resolve the issue but rather further exacerbates it. The new treatment causes its own host of problems, which doctors then prescribe other treatments to manage, and so on and so forth. The solution is to address the root cause, the treatment itself. This is logical and is not indicative of a lack of insight. Dr. Baines later supported me in getting off the Clozapine, but only once it was painfully obvious to everyone that it was killing me (gaining 250 pounds, causing me to develop an enlarged heart, high blood pressure, and prediabetes). Her later actions support my consistent argument which I was trying to convince her of as she continued to refuse to stop forcing that psychotropic upon me during my hospitalization in 2021 watching it progressively destroy my physical health.

Today, there are three specific matters that need to be addressed, but these additional issues are inextricably linked. Whether or not my wish is applicable and whether or not it would be in my best interest to be treated with the very substance I consider to be sin should the decision that my wish was not applicable be upheld. Also, whether Canada should dismiss my wishes made when I was capable entirely. Carried out by a doctor whose care I am still currently under that considers me delusional for my faith, but does not deny that I am a Christian. She has threatened to not only resume my treatment with the specific psychotropic that was killing me within the span of two years, but also begin electroconvulsive therapy.

Should this be how this legal battle ultimately ends, I hope my circumstances, that of my brothers and sisters in Christ, and that of Canada, are noted by the other nations that too answer to God, which are all of them whether they realize it or not, the International Criminal Court, and the United Nations. The earth is not yet under the domain of the coming Anti-Christ, and much must transpire first. Canada can serve as an example as what happens to nations, once they forget about God.

Is the wish applicable?

The wish is clear

The wish is very clear.

Please allow me to quote my advance directive:

“I never, ever, wish to be put on any psychotropic medication (including anti-psychotics, anti-depressants, etc.) ever again. Under any circumstance.”

Is the wish applicable to the circumstances?

The wish is applicable to the circumstances.

Allow me to quote my advance directive:

“should I ever be ruled incapable again”

“I never, ever, wish to be put on any psychotropic medication (including anti-psychotics, anti-depressants, etc.) ever again. Under any circumstance.”

The last wish expressed while capable, that was clearly maintained, was the letter - my stance in this never changed. In fact it was a well documented pre-existing long-term goal, even before I wrote the advance directive in July 2024, ever since I ended the predatory romantic and sexual relationship with my previous CMHA Social Worker Deanne Bass in

2019, who was my MK ULTRA handler at the time, while I was still an MK ULTRA human slave.

In the transcript of the Form D Hearing (on page 61) my previous lawyer asks Dr. Alexandra Baines if her note dated January 7, 2025 confirms that my goal was still the discontinuation of psychotropics.

Mark Handelman: "Okay, then two lines down, you wrote, the goal remains discontinuation of psychotropics, do you see that?"

Dr. Alexandra Baines: "Yes."

Mark Handelman: "So, goal remains tells me that was an ongoing goal of his, is that accurate?"

Dr. Alexandra Baines: "Yes."

Ever again under any circumstance covers any real or perceived decomposition, as well as any other conceivable circumstance. I do not know the future, and I do not have the gift of prophecy yet. It is illogical and unreasonable to expect someone who expresses a wish to conceive of every single possible future circumstance.

The video in evidence was made on August 1st, 2023, prior to my advance directive, and was made under the effects of the psychotropics, and under the direct guidance and influence of my estranged parents. I love Rhona and Gordon Reynen, but because they insist, even though they are not my guardians, on me taking the psychotropics, knowing full well my strong Christian convictions about them per Romans 14:23, I have walked away from my entire extended biological family per Luke 18:29-30. As I tell them when I do speak to them: I love them, I just love Jesus more. As a Christian I need to do right by God before even my family by blood. The issue finally came to a head, and I had to make a choice, and I picked Christ.

Clozapine Withdrawal is brutal and tapering off isn't always linear as new or worsening withdrawal symptoms present themselves. I was attempting to do this for months under the supervision of Dr. Alexandra Baines. Clozapine Withdrawal symptoms include (but are not limited to):

Delusions

Hallucinations

Thought Disorder

Confusion

Delirium

Insomnia

Agitation

A temporary increase or decrease in dose, in the process of taper off, does not change the fact that I wanted to be successful in coming off of the psychotropics and was attempting to maximize my chance of success, and minimize the adverse symptoms. This has no bearing on my wish of never being on psychotropics ever again.

In order to deal with the insomnia associated with tapering off the Clozapine I struggled with the idea of even taking Gravol as it is a psychotropic and I consider that to be sin too. In order for some people to successfully get off street drugs like Heroin, they temporarily use prescription psychotropics to increase the likelihood of their success. It is different now that I have been off of the Clozapine for over nine months. I wouldn't even take a Tylenol today voluntarily as it is a psychotropic.

It would be unrealistic to expect going from the starting dose I was on to nothing immediately, and unfortunately, despite the fact that the lower doses require more careful reductions, I quit abruptly which lead to three days without sleep, contributing to and

culminating in the events that led to my involuntary hospitalization, where I assure you, in addition to everything else, I was experiencing Clozapine Withdrawal Symptoms.

I don't recall ever telling Dr. Alexandra Baines I was open to taking Caripazine, as I maintained that I did not want to take psychotropics and that psychotropics are sin. I had to look up what Caripazine even was when reading opposing counsels Factum. During my Form A hearing with the CCB August 27, 2025 Dr. Alexandra Baines perjured herself while I was questioning her as a witness, despite me urging her to be careful and warning her about this specifically. Unfortunately I cannot afford the \$1,909 transcript yet to demonstrate this, but the record is open to the public. Ontario CCB 25-2460 SR v Dr. Rogers. On record she also acknowledged that her treatment that she forces upon some of her victims she calls patients harms and kills them.

I had many conversations with Dr. Alexandra Baines that I could suffer what psychiatrists call decompensation after discontinuing the psychotropics. I still made the decision that I did, and wrote my advance directive. She told me it was most likely I would never get better, and only get worse if I proceeded. I was cautioned many times about this. That is preferable, if it does indeed happen, as there is no guarantee that it will, than to consuming a substance I consider to be sin. Others might call this unwise, but this is and was my only formal wish, and it is a very deeply held religious conviction. I'd rather suffer tremendously for my religious beliefs than willingly and knowingly submit to sin, I'd rather even die. Christ is LORD. Please keep in mind, this doesn't mean I do not make mistakes every day, I am not perfect yet, but I do not make a habit of it, and am still being regenerated by the Holy Spirit which is a lifelong process.

I am not a masochist. I do not want to suffer needlessly, which is why I wanted to minimize the risks of withdrawal and decompensation. But if the choice is ultimately between staying true to God (and there is only one: the all-powerful, all-knowing, omnipresent, perfect, eternal, creator of all things, the trinity consisting of my Abba, Christ Jesus, and the Holy,

Holy, Holy, Holy Spirit) and suffering tremendously and dying for Christ Jesus names sake, or compromising my faith, by God's grace I will choose suffering and dying. That is the cross every Christian must bear, and we are not tasked with one beyond our limitations. Praise the LORD. This may look like foolishness to others, but it is the means of my salvation and of it I am most certainly not ashamed.

How could I not appreciate the potential consequences of standing by my deeply held religious beliefs? I gave talks about this very subject, schizophrenia, in the past when I used to go to engagements on behalf of The Royal, I have spent cumulative years in psychiatric prisons, and I had two uncles that had this diagnosis. One hung himself in a psychiatric prison when I was only three, and one lives long term right next door at the Royal Ottawa Place, and I have known him my whole life. I did not make this decision half-haphazardly or without thought. I have spent years surrounded by people with this diagnosis and in psychiatric prisons. I am and was fully aware of the range of ways the diagnosis schizophrenia or schizoaffective disorder can present. As an aside, I wonder how many of my fellow psychiatric prisoners also have the wrong diagnosis, and are therefore being improperly treated.

Even if I do nothing but, by the estimates of everyone, myself included, get worse physically or mentally, and this isn't actually a certainty even if it is deemed what is most likely by all, it is imperative that I never take psychotropics ever again due to my primary obligation: my love of Jesus Christ my Lord and Saviour. I am to love him more than anyone, my biological family, my neighbours, even over my own life and well being. My treasure is laid up in heaven, where no one, not the Pope nor even the Devil himself can touch it, and I will be all the richer for the experiences, once again, by God's unmerited favour. This is a matter of religion and eternal perspective, rather than a humanistic and temporal one. If a Jehovah's Witness is permitted to deny a blood transfusion, even if it saves his life, why should psychotropics be forced upon me, a little one of Christ Jesus.

The increase in intense suicidal ideation, and I consider suicide to be sin albeit not unforgivable, is directly tied to my enemies threatening to force a substance into my body in a legal fashion supported by my own government that is supposed to answer to God. Should they stop both threatening and doing this, I have no doubt, no matter how bad the suffering may get, the suicidal ideation would subside. I can rejoice in my suffering now, a uniquely Christian experience.

Was the incapable person capable when he expressed the wish?

While I am now under a finding of incapacity, I was capable when I wrote the wish.

Dr. Alexandra Baines found me capable of making treatment decision in June, 2024. The next month in July, 2024 I wrote an advance directive and provided her with a copy. Afterwards, she did not rule me mentally incapable, and she even was assisting me in tapering off of the Clozapine, which is very difficult due to its notorious withdrawal effects which I wrestled with. If she had doubts as to my capacity at that moment, she had the time and opportunity to express them and find me mentally incapable. One cannot reasonably nor legally be retroactively declared mentally incapable, especially due to hypothetical arguments and hearsay. The fact is I was not under a finding of being mental incapable of consenting to treatment decisions when I wrote this advance directive, and this is boolean, and I was under the direct care of a psychiatrist whom I was meeting with frequently and she had every opportunity to find me incapable at the time and thereafter, but she did not.

Allow me to quote my advance directive:

“The topic of Power of Attorney (PoA) and Substitute Decision Maker (SDM) has recently come up.

I am not going to assign a PoA. But, after my recent appointment with Doctor Baines (Robert was there with me) – where doctor Baines told me I was presently considered mentally capable”

Allow me to quote Dr. Alexandra Baines and my previous lawyer Mark Handelman:

Mark Handelman: "Okay, and you told us that in June of 2024, you concluded that Mr. Reynen had treatment capacity, is that fair?"

Dr. Alexandra Baines: "Yes."

Mark Handelman: "And is it also fair to say that throughout the period from June of 2024 to when you saw him in January 2025, in your view he had retained that capacity?"

Dr. Alexandra Baines: "He had; it was more fluctuating but he had."

Mark Handelman: "Okay, well he's - the law can't recognize nuances of capacity. The law recognizes you either capable or you're not capable and, in your view, Mr. Reynen was capable from June 2024 to January 2025, throughout, is that fair?"

Dr. Alexandra Baines: "Yes."

Was the incapable person over 16 years old when they expressed the wish?

I was 34 years old at the time I wrote the e-mail, so I was clearly over the required age of 16 when I expressed the wish.

What are my best interests?

What are the values and beliefs that the person knows the incapable person held when capable and believes he or she would still act on if capable?

Given the reasons and statements made in my advance directive alone, it is clear that now that I actually have once again been found incapable, were it still up to me, consent to treat with anti-psychotics (aka psychotropics and pharmakeia) would be refused.

What are other wishes with respect to treatment?

No psychotropics that damage my physical health: which are all of them (see manufacturers warnings).

No psychotropics that damage my cognition: which are all of them (see manufacturers warnings).

No psychotropics that cause sedation.

No psychotropics that damage my ability to feel: which are all of them (see manufacturers warnings).

No psychotropics that damage my ability to feel love: which are all of them.

No psychotropics, because they are sin.

Is the treatment likely to improve the incapable person's condition or well-being?

How can it be considered an improvement if the treatment is simultaneously harming and killing you, as it was twice previously. Both times I stopped all psychotropics I lost over 200 pounds and it is indisputable that my physical health improved. Furthermore each time I was forced to restart I still continued to experience the symptoms the treatment was intended to help with, some of which I do not believe are the product of a mental illness in the first place.

Allow me to quote Dr. Alexandra Baines from page 45 of the transcript from Dr. Rogers Form D/E Application with the Board.

"if somebody has not been responding to non-Clozapine anti-psychotics and responds better to Clozapine, they are unlikely to respond well to non-Clozapine anti-psychotics"

I was started on Clozapine in the first place because I was not responding well to numerous other anti-psychotics over the course of years already.

Clozapine was killing me, within the span of two years after it was started. Were it to be reintroduced, it is reasonable to expect that it would do so again, and since I would be unlikely to respond well to any other anti-psychotic, Clozapine would be the psychotropic I would most likely be started on. Dr. Tabitha Rogers has already threatened to start me on Clozapine, knowing this full well, in addition to electroconvulsive therapy. This alleged treatment will be harming and killing me.

You cannot feel better if you are dead. Furthermore by forcing a substance that is sin upon me, Canada has introduced a new suicidal drive that would not otherwise be present to escape the torture. My Abba, Christ Jesus, and the Holy Spirit have to give me a reason to continue to live every single day as I wrestle with it, since the double-bind is enforced by a nation state. Until I am permitted to flee to a nation that would not also force me to submit to something I consider to be sin, or the Clozapine kills me, whichever came first, this will be the case.

Is the treatment likely to prevent the incapable person's condition or well-being from deteriorating?

Quoting Dr. Alexandra Baines from the Form D Application Hearing with the Board.

"I typically will mention that on an unpredictable level, about one in six people who discontinue medications, will not respond to that medication if it is restarted, and we don't fully understand why that is. But there is a level of uncertainty of what will happen with a relapse in psychosis"

"if somebody has not been responding to non-Clozapine anti-psychotics and responds better to Clozapine, they are unlikely to respond well to non-Clozapine anti-psychotics"

Since any treatment but Clozapine would be unlikely to help me, and Clozapine would be slowly killing me like it was the last time, the treatment is unlikely to prevent my condition or well-being from deteriorating.

Is the treatment likely to reduce the extent to which, or the rate at which, the incapable person's condition or well-being is likely to deteriorate?

Once again, since any treatment but Clozapine would be unlikely to help me, and Clozapine would be slowly killing me like it was the last time, the treatment is unlikely to prevent my condition or well-being from deteriorating.

Will my condition or well-being improve, remain the same or deteriorate without the treatment?

Who can tell the future? I know that I cannot.

What would constitute me getting better in the eyes of Dr. Rogers, The Royal, and Canada?

Renouncing Jesus? Never, I'd sooner die.

Not having differing opinions? I am allowed to think and believe something contrary to others. I know I was brutally raped when I was three, and a victim of extreme Satanic Ritual Abuse. Would I have to say I was mistaken in order to be declared well? That is not happening.

Other people around me, professionals, deny my reality, what I know to be true, and worse yet call me delusional for it, and use that as justification to harm me, torture me, and likely kill me in a short period of time with their alleged 'treatment'.

The suicidal ideation directly tied to the state sponsored torture will disappear if the double-bind is broken.

The occasional emotional outbursts tied to the strain of being tortured and lured into sin constantly, will end once the corresponding torture stops.

Will treatment with psychotropics impact my body movements being manipulated? I do not see how they could.

Will the benefit I am expected to obtain from treatment outweigh the risk of harm to me?

Clozapine, the psychotropic they are most likely to resume forcing me to submit to, in accordance with their own logic and explicit threats has the following side effect warnings.

Please note, all psychotropics come with similar official warnings.

- Blurred vision
- confusion
- constipation
- dizziness, faintness, or lightheadedness when getting up suddenly from a lying or sitting position
- fainting
- fast, pounding, or irregular heartbeat or pulse
- fever
- nausea
- shakiness in the legs, arms, hands, or feet
- sleepiness or unusual drowsiness
- sweating
- trembling or shaking of the hands or feet
- unusual tiredness or weakness
- vomiting
- Anxiety
- black, tarry stools
- chest pain or tightness
- chills
- cough or hoarseness
- decrease in the frequency of urination
- decrease in urine volume

- difficult or labored breathing
- difficulty in passing urine (dribbling)
- discouragement
- dry mouth
- feeling sad or empty
- fever with or without chills
- frequent strong or increased urge to urinate
- general feeling of tiredness or weakness
- headache
- hyperventilation
- irritability
- lack of appetite
- loss of bladder control
- loss of interest or pleasure
- lower back or side pain
- muscle spasm or jerking of the arms or legs
- painful or difficult urination
- pounding in the ears
- restlessness or need to keep moving
- seizures
- severe or continuing headache
- shakiness and unsteady walk
- slurred speech
- sore throat
- sores, ulcers, or white spots on the lips or in the mouth
- sudden jerky movements of the body

- sudden loss of consciousness
- swollen glands
- throat discomfort
- trouble concentrating
- trouble sleeping
- unsteadiness, trembling, or other problems with muscle control or coordination
- Absence of or decrease in movement
- change in appetite
- dark urine
- decreased sexual ability
- difficult or fast breathing or sudden shortness of breath
- increased sweating
- increased thirst
- increased urination
- lip smacking or puckering
- muscle stiffness (severe)
- puffing of the cheeks
- rapid or worm-like movements of the tongue
- swelling or pain in the leg
- uncontrolled chewing movements
- uncontrolled movements of the arms and legs
- unusual bleeding or bruising
- unusually pale skin
- weakness
- yellow eyes or skin
- Bloating

- blue or pale skin
- burning, crawling, itching, numbness, prickling, "pins and needles", or tingling feelings
- chest discomfort
- chest pain, possibly moving to the left arm, neck, or shoulder
- clay-colored stools
- confusion as to time, place, or person
- diarrhea
- epileptic seizure that will not stop
- feeling that others are watching you or controlling your behavior
- feeling that others can hear your thoughts
- feeling, seeing, or hearing things that are not there
- holding false beliefs that cannot be changed by fact
- inability to move the eyes
- increased blinking or spasms of the eyelid
- indigestion
- itching or skin rash
- joint pain
- light-colored stools
- muscle twitching
- pains in the stomach, side, or abdomen, possibly radiating to the back
- rhythmic movement of the muscles
- severe mood or mental changes
- sticking out of the tongue
- swelling around the eyes
- swelling of the body or feet and ankles

- trouble with speaking
- unpleasant breath odor
- unusual behavior
- unusual excitement, nervousness, or restlessness
- unusual facial expressions
- unusual weight gain
- upper right abdominal or stomach pain
- vomiting of blood

Furthermore, here are three more official warnings:

Clozapine can cause severe or life-threatening decrease in the number of white blood cells in your blood. Your doctor will order lab tests during your treatment to check the number of white blood cells in your blood. A decrease in the number of white blood cells in your body may increase the risk that you will develop a serious infection. If you experience any of the following symptoms, call your doctor immediately: extreme tiredness; weakness; fever, sore throat, chills, or other signs of flu or infection; unusual vaginal discharge or itching; sores in your mouth or throat; wounds that take a long time to heal; pain or burning while urinating; sores or pain in or around your rectal area; or abdominal pain.

Clozapine may cause seizures. Tell your doctor if you have or have ever had seizures, a head injury, or if you drink large amounts of alcohol. Do not drive a car, operate machinery, swim, or climb while taking clozapine, because if you suddenly lose consciousness, you could harm yourself or others. If you experience a seizure, call your doctor immediately or get emergency medical treatment.

Clozapine may cause serious or life-threatening heart inflammation or swelling. Clozapine may also cause your heart to enlarge or harden. This may cause the heart to be unable to pump blood normally. If you experience any of the following symptoms, call your doctor immediately: extreme tiredness; flu-like symptoms; swollen legs, ankles, or feet; difficulty

breathing or fast breathing; fever; chest pain; dizziness; or fast, irregular, or pounding heartbeat.

Dr. Rogers has also threatened other psychotropics, with their own distinct and well known common side effects, but by their own logic, as numerous other psychotropics have failed, and they claim Clozapine is the 'gold-standard' in treating treatment resistant schizophrenia, it would make no sense to treat me with anything else since it would be unlikely to even help. If given the choice, under a strictly forced double-bind, I would choose to take pills, rather than needles, as they do less damage to my body which is a temple of the Holy Spirit, should I continue to be forced to submit to sin.

You wouldn't remove a Jew's ability to refuse eating something that isn't Kosher and then force them to eat it.

You wouldn't remove a Muslim's ability to refuse eating something that is Haram and then force them to eat it.

This is internationally recognized as torture.

Nation-states do this in military black sites, and notorious prisons like Guantanamo Bay, where they hunger and thirst strike in protest and are force fed and hydrated like Dr. Rogers has threatened to do to me.

They are now doing it in one of Canada's leading mental health centres, The Royal Ottawa Hospital, in broad daylight by removing my ability to refuse psychotropics (aka pharmakeia) and forcing me to submit to it.

If the state doesn't change its mind, this is the double-bind of being lured into sin daily that I will be left in:

Being forced to submit to something that is sin, which will also harm me, physically, mentally, and spiritually by my own government, which is supposed to answer to my Abba, Christ Jesus, and the Holy Spirit.

Committing suicide, which is sin, in order to attempt to either avoid entirely, or put an end to being 'treated'.

Attempting to flee, without the permission of the nation-state oppressing me, which is sin, and does not avoid being forced to submit to something that is sin.

Attempting to resist with violence, which is sin, and since it is being enforced by a nation-state, it would be futile and still result in being forced to submit to something that is sin.

Not only this, but the last time I was forced onto *pharmakeia*, I was in a perpetual drugged state and encouraged to commit sexual sin by my doctor with another one of her patients.

Here is what GotQuestions.org has to say about *pharmakeia*:

The Greek word *pharmakeia* appears in [Galatians 5:20](#) and [Revelation 18:23](#). Terms from the same root word appear in [Revelation 9:21](#), [Revelation 21:8](#), and [Revelation 22:15](#). These are typically translated into English as "sorcery," "witchcraft," or "sorcerer." Ancient Greek uses of *pharmakeia* closely mirror the generic modern English word *drugs*; the same Greek root word produced English terms such as *pharmacy* and *pharmacist*.

Modern use of the word [sorcery](#) evokes images of supernatural power and spells; biblical use of *pharmakeia* doesn't fit well with such ideas. Rather, the term suggests various forms of drug abuse. Those might include drug use in pagan worship, as an addiction, or as a poison used to manipulate and control others.

In modern English, separate terms distinguish medicines, chemicals, and illicit [drugs](#). As used in most contexts, a "pharmacist" and a "drug dealer" both distribute chemicals, but of different kinds and for drastically different reasons. Because English vernacular uses entirely

different words, phrases like *selling drugs* evoke something illicit while the phrase *taking meds* or *prescription drugs* doesn't imply anything nefarious. Ancient Greeks used words like *pharmakeia* to refer to that entire spectrum: from medicines to psychoactives to poisons. This makes cultural and biblical context crucial when interpreting terms related to *pharmakeia*.

Ancient societies were no stranger to mind-altering chemicals. Archaeologists note the presence of opium, [hemp](#), and many other substances in Bible-era cultures. These compounds were not as potent as modern options but still capable of powerful effects. For example, synthetic drugs like carfentanyl are a hundred thousand times as powerful as an equivalent dose of natural opium—this is what allows a small dart to tranquilize an elephant. But opium itself is still a strong drug.

Mood-altering substances were also used in connection to ancient religious practices. Temples such as those in Greece sometimes used mind-altering drugs in fortune-telling and oracles. These may have included natural vapors and deliberately concocted mixtures. When Paul wrote Galatians and John recorded Revelation, these practices would have been part of pagan idolatry. Substances that alter a person's perceptions can be used as legitimate medicines ([1 Timothy 4:4](#)). They can also be abused for recreation. Even worse, they can be used in a predatory manner, influencing others and taking advantage of their skewed awareness. The biblical concept of "sorcery" seems to lean toward the latter end of this spectrum. A biblical "sorcerer" could be thought of as the equivalent of a modern "drug dealer." Or as the type of person who slips chemicals into a woman's drink to take advantage of her.

[Galatians 5:20](#) is part of Paul's list of contrasts to the fruit of the Spirit ([Galatians 5:22–23](#)).

That list of works of the flesh ([Galatians 5:19–21](#)) does not appear to be random. The references are collected into groups of similar offenses. Paul begins by mentioning sexual sin, then idolatry, then "sorcery"—*pharmakeia*—and then division, before moving on to

drunkenness and debauchery. His reference to *pharmakeia* is placed more closely to idolatry and sexuality than to drunkenness. The word order hints that Paul associated *pharmakeia* with the use of illicit drugs in ungodly spiritual practices.

John's references might also be connected to pagan worship; [Revelation 9:21](#) comes immediately after a condemnation of idolatry. Yet this reference also sits between mentions of murder and sexual sin. [Revelation 18:23](#) is part of a condemnation of Babylon, referring to its "deception." The phrasing closely echoes the statement of [Nahum 3:4](#), which refers to "charms." The Hebrew root word used in Nahum is *kesheph*. That is used in reference to idolatry and often translated as "sorcery," and is seen in [2 Kings 9:22](#), [Isaiah 47:9, 12](#), and [Micah 5:12](#).

Combining these contexts, the exact meaning of *pharmakeia* isn't crystal clear, but neither is it completely obscure. There's no sense that Scripture uses terms such as *pharmakeia* in reference to supernatural powers. Instead, biblical "sorcery" seems to be about abusing drugs for idolatry, recreation, and/or oppression of others.

While I was still an inpatient pleading with Dr. Alexandra Baines to discontinue treating me, she was encouraging me in having a romantic and sexual relationship with another inpatient of hers who was also under the influence of the *pharmakeia*, Kirsten Kayuk. Kirsten self identifies as being a Pagan witch. After having sexual intercourse with her once, I was racked with guilt and shame and told her I could not do it again, only to have sex with her again once more. After that I ended the romantic and sexual relationship. I can gladly say I have not had sex since, and am once again saving that for the unlikely event I find a Christian woman who would marry a fool for Christ like me and one day, once it is safe to do so, would love to have two children: Mary Jael Reynen and Paul David Reynen (I know it is dorky, but I have already picked out names for the children I may never get to have). If Canada continues to decide to torture me, I will be on high alert for women trying to engage in premarital

sexual relations with me again while I am drugged, which is more difficult to combat on the pharmakeia.

When abusers can't get what they want from you voluntarily, they oft resort to forcing the issue using various forms of violence.

Praise the LORD for allowing me to suffer at the hands of my enemies for Christ Jesus' names sake.

I can now better hate what is truly evil, and cling to what is good.

All things work for the good of those who love God.

If this stops being supported by the state, or I am permitted to flee Canada, the corresponding suicidal ideation would subside and the literal torture would end, that is

SIGNIFICANT HARM.

The answer is no, any expected benefit would not outweigh the risk of harm.

Would a less restrictive or intrusive treatment be as beneficial?

If there is alternative treatment to psychotropics I am not opposed to it. I am alarmed at the times I feel complete or partial loss of control of my body, even though Jesus helps me feel peace simultaneously.

Propose treatment that is not sin, and is proven to be effective, and I will diligently participate in it to support my recovery and well being.

My weight is down almost 200 pounds from my heaviest on the Clozapine already and my heart rate and blood pressure are now ideal off of the psychotropics. I imagine they would deteriorate rapidly should the Courts once again force me to submit to this alleged treatment.

Should My Wishes be Departed From?

(Regarding Dr. Rogers' Form E Application to the CCB per Section 36 of the Health Care Consent Act)

And finally, since if the Court allows the appeal, there still lies the possibility that in the future, Dr. Rogers files another Form E Application should that matter not be completely resolved in these proceedings. Then she and the Consent and Capacity Board would determine whether I would have consented to the treatment given the current circumstances, and my appeal of their decision is then blocked by the Courts, I ask that the Courts determine this issue here, the Form E Application that was ruled redundant, to prevent a gross miscarriage of justice, a human rights violation, and a literal war crime, that if Canada gets away with, might also be done to my brothers and sisters in Christ en masse. By an admission on record by a leading psychiatrist at The Royal, Dr. Alexandra Baines, who has since perjured herself, I am unlikely to respond to any treatment but Clozapine, which was literally killing me and I consider to be such a severe sin that even suicide is preferable. Given this, my longstanding goal of getting off the psychotropics even before I was a Christian, all of my rationale in my advance directive, and numerous biblical arguments I could make if I felt they would not fall on deaf ears, how is it even conceivable, that were I presently considered mentally capable, I would consent to treatment, and I quote Section 36 of the Health Care Consent Act “because the likely result of the treatment is significantly better than would have been anticipated in comparable circumstances at the time the wish was expressed. “

I simply would not.

To Summarize:

My wish is applicable.

It would not be in my best interest to treat me.

My wish should not be departed from.

I should not continued to be tortured by Dr. Rogers, The Royal, Canada, and Babylon.

I want to flee Canada immediately as a Political Asylum Refugee fleeing state-backed persecution, specifically torture. This is an appeal of a decision already rendered by the Canadian Government, not an initial decision!

Please Honourable Judge, make these decisions on behalf of Canada, and put an end to this madness.